

ORGANIZATIONAL INTERVENTIONS FOR HEALTH AND WELL-BEING

A Handbook for
Evidence-Based Practice

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Epilogue

Critical reflections and the way forward

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EPILOGUE

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The purpose of the following epilogue is four-fold: (1) to reflect on what the chapters in this book say about the factors that can help intervention effectiveness, (2) to discuss the factors that contributors identified as undermining intervention effectiveness, (3) to consider the gaps in existing research, and (4) to discuss the direction of future investigations in this area. The first two sections will have important implications for planning and managing organizational interventions, especially in terms of the steps that researchers and practitioners can take to maximize intervention sustainability while minimizing threats to effective change. The third and fourth sections will focus on the way forward and will highlight where future research action is required.

Factors that enhance intervention effectiveness

Contributors to this book identified four factors that were critical to the achievement of positive intervention outcomes. These included participatory decision-making and the co-creation of knowledge, multi-level management support, strong alignment between the intervention and the context, and institutionalizing interventions. In the following section, we draw on examples from the relevant chapters to elaborate on the benefits of these factors and to illustrate what they may look like in practice.

Participatory decision-making and the co-creation of knowledge

A prominent theme identified by a number of the contributions was the critical role that stakeholder participation plays in intervention effectiveness. This was especially the case in Part I where each of the three chapters focused heavily on the methods and tools that organizations can use to engage key stakeholders and

work with them to plan, implement, and evaluate work-based interventions. In Chapter 1, for example, Ipsen et al. respond to evidence that there's a dearth of information regarding how intervention researchers or consultants 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 appropriate strategies. In this context, the participatory processes and methods were both an intervention in and of themselves (i.e., they are designed to empower organizational members to take greater control over their immediate working environments, thus helping to foster higher levels of motivation and self-efficacy) as well as a means for developing "fit-for-purpose" interventions (i.e., improving work processes and systems).

Similarly, in Chapter 3, Axtell and Holman drew on case studies undertaken in two call centres to demonstrate how a job redesign program based on participatory processes could be planned and implemented in a setting that is typically very resistant to participatory job design initiatives. In this case, employees participated in all stages of intervention development (including screening, action planning, and implementation) with the results from both studies showing that changes in job characteristics, particularly job resources (i.e., job control, participation, skill utilization, feedback), were an important mechanism through which participative job redesign interventions can lead to improvements in outcomes valued by employees (i.e., well-being, job satisfaction) and employers (i.e., performance).

Although implied in Chapters 1 and 3, von Thiele Schwartz et al. (Chapter 2) emphasize the importance of all parties not only participating in the decision-making process but actually working together to co-create new knowledge, ideas and ways of operating; "while participation is important, ensuring that key stakeholders work together to co-create ideas and strategies is critical for the decision-making process to be truly participatory." This chapter outlines a structured process (referred to as cocreated program logic [COP] process) whereby organizational stakeholders collaborate with interventionists (researchers or consultants) to develop the intervention goals and corresponding strategies and outline the mechanisms through which the strategies are designed to achieve those goals (referred to as the program logic). The COP process is therefore a valuable process for developing interventions as well as informing how the intervention should be evaluated.

Multi-level management support

The support and involvement of senior personnel has long been recognized as being a critical ingredient in the effectiveness of health-related organizational interventions (e.g., Kompier et al., 2000; Nielsen et al., 2010; Noblet & LaMontagne, 2009) and organizational change programs more generally (e.g., Armenakis et al., 1993; Holt et al., 2007). Consistent with this view, the contributions to the current book indicated that management support is required at least two levels: the

executive or corporate-wide level, and the line management level. Importantly, these contributions shed light on how the support and ongoing commitment of personnel at each of these levels can be achieved.

