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Authors: Karina Nielsen, Carolyn Axtell and Glorian Sorensen

Karina Nielsen ORCID id: <https://orcid.org/0000-0001-9685-9570>

Biography: Karina Nielsen is Professor of Work Psychology and Director of the Institute of Work Psychology at the University of Sheffield. She has published extensively on the design, implementation and evaluation of organizational interventions. She is passionate about developing the field as to enhance our understanding of how we can make such interventions work. Her work has been published in *Work & Stress*, *Human Relations*, *Journal of Occupational Health Psychology* and *Journal of Organizational Behavior*.

Carolyn Axtell ORCID id: <https://orcid.org/0000-0002-4125-6534>

Biography: Carolyn Axtell is a Senior Lecturer in Work Psychology at the Institute of Work Psychology at the University of Sheffield. Her research focuses on the design of work, especially relating to new ways of working that involve new technologies. In particular, she is interested in the impact of new ways of working on employee wellbeing and how to design work that promotes wellbeing. Carolyn has conducted intervention studies within organizations in the public and private sector. She has published in a range of journals including *Journal of Occupational Health Psychology*, *Journal of Occupational and Organizational Psychology* and *Journal of Organizational Behavior*.

Glorian Sorensen ORCID id: <https://orcid.org/0000-0001-6625-7931>

Biography: Glorian Sorensen is Professor of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health, and Director of the Center for Community-Based Research at the Dana-Farber Cancer Institute. She also leads the Harvard Chan School Center for Work, Health and Wellbeing, funded by the U.S. National Institute for Safety and Health as a Total Worker Health® Center of Excellence. Her research focuses on integrated approaches to worker and worksite health and safety, and has included intervention studies across a range of industries

(e.g., manufacturing, construction, health care, social service, and transportation, and with small and large worksites). Her research has been broadly published in journals such as the American Journal of Public Health, the Journal of Occupational and Environmental Medicine, Preventive Medicine, and PLoS ONE.

Abstract:

Traditionally, intervention research has seen the context as “noise” and a disturbance that need to be held constant and controlled for. In this chapter, we argue that in order to understand how participatory interventions work, we need to understand how the context may influence the extent to which employees are able to engage fully in the participatory process. We outline the IGLOO framework, which stipulates that contextual factors at the individual (personal and demographic factors), group (social interaction and work team characteristics), leader (leadership style and behaviours), organizational (Human Resource policies and practices) and outer context (national legislation) may influence the intervention’s participatory process and its subsequent outcomes.

Keywords: Organizational interventions, participation, context, multi-level, IGLOO model, worker wellbeing

<a> Participatory Organizational Interventions – how can we create a context for participation?

Participatory organizational interventions can be defined as interventions that aim to change the way work is organized, designed and managed to improve employee wellbeing with the engagement of multiple stakeholders across different levels in the organization focusing on changing work practices, procedures and policies. (LaMontagne, Keegel, Louie, Ostry, & Landsbergis, 2007; Nielsen, 2013). A key element of this type of intervention is that they employ a participatory design where employees and managers jointly decide on the design, content and the process of the intervention (Nielsen & Noblet, 2018). These types of interventions are widely recommended as they address the root causes of stress and poor wellbeing, rather than the symptoms (ETUC, 2004; EU-OSHA, 2010; ILO, 2001).

Participatory organizational interventions often employ a problem-solving cycle design where employees and management, together with other key stakeholders such as Human Resources and/or Occupational Health work together to decide on the process and the content of the intervention. In the first phase, the intervention is set up with a steering group that decides on the intervention design and sometimes also the content. Leadership support and commitment to the process is important in these early stages. Next, identification of the areas that need to be addressed takes place (screening). Workers and managers provide input regarding the main problematic working conditions, along with information about their health and wellbeing that may be consequences of adverse working conditions. Surveys are the preferred method for obtaining this information, but other interactive methods could also be used (Nielsen, Birk Jorgensen, Milczarek, & Munar, 2018). In some cases, existing data regarding outcomes (e.g., injury rates, absence) as well as working conditions (e.g., work hours, schedule) may also inform the screening process. Based on the results of the screening process, managers and workers

jointly develop and prioritize actions to reduce or eliminate adverse working conditions. Once action plans have been agreed, their implementation should be closely monitored and finally, it should be evaluated whether the participatory organizational intervention achieved its intended outcomes, i.e. reduction of stress and improvement of employee wellbeing (Nielsen & Noblet, 2018; (McLellan D, Moore W, Nagler E, & G., 2017).

Some reviews of participatory organizational interventions focusing on only effects have questioned the effectiveness of such interventions (e.g. Richardson & Rothstein, 2008), however, others have argued that the intervention process and context play a key role in determining intervention outcomes and it is crucial to understand how the context influences intervention processes and how these processes bring out intended and unintended outcomes (Nielsen, 2013; Nielsen & Miraglia, 2017).

