

Perceived barriers in the dissemination of an organisational alcohol policy as part of implementing an alcohol prevention programme among managers

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Abstract

Purpose – An alcohol prevention programme, consisting of the implementation of an organisational alcohol policy and skills development training for managers, was delivered in Swedish workplaces. Previous findings revealed challenges in policy implementation because of the lack of dissemination amongst managers. This study aims to describe perceived dissemination barriers of the organisational alcohol policy by managers.

Design/methodology/approach – A cross-sectional survey (n = 193 managers) was performed to identify common dissemination barriers in the workplace and complementary case illustrations derived from semi-structured interviews (n = 18 managers) were used to understand the dissemination barriers of the organisational alcohol policy. Frequency distributions were presented to describe common perceived barriers.

Findings – Sixty-five per cent of managers reported that their workplace had not changed their approach to addressing alcohol-related issues compared to their usual practice before programme delivery. Various organisational factors, such as deprioritisation of programme dissemination, lack of communication and inadequate strategies were some of the common barriers perceived by managers. Moreover, managers reported uncertainties regarding any changes concerning the workplace's approach for addressing alcohol-related issues. Increased efforts in disseminating the organisational alcohol policy can reduce uncertainties among managers.

Practical implications – A thorough process evaluation to understand processes in programme delivery and implementation is necessary to ensure the uptake of the intervention.

Originality/value – This study highlighted the complexity of disseminating an alcohol policy in a dynamic setting, such as the workplace, and provided the importance of addressing organisational obstacles.

Keywords Dissemination barrier, Organisational alcohol policy, Alcohol prevention programme, Organisational factors, Workplace intervention, Programme implementation

Paper type Research paper

Introduction

Hazardous alcohol use is prevalent in the workforce (OECD, 2021). Because workplaces function as an environment to establish social networks (Pidd, 2005; Sagaaag *et al.*, 2019), there are viable opportunities to reach high alcohol consumers through implementing various alcohol interventions (Yuvaraj *et al.*, 2019).

Typical workplace interventions often include an organisational alcohol policy (Pidd *et al.*, 2016), health promotion programmes (Justesen *et al.*, 2017) and other brief interventions (Schulte *et al.*, 2014); however, past evaluations showed inconclusive effectiveness (Martineau *et al.*, 2013; Yuvaraj *et al.*, 2019). Inconsistencies regarding the effectiveness of

workplace prevention programmes are often because of a misalignment of strategies between hierarchical levels (Cameron *et al.*, 2019; Justesen *et al.*, 2017; Lundmark *et al.*, 2021), expected positive intervention effects (Berendsen *et al.*, 2015) or the perceived complexity of such programmes (Sørensen and Holman, 2014). Understanding aspects that influence organisational processes in responding to a newly delivered intervention in workplace contexts is necessary.

The workplace is not an uncommon setting to explore barriers that influence the uptake of an alcohol intervention. A perceived lack of skills and knowledge (Nielsen, 2009; Thørrisen *et al.*, 2019a), deficient time (Babor *et al.*, 2005; Broyles *et al.*, 2012) and limited resources (Johnson *et al.*, 2011; Rojatz *et al.*, 2017) are some of the most common barriers identified in workplace contexts. However, most studies have been conducted in health-care settings, which primarily aim at improving patient care (Johnson *et al.*, 2011). While the workplace is a favourable arena for preventing hazardous alcohol consumption (Ames and Bennett, 2011; Hermansson and The Corporate Health Guideline Group, 2016), working sectors beyond the health-care settings remain overlooked.

