

# Chapter 11

## In Line for Takeoff...and Waiting: Challenges with Getting a Wellness Intervention Started in the Military

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**Abstract** Due to increased military efforts over the last decade, a multitude of wellness challenges have hit the home front within the military (Allen, *Armed Forces J*, May 2011; Griffith, *Suicide Life Threat Behav* 42:453–469, 2012). Both military personnel and civilian employees have experienced an increase in workload, overtime worked and stricter policies within the workplace, all culminating in a tremendous amount of operational demands and employee strain during this time. In addition, a recent APA assessment of military health barriers indicate that there is growing concern of the availability, acceptability and accessibility of mental health resources (Johnson et al., *The psychological needs of US military service members and their families: a preliminary report*. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007). Indicators of these issues were being reported on several Air Force (AF) bases and a team of researchers was called upon to determine specific stressors and possible solutions to alleviate the issues. Many interviews, observations, and focus groups were conducted and resulted in the identification of a wellness intervention strategy to improve morale and workplace conditions; however, the intervention was not implemented. This chapter discusses present strategies for overcoming leadership challenges in a military environment. Most importantly, how to work with leadership to help them understand their role and impact in the intervention, as well as, the importance of having an appropriate infrastructure in place to facilitate implementation of the intervention and greatly impact employee morale and well-being.

**Keywords** Leadership • Morale • Well-being • Organizational structure

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## 11.1 Background

The military activities overseas for the last decade have resulted in psychological and behavioral strain among our troops. Recent reports in the news regarding sexual assault, workplace violence and suicides highlight some of the more extreme potential effects of sustained military activities (Allen 2011; Griffith 2012). A group of researchers consisting of government and non-government personnel were requested to study several AF bases located in the western, central and southeast parts of the United States. Because the study had senior leadership interest, several mid-level project managers were put in place to supervise the multi-faceted study.

Extensive focus groups and interviews were conducted with civilian personnel both on and off base. The groups selected for the assessment were identified as “at risk” of poor morale because they had experienced an increase in operational demands and overtime for an extended period of time. People who participated in the focus groups and interviews included maintenance personnel, both in supervisory and non-supervisory positions, and personnel from the Equal Employment Opportunity office for each base. Observations were also conducted, which included one researcher shadowing a flight-line worker (i.e., maintenance personnel) for a day.

Data from the focus groups, interviews and observations were analyzed separately by the government and non-government researchers. Only the analysis, conclusions and recommendations from the government researchers are discussed in the current chapter. The qualitative data were reviewed and categorized based on a thematic analysis (Charmaz 2006). A total of nine themes emerged, including categories such as experiences of suicide or suicide ideations, employee strain, workplace conditions, and the acceptability of using gym time. This analysis allowed the researchers to customize necessary steps for a follow-on intervention.

## 11.2 Intervention Overview and Challenges

A comprehensive intervention strategy involving training, communicating the supervisor selection policy, and reviewing the distribution of mandatory overtime was formulated. More specific employee-wellness focused interventions included allowing workers to participate in gym time during their overtime schedule, so that they did not have to “trade-off” gym time, and rewarding supervisors who focus on employee wellbeing and production versus only production. A thorough annual organizational assessment was also recommended in order to track the effects of the intervention.

The recommended comprehensive intervention strategy was presented to senior leadership and was well received. The organizational senior leadership approved the recommended intervention; however, the mid-level project manager resisted the implementation of the recommendations. Although the mid-level project manager

did not buy into the recommended intervention strategy, the key obstacle stemmed from senior leadership's lack of commitment in changing his/her approach to improve employee wellbeing. This lack of commitment ultimately affected having the necessary infrastructure in place (i.e., the right project manager) to ensure successful implementation of the intervention.

We observed several short-term and long-term overarching consequences from the failed intervention. First, our team of organizational researchers became underutilized and discouraged by the stalled, and eventually cancelled, intervention effort. Given that we had an approved intervention that would obligate a portion of our time, we turned down other AF organizations seeking in-house consulting expertise. Second, the lack of practical actions taken by leadership resulted in frustration amongst employees who were willing to participate in any program that may have helped. Lastly, our team was called upon two years later to implement another health intervention that emphasized several of the same features that we describe in the failed intervention attempt. Not only was there time lost between intervention efforts, but also the level of strain amongst employees likely became more widespread (which is indicated by the larger intervention effort that followed). Also, we now needed to reignite the employees' willingness to participate in an intervention after their prior pleas for help went unaddressed. In hindsight, we acknowledge several reasons for why the intervention effort was unsuccessful.

First, the military environment consists of a hierarchical organizational structure. This type of structure is an important and valuable characteristic of a military organization. However, the hierarchical nature of a military organization can make it very difficult to implement an intervention because the person leading the intervention should have direct access to the Commander (i.e., the senior leader) in order to discuss strategy to implement the intervention, updates and communicate information about any obstacles. In this type of structure, it is critical to follow the chain-of-command and this is what makes the mid-level project manager role vital to the success of any intervention. However, the senior leadership is the final authority to communicate to all personnel the importance of the intervention. In the current example, direct access to leadership was not granted, which illustrates the importance of having a mid-level project manager that understands and buys into the intervention and the strategy to implement it.

The mid-level project manager assigned to our intervention also managed a large-scale project that in essence competed with our intervention. It is not uncommon in the military environment to have competing priorities resulting in the need to remain objective in roles such as a project manager. This resulted in the second aspect as to why the wellness intervention failed; the mid-level project manager's competing priorities between his current program and the newly developed intervention. Ultimately, the mid-level project manager was able to stall and allow the intervention to diminish. Again, if the person leading the intervention had direct access to the leadership, this stalemate could have been avoided.