Although we call them participatory organizational interventions, action plans may in fact address multiple levels of intervention. A meta-analysis by Nielsen et al. (2017) found that resources at the Individual, Group, Leader and Organizational (IGLO) levels can be linked to performance and wellbeing and suggested that organizational interventions need to address all four levels, proposing the IGLO model of interventions, i.e. that activities to improve employee wellbeing need to be developed for individuals, groups, leaders and to change organizational practices and procedures. As such, organizational interventions can focus on changes to job design, e.g. increasing job autonomy and social support, changes in HR policies (organizational level initiatives); building leaders' resources through leadership training (leader level initiatives); introducing collective decision making procedures of self-managing work teams or civility training of groups (group level initiatives); or training workers in how to deal with their work and nonwork demands (individual level initiatives; Day & Nielsen, 2017). Such recommended

strategies might be prioritized according to the potential for impact; using a Hierarchy of Controls framework, the greatest impact may be achieved by first eliminating or reducing exposure to those working conditions that contribute to poor worker health outcomes (National Institute for Occupational Safety and Health, 2016).

#### <b> Participatory organizational interventions in context

It has been argued that the organizational context plays an important role in determining the intervention's outcomes (Nielsen & Randall, 2015). Organizational interventions have their roots in the randomized, controlled trial evaluation paradigm where context may be seen as noise and something that should be kept stable and controlled for (Nielsen, 2013; Nielsen & Miraglia, 2017). Real-life research, however, has amply demonstrated that this is not always possible in organizational settings (Nielsen & Noblet, 2018). A book on derailed interventions provide plentiful examples of how the context is difficult to control and keep stable (Karanika-Murray & Biron, 2015). We therefore argue that we need to consider context rather than ignoring it.

The IGLOO model provides a useful framework for this approach. Prior work has similarly attended to the role of context. The Social Contextual Model provides a framework for incorporating the social context to guide intervention planning and research (Sorensen et al., 2003). This model distinguishes between a set of modifying conditions that independently influence outcomes, but which are not influenced by the intervention, from a set of mediating mechanisms, defined as those factors that may be targeted by the intervention process. Using a social ecological framework, this model conceptualizes social contextual modifiers and mediators as cutting across multiple levels of influence, including individual, interpersonal,

organizational, and community, and societal factors. In this way, the model guides intervention planning to target those social contextual factors that may be amenable to change; in addition, the intervention can be shaped by understanding the social contextual modifying conditions, thereby increasing the responsiveness to the setting. This model complements the IGLOO model described here by further illustrating the central importance of understanding the social context as part of organizational interventions.

A key element of participatory organizational interventions is of course participation. Participation is assumed to work through a number of mechanisms. First, participation is assumed to bring about a positive intervention outcome as it makes use of workers' expertise of what the key issues are and which actions can be realistically implemented in a particular workplace. Second, participation ensures that workers and managers at all levels feel ownership of the intervention process and the actions planned, and therefore are more likely to proactively integrate changes to work practices and procedures into existing practices. Third, as workers and managers go through the collaborative process and jointly develop actions and implement these, they are more likely to be able to make sense of the why and how of changes to work practices and procedures (Abildgaard & Nielsen, 2018). Although there have been developments in the mechanisms related to participation that make interventions work (e.g. Abildgaard et al., 2018; von Thiele Schwarz et al. 2017), there is still limited understanding of contextual factors that may help ensure successful intervention outcomes. Nielsen and Randall (2015) suggested that organizational interventions need to consider the individual and the organizational context. In the present chapter, we build on these thoughts and propose a framework for the contextual factors that may be important for the mechanisms of participation to be triggered. We propose that interventions need to be designed and implemented in a way that considers the context at five



levels. First, the characteristics of workers, e.g. demographics and personality factors, may influence the extent to which it is possible to implement an organizational intervention using a participatory approach. Second, characteristics at the group level may also need to be considered. Third, we propose that leaders must possess certain characteristics and enact certain leadership behaviours for the participatory process to work. Finally, existing practices and policies within the organization may also influence the extent to which the participatory process will run smoothly. We thus build the framework on the IGLO model (Nielsen et al., 2017), and based on a recent call to also consider the overarching context, i.e. the context outside the organization (Nielsen, Yarker, Munir & Bultmann, 2018), we propose contextual factors at the IGLOO levels. As little research has explicitly focused on the context at these levels, we base our model partly on a review of the literature, partly on psychological and sociological theories and models that can help us identify factors, which may be of importance. An overview of the contextual factors we propose may be important to make organizational interventions work can be found in table X.1

Table X.1

<b>Level</b>	<b>Contextual factors</b>
Individual	Demographics: Age, education Self-esteem Self-efficacy
Group	Relational coordination Social relations Participative safety Task Orientation

	Support for innovation Geographic location
Leader	Trust Conflicting priorities Health-promoting leadership
Organization	Organizational characteristics Existing Policies Readiness for change
Overarching context	National legislation Sector specific factors, e.g. understaffing, subcontracting Weather conditions Economic, legal, cultural context

#### <b> Individual level context

A number of individual-level factors can be expected to influence the extent to which participation mechanisms are triggered. First, these relate to the demographics of the participants. Age and education levels may play a role. Tsutsumi, Nagami, Yoshikawa, Kogi, and Kawakami (2009) found that workers close to retirement resisted the intervention and Busch, Koch, Clasen, Winkler, and Vowinkel (2017) found that migrant workers found it hard to engage fully with the participatory process as they lacked the necessary language skills. Furthermore, Nielsen, Fredslund, Christensen and Albertsen (2006) found that in a low-skilled employee group, workers preferred a more directive process facilitator as they found it challenging to engage in the participatory process.