In relation to the executive personnel (owners, CEO, directors, general manager), support at this level is generally regarded as a prerequisite for organizational interventions and, accordingly, is often one of the first steps in the intervention planning process (Nielsen et al., 2010; Noblet & LaMontagne, 2009). Yet despite the importance of gaining and maintaining support at this level, guidance on how to secure “boardroom buy-in” is under-researched, especially in the context of organizational health interventions. Dollard and Zadow (Chapter 5) contribute to the dialogue on this issue by outlining how they gained the support of key organizational leaders as well as broader industry stakeholders (notably employer and employee representatives) in the preparatory phase of a job stress prevention intervention involving Australian-based public sector employees. Here, the authors recognized that helping senior personnel to understand how job stress could be addressed at the organizational level – in terms of what to change and how to change – was an important part of the preparatory phase. As a result, a “study group” was formed comprising leaders from the organizations taking part in this study, employer representatives, and union state presidents. The study group participated in a fact-finding mission, including visiting individual organizations, employer bodies, unions, experts, and occupational health and safety (OHS) regulators. Tellingly, this approach led to the development and an intervention plan that was supported by the participating organizations and incorporated best practice stress prevention principles, including 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.

Bauer and Jenny (Chapter 10) also describe the methods they used to gain the commitment and buy-in of owners, general managers, and other executive-level personnel. In this case, the researchers use a case study involving a municipal council to explain how they arranged to meet with the executive team and present an overview of the proposed intervention (a capacity-building program for teams and their leaders). This presentation can also be offered as a workshop and includes expanding on the mental model of health and work that underpins the intervention, explaining how the program can add value to the organization and recognizing where and how it can build on existing structures and processes. Depending on the degree of readiness to take part in the program, the researchers also work with the senior managers to set goals and decide on the number of teams to be involved in the intervention.

While gaining the support of top managers is pivotal for initiating organizational interventions, often the people who are responsible for implementing these initiatives are lower down the managerial hierarchy (i.e., middle and work-unit managers). Yet simply being directed to carry out or even oversee organizational change cannot guarantee that lower level managers will become genuinely committed to the change. With this in mind, efforts are also required to ensure that

department managers, line supervisors and team leaders understand and support the rationale behind the intervention and have the knowledge and skills to manage their implementation. Hasson et al. (Chapter 9) demonstrate how this can be done in their study focusing on “supporting interventions.” In this instance, a training program for more senior managers was designed to help participants 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). The Bauer and Jenny study (Chapter 10) adopts a similar approach, although in this case the intervention aims to enhance the capacity of teams to continually identify and address the demands they face. Work-unit managers are an integral part of the team and hence their support and commitment (and that of each team member) were generated largely by involving them in the leader-team development (LTD) initiatives, in particular the LTD workshops.

Strong alignment between intervention and context

The introduction to this book highlighted that an important guiding principle when developing organizational interventions is to ensure that there’s a close fit between the intervention and the context in which the intervention is undertaken. That is, rather than adopting a “one-size-fits-all” approach whereby interventions are taken from one organization and applied to another, program coordinators must ensure that the form and function of the intervention is tailored to the unique needs of employees and the organization in which they work. At the same time, coordinators need to carefully consider the processes and methods used to plan, implement, and evaluate organizational interventions and select those techniques that closely match the constraints or opportunities presented in the organization.

Contributors to the current book indicated that there were a number of ways in which high levels of contextual alignment could be achieved. The first is to adopt the high-involvement, participatory-based planning techniques discussed at the beginning of this section. The chapters by Ipsen et al. (Chapter 1), von Thiele Schwarz et al. (Chapter 2), and Axtell and Holman (Chapter 3) all reinforced the view that key stakeholders such as employees, managers, human resources (HR) staff and other specialist personnel have an intimate understanding of how the organization operates – the nature of the work undertaken, the way in which systems and structures are configured, the market-related challenges it faces – and they therefore need to play central roles in identifying the problems or issues to be addressed by the intervention. These and subsequent chapters by Dollard and Zadow (Chapter 5) and Henning and colleagues (Chapter 7) also stressed the need for organizational stakeholders to be heavily involved in defining the goals of the intervention and then formulating the strategies for achieving those goals. As noted by von Thiele Schwarz and colleagues (Chapter 2), this collaborative decision-making is not only critical for establishing a physical fit with the organization’s

operating structures and systems, but is also necessary for achieving a philosophical fit. “Philosophical” in this context relates to the organization’s goals and values, and is therefore an important measure of the strategic and cultural compatibility of the intervention.