Alcohol use continues to have negative impacts on workers' health and their workplace (Aas *et al.*, 2017; Schou and Moan, 2016). Employees with hazardous alcohol use are more likely to have a higher sick leave rate (Amiri and Behnezhad, 2020; Marzan *et al.*, 2021) or to work with suboptimal capabilities (Thørrisen *et al.*, 2019b) compared to employees who abstain or have low-risk alcohol use. Although challenging, identifying employees who are at risk of developing hazardous alcohol use at an early stage is warranted. To prevent and reduce hazardous alcohol consumption and its consequences in the workplace, an organisation that provides prevention services of health risk behaviours to workplaces, Alna (2020), developed and delivered a multi-component alcohol prevention programme [henceforth Alcohol Policy and Managers' skills Training (APMaT)]. The intervention components and the delivery of the intervention are described in detail in the methodology section.

Previous outcome evaluations investigated the effectiveness of APMaT, albeit with inconclusive findings. APMaT was effective in increasing managers' inclination to intervene through increased confidence to initiate a dialogue (Elling *et al.*, in press), but not in reducing employees' hazardous alcohol use (Elling *et al.*, unpublished data). Moreover, qualitative interviews aimed at exploring managers' experiences and perceptions regarding APMaT suggested that implementing the organisational alcohol policy, specifically concerning policy dissemination among managers, appeared challenging (Martinez *et al.*, 2022). Understanding the factors that constitute an obstacle of successful prevention programmes (Thørrisen *et al.*, 2019a) is warranted. Based on the earlier evaluations, the current study attempts to understand reasons that could influence the organisational responses and processes when a new intervention is introduced. Identifying these factors and understanding managers' experiences regarding the programme delivery can provide some explanations about the inconclusive findings in the outcome evaluations of the studied intervention. Thus, the study aims to describe common barriers perceived by managers in disseminating an organisational alcohol policy as a part of implementing an alcohol prevention programme.

Methods

This study was part of the larger evaluation project, KAPRI (controlled study of an alcohol preventive intervention in working life; in Swedish: *Kontrollerad studie av AlkoholPreventiva Insatser i arbetslivet*), which aimed to evaluate the effectiveness of an alcohol prevention programme, using a cluster-randomised design. In this study, both quantitative and qualitative methods were used to provide a more comprehensive overview about obstacles in terms of disseminating the organisational alcohol policy (Creswell and Plano Clark, 2018) and to complement the findings from previous evaluations.

Group allocation (control vs intervention) was not considered in this study because the organisations in the intervention and control group received the programme after baseline and 12-month follow-up surveys, respectively. The KAPRI project has been described in a study protocol ([Elling *et al.*, in press](#)).

Study population

The KAPRI project included organisations with at least 100 employees within the private sector. Based on previous literature, sectors that have employees with a higher risk of hazardous alcohol use, such as the hospitality, construction and transportation were prioritised during recruitment ([Ames and Bennett, 2011](#)).

Informed consent was obtained in two stages. Firstly, organisational level consent was provided by a representative after initial contact with Alna, where the rationale for the KAPRI project was presented. Next, information regarding KAPRI and the organisation's participation in the program was distributed to all staff via the organisation's internal website. Thereafter, information about the study, procedures and results dissemination was provided to all participants prior to the start of the survey and interview, both in writing and verbally, respectively. The Stockholm Regional Ethical Review Board has granted approval for the KAPRI project (dnr 2018/634-31/5).

Intervention

APMaT was developed and administered by Alna, consisted of two components: development and implementation of an organisational alcohol policy and skills development training for managers.

In the first component, human resources (HR) personnel and the management team improved the organisational alcohol policy in collaboration with Alna. Thereafter, the revised organisational alcohol policy was intended to be disseminated to all managers (including supervisors, team leaders, etc.) by the HR personnel and/or the management team to increase their awareness and subsequently implemented throughout the organisation. The first component was intended to clarify the organisational guidelines for all staff, to promote clear responsibilities for managers concerning alcohol-related issues among employees and for enhancing employees' awareness of the content of the alcohol policy content. During the second component, all managers completed two workshops with consultants from Alna, each lasting for 3.5 h. The first workshop aimed to improve managers' skills at identifying early signs of hazardous alcohol consumption, by increasing managers' knowledge about alcohol use and its consequences for the employees and the workplace. The second workshop aimed to increase managers' inclination to initiate a dialogue with their employees by using the knowledge they had learnt through the first workshop. At the end of the second workshop, the managers received a checklist that could be used as a tool to remind managers of their responsibility and actions in case suspicion of hazardous alcohol consumption in the workplace arises ([Nyqvist, 2017](#)). See study protocol for a more detailed description ([Elling *et al.*, in press](#)).

