ORGANIZATIONAL INTERVENTIONS FOR HEALTH AND WELL-BEING

A Handbook for Evidence-Based Practice

Edited by Karina Nielsen and Andrew Noblet

Introduction

Organizational interventions: Where we are, where we go from here?

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This book is the result of our desire to bridge the gap between research, policy and practice and support occupational health practitioners, organizations, academics and their students to design, implement and evaluate organizational interventions that may successfully improve employee health and well-being. Organizational interventions can be defined as planned, behavioural, theory-based actions to change the way work is organized, designed and managed in order to improve the health and well-being of participants (Nielsen, 2013, Nielsen et al., 2010a). This type of intervention employs a problem-solving approach and typically consists of five phases: preparation, screening (identification of problem areas), action planning, implementation of action plans and evaluation (Nielsen et al., 2010a). This type of intervention is generally recommended (ENWHP, 2007; ETUC, 2004; EU-OSHA, 2010; ILO, 2001), however, we lack knowledge on how to design, implement and evaluate such interventions.

The demands for understanding how to design, implement and evaluate organizational interventions have arisen both from research and from policy. On the research side, the randomized, controlled trial (RCT) design has been considered the gold standard for organizational interventions (Murphy, 1996; Nielsen & Miraglia, 2017; Sauter & Murphy, 2004). Meta-analyses based on this framework conclude inconsistent results in terms of their ability to improve employee health and well-being (Martin et al., 2009; Richardson & Rothstein, 2008; van der Klink et al., 2001), however, arguments have been put forward that the RCT is not suitable for evaluating complex interventions such the organizational interventions (Nielsen & Miraglia, 2017). From a policy perspective, national policies have been developed in the attempt to manage psychosocial risks and ensure employee health and well-being, however, it can be questioned whether these policies are based on research and they are often not rigorously evaluated. In this Introduction, we first discuss the need for understanding what works for whom in which circumstances

from a research and a policy perspective. With a starting point in policy approaches to organizational interventions, we then review state-of-the-art of recent evidence base on what works for whom in which circumstances, i.e. which tools and methods may work in which contexts. Finally, we provide a brief overview of the chapters in this edited book.

On the need to know what works for whom in which circumstances from a research perspective

Organizational interventions most often employ a participatory approach, where employees and managers through ongoing negotiations and discussions decide on the process and the content of the intervention (Nielsen et al., 2010a). Organizational interventions can be classified as complex interventions because they work through an emergent and recursive causality (Rogers, 2008). Scholars have argued that the intervention process and the way in which the interventions are implemented may partially explain the inconsistent results of organizational interventions (Egan et al., 2009; Murta et al., 2007, Nielsen et al., 2010a) and research should reflect the complexity of organizational interventions when planning, implementing and evaluating organizational interventions.

In recognition of the need for a new paradigm, several models have been developed that discuss how organizational interventions should be implemented and evaluated (Nielsen et al., 2010a, Nielsen & Randall, 2015; Noblet & LaMontagne, 2009) and evaluated (Nielsen & Abildgaard, 2013; Nielsen & Randall, 2015). In a recent critical review, Nielsen and Miraglia (2017) argued that organizational interventions may be best evaluated using the realist evaluation paradigm. Moving beyond the RCT question of "what works" or rather "whether an intervention works", realist evaluation sets out to answer the questions of what works for whom in which circumstances. It has been argued that realist evaluation may open the black box of "what works" to answer which elements of organizational interventions may be effective and thus provide a basis for theoretically developing and testing models for what interventions work, for whom and in which circumstances (Nielsen & Miraglia, 2017). Realist evaluation assumes that there are patterns that may explain why an intervention succeeds or fails and that we can build and test models to explain these patterns (Pawson, 2013). The central tenet of realist evaluation is to answer these questions though theoretically developing and testing context+mechanism = outcome (CMO) configurations (Pawson, 2013; Pawson & Tilley, 1997). The realist strategy thus focuses on three themes: understanding the mechanisms through which an intervention achieves its outcomes, understanding the contextual conditions necessary for triggering mechanisms, and understanding outcome patterns (Pawson & Tilley, 1997). However, moving to developing, testing and revising CMO configurations requires that we as researchers start publishing on the mechanisms of organizational interventions and in which contexts and organizational settings these mechanisms may be triggered. A limitation of current research, however, is that few studies focus directly on formulating and

testing CMO configurations and rarely describe the methods and tools used in organizational interventions. We therefore have limited knowledge of the effective mechanisms of organizational interventions (Nielsen & Miraglia, 2017). The aim of this book is to provide examples of the content of interventions and discuss how the tools and methods (mechanisms) used work for whom in which circumstances.