Another way in which high levels of intervention fit can be achieved is by developing an appropriately timed monitoring and evaluation plan. As per Dollard and Zadow (Chapter 5), such a plan needs to include both outcome and process evaluation, draw on qualitative and quantitative data collection techniques, and be undertaken on an ongoing basis so that if there is a lack of compatibility between the intervention and the surrounding context, the fall-out is minimized by identifying the lack of fit early in the intervention’s lifecycle. A further benefit of a thorough monitoring and evaluation program is to help coordinators make well-informed decisions about how the intervention and/or the associated implementation methods should be modified in order to achieve a better fit.

A third strategy for generating strong operational and cultural alignment between the intervention and the organization is to ensure that the new systems or practices become “institutionalized” into the everyday operations of the organization. Institutionalization is a term frequently used in the organizational change and development literature (Armanakis et al., 2000; Jacobs, 2002) and refers to the consolidation phase of the change process. Institutionalization is crucial for intervention sustainability and will be discussed in more detail below.

Institutionalizing interventions

A major criticism of any work-based intervention – whether they are directed at individual employees or the organization – is that they are often seen as one-off projects that fail to out-live the involvement of the external researchers/consultants and have negligible long-term impacts on the organization or its members. According to a number of the contributions to this book, a key to achieving both contextual alignment and long-term effectiveness is to ensure that the intervention is institutionalized into the everyday operations of the organization.

The overarching goal of the supporting interventions developed by Hasson and colleagues (Chapter 9), for example, was to ensure that line managers could develop and consolidate their leadership competencies in an environment where their direct supervisors understood and reinforced their newly developed skills. In this way, the supervisory support was critical for line managers to bed-down the new competencies and ensure these were applied on a consistent basis. Likewise, a key goal of the team and leader-directed intervention developed by Bauer and Jenny (Chapter 10) was to ensure that the participating work units developed the capacity 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 through having the skills and confidence to continually adapt to their changing circumstances. Finally, a recurring theme in the first three chapters in this book was the need to focus on current work tasks and processes and to

use the knowledge and experiences of the employees and managers involved, to identify ways of improving these tasks/processes. Providing the outcomes benefit both the employee (e.g., through improved job satisfaction and self-efficacy) and the organization (e.g., reduced error rates, increased customer satisfaction) then the interventions are much more likely to become the new way of working.

Dollard and Zadow (Chapter 5) also recognized that institutionalization encompasses both the change itself as well as the processes and methods for developing and evaluating those changes. Participatory decision making, for example, is not just a process that is employed to develop interventions, but needs to become integrated into the work routines and formal structures of the organization. Similarly, von Thiele Schwarz and colleagues (Chapter 2) stress that long-term, organization-wide improvement in employee well-being cannot be achieved unless health and well-being become a priority of the organization and are taken into account everyday decision-making.

The above examples highlight that organizational interventions might start out as a set of processes or activities that have been developed with the aide of external researchers/consultants. However, in order for them to have a lasting impact on employees and the organizations in which they work, interventions need to become embedded into the very fabric of the organization; that is, the organization's vision and values, their policies, systems, and practices.

Factors that undermine intervention effectiveness

The factors that undermine or threaten to derail organizational interventions can in many ways be seen as the opposite of those characteristics that promote or strengthen intervention effectiveness. For example, highly centralized decision-making systems that prevent participatory-based intervention design; disengaged executives that pay lip-service to issues involving employee well-being and are not genuinely supportive of initiatives that have the potential to disrupt organizational systems and practices, or superficial planning processes that fail to take into account the nature of the job and the job context and result in initiatives that continually clash with the operational needs of the organization.

While the lack of stakeholder participation, managerial support and other intervention-enhancing characteristics are often cited as major barriers to intervention effectiveness, the contributions to the current book also referred to more deep-seated, underlying attitudes and actions that are not only damaging in their own right, but have knock-on effects for participatory decision making, collaborative planning techniques, management support and the like. These issues are covered in more detail in the following section.