Data sources

Two data sources were used in this study, semi-structured interviews and a cross-sectional survey. Semi-structured interviews were conducted to acquire an in-depth understanding of managers' experiences and perceptions regarding APMaT. This study focused on managers' perceptions regarding the dissemination of the organisational alcohol policy. Firstly, interview data were partially used as a foundation for the cross-sectional survey to understand the extent of policy dissemination perceived by managers. Secondly, the cross-sectional survey was used to find commonalities among managers regarding their

perceived barriers in the dissemination process. The combination of both data sources was conducted to provide an overview and a better understanding of organisational issues that may have influenced APMaT's implementation process, particularly regarding the dissemination of the organisational alcohol policy (Creswell and Plano Clark, 2018).

In this study, the cross-sectional survey was predominantly used as the main data source. The interview data were used as case illustrations to elaborate how the factors identified in the survey could have influenced the inadequate dissemination of the organisational alcohol policy.

Semi-structured interviews. Managers who attended the second part of the workshop were invited to participate in the semi-structured interviews and those who expressed interest ($n = 61$) were contacted by telephone or e-mail. A total of 53 managers with varying degrees of personnel responsibility were interviewed by one of the authors (M.W.M.) between September–November 2019. Initially, the purpose of the semi-structured interviews was to explore managers' experiences regarding the delivery of APMaT, both about the implementation of the revised organisational alcohol policy and their experiences during the skills development training.

The interviews were conducted via telephone and lasted for approximately 40 min. The interview explored managers' experiences of APMaT with open-ended questions to acquire an understanding of their personal experiences of the intervention. Follow-up questions were asked, the amount of which was determined by how detailed the responses were to the open-ended questions. All interviews were recorded and transcribed verbatim. All personal and organisational data were coded to ensure the anonymity of the participants.

Cross-sectional survey. All managers (including supervisors, team leaders, etc.) were invited to respond to the 24-month follow-up survey (August–October 2020), where specific questions about the approaches to working with alcohol-related issues were included. Initially, these questions were included to investigate barriers relating to the processes of the implementation of the APMaT. However, data from previous outcome evaluations and the qualitative part of KAPRI suggested that the organisational alcohol policy had not been disseminated to the managers as intended to achieve implementation. Therefore, these questions were extrapolated to understand perceived barriers to the dissemination of the organisational alcohol policy.

The survey data were obtained using a self-administered online survey. A link to the survey was distributed through e-mail or a general link through the organisation's internal website when e-mails were unavailable. To increase the response rate, three reminders with one-week intervals were sent out to participants who had not completed the survey through e-mail and the organisation's internal website for participants who received a general link. Additionally, the survey included questions about sociodemographic characteristics (sex; age; educational level), policy awareness and alcohol use. To understand perceived dissemination barriers in the organisations, the managers were asked two questions in the following steps:

1. *Step 1:* "Has your workplace changed the approach to responding to alcohol-related issues during the past two years?" with four possible response alternatives (no; yes, for the better; yes, but for the worse; unsure).
2. *Step 2:* Based on their response, one of the follow-up questions was presented:
 - Managers who responded with "no", "What are the main contributor(s) to the unchanged approach of working with alcohol-related issues?"
 - Managers who responded with "yes, but for the worse", "What are the main contributor(s) to the worse approach of working with alcohol-related issues?"