On the need to know what works for whom in which circumstances from a policy perspective

According to the European Union (EU) Framework Directive 89/391/EEC, organizations have a legal obligation to "ensure the safety and health of workers in every aspect related to work". This includes psychosocial aspects of the working environment. The Framework Directive, however, does not state any specific measures to manage the psychosocial work environment and as a result the European Commission called upon the social partners to develop strategies to manage psychosocial aspects of the working environment (Persechino et al., 2013). The European Framework Agreement of October 8, 2004 addresses psychosocial issues. The Agreement states that it is the responsibility of the employer to take measures to identify and prevent issues concerning the psychosocial work environment and stress.

As a response to Framework Directive, several European countries have developed policies and guidelines for how organizations may manage employee health and well-being. In the UK, the Management Standards (MS) have been developed (Cousins et al., 2004; Mackay et al., 2004). Inspired by the MS, WorkPositive (http://surveys.healthyworkinglives.com/) and INAIL (Iavicoli et al., 2014; Persechino et al., 2013; Ronchetti et al., 2015; Toderi et al., 2013) have been developed in Ireland and Italy, respectively. In Belgium, the SOBANE (Screening, Observation, Analysis and Expertise; Malchaire, 2004) method has been developed and in Germany the START method (Satzer & Geray, 2009). At the European level, a guidance standard has been issued by the British Standards Institution (PAS1010; Leka et al., 2011). Outside Europe, a Canadian Standard has been developed on how to develop healthy and sustainable workplaces (CAN/CSA-Z1003-13/BNQ9700-803/2013; www.mentalhealthcommission.ca/English/issues/workplace/national-standard). Likewise, in Australia the National Mental Health Commission have developed a broad set of recommendations about the steps that should be taken when developing a mentally healthy workplace (www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx).

A review of these policies and standards reveal that they recommend a problem-solving cycle and they share a number of key principles, including employee participation, senior management and line management support, and fitting the intervention to the organizational context. Although these policies and standards are recommended they have only been validated scientifically to a limited extent. The MS have been validated in three studies (Biron et al., 2010; Mellor et al., 2011, 2013). The INAIL has been validated in one published study

(Di Tecco et al., 2015). The Deparis guide used by the SOBANE method has been validated in one paper (Malchaire, 2004; www.sobane.be/sobane/index.aspx). Finally, Kunyk et al. (2016) published a study on the usability of the Canadian Standard, however, not all participants were familiar with the Standard. To the best of our knowledge, the WorkPositive has not been validated. The lack of rigorous evaluation, raises the question whether these policies are fit for purpose. Overall, the policies in place provide little concrete guidance or offer tools that organizations may use to fulfil the EU requirements. The chapters in our book aim to inform policy on the tools and methods that may be used by organizations to ensure organizational interventions are fit for purpose and successfully improve the psychosocial work environment and employee health and well-being.

What do we know?

Before, we move on to the contributions of experts in the field of organizational interventions, we need to gain an overview of the current knowledge of what works for whom in which circumstances. To this end, we provide an overview of recent developments in research. Nielsen et al. (2010a) provided an in-depth review of the state-of-the art on the design, implementation and evaluation of organizational interventions. In the present chapter, we build on this review. We conducted a systematic literature search on papers published since 2010 and, in the following sections we present an update on what we know concerning the design, implementation and
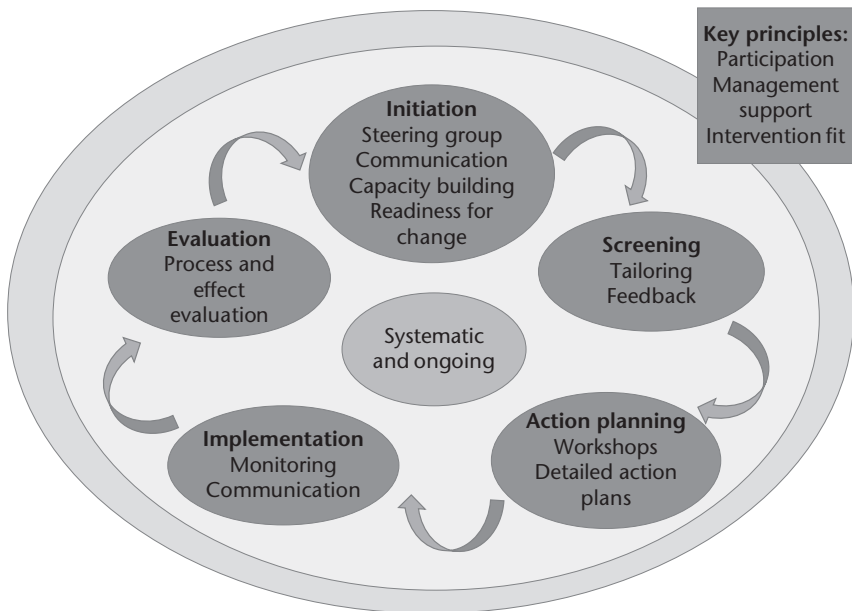

FIGURE 0.1 Revised model of organizational interventions by Nielsen et al. (2010a)

evaluation of organizational interventions. For research before 2010, we refer to the paper by Nielsen and colleagues (2010a). For the purpose of this review, we chose to keep the five-phase model developed by Nielsen et al. (2010a) as it follows the problem-solving cycle recommended also by policy. We discuss the research in light of the policies developed in the UK, Ireland, Germany, Italy, Canada and Australia. In figure 0.1, we present a slightly revised model of the Nielsen et al. (2010a) based on the policies and standards and state-of-the-art research. We first present the three key principles identified in all the policies and standards and then present the latest research support these and the five phases of the model.