Organizational cynicism

Contributions to the current book raise concerns about employees' cynicism towards the organization to adequately address the work-based sources of poor

health and well-being. Typically, cynicism directed at the organization and its leaders is fueled by the belief that senior management lack the integrity and/or capacity to implement initiatives designed to identify and tackle adverse working conditions (Andersson & Bateman, 1997; Dean et al., 1998). That is, executive-level personnel do not take employee well-being seriously; that they see organizational interventions as a passing fad (a “program-of-the-month” initiative); that they are more interested in meeting production deadlines, sales quotas, and other operational targets, and; that they won’t provide the necessary time, funding, and other resources to methodically plan, implement, and evaluate the interventions. Overall, these views represent a major loss of faith in the organization and give rise to the belief that the changes espoused by senior management will not occur (Armenakis et al., 1999).

Examples of the impact of organizational cynicism was evident in the chapters by Axtell and Holman (Chapter 3) and Dollard and Zadow (Chapter 5). In the first case, managers from one of the studies had rejected the suggestion from the participating teams to reverse an outsourcing decision that had been made prior to the study commencing. Those teams subsequently became disengaged from the intervention process and were unwilling to implement changes in connection with the intervention. Not surprisingly, the job redesign initiative did not lead to an improvement in job characteristics or well-being among those teams. In terms of the Dollard and Zadow chapter, while participants taking part in the capacity building workshops were very positive about the risk management process – to identify key stress issues and develop appropriate controls through action plans – they also expressed cynicism about whether the action plans would be implemented and whether the desired changes would actually occur. Cynicism towards organizations and their leaders is common place in many organizations (Bommer et al., 2005; Cole et al., 2006), however, levels are likely to be elevated in state-funded human service organizations like those taking part in the Dollard and Zadow study where large-scale restructuring, job shedding, cost-cutting, and other efficiency-oriented strategies have been prevalent for the past 15–20 years (Noblet & Rodwell, 2009).

A key reason why greater attention needs to be directed at addressing organizational cynicism is the potential impact that cynical attitudes and behaviours can have on the capacity of organizations to address adverse psychosocial working conditions and the associated health outcomes (e.g., job stress, burnout). As alluded to in the cases above, cynicism towards organizations and their leaders is characterized by a range of negative emotions (e.g., frustration, apathy), attitudes (e.g., dissatisfaction, intention to quit) and behaviours (e.g., reduced citizenship behaviours, and employee turnover) (Andersson & Bateman, 1997; Dean et al., 1998). When experienced at a group or organizational level, the dissatisfaction, detachment, and a sense of hopelessness that the situation can or will improve can undermine any attempts to engage employees in the collaborative design initiatives discussed in the current book and to use workers’ ideas and insights to co-create strategies that improve work tasks and systems. Cynicism directed at leaders and the organization

overall therefore represents a significant barrier to organizational change readiness and in the longer term can undermine efforts to enhance the well-being of employees and the environments in which they work.

Distrust and power imbalances

Similar to organizational cynicism, a lack of trust and significant power imbalances can reduce employees' willingness to share ideas and perceptions in an open and frank manner. This issue is especially problematic for participatory intervention design processes such as those described in the first three chapters of this book. For example, Ipsen et al. (Chapter 1) note that "Typical issues are related to organizational power and mutual trust that affect the relations between management and employees. Trust issues will naturally curb the openness of the participants, thereby impeding knowledge sharing."

Issues of trust and power imbalances were also raised in the Axtell and Holman's study involving the call centres (Chapter 3). Employees feared that they'd be penalized if the introduction of the job redesign strategies resulted in reduced performance. As noted by the authors, such was the magnitude of this fear, that the researchers themselves were forced to take action:

Indeed, this (the fear of being penalized) was such a concern that the researchers had to negotiate with management that during the implementation phase employees would not be penalized for missing targets due to their involvement in the intervention process or when trying out new activities as a result of the agreed changes. Thus, a bedding-in period was agreed to reassure participants that their 'performance figures' would not be evaluated negatively.