In Step 2, several contributing factors regarding the organisation's approach to working with alcohol-related issues were presented in no particular order and managers could choose all the factors they perceived to be relevant. The factors included the following:

- lack of time;
- unclear roles;
- the organisation already has a well-functioning way of working with alcohol-related issues;
- the alcohol-related issue was not prioritised;
- The person who was responsible for the programme implementation no longer works for the organisation;
- worse finances;
- the COVID-19 pandemic;
- reduced or lack of support from management or HR personnel;
- Unsure of the reason for the approach to working with alcohol-related issues; and
- other issues that have not been covered by previous alternatives.

The items to measure perceived dissemination barriers were developed as a part of KAPRI to understand factors that could prevent the implementation of APMaT, particularly concerning the dissemination of the organisational alcohol policy among managers. The items were derived partly from the managers' insights derived from the interview data and partly from findings of previous research regarding the dissemination of alcohol prevention programmes in various settings (Babor *et al.*, 2005; Broyles *et al.*, 2012; Johnson *et al.*, 2011; Rojatz *et al.*, 2017). Because of the recent COVID-19 pandemic, this item was included in the survey as a hindering factor that could contribute to the inadequate implementation of APMaT.

Data analysis

The survey data were analysed using frequency distributions to illustrate commonalities among the managers regarding their perceived barriers to disseminating the organisational alcohol policy. Only three managers reported that their organisations had a worse approach in working with alcohol-related issues and thus were collapsed with the group of managers who reported no change in the approach of working with alcohol-related issues. Managers who responded to "yes, for the better" were excluded from the analysis.

In the KAPRI project, all interviews were transcribed and initially analysed by extracting relevant information using inductive thematic analysis, where recurring themes and phenomena described by participants were identified (Braun and Clark, 2013), performed by one of the authors (M.W.M.) In this study, the data relating to questions about the dissemination of the organisational alcohol policy were identified and separated and selective coding was conducted using Atlas.ti.

Quotes regarding the dissemination of the organisational alcohol policy were partly used to exemplify managers' experiences. The authors (D.L.E. and M.W.M.) discussed relevant themes prior to selecting all the relevant quotes to be included in the current study. Thereafter, D.L.E. and M.W.M. independently read through all the transcribed materials twice to decide on which quotes would best represent the experiences regarding the inadequate dissemination of the organisational alcohol policy. Eighteen managers responded to questions related to the dissemination of the organisational alcohol policy and were included in this study. In this study, further analysis of the data in a qualitative manner was not performed. Instead, quotes from the data were used as case illustrations to

elaborate the managers' perceptions regarding the perceived barriers that have been identified in the survey.

Results

Study population

Of the 276 managers who completed the survey, 193 managers reported that the workplace had either unchanged, deteriorated or were unsure about any changes in the approach to responding to alcohol-related issues after the programme delivery. [Table 1](#) presents managers' sociodemographic characteristics who responded to questions related to barriers in disseminating the organisational alcohol policy.

Common barriers in the dissemination of the organisational alcohol policy

Responses regarding managers' perceived barriers in the dissemination of the organisational alcohol policy are summarised in [Table 2](#).

One-third (34.2%) of all managers reported that they were unsure whether their workplace had changed their approach for working with alcohol-related issues in relation to the dissemination of the organisational alcohol policy. For instance, two managers expressed:

[...] you [don't really know] if it is there and where it is and what is actually in [the policy document]. (Manager 2)

Table 1 Sociodemographic characteristics of managers in the cross-sectional survey ($n = 193$)

Variables	n (%)
<i>Sex^a</i>	
Male	119 (61.7)
Female	73 (37.8)
<i>Age group</i>	
≤34 years	22 (11.4)
35–44 years	65 (33.7)
45–54 years	73 (37.8)
≥55 years	33 (17.1)
<i>Education level^a</i>	
Primary and upper secondary education	87 (45.8)
Tertiary education	103 (54.2)

Note: ^aMissing due to internal missing value

Table 2 Summary of managers' response regarding alcohol-related work in their organisations ($n = 193$)