Fitting the intervention to the organizational context

Nielsen and Randall (2015) argued that interventions should be tailored to the organizational context and to the individuals within the organizations. Recent development in research supports this notion. Mellor et al. (2013) in the evaluation of the MS found that integrating stress policy into corporate plans and internal systems and procedures helped put stress issues on the agenda. Also evaluating the MS, Biron et al. (2010) found that few of the line managers who had been allocated responsibility for managing the intervention process and had received training in how to use the survey tool had actually used the tool. There were many contextual factors accounting for the failure to use the tool. Many line managers and their employees had changed jobs, their teams had become too small to receive feedback and thus did not meet the requirements for participating. Only 5 out of 21 line managers used the tool due to practical constraints. Furthermore, line managers felt the tool was unnecessary; senior managers suffered from stress, not employees (Biron et al. 2010). In a study by Aust et al. (2010), occupational health consultants suggested that the focus on participation had been problematic as employees were poorly equipped to manage the process and line managers felt unsure about their role. Framke and Sørensen (2015) reported that the opportunity to fit the intervention to the organization was perceived to be a strength and Poulsen et al. (2015) found that the pressure to bill time on projects prevented employees from engaging with the intervention. Ipsen et al. (2015) reported that their SME-focused intervention did not fare well in an organization where people worked across different shifts because communication and participation was limited across shifts. On the downside of fitting the intervention to the context and adopting a flexible approach, Jenny et al. (2014) found that a high level of flexibility in the process across participating organizations meant that some participants felt the intervention lacked structure. Ipsen et al. (2015), Jenny et al. (2014), Mellor et al. (2011) also reported that concurrent organizational changes took focus away from the intervention. Andersen and Westgaard (2013) found that few participants felt the intervention had led to any successful outcomes and some even felt that the interventions took away attention from the core tasks.

Finally, Albertsen et al. (2014) provided an excellent example of the importance of fitting the intervention to the organizational context. In a large study introducing

a new IT system to manage the roster, they found very different results in the three intervention groups included in the study. In group A, no changes were detected and interviews with employees and managers revealed that the organizational context had been problematic: concurrent downsizing resulted in a temporary cancellation of the IT system use as employees would be called in to work at short notice. Furthermore, the intervention had provided a poor fit to some individual employees as they had found the system difficult to use. In group B, improvements in work–life balance could be observed and the process evaluation indicated that employees found the IT system supported the existing roster planning procedures, the IT system has made the process fairer, and the system offered the opportunity to consider individual preferences. Overall, the intervention was perceived to provide a good fit the organizational context. In the third group, a deterioration in work–life balance was observed. Interviews revealed that although the IT system had been implemented, management had introduced a "buffer-zone" that meant that they could delay or postpone working hours. This zone resulted in more evening work, variable working hours and unpredictability in when to start work. The system was perceived to present a poor fit because it did not consider employees' needs.

One important aspect of fit is to make use of the existing structures in place in the organization to support the intervention (Nielsen & Randall, 2015). Integrating health and well-being management process into performance systems, Augustsson et al. (2015) and von Thiele Schwarz et al. (2017) found integrating employee health and well-being consideration into existing Kaizen structures (visual boards to streamline production processes going through a plan, do, check, act problem-solving cycle; Imai, 1986). Augustsson et al. (2015) resulted in a successful outcome where employees were already familiar with the Kaizen process.

Together these studies provide strong evidence for understanding how the context may or may not trigger the mechanism of an organizational intervention and provides valuable information on when an intervention may be effective.

Employee participation

Employee participation is widely recommended in research (Nielsen & Randall, 2012; Noblet & LaMontagne 2009) and also emphasized by the national policies. Employee participation is believed to make use of participants' knowledge about what activities are fit for purpose in the local context, ensure ownership of the intervention and improve collaboration between management and employees (Nielsen et al., 2013). In the process evaluation of the INAIL method, Di Tecco et al. (2015) found that 32.2 per cent of 124 organizations involved a representative sample of employees, whereas 39.3 per cent opted for involving all employees in the organization, and Mellor et al. (2011) reported that participation and in particular indirect participation through the involvement of trade unions facilitated the implementation of the MS.

Recent studies have found support for the use of participatory methods and included added information on the forms of participation which may be effective.