While employees' fears were not realized in this case, the example does illustrate that the concern raised by employees and the underlying distrust that appeared to be driving this fear, could be a more significant issue in other workplaces. This would be particularly true in cases where there was considerably more pressure to maintain volumes and/or quality of performance and where employees were reluctant to voice their concerns to management, even with the support of an advocate.

One-size-fits-all approach

A lack of alignment between the intervention and the context is one of the few examples of where the absence of the facilitating factors was explicitly referred to by contributors as a barrier to effective intervention development. The Martin and LaMontagne study (Chapter 8) in particular, highlights the lack of research attention given to the specific needs of small-medium sized organizations (SMEs). The authors also lament the lack of information on how guidelines for protecting

and promoting mental health in the workplace should be implemented in SMEs. The absence of tailored information and advice is especially noteworthy given that SMEs account for over 99 per cent of businesses in the UK and Australia and that most working people are employed or self-employed in this sector.

Poor alignment was also identified as a barrier to reaching the target population in the chapter authored by Wählin-Jacobsen (Chapter 4). Here the author evaluated Kaizen-inspired “Improvement Boards” using mixed methods evaluation techniques to identify the circumstances in which the Improvement Boards were more or less successful. 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 did not work so well in contexts where there was shift-work and periods of heavy workloads created by high production goals and concurrent government inspections.

Major gaps in knowledge

Examining the factors that help or hinder the planning, implementation, and evaluation of organizational interventions has helped to identify areas where further research is required. The first of these gaps in knowledge is a direct extension of the factors identified as undermining intervention effectiveness. Specifically, there is a lack of information and guidance on how researchers and practitioners can work or even engage with organizations where there are high levels of cynicism towards the organization and its leaders, where employees seriously doubt the integrity of key authority figures and where the distrust and power imbalances make it difficult to even initiate a conversation about strategies to improve health and well-being. As recognized in the Introduction to this book and the broader organizational change literature (Armenakis et al., 1993; Dean et al., 1998), concerns about the motives or competencies of senior personnel represent a major source of resistance to change. Yet, while these concerns suggest that an important first step in building healthier and more satisfying working environments in these organizations is to identify ways of breaking down the “them and us” mindsets and building trust between organizations and their members, there is a general absence of information on how this can be achieved. Further research is therefore required to develop evidenced-based strategies for reducing cynicism and other negative attitudes towards leaders and their ability to bring about the required change.

Another area requiring greater research attention is how to undertake organizational interventions in specific contexts. This need relates to the overall lack of research examining “what works for whom in which circumstances” (Nielsen & Miraglia, 2017) and was highlighted as a particular issue in several contributions to the current book. Martin and LaMontagne (Chapter 8), for instance, point out that while the vast majority of people are employed in SMEs, guidelines for planning, implementing, and evaluating workplace mental health initiatives fail to take into account the unique needs or capacities of this sector. Their research exploring

the potential to apply an integrated approach to protecting and promoting mental health among SMEs makes an important contribution to the literature involving SMEs, especially in relation to the integrated approach to protecting and promoting workplace mental health, however, the authors recognize the clear need for continued research in this area. Likewise, Wåhlin-Jacobsen (Chapter 4) found the Improvement Board workshops were only successful for groups who could have meetings at a fixed time. Heavy workloads, complex rostering schedules, and middle managers shutting down ideas were major barriers to the success of these workshops. These issues raise the more general concern of how do researchers/practitioners undertake organizational interventions in high demand – low-resource working environments where the very conditions that make it difficult for employees to take part in planning meetings and attend workshops (e.g., heavy workloads, tight deadlines, inadequate support, lack of human resources) are the same conditions that pose an ongoing threat to their health and well-being.