Unsure of any changes in the organisational alcohol policy, n (%)	66 (34.2)
<i>Barriers in the dissemination of the organisational alcohol policy, n (%)^a</i>	127 (65.8)
Lack of time	9 (7.1)
Unclear roles	14 (11.0)
The organisation already has a well-functioning way of working with alcohol-related issues	80 (63.0)
The alcohol-related issue was not prioritized	25 (19.7)
The person who was responsible for the programme implementation no longer works for the organisation	6 (4.7)
Worse finances	2 (1.6)
The COVID-19 pandemic	9 (7.1)
Reduced or lack of support from management/HR personnel	13 (10.2)
Unsure of the reason to the unchanged approach to working with alcohol-related issues	16 (12.6)
Other issues not covered by previous alternatives	5 (3.9)

Note: ^aPercentages of common barriers were calculated based on the total number of managers who responded to "The approach to working with alcohol-related issues has not changed or it has become worse"

[...] it could have been finished, but I haven't thought of it. I haven't seen it, so [...] I don't think so. (Manager 16)

Moreover, 65.8% of all managers reported either an unchanged or deteriorated approach for working with alcohol-related issues, the majority of which (63.0%) perceived that their workplace already had had a well-functioning way of working with alcohol-related issues prior to the intervention:

[...] we don't have a new [policy] but we have a living policy [document]. (Manager 5)

I know that we have the old [policy] and it works. But the new [policy] is also good when it comes. (Manager 7)

Many of the managers also reported that the organisational alcohol policy was not disseminated because alcohol-related issues were not prioritised (19.7%), as exemplified by three managers below:

I have prioritised other things [...] but I have actually not prioritised it. (Manager 7)

[...] list of priorities, it can be done however long it takes, then you have to prioritise [...] what is most important right now [...] so this actually ends up further down the list of priorities. (Manager 25)

[...] prioritising [...] alcohol policy is a long-term investment [...] and it's easier to take [action] if that gives short-term effects. (Manager 49)

Interestingly, whilst some managers could not account for specific barriers for the deficient policy dissemination (12.6%), many were also seemingly unaware of the fact that a new organisational alcohol policy even existed in the first place:

[...] the HR manager is the one who knows all the parts [...]. No, I don't know actually [...] I can't really tell you anything specific. (Manager 15)

[...] nothing I can think of. I haven't heard a word of it. (Manager 46)

I don't know [...] because I haven't seen [the policy]. (Manager 49)

A few managers elaborated that the dissemination of the organisational alcohol policy may not fall under their responsibility and relied on HR personnel and the management team as the main drivers of policy dissemination:

I'm not really involved [...] I'm sitting with the HR group at the moment and we're not meeting until [...]. Only then I can ask how the work [regarding alcohol policy] is going (Manager 6)

I can't answer that [...] HR [probably works with the issue]. (Manager 40)

Furthermore, as exemplified by two managers, some expressed that they were unsure about their roles in the dissemination of the organisational alcohol policy:

[...] every department head or manager is responsible for their own personnel. (Manager 14)

[...] it's not very rewarding to put in the time to talk about these things, but then again [you think that] the individuals themselves should be able to take their own responsibility. (Manager 42)

A reason for the lack of dissemination of the organisational alcohol policy was reported to be lack of time, as expressed by two managers:

[...] it has not reached everywhere [within the organisation] but I think it's because of lack of time. (Manager 18)

[...] time-wise [...] we need to catch up. (Manager 25)

Although not explicitly mentioned as alternatives in the cross-sectional survey, managers expressed that the lack of communication within the organisation may have prevented the dissemination of the alcohol policy from occurring. It was emphasised that although an organisational alcohol policy existed, it was not sufficiently communicated within the organisation:

It's the usual, poor internal communication, it's stuck somewhere. I've found something here [in the company] that has been updated [...] but I can't even open the [policy]. (Manager 10)