We recommend several tactics to ensure senior leadership is committed to the implementation of the intervention. These particular strategies are geared towards

military leaders and organizations, which is the our main focus; although, we suspect they would be successful in many industry settings as well.

### 11.3 Strategies for Overcoming Leadership Challenges

The objective of this chapter is to present strategies for overcoming leadership challenges in a military environment in order to successfully implement a wellness intervention; however, it is important to note the approach we took to successfully implement a wellness intervention, or any intervention for that matter, involves organizational change management techniques. Previous research has demonstrated the integral relationship between change readiness and leadership (Lyons et al. 2009) within a military environment. There are variety of organizational change models and techniques to pull from, which we expand on, as well as, some specific military leadership approaches based on our observations and experience over several years in a military environment.

First, *work collaboratively on a continual basis with leadership to help them understand their role in these types of interventions*. This particular recommendation relates to John Kotter's 8-Step Change Model, specifically, steps 1 (Create urgency) and 2 (Form a powerful coalition). The power that leadership has in communicating and demonstrating the importance of the intervention cannot be underestimated. Although this is not a new concept, it remains a difficult priority depending on the leader's investment in the intervention. Depending on the level of leader you are working with within the military, it can be difficult to maintain communication and updates, but requesting reoccurring meetings in a reasonable timespan is necessary. We have also found in other intervention efforts that very brief emails that provide bulleted updates can fill the communication void between mail reports. These bullet points are written as three "talking points" in the first person for the Commander, which enables him/her to continuously speak about the effort without the project team being present. We recommend these points be written to highlight: (1) the most recent accomplishment of the program (points of pride); (2) the current obstacle (if any); (3) an update on the timeline.

Next, *outline a formal project plan, including the purpose and importance, needed resources, expected outcomes and timelines, for the leader to agree to and sign-off on*. Again, this is not a new concept, but essential when dealing with a leader who has multiple, and competing, priorities. Having the leadership agree to a project plan, purpose, importance, resources, outcomes and timelines is reminiscent in the Lean Six Sigma approach (i.e., the Charter). In time, a project plan also serves as a historical map of the intervention. It provides the information on how things started out, what was done to move things forward, what has been achieved and what still needs to be accomplished. Having this historical account can influence the continued implementation of an intervention (i.e., showing progress), or impact

future interventions by demonstrating that leadership is committed to change initiatives and follows through.

The remaining strategies were developed based on several years of experience and observation in a military environment. We have chosen to present these behaviors in this chapter because it focuses solely on the military environment and, to our knowledge, there are no other publications or studies that discuss the behaviors found in the observations.

A third strategy is to *provide talking points for the leader to go over or reiterate at meetings and presentations* when the entire workforce is expected to be in attendance as well as smaller meetings. It is common for military leadership to hold quarterly “Commander’s Calls” or “All Hands on Deck” meetings where military personnel are required and civilian personnel are strongly recommended to attend. These presentations provide an opportunity for the leader to communicate a consistent message regarding the intervention as well as use the same talking points in smaller venues. Therefore, supplying talking points ensures the message is uniform in a multitude of interactions between the leader and those involved in the implementation and/or receiving the intervention.

Within the military environment, rank is very important—even to civilians who work in the environment; therefore, a fourth recommended strategy to overcoming leadership challenges is to *establish the credentials of any external team members (i.e., external consultants) involved in implementing the wellness intervention*. It has been our experience that the educational background, degrees and non-military experience don’t always afford the intervention team members “a pass” to begin work. Most military personnel and government employees will be interested in the experience pertaining to military and government environments that the external team members may have. It has been our experience that the government and military people we have worked with are interested in how we have applied such interventions (or something similar) in other military environments and how we overcame relevant challenges.

Lastly, it is integral for *leadership to provide the right people and appropriate infrastructure for implementation of the intervention*. This recommendation does not directly relate to dealing with leadership, but it does demonstrate the importance leadership places on the intervention to all involved. If leadership has taken the time to ensure the appropriate person (i.e., project manager) and infrastructure is in place, it shows that the leadership wants the intervention to be a success. Examples of characteristics that demonstrate the importance of an intervention include rank of the project manager and the amount of time allotted for that person to devote to the invention. If the person is of higher rank and has the sole task (or very few other tasks) to implement the intervention, it communicates to personnel that the leader greatly values the intervention. It has been our experience that this attitude will quickly permeate all those receiving the intervention. By having the right people and infrastructure in place it facilitates the implementation of the intervention and can greatly impact employee acceptance of the intervention.

## 11.4 Conclusion

When senior leaders are committed to and follow through with the recommended implementation of a wellness intervention, then they are the allies to remove obstacles and motivate employees to participate. In a military environment, this kind of “top cover” strongly expresses to all personnel that the leadership is committed to the intervention as well as the employees themselves. The impact of leadership regarding employees’ attitudes towards change is well documented in the military literature (Lyons et al. 2009) and cannot be undervalued when implementing needed interventions in the workplace. Although many well-known and well-researched leadership and change management models apply to any work environment, it is the perception of leadership in the military that the environment is unique and that some amount of military background or knowledge is necessary. We hope the strategies and experiences outlined in this chapter contribute to the reader’s knowledge and practice when working in a military environment.

### Key Messages

- Work collaboratively and continually with leadership to help them understand their role in the intervention
- Outline a formal project plan, including the purpose and importance, necessary resources, expected outcomes and timelines, for leadership to agree to and sign-off on
- Offer talking points for the leadership to communicate at meetings and presentations
- Establish the credentials of any external consultants assisting in the intervention implementation
- Ensure leadership provides the right people and appropriate infrastructure for successful intervention implementation

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