In addition to exposing specific contexts where further research is required, this book also highlighted specific intervention tools and techniques that needed to be examined more closely. In Chapter 6, for example, Abildgaard outlines five practical strategies for evaluating complex organizational interventions while also highlighting potential pitfalls. These strategies are in response to the lack of information on how to link program theory and evaluation models with concrete data collection activities. While the chapter goes some way to addressing this shortcoming, the author readily acknowledges that other strategies need to be examined as well. Similarly, in Chapter 4, Wåhlin-Jacobsen recognizes that although frameworks for planning, implementing, and evaluating organizational interventions follow a similar sequence and comprise a relatively uniform set of steps or phases, the specific tools and techniques used in each phase can vary significantly. Yet these tools and techniques are rarely the subject of in-depth evaluation and given that the tools can have a significant influence on the outcomes associated with the phase in question (e.g., problem identification, action planning), more research in this area is needed.

In Chapter 1 of this book we argued that the gaps between research, practice, and policy should be closed and that this could happen through evaluating organizational interventions using realist evaluation. The evaluation methods presented in this book focused on evaluating a specific tool (Kaizen) in Chapter 4 by Wåhlin-Jacobsen, complex interventions (Chapter 6, Abildgaard), or the evaluation of the preparatory phase (Dollard and Zadow, Chapter 5). Although these chapters provide valuable input to evaluation that may be of use to occupational health practitioners, organizations, and researchers, more is needed to understand organizational interventions at the policy level.

The final research gap relates to the way in which organizational interventions are typically designed. Despite almost all intervention frameworks emphasizing that change is both cyclical and incremental and that prior learning informs future learning, most studies only report on the first revolution of the “plan-do-check-act” cycle. That is, there is little information on how the knowledge gained from

initial intervention efforts contributed to the form and function of subsequent interventions. The need to track organizational interventions over multiple cycles is critical in situations where senior management and other key stakeholders are reluctant to tackle the deeper, more problematic issues – at least in the first instance – but are prepared to “test the waters,” addressing less-challenging matters where “quick wins” can be gained. The knowledge and confidence gained from the initial efforts can then improve the organization’s readiness to address more problematic issues in follow-up strategies. Monitoring interventions over multiple cycles can also be beneficial in complex and sometimes unpredictable operational and organizational settings where determining the types of changes required is difficult and a more incremental approach enables change agents to work out the most appropriate combination of options as the organization continues to adapt to a range of regulatory, economic, political, and social forces. From a researcher’s perspective, the incremental approach to intervention development and evaluation is more time consuming and therefore costlier. However, given the rise in internal and external environments that are simultaneously complex, dynamic, and unpredictable, gaining an accurate understanding of the benefits and pitfalls associated with the intervention cannot be achieved unless interventions are planned, implemented, and evaluated on a cyclical basis (Todnem By, 2005).

Future directions and concluding comments

This book presents recent work from some of the world’s leading researchers in the field of organizational intervention research. When viewed together, these contributions provide a snap-shot of the current literature in this area and, in particular, shed light on the factors that can facilitate the development of effective and sustainable interventions or undermine these efforts. While characteristics such as participatory decision-making, multi-level management support, strong alignment between the intervention and the context, and institutionalizing interventions can contribute to positive outcomes, negative attitudes directed at the organization and its leaders (including organizational cynicism and distrust) jeopardize efforts to tap into the knowledge and expertise of employees, to develop a shared understanding of the problem, and to co-create interventions that are both effective and sustainable. The current book also helped to identify important gaps in the literature and to establish where future research attention in this field needs to be directed.

Determining the direction of future organizational intervention research needs to take into account existing gaps in the literature as well as the types of conditions that are likely to dominate the business landscape in the short to medium term. There are clear signs that working in complex, dynamic settings where demands are high, resources are low and continuous change is a natural state will be a challenge confronting researchers and practitioners well into the future (Armenakis et al., 1999; Todnem By, 2005). In this context, identifying “what works for whom in which circumstances” is an important overarching goal and, accordingly, change agents need to have a large “toolbox” of methodological conventions and

techniques that can enable them to match intervention content and processes to the needs of the organization, regardless of the size of the organization or sector/industry in which the organization operates. At the same time, priority should be given to focusing on the particular challenges faced by SMEs, which are under-represented in current research, and identifying the types of strategies and associated resources that can lead to sustained change in this sector. Along similar lines, attention also needs to be directed towards generating knowledge to help organizations with low levels of change readiness, especially where there's a long history of failed change efforts and where maladaptive attitudes such as cynicism and distrust are pervasive and threaten to stymie or derail any attempts to generate genuine participation, collaboration, and commitment among stakeholder groups.