In their study on integrating health and well-being management into performance management, Augustsson et al. (2015) found that where integration had been successful, employees reported they had had the opportunity to provide input to the process and they were active in the integration. On the level of participation needed, Framke and Sørensen (2015) found that the intervention involving employee representatives in the process was perceived to be sufficient because representatives acquired additional input when needed from the wider group of employees and employee representatives justified the time spent on the intervention to colleagues not directly involved. Whether the intervention led to successful outcomes was not reported.

Integrating process and effect evaluation, Nielsen and Randall (2012) explored the extent to which employees reported having been involved in the planning and the implementation of a teamwork intervention explained intervention outcomes. They found that such participation was associated with intermediate outcomes in the form of autonomy and social support, which in turn were related to affective well-being and job satisfaction.

Together, these studies provide valuable support for the participatory process as an important mechanism, however, the studies provide limited information on the concrete forms of participation. A recent framework has been proposed on how to define and understand participation in organizational interventions (Abildgaard et al., 2018).

Senior and line management support

The national policies all recommend that senior managers are involved in promoting the project, and in particular the MS emphasize the role line managers have in the daily running of organizational interventions. There is new research that supports the importance of management support.

Mellor et al. (2013) in their evaluation of the MS found that senior management was instrumental in getting the project up and running. Framke and Sørensen (2015) found that senior management supported the intervention. Jenny et al. (2014) reported that where senior managers acknowledged even critical results, engaged in dialogues with employees and superiors, and pursued change, the intervention progressed well. Interestingly, Greasley and Edwards (2015) in a study of three organizations found that initial senior management support did not guarantee a successful outcome. They suggested that this may be due to managers lacking the necessary skills to implement subsequent change.

The importance of senior management support throughout the entire project was emphasized by Ipsen et al. (2015), however, line management support was also described as vital. Where line managers had prioritized daily work activities over intervention activities, the intervention had not been successful. Ipsen et al. (2015) outlined the ways in which line managers had supported the process. These included formulating a vision for what could be achieved from the intervention and prioritizing time in meetings to work with the intervention. Lack of

support from line managers has been reported to have detrimental effects: Lingard et al. (2012) in their evaluation of a work–life balance participatory intervention found that younger employees found it challenging to change their behaviours because line managers acted as negative role models; they worked excessive hours themselves. In summary, there is support for the important role of senior and line managers as an important process mechanism, but there is yet limited information on how managers can be involved.

Preparing the intervention

Three key elements outlined by the national policies in the preparation of the intervention, are the establishment of a steering group, the development of a communication strategy and making sure the organizational members are ready for change.

Establishment of a steering group

The composition and the skills of the steering groups are important. In the evaluation of the SOBANE method, Malchaire (2004) reported that in the majority of cases (51 per cent) the internal occupational safety and health (OSH) practitioner functioned as the coordinator, whereas in 28 per cent of the cases it was the employer. In the remaining cases it was an external OSH consultant. Mellor et al. (2013) found that steering groups that had a mixed representation of human resources (HR), health and safety, occupational health representatives, senior management and union representatives helped move the process along. It was also reported that HR or occupational safety and health professionals were vital to support managers during the risk assessment phase. Mellor et al. (2011) further found that steering groups needed project management skills and knowledge of occupational health to support the MS process. Organizations on their own lacked the competencies to administer surveys and focus group facilitation and in many cases, external consultants were effective in facilitating the process (Mellor et al., 2011).

Hasson et al. (2014b) explored the importance of different key stakeholders' agreement of a web-based intervention. Although both senior management, HR professionals and line managers agreed it was the line managers' responsibility to make the intervention happen, HR professionals admitted they had not provided line managers with the necessary tools to assume this responsibility. Senior managers were disappointed that line managers had not been more proactive and line managers in turn reported feeling little supported by their managers.

Weigl et al. (2013) found that supportive steering groups were important for the intervention's success. Jenny et al. (2014) found that the steering group encouraged employees to contribute opinions and ideas. Framke and Sørensen (2015) reported that consultants played a vital role in taking charge.

Some studies have also looked at the role of project champions. Ipsen et al. (2015) evaluated an organizational intervention targeting four SMEs. Rather than using external consultants, internal facilitators were selected among staff

by senior management. The organizations reported having no problems identifying the right people as drivers of change: people that were trusted within the organization and had an interest in people management. These people were described by both management and employees as being effective drivers of change. It would thus appear that given internal champions possess the necessary skills and competencies, external champions may not be needed.

Employee readiness for change and capacity building

The importance of readiness for change have been established in a range of studies. Ronchetti et al. (2015) found that 74 per cent of companies that had used the INAIL methodology had provided training to those involved in the intervention.

