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## HOW TO TURN GOOD INTENTIONS INTO SUCCESSFUL ACTION: DEVELOPING AND IMPLEMENTING INITIATIVES TO ADDRESS SAFETY AND HEALTH AT WORK

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Despite incentives to promote safe and healthy work, the ILO estimates that each year 2.78 million workers die from occupational accidents and work-related diseases (of which 2.4 million are disease-related) and an additional 374 million workers suffer from non-fatal occupational accidents.<sup>1</sup> This is in view of a gross underreporting of accidents and diseases at work, so the real numbers will be much higher. A lot of time, effort, and resources are invested into addressing safety and health issues in the workplace. Unfortunately, more often than not, such efforts are derailed or fail to achieve desirable outcomes<sup>2</sup>. For example, it has been argued that the probability of failure of any intervention is about 50%, which is not much better than chance. But what can we learn from effective interventions? And what are the factors that can block or support safety and health interventions?

The aim of this think piece is to reflect on how organizations can turn good but often mis-shot intentions to support safety and health at work into successful action with sustainable results. We outline the most important factors that describe the essence of good interventions, change efforts, and initiatives to support safety and health at work. This is based on four decades of research and intervention studies, and lessons from both failure and success.

### What does not work: factors that inhibit successful interventions

1. **Ad-hoc** actions that are not adequately planned or implemented and evaluated. Safety and health should be an ongoing forward-looking concern not a reactive focus to specific incidents. The process should also include an implementation plan, always followed up by evaluation and review.
2. Actions that are **not aligned** with the policies, practices, culture and values of the organization. Any actions that do not consider the specific context of the organization may compete for resources or conflict with existing practices.
3. Initiatives and activities that are **not followed up**. At the very least, not following up on surveys is a waste of effort at best and impacts on trust at work.
4. Initiatives that are created **top-down** and that **do not engage the employees** in both conceptualizing and delivering them. Any initiative that requires the participation of the employees should involve them from the start in a process of co-creating the solutions.
5. Actions that address issues that are **superficial and symptomatic** rather than foundational. Identifying and then focusing on the underlying issues has more chances of success as it addresses the causes rather than the symptoms.

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1 ILO (2019). Safety and Health at Work. <https://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm>

2 Karanika-Murray, M., & Biron, C. (2015). Derailed organizational interventions for stress and well-being: Confessions of failure, solutions for success. (Eds.) Dordrecht, Netherlands: Springer Science+Business Media.

## What works: factors that contribute to successful interventions

1. Engagement and **participation** of employees at all levels across all stages. A preparatory stage to boost participation in any initiative and engagement of all across all levels can also help to address resistance to change and lead to a sense of ownership which is essential for sustained efforts.
2. A strong leadership and **management** capacity of a team with the necessary resources, knowledge, and skills.

**Along with a participatory approach, visible top management commitment to an initiative is one of the most important ingredients for successful interventions.**

It shows commitment to employee safety and health and ensures that the necessary resources are allocated to successful completion.

3. A **good plan** that draws on the strengths of the organization and a team of people who can drive change. Good planning is at the heart of any successful initiative. A plan that makes the most of resources already in place and mobilizes a team who are committed to driving change.
4. **Evidence-based** initiatives that are based on a thorough assessment of causes. Decisions on the most appropriate remedy have to be based on a good diagnosis. A good diagnosis that focuses on the needs of the employees can help to avoid tendencies to start with the preferred solutions.
5. Changes that focus on the **root causes**. Understanding the root causes of the identified safety and health problems is a more efficient way forward as often one cause has more than one symptom. Initiatives that focus on the root causes are also more preventative and sustainable in the longer term.

6. Initiatives that address the **organization of work** as well as the individual's resources. Initiatives to prevent accidents and diseases tend to focus on improving individuals' skills and coping strategies and delivering individual interventions (mindfulness, physical exercise, etc.), as they are cheaper and can yield immediate effects. Organizational level interventions that focus on the organization and the work itself are more difficult to implement but have more sustainable outcomes in the long term. There is good evidence that a combination of both individual and organizational level initiatives offer a more comprehensive and effective approach.

7. A combination of actions that are **preventative** and actions that are reactive. Addressing the symptoms as well as the causes makes good sense and is an approach that has shown to be more efficient than either-or.

8. A focus on positive **organizational culture** of values and beliefs that are supportive of good safety and health. Our values and beliefs on what is important shape how we behave. The importance of positive collective values and beliefs which are reinforced by policies and procedures that support safety and good health has been demonstrated consistently.

## A mind-frame to help make things happen:

There are four underlying principles that can help get the basics of effective interventions right:

1. ***Safety and health and performance go hand-in-hand.***

**The fact that performance and productivity, the reason for an organization to exist, go hand in hand with health, safety, and well-being concerns goes without saying.**

Recognizing that this applies to all aspects of safety and health, from accidents to mental health and well-being is gaining more and more prominence.

2. ***A shared responsibility.*** The prevention of accidents and disease should be a shared responsibility across all levels of an organization, from the individual employees and line managers when planning daily work, to the top leadership team and human resource/safety and health teams and strategic planning of work. Safety and health affect the whole organization and its functioning.
  3. ***A focus on organizational maturity.*** For any safety and health initiative to have sustainable outcomes, there has to be learning. That learning has to be upstream to the management and organization of work. It also forms part of the process of developing organizational maturity for safety and health, and there is strong evidence that a focus on organizational maturity can bring substantial productivity improvements and cost savings.
  4. ***A situational approach to change.*** There is a multitude of guidance available, both generic and for specific types of jobs or sectors, on a range of safety and health topics. However, such guidance often leaves organizations more confused than informed because it focuses on 'what' organizations should do rather than 'how' and supporting organizations to develop a process that works for them. An approach that is more situational, that builds on the strengths of the specific organization, its people, or its culture, and that focuses on growth is more likely to succeed in the long term.
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