The “doing more with less” mantra that dominates organizational decision-making in organizations across most sectors, coupled with the complex and dynamic nature of contemporary working environments, raises the need to invest in lines of research that can “help organizations help themselves.” Focusing on leaders and their teams (as per Bauer and Jenny [Chapter 10], Hasson et al. [Chapter 9]), as well as specialist personnel such as OSH practitioners (see Henning et al. [Chapter 7]), and intervening at the organizational–individual interface is therefore an intuitively logical strategy. This is particularly true given the current climate where the complexity and volume of demands are increasing and where there are often concomitant reductions in the resources available to respond to and address these demands. In this context, there is little alternative but to learn how to make the most of existing resources. The type of research outlined in this book can play a valuable role in facilitating that learning and hence there is clear evidence that organizational intervention researchers represent an important part of the capacity–building process.

References

- Andersson, L. M., & Bateman, T. S. (1997). Cynicism in the workplace: Some causes and effects. *Journal of Organizational Behavior*, 18(5), 449–469.
- Armenakis, A. A., Harris, S. G., & Mossholder, K. W. (1993). Creating readiness for organizational change. *Human relations*, 46(6), 681–703.
- Armenakis, A. A., Harris, S. G., & Feild, H. S. (1999). Making change permanent: A model for institutionalizing change interventions. In W. A. Passmore & R. W. Woodman (Eds), *Research in Organizational Change and Development* (pp. 97–128). New York: JAI.
- Bommer, W. H., Rich, G. A., & Rubin, R. S. (2005). Changing attitudes about change: Longitudinal effects of transformational leader behavior on employee cynicism about organizational change. *Journal of Organizational Behavior*, 26(7), 733–753
- Cole, M. S., Bruch, H., & Vogel, B. (2006). Emotion as mediators of the relations between perceived supervisor support and psychological hardiness on employee cynicism. *Journal of Organizational Behavior*, 27(4), 463–484.
- Dean, J. W., Brandes, P., & Dharwadkar, R. (1998). Organizational cynicism. *Academy of Management Review*, 23(2), 341–352.
- Holt, D. T., Armenakis, A. A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change: The systematic development of a scale. *The Journal of Applied Behavioral Science*, 43(2), 232–255.

- Jacobs, R. L. (2002). Institutionalizing organizational change through cascade training. *Journal of European Industrial Training*, 26(2), 177–182. doi:10.1108/03090590210422058
- Kompier, M. A., Cooper, C. L., & Geurts, S. A. (2000). A multiple case study approach to work stress prevention in Europe. *European Journal of Work and Organizational Psychology*, 9(3), 371–400.
- Nielsen, K., & Miraglia, M. (2017). What works for whom in which circumstances? On the need to move beyond the “what works?” question in organizational intervention research. *Human Relations*, 70(1), 40–62.
- Nielsen, K., Randall, R., Holten, A.-L., & González, E. R. (2010). Conducting organizational-level occupational health interventions: What works? *Work & Stress*, 24(3), 234–259.
- Noblet, A. J., & LaMontagne, A. D. (2009). The challenges of planning, implementing and evaluating interventions. In S. Cartwright & C. L. Cooper (Eds), *The Oxford Handbook of Organizational Well-Being* (pp. 466–496). Oxford: Oxford University Press.
- Noblet, A. J., & Rodwell, J. J. (2009). Integrating job stress and social exchange theories to predict employee strain in reformed public sector contexts. *Journal of Public Administration Research and Theory*, 19(3), 555–578.
- Todnem By, R. (2005). Organisational change management: A critical review. *Journal of Change Management*, 5(4), 369–380.