I think that we would need to communicate it better in that case [...] and that you bring it up in the management meeting. (Manager 26)

Some managers also reported organisational obstacles as the main barriers for not disseminating the organisational alcohol policy. As exemplified by one manager below, a notion was that the policy document was not easily accessible within the organisation and emphasised that the organisational alcohol policy should be discussed regularly to be regarded as a useful tool:

It has to be very accessible, I think. And then that you try to find an occasion where you take it up or talk about it [...] it's not enough to wait for these natural opportunities. (Manager 1)

Another manager also mentioned that the organisational alcohol policy was read only during occasions when an incident had happened. Because no alcohol-related incident had occurred after the workshop with Alna, the organisational alcohol policy had been neglected as a result:

I don't sit around and read all our policy day in and day out, but I know that it exists. (Manager 40)

Interestingly, managers also perceived that the size of the organisation itself could be an obstacle in the dissemination of the organisational alcohol policy.

[...] big company that things [...] a lot of things happen outside of one's control you can say. So, it may well be that there are policies and other documents that have been updated. But it's nothing that I've reflected on, and nothing that I can spontaneously tell you that I've had something in my inbox either that 'now we have an updated policy here, go in and read and make sure to update it' (Manager 20)

Other organisational factors that could have influenced the dissemination of the organisational alcohol policy were changes within the organisation, for instance, a merger with another company:

When we participated in the workshop with [Alna] last year, we were one company. Now we've been bought by another company. So now we've merged with that company and [comply with] their policies. (Manager 52)

Finally, managers expressed that potential strategies for disseminating the policy were inadequate. Specifically, two managers reported that dissemination of the organisational alcohol policy might have been more successful if the management team had been more engaged:

I haven't heard a single word about it. So, I don't think that I can think of whether we have any explicit strategy or if there is any plan in the current situation. (Manager 46)

It sounds like that it is a question more for the management, I would say, how you intend to carry it out in the future. (Manager 52)

Discussion

This study aimed to describe perceived barriers in the dissemination of a multi-component alcohol prevention programme that has been delivered in Swedish workplaces using data from a cross-sectional survey and case illustrations from semi-structured interviews. Specifically, an attempt to explore reasons to the lack of implementation of one of the intervention components – the dissemination of the organisational alcohol policy among managers – was conducted.

Based on the case illustrations from the interview data and the cross-sectional survey, managers perceived uncertainties and various organisational factors as some of the common barriers to the dissemination of the organisational alcohol policy.

Previous outcome evaluations found positive effects in terms of increasing managers' inclination to intervene (Elling, *et al.*, in press), but did not find any significant effects in reducing employees' hazardous alcohol consumption (Elling *et al.*, unpublished data). The lack of significant findings in one of the outcome evaluations suggests that implementing APMaT's intervention components may have been challenging. Nevertheless, the qualitative study focusing on managers' experiences as a part of KAPRI indicated a positive recollection of the skills development training among managers, whereas any policy alterations seemed to have gone unnoticed by the participants (Martinez *et al.*, 2022).

Uncertainties among managers regarding the dissemination of the organisational alcohol policy may be because of the complexity of implementing the intervention itself, especially because multiple hierarchical levels were involved (Hasson *et al.*, 2012). Additionally, the uncertainties among managers concerning the dissemination of the organisational alcohol policy could potentially be explained by unclear communication from either the HR personnel or the management team (Holmes *et al.*, 2017; Moore *et al.*, 2012). In the Swedish workplace context, the development of organisational policies typically occurs at the highest level of the organisation. The dissemination of the organisational alcohol policy to managers at the different organisational levels was considered as an integral part to support its implementation, as policy implementation may also be performed by managers at different levels of the organisational hierarchy. Relying solely on managers at the highest level of the organisation may be counterproductive (Nilsen, 2009), as priorities differ between organisational hierarchies. Given that middle and lower-level managers often have regular contacts with their employees (Cameron *et al.*, 2019; Justesen *et al.*, 2017), increased collaboration could potentially improve the dissemination of the organisational alcohol policy and subsequently its implementation throughout the organisation.