Albertsen et al. (2014) found that in group C where the intervention had a negative impact, employees were resistant of the intervention because they considered it a "lean-and-mean management practice"; they did not see the benefit of the intervention. Augustsson et al. (2015) reported that where employees had positive expectations of the intervention, health and well-being management had successfully been integrated into performance management procedures using Kaizen. Also Framke and Sørensen (2015) reported that in groups were employees reported being ready for change activities were implemented, compared to the groups where employees felt the intervention was forced upon them and that it did not add value for money invested in the project. Jenny et al. (2014) found that employees who anticipated the most impact of the intervention were also those that reported the best intervention outcomes.

Hasson et al. (2013) found that when line managers' ratings of organizational learning climate differed from the ratings of their employees, these employees reported poorer well-being. Hasson et al. (2013) suggested that such disagreement may have detrimental effects on intervention outcomes because employees and managers do not have shared mental models of what changes are required. These results suggest that a shared understanding of which changes are needed is important.

In support of the importance of capacity building, Nielsen and colleagues found in a teamwork intervention aimed at improving employee well-being, training team leaders and employees had a positive effect on the leaders' own well-being (Nielsen & Daniels, 2012) and employees' well-being (Nielsen et al., 2010b, 2017).

Although these studies provide valuable information on how to prepare employees for change and develop their capabilities, there is still much to be learned about the methods used to ensure readiness.

Communication

All policies recommend developing a communication strategy to support the intervention. There is some research to support the importance of communication during the initial phases of the process. In the evaluation of the SOBANE method

(Malchaire, 2004), 92 per cent of respondents felt the method had been explained well and had resulted in the method being easy to understand and use (81 per cent). Mellor et al. (2011) found that communications such as raising awareness, multiple channels of communication and visible senior management action all helped progress on working with the MS.

Augustsson et al. (2015) found that successful integration of health and well-being management into existing performance management procedures had happened where communication had been clear about the tasks and roles in relation to the intervention. Where integration had been unsuccessful, employees reported they had received insufficient information about the project and did not know what was expected of them. Lack of information about the project and its content may severely impair intervention outcomes. Aust et al. (2010) found that in the study where 6 out of 13 measured working conditions deteriorated in the intervention groups, about 50 per cent of employees had not been aware they could get help from organizational consultants. In the intervention in SMEs (Ipsen et al., 2015), visualization tools were used throughout the intervention to keep up momentum and updates were presented at ongoing status meetings. The visualization tools were mostly appreciated by managers and internal facilitators who felt they functioned as a reminder to employees. Jenny et al. (2014) found that across eight organizations the tailored approach to communication meant that the intervention did not have a distinctive profile in the organizations. Lingard et al. (2012) found that newcomers to the organization found the work–life strategies on offer difficult to get an overview of because there was no formal package.

Screening: Identifying focus areas

A central part of the problem-solving cycle is the identification and prioritization of which problems to focus on changing. The method to identify problems most often used is the standardized questionnaire, i.e. the use of pre-existing questionnaires that allows for the identification of broad range of psychosocial risks. The MS have developed and validated the HSE Indicator tool (Edwards et al., 2008) and this is also used by the WorkPositive and the INAIL policies. The START method, however, recommends the use of a tailored questionnaire, a questionnaire that taps into the local context. The debate as to whether screening should use standardized tools or tailor tools to the local context has also received attention in research (Nielsen et al., 2014).

Tailored or standardized screening tools

Mellor et al. (2013) found that all five case study organizations using the MS method had opted for using only parts of the standardized HSE Indicator tool (Edwards et al., 2008) or equivalents and supported the screening with examination of turnover and/or absence levels, grievance cases, occupational counselling

referrals, violent incidents, reports of conflicts and changes to work practices. In many cases, screening was also used to identify individual cases of stress through one-to-one interviews. It was reported that it was easy to identify the causes of stress using the MS approach, however, in cases where only few items of the HSE Indicator tool had been used, managers reported the causes of stress were not clear. Results of the survey were fed back through emails, leaflets and team meetings. Mellor et al. (2011) reported in another study of the MS that participants found the HSE indicator tool difficult to use and needed tailoring to the organization in question. Data were also collected on absenteeism to provide diagnostic information, however, this was problematic due to poor organizational records. Although the MS guidance prescribe that results of screening should be compared to the states to be achieved as outlined by the MS, Biron et al. (2010) found that in the private organization, where most line managers did not conduct the screening, no improvements in working conditions and well-being could be observed. Biron et al. (2010) found that only line managers who had resources available to them (good mental health and few negative work demands) had used the HSE Indicator survey tool.

In support of the INAIL screening methods, Di Tecco et al. (2015) reported in their evaluation of the INAIL method that 60 per cent of workers and 68 per cent of safety representatives were involved in gathering, analyzing and discussing checklist data. Only 1.5 per cent of the 124 organizations participating in the survey conducted an in-depth assessment. Of these, 56 per cent used tools in addition to the HSE Indicator tool (Edwards et al., 2008): 23 per cent used focus groups, 19 per cent used detailed meetings and 12 per cent conducted semi-structured interviews. Malchaire (2004) reported that 96 per cent of respondents found the Deparis method useful to guide to solutions and allowed participants to determine whether a situation required further action.

