



**Making Change Happen:
exploring the effective
diffusion and adoption of
healthy working practices**

KEY FINDINGS

- Classic diffusion and adoption theory can be utilised effectively as a mechanism for understanding how employers are voluntarily motivated (and deterred) from introducing healthy working practices in their workplaces.
- The ‘characteristics’ of ‘late adopter’ employers are very different from ‘innovators’ and that individual employers are motivated by a variety of different factors
- The traditional ‘business case’ for encouraging HWL practices is not as important to all categories of businesses as has previously been suggested.
- Reducing sickness absence and job retention are key drivers for organisations, whilst barriers were lack of time (due to more immediate and pressing problems of management), size of the organisation and perceived lack of evidence of added value;
- There appears to be a general association between higher value (greater productivity) employers and earlier adoption, and organisations characterised by low value employers and reluctance to adopt such practices (but that exceptions to this pattern do exist).
- Robust evidence is required to convince late adopters, which can only be provided through further research and evaluation of the impact of HWL programmes by organisations which are adopting them;
- A ‘mixed strategy’ for communicating with employers is needed, using a social marketing approach, which is responsive to the priorities and attitudes of distinct categories of employers, but is flexible enough to move on to meeting the needs of other categories over time;
- Adoption theory when linked to upstream social marketing processes could provide a robust framework for approaching further employer-related research and service development;
- A number of assumptions are made by employers about the motivation and values of their staff, which are not necessarily based on robust evidence.

INTRODUCTION

This feasibility study research was commissioned by Glasgow Centre for Population Health as a response to initial work carried out by those engaged in delivering the national Healthy Working Lives¹ strategy at Glasgow level².

Scottish Healthy working lives

The Scottish Centre for Healthy Working Lives describes its mission as being to provide ‘support and opportunities to enable individuals to maximise their functional capacity throughout their working lives’³ with both an economic and health rationale for their approach. For the purposes of the feasibility study, such support and opportunities were defined as:

Policies and practices which aim to protect and promote good health and wellbeing, as well as addressing the determinants of ill health within the workplace setting.

This is a deliberately broad definition, recognising the impact that more general HR policies such as ‘family friendly policies’ can have on workplace wellbeing. It is interesting to note that even within these two definitions, there are some distinct emphases in terms of the core objectives of HWL interventions. For the Scottish Centre the emphasis is more on supporting employment and economic efficiency as an end in itself, perhaps a reflection of public policy focus on employability, demographic change and economic imperatives to keep people working longer. To put it crudely, the rationale for HWL interventions here is about ‘stopping work making you sick’.

Our own definition perhaps reflects a more traditional health promotion stance, which sees the workplace as an important setting through which to reach the population with health improvement messages. These two complementary, but distinct, objectives are important to recognise as this study considers areas for further development and research. Both approaches recognise the potential of wider measures, such as good management and occupational health and safety, to impact upon healthy working, rather than purely traditional health promotion programmes.

Glasgow Centre for Population Health role

The Glasgow Centre wished to further support the development of initial themes identified through Glasgow case study research⁴, which had suggested that more effective diffusion of healthy working principles and good practice amongst Glasgow’s businesses might be aided through a comprehensive investigation of:

- The key drivers and processes which bring about adoption of innovations/ new practices in general (and equally the barriers which prevent this from occurring);
- How such knowledge and tools might be applied to the health improvement arena, with specific reference to healthy working practices within the workplace.

AIMS AND PURPOSE

The study's key purpose was to establish the parameters of a potential Healthy Working Practices demonstration and research project, whilst ensuring that the right questions to be answered were at the heart of any such research.

In order to establish future research needs the study aimed to:

- Identify what considerations and sources of information have motivated individual workplaces to voluntarily introduce health working lives programmes;
- Identify, conversely, what sorts of barriers and obstacles are impeding other workplaces from adopting similar sorts of programmes;
- Challenge existing 'business case' centred approaches which are used to encourage employers to adopt new practices;
- Begin to identify the distinct characteristics of different groupings of employer, the nature of the messages to which they might respond and what this might mean for diffusion strategies
- Suggest specific, proven, approaches which through further research, might enable more successful adoption rates amongst employers and in addition
- Learn lessons which might be applied to health improvement strategy for harder to reach groups more broadly.

APPROACH AND METHODS

The research team were eager to draw upon a range of evidence-based information and insight in order to address their research aims. Their methodology comprised:

- A (partial) review of the literature concerning organisation change and the adoption⁵ and diffusion of organisational innovations⁶ and
- A brief look at making behavioural change happen within the context of social marketing processes⁷;
- A case study of an individual employer;
- The result of two focus group exercises with a range of employers;
- A brief analysis of three projects currently engaged in making change happen within health improvement in Scotland and Glasgow;
- A review of the key messages gleaned from this combination of desk based and qualitative research within the context of (Scottish) Healthy Working Lives and Glasgow Economic Strategy⁸.
- The identification of four key research questions for further development.