Consistent with previous literature, managers in this study perceived various organisational factors as barriers to the dissemination of the organisational alcohol policy, including deficient time (Babor *et al.*, 2005; Broyles *et al.*, 2012), limited resources (Johnson *et al.*, 2011; Rojatz *et al.*, 2017) and lack of communication (Cameron *et al.*, 2019; Justesen *et al.*, 2017; Mellor and Webster, 2013). Although the majority of managers perceived that the workplace had a well-functioning approach to address alcohol-related issues, only two managers reflected on the reason for lack of the revised policy dissemination after the programme delivery. Continuous work with the organisational alcohol policy may be influenced by clear communication between and across hierarchical levels, where middle and lower-level managers may have regular contacts with top-level managers, who set a list of priorities to improve working conditions and subsequently their employees' well-being (Lornudd *et al.*, 2021). However, this may be a challenge, given the lack of communication was perceived as a barrier to disseminating the organisational alcohol policy among the participants.

Moreover, managers' motivation may be one reason for deprioritising the dissemination of the organisational alcohol policy (Hasson *et al.*, 2014; Lornudd *et al.*, 2021). For instance, top management may have deprioritised the dissemination of the alcohol policy because of worsened finances in the organisation, while managers in the middle or lower-level managers may have perceived a reduction in support to respond to alcohol-related issues. Interestingly, though some managers could not identify specific reasons for the insufficient dissemination of the organisational alcohol policy, some managers suggested that disseminating the organisational alcohol policy was not part of their job. Because the enforcement of policies should be done across all organisational levels, clarifying the roles of managers may improve the dissemination of the organisational alcohol policy (Nilsen, 2009). Thus, the effects of APMaT may alter managers' attitudes towards intervening and may be sustained to change behaviour in the long run (Brown *et al.*, 2008; Justesen *et al.*, 2017).

Strengths and limitations

This study provided a more comprehensive view of the implementation of APMaT and corroborated with previous study findings that are a part of the KAPRI project. The lack of significant results from a previous effectiveness study at the employee level could tentatively be explained by the inadequate implementation of the programme, particularly the dissemination of the organisational alcohol policy, rather than the programme itself being ineffective.

The exploration of dissemination barriers using survey data further confirmed the managers' perception regarding the dissemination of the organisational alcohol policy. However, the survey limited the possibility to identify which factors were the most important in disseminating the organisational alcohol policy. For instance, although most managers identified other existing measures to address alcohol-related issues as a barrier to policy dissemination, this may not be the most important factor during the dissemination of APMaT. Similarly, the least common barrier that was identified in the survey may not reflect its importance. Identifying higher-order barriers may shed some insights into the importance of specific barriers on the implementation of APMaT and may potentially inform future resource allocation. Furthermore, it is possible that the organisations may have worked further with preventing hazardous alcohol use beyond the scope of KAPRI – something that is limited by the design of the survey questions.

Finally, this study was an attempt to describe how managers perceived the implementation of APMaT, particularly the dissemination of the organisational alcohol policy and did not conduct further qualitative analysis to understand the unique phenomena within each workplace. Understanding how managers perceive the process of which an organisational alcohol policy is disseminated, and their involvement to facilitate its implementation is important. Therefore, a more thorough process evaluation study and possibly an iteration of the programme delivery should be considered to be able to improve the implementation of APMaT in the future.

Conclusions

The findings suggested that common barriers to the dissemination of the organisational alcohol policy were uncertainties among managers and a variety of organisational obstacles (such as deficient time, deprioritisation of alcohol-related issues) within the workplace. The current study provided some insights into the difficulties of programme implementation in a dynamic setting, such as the workplace. Prospective interventions should consider the possibility to incorporate a thorough process evaluation to ensure the uptake and sustainment of the intervention.

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