Support for the tailored approach suggested by START was found in a study in the Danish postal service. Nielsen et al. (2014) examined the use of a tailored questionnaire. Problems with the existing standardized screening tool was experienced as employees perceived that the tool did not capture their working conditions, they felt the questions had little relevance to them and the results fed back to them provided limited useful input on which action plans to develop. As a result, the research team interviewed employees using the cognitive mapping method. They asked employees to map the resources and the demands of the job and how these could be increased or reduced, respectively. On the basis of this mapping, the researchers developed a questionnaire that captured the working experiences of postal workers. Employees and managers reported that they felt the tailored questionnaire captured better the local context, i.e. the work of a mail carrier, in terms of issues with the postal route and the number of changes faced by the postal service during times of increased electronic communication and reduced mail. Employees and managers also reported that it was easier to develop concrete action plans on the basis of the tailored questionnaire, that the

participatory approach used to develop the questionnaire resulted in participants advocated the project to their peers, and that the resulting tailored questionnaire created a sense of ownership over the intervention (Nielsen et al., 2014).

Feedback of survey results

One study has explored the feedback of screening. Jenny et al. (2014) found that automated survey feedback and personal tips were reported to stimulate discussions and action, however, especially managers were concerned that either poor or exceptionally good results of the survey may have repercussions. Jenny et al. (2014) also reported that participants found it difficult to understand the results without the support of consultants and found that the intervention lost momentum when there was a time lapse between the survey and the feedback of results.

Action planning phase

After the identification for which areas to focus intervention activities on, participants engage in the development of action plans.

Fifty-two percent of the 124 organizations participating in the INAIL study reported that they had developed action plans to prevent, reduce or eliminate poor working conditions (Ronchetti et al., 2015). Malchaire (2004) reported in the evaluation of the SOBANE method that a total of 417 solutions were suggested, i.e. more than ten per meeting. Participants reported that only 33 per cent if these proposed solutions had been suggested before indicating that the Deparis guide offered innovative solutions. A total of 60 per cent of solutions were directly implemented while 40 per cent were related to work procedures, work quality and productivity. It is not clear how many of these solutions were related to the second, the 14th and the 18th dimensions that cover psychosocial issues. In response to the "who does what and when" action planning, 77 per cent of respondents felt the approach was interesting and 87 per cent felt it was reliable. This type of action planning played a role in 32 per cent of the solutions proposed. Finally, Framke and Sørensen (2015) found that an intervention focusing on improving the primary task (in participating kindergartens, taking care of the children) led to the development of action plans supporting employees in completing their primary task, however, whether this focus helped them being implemented or led to improvements in employee health and well-being was not evaluated.

The use of workshops and focus groups

The use of focus groups or workshops has received recent research attention. Mellor et al. (2013) reported that conducting workshops and focus groups was a time-consuming exercise. It was also found that in one organization where managers had been the sole drivers in developing action plans, the impact of the MS was limited. Ipsen et al. (2015) reported that action planning workshops that included

an open and collective voting system for prioritizing actions were perceived to be problematic because management was present during voting. Furthermore, Poulsen et al. (2015) found that those who had not participated in action planning workshops agreed less with the action plans and engaged less in the evaluation workshop (see process evaluation section). Finally, Saksvik et al. (2015) reported that participation in workshops led to a sense of community because participants got to know each other better.

Implementation phase

There is evidence that management drive the implementation of action plans. Mellor et al. (2011) found in their process evaluation of the MS that senior managers were instrumental in getting action plans implemented. Mellor et al. (2011) also found that implementing action plans at the team level rather the organization level meant that needs were met and these action plans were perceived as less time consuming. Mellor et al. (2013) reported that one of the most important barriers to successful implementation of MS action plans was lack of availability of managers. In the study by Augustsson et al. (2015) it was found that where health and well-being management had been successfully integrated into performance management, line managers had supported the process and involved employees in the integration. Andersen and Westgaard (2013) reported that a lack of support from management resulted in intervention activities being withdrawn due to lack of resources or not followed up upon due to time pressures.

The failed intervention project reported by Aust et al. (2010) found that although lower level leaders had participated in coaching, they had failed to improve the leaders' role in the organization because managers or professions at higher levels in the hierarchy had resisted change, however, a contributing factor to the failed project could also be that only 21 per cent of employee felt that leaders had prioritized the project.