FINDINGS AND CONCLUSIONS

The research suggested a number of learning points which might usefully inform the development of strategies which encourage employers to adopt healthy working practices. These relate to both the attitudes of employers themselves and the processes through which attitudes and motivating strategies might be identified.

Motivation and Attitudes of Employers

The research suggested:

- That the characteristics of ‘late mover’ employers (those which are only likely to adopt new practices at a very late stage) are very different from innovators (those who are the first to adopt new practices) and that the ‘product’ to be effectively promoted to organisations needs to be determined based on thorough investigation of distinct characteristics of different groups of employers (or ‘customers segments’ in marketing terms);
- That the traditional ‘business case’ for Healthy Working Lives (HWL) is not as important to early movers as might have been first thought, BUT
- That robust evidence is required to convince late adopters, which can only be provided through further research and evaluation of the impact of HWL programmes by organisations which are adopting them;
- That reducing sickness absence and job retention are key drivers for organisations, whilst barriers were lack of time (due to more immediate and pressing problems of management), size of the organisation and perceived lack of evidence of added value;
- That there appears to be a general association between higher value (greater productivity) employers and earlier adoption, and organisations characterised by low value employers and reluctance to adopt such practices (but that exceptions to this pattern do exist).

Processes for change: Mixed strategy and social marketing

In order to influence the extent and nature of the diffusion process, policy makers and practitioners will need to have a 'mixed strategy' which is responsive to the priorities of the category(s) needing to be most influenced at a particular point in time, but is flexible enough to move on to meeting the needs of other categories over time;

Adoption theory when linked to upstream social marketing processes could provide a robust framework for approaching further employer-related research and service development. Social marketing offers a systematic and practical approach to applying adoption and diffusion theory to workplace health and a set of benchmark criteria for the development of future healthy working lives campaigns. It supports the research team's proposition that all employers are not the same in their responses and are motivated by very different factors and not necessarily a single trigger. It also recognises the importance of wider 'environmental' or 'cultural' considerations which must be addressed to maximise behaviour change (influencing at organisational, rather than individual person's level). It asks:

- What don't we understand about our target audience? (and not 'what is wrong with these people, why don't they understand'!)
- Where is the person/ organisation at now?
- Whose behaviour do we need to change? (the broader environment: upstream).
- What product (or message) are we trying to sell and what benefits are our target audience really interested in?

Context of future research

The strategic priorities for the local economy – Shared Prosperity and Moving Up the Value Chain⁷ - suggest two settings which might be regarded as priorities for further HWL research. These comprise both those employers being encouraged to employ and retain people returning to work after a period of absence (or entering the workforce for the first time) through employability initiatives, as well as high productivity companies which need to identify, recruit and retain skilled employees in order to maximise their business efficiency.



RECOMMENDATIONS

Given the purpose of the research as a scoping exercise for the identification of future research questions, recommendations are presented in the form of four research questions requiring further investigation. Questions were potentially inter-related or could be carried out as separate research exercises.

They are:

1. How does an employer defined as a 'late adopter' differ from an 'early adopter' in its approach towards the same set of HWL services? This question requires further qualitative and quantitative research, using a comparative study approach.
2. What would make late adopters move earlier? This question suggests that research would focus on a number of late adopting organisations to develop an 'exchange' with meaningful benefits for those employers, thus enabling the development of the kinds of products, services and messages to which these employers may respond.
3. Given the organisational characteristics of early movers, which employers should be adopting earlier and are not? Recognising that not all companies which exhibit 'early adopter' characteristics may have embedded health and wellbeing policies in their culture, research on this question would seek to understand the barriers currently holding back such employers and what messages and products are needed to impact upon their current attitudes.
4. To what extent do well-being policies impact on employee motivation to work for and remain with their employer? Whilst the ability to recruit, retain and develop people with right skills for the job is a key concern to higher productivity workers, there appeared to be little evidence to demonstrate what influenced potential / existing employees to remain with their employer. Further research is needed to test the assumption that healthy working policies do encourage employee retention and the extent to which wellbeing policies may (or may not) impact upon business competency.

Further consideration of strategic priorities by potential key partners drawn from healthy working lives, will be necessary to produce a detailed proposal which is capable of strengthening the evidence base in this field and providing practical examples of how change can be made to happen voluntarily.

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