Also positive effects of implementation has been reported. Hasson et al. (2014a) found that in work groups where changes had been implemented that targeted reducing psychological demands and improved decision latitude, these working conditions improved. No such effects were found for changes targeting social support and rewards (based on the effort–reward model; Siegrist, 1996). In groups, where employees felt that changes had been implemented and these changes were perceived to improve working conditions, positive outcomes could be identified in terms of reduced psychological demands, improved rewards, social support and decision latitude (Hasson et al., 2014a). This support the notion that individuals' appraisal of the intervention plays an important role in determining intervention outcomes.

Some research has focused on the appropriateness of action plans. In the Albertsen et al. (2014) study, the group experiencing a deterioration in intervention outcomes reported that management had made changes to the way the IT system had been implemented which resulted in the system creating more problems than

it solved. In the Aust et al. (2010) study where the intervention groups were worse off after the intervention, only 15 per cent reported that the implemented activities had been positive and 17 per cent reported they had been negative and another 36 per cent rated the activities as neither positive nor negative.

Studying the degree to which action plans had been implemented, Sørensen and Holman (2014) found that participating departments could be divided in to three groups: low implementation, medium implementation and high implementation. Where action plans had been implemented, improvements were observed in perceptions of management quality and leader skills and support (Sørensen & Holman, 2014). The high implementation group was characterized by employee project champions who were more active in involving their colleagues. Also departmental managers and senior management in the high implementation group were perceived to be more supportive. The high implementation group also reported having received more information about the intervention. The importance of communication was supported by Aust et al. (2010): a contributing factor to the intervention's failure was attributed to the fact that almost a third of employees had not been aware that any activities had been initiated.

Evaluation phase

Several research-based models have been developed since 2010 providing guidance as to how organizational interventions should be evaluated. Nielsen and Randall (2013) developed the Framework for Evaluating Organizational-level Interventions. In this Framework, Nielsen and Randall (2013) identified three key elements of the process that should be evaluated. First, it is important to consider the intervention process itself, for example, who is involved and why? What action plans are developed and to which extent are they implemented? Second, the hindering and facilitating factors in the context need to be identified. The factors include omnibus factors, e.g. the culture of the organization and the management systems in place and the discrete factors, e.g. concurrent changes such a downsizing or conflicting initiatives. Third, the mental models of participants should be evaluated. What did participants think of the intervention? How have their mental models changed during the intervention process? This framework has been used to structure the process evaluation of interventions (Augustsson et al. 2015).

Taking into account and expanding on the Framework, Nielsen and Abildgaard (2013) developed a model that made explicit which factors to evaluate at each phase of the intervention and that integrated process and effect evaluation. A key element of effect evaluation is to examine the "chain of effects", e.g. whether changes in attitudes lead to changes in the way work is organized, designed and managed, and whether these changes lead to changes in the psychosocial work environment, which in turn leads to improved employee health and well-being.

In an innovative approach to evaluation, Poulsen et al. (2015) used "chronicle workshops" to conduct process evaluation. In a workshop, participants in the intervention drew a time line of the project and created a coherent story of the process.

In support of the importance of exploring the chain of effects, i.e. whether improvements in working conditions lead to actual improvements in well-being, Moen et al. (2016) found that in a participatory intervention to increase employees' control over their working time, increases in schedule control and reduced work-family conflict partially mediated the intervention's outcomes in terms of reduced burnout, perceived stress, psychological distress and increased job satisfaction. Also Holman et al. (2010) found that job control, skill utilization, feedback and participation explained improvements in employee well-being, and Holman and Axtell (2015) found that improved feedback and job control explained the intervention's outcomes in terms of performance and well-being.

Where do we go from here?

As evidenced by this review, it is clear that there is by now a body of knowledge that can help inform the design, implementation and evaluation of the future interventions and help develop our knowledge on what works for whom in which circumstances. A limitation of most studies is that they have been published in journals that restrict the level of detail that can be provided about the tools and methods used in the studies to bring about any outcomes in employee health and well-being. In the present book, we aim to address this limitation. We invited recognized organizational intervention researchers to contribute with their concrete experiences in designing, implementing and evaluating organizational interventions. This book thus focuses on described tools and methods and the experiences with using these tools.

The book has been divided into three parts. Part I consists of three chapters that focus on the processes and methods used in intervention planning and implementation while Part II – also comprising three chapters – examines the various tools and techniques that can be adopted when evaluating interventions. Part III spans four chapters and aims to consider the new directions and approaches in organizational intervention research. The book then concludes with an epilogue that reflects on the key messages contained in each of the contributions – particularly in terms of what can help or hinder the development of effective interventions – and highlights issues that need to be addressed in future organizational intervention research.

The following is a more detailed summary of the chapters covered in each part of this book.

A variety of themes are covered in Part I, however a topic that is common to all is the participatory methods that researchers or consultants can use to plan, implement and evaluate organizational interventions. In Chapter 1, for example, Ipsen et al. address the dearth of information on how researchers or practitioners can collaborate with workplace 'actors' to transform initial problem identification into tailor-made interventions. The authors draw on empirical data from two projects where high-involvement Fishbone workshops were used to help employees and managers undertake the initial problem identification and issue

analyses and then to use the insights gained from these methods to develop strategies aimed at improving work systems and practices. Likewise in Chapter 2, Axtell and Holman examine case studies undertaken in two call centres and demonstrate how a job redesign program based on participatory processes could be planned and implemented in working environments that are often very resistant to employee-centred, high-involvement planning strategies. In this case, employees participated in all stages of intervention development with results from both studies showing that changes in job characteristics were an important mechanism through which participative job redesign interventions can lead to improvements in the health and performance of telephone operators.

In the final chapter of Part I (Chapter 3), von Thiele Schwartz and colleagues emphasize the importance of all parties not only participating in the decision-making process but also working together to co-create new knowledge, ideas and ways of operating. This chapter outlines a structured process whereby organizational stakeholders collaborate with researchers to develop the intervention goals and corresponding strategies. Importantly, participants also identify the mechanisms through which the strategies are designed to achieve those goals (i.e., the program logic). The goals, strategies and connecting mechanisms then form the basis for deciding how the intervention is going to be monitored and evaluated.

Intervention evaluation was the focus of Part II and this section begins with Wåhlin-Jacobsen (Chapter 4) providing a detailed evaluation of the Kaizen-inspired "improvement boards". The tools and techniques used to plan and implement organizational interventions are rarely the subject of in-depth evaluation and given that these tools can have a significant influence on the outcomes associated with the phase in question (e.g., problem identification, action planning), this research addresses an important gap in the literature. In this study, mixed methods are used to identify the circumstances in which the improvement boards are more or less successful in three manufacturing companies. The findings indicate that while the improvement board was successful in facilitating the development and follow-up of a number of action plans, they were only beneficial for teams that were able to have regular meetings at a fixed time. More specifically, they were not as effective in contexts where there was shift-work and periods of heavy workloads created by high production goals and concurrent government inspections.

Dollard and Zadow (Chapter 5) also address an under-researched area, this time focusing on the preparatory phase of organizational interventions. Specifically, the authors describe and evaluate the preparatory stage of a job stress prevention intervention involving public sector employees working in the Australian-based human services and education sectors. The approach taken led to the development of an intervention plan that was supported by the participating organizations and incorporated best practice stress prevention principles. These principles included drawing on risk management processes for identifying and addressing organizational stressors and involving both employees and managers in the development of stress reduction action plans. In the final chapter of

Part II (Chapter 6), Abildgaard focuses on evaluating complex organizational interventions. The author outlines five practical strategies for evaluating strategies that target multiple areas of work and multiple levels within the organization (i.e., individuals, groups, leaders, organization). The chapter incorporates a case study aimed at improving the work ability of industrial employees to illustrate what these strategies look like in practice. In addition to recognizing the benefits of the five strategies, the author also highlights the common risks associated with evaluating complex interventions.

The overall goal of Part III is to present new directions and approaches to organizational interventions. In the first chapter of this section (Chapter 7), Henning and colleagues recognize the pivotal role that OSH practitioners can play in facilitating the design and implementation of participatory-based health and safety initiatives. A seven-step intervention design process is used to demonstrate not only how OSH practitioners can actively encourage the involvement of employees in the design process, but also identifies where OSH personnel and subject matter experts (e.g., facility managers) can share their expertise with workers and thereby expand employees' knowledge, skills and abilities. In Chapter 8, Martin and LaMontagne highlight the lack of research attention given to the specific needs of SMEs and advocate the need for intervention researchers and practitioners to move small business out of the "too hard basket" and to expand the evidence base around "what works for whom" (Nielsen and Miraglia, 2017) in this context. The authors then focus on the three core principles of an integrated approach to workplace mental health (prevent harm, promote the positive, manage illness) and discuss the features of SMEs that can make it challenging to implement this approach as well as noting a number of characteristics that represent "easy wins" when addressing these three principles.

The final two chapters of this book focus on new developments in the area of leadership development interventions. In Chapter 9, Hasson et al. (Chapter 9) present new research on "supporting interventions" and use a case study to demonstrate how a training program for more senior managers was designed to help them understand and support a leadership development program for line managers. The need for the supporting intervention is especially important in this case as the development of new leadership competencies is heavily influenced by the way in which line managers themselves are led (e.g., the amount of autonomy they receive, the level and quality of feedback). Similarly, in Chapter 10, Bauer and Jenny refer to a case study involving a municipal council to illustrate how an intervention designed to improve the capacities of leaders and their teams to identify and address health issues in their immediate working environments can be planned and implemented. A key goal of the intervention is to ensure that the participating work units developed the ability to identify and address issues when and as they arise. As a result, teams are not reliant on outside "experts" to find a way forward but instead can achieve sustained effectiveness by having the skills and confidence to continually adapt to their changing circumstances.

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