There is little research to suggest which personal characteristics may trigger the mechanism of participation. Tsutsumi et al. (2009) found that employees with low self-esteem found it hard to engage in the participatory process. Building on this research, we suggest that self-efficacy, i.e. the belief that one can successfully influence the situations one finds oneself in (Bandura, 1986), may also be an important contextual factor. Workers high in self-efficacy sustain and heighten their efforts when facing challenges as they believe they can influence the change of events (Bandura, 1986). When implementing changes to work practices and procedures it is important to continually review progress and make adjustments if necessary (von Thiele Schwartz et al., submitted) and individuals high in self-efficacy are more likely to pursue progress. If workers have low self-efficacy, they may not feel confident coming forward with suggestions for actions as they are not confident they can come up with viable solutions.

A higher order construct encompassing self-efficacy is the concept of Psychological Capital (PsyCap) which also comprises Hope, Resilience and Optimism (Luthans, Yossef, & Avolio, 2007). Although rarely considered in organizational level interventions, PsyCap may be an important contextual factor. Workers who are not only efficacious, but are optimistic about the potential gains relating to the intervention, possess hope in a better end state and are resilient to the setbacks that may happen during an intervention process may be better positioned to engage in the participatory process.

#### <b> Group level

The characteristics of the work group may play an important role in triggering the participatory mechanisms. To date, little research has explored the group contextual factors that may influence the intervention process. Tsutsumi et al. (2009) found that poor relationships in the intervention

group prevented participants from engaging in the participatory process. This finding suggests that group processes may be important.

To understand the group contextual factors that may trigger the participatory process, relational coordination (Gittell, 2006) may be used as an underlying framework. Key elements of the relational coordination include on the one hand, communication, and on the other, relationship ties. In order for the participatory process to be a success, a group context where members communicate frequently and in a timely manner, and are accurate in their exchanges at the same time as focusing on problem solving rather than blaming each other for problems (Gittell, 2006) may be crucial for action plans to be developed and implemented. Likewise, in groups where relationship ties are strong, i.e. where the goals of the group are clear, members mutually respect each other and they share knowledge (Gittell, 2006), the participatory process may be facilitated as the group will find it easier to develop the targets for intervention and apply the necessary knowledge to develop and implement appropriate action plans.

Specifically, from the team literature we can identify a number of group level factors, which may be important for worker participation. First, in extension of Tsutsumi et al. (2009), and inspired by the team innovation literature (Anderson & West, 1998), we propose that where groups have previous experience engaging in collective decision-making processes and openly share information, they will more easily be able to engage in participatory decision making processes to develop and implement actions to address adverse working conditions. Groups where participative safety is high, i.e. interpersonal interactions are characterized by non-threatening trust and support (Anderson & West, 1998), workers are more likely to feel encouraged to suggest solutions to work-related issues.

Task orientation, i.e. the extent to which the group members hold each other mutually accountable for completing the group's tasks and have systems in place for reviewing and making adjustments to achieve high performance may also be important for the participatory process to happen (Anderson & West, 1998). Focusing on developing and reviewing action plans and making the necessary adjustments for the action plans to be implemented successfully is likely to increase the intervention's success.

Similarly, support for innovation, i.e. the group's acceptance and support of members' attempts to introduce new ways of working (West, 1990) is likely to be important for the participation process to lead to the intended outcomes. In order to make changes to the way work is organized, designed and managed to reduce stress and improve worker wellbeing, groups need to actively work towards integrating changes to work practices and procedures.

In a context where groups are dispersed across different locations, participatory interventions may be a particular challenge. The dispersed locations may impair the group's ability to interact and participate in collective decision making compared to teams that are in the same location. The distribution of workers can impact on social identity processes and sub-group formation. Fault-lines can develop between team members at separate locations which has a negative effect on team dynamics, information sharing and decision making (Polzer et al, 2006). These fault-lines are most likely in situations where there are two equally sized subgroups at separate locations and where the team members within each location are homogeneous (O'Leary & Cummings, 2007, O'Leary and Mortensen, 2010). Therefore, the configuration of the team across different locations will have implications for the success of participatory interventions. In addition, geographical distance implies a reliance on communication technologies for team interaction. Leaner, text-based communications media are considered less appropriate for

interactions that involve emotions or where misunderstandings are likely (Daft & Lengel, 1986). The richest type of communication is face to face, as an array of non-verbal and social cues are available to help team members understand the meaning of communications and the immediate feedback cues allow misunderstandings to be corrected in a timely manner (Sproull & Keisler, 1986), which may facilitate the participatory process. Video conferencing and telephone communications are not as rich as face to face communications but are richer than email. Therefore, an organizational context that does not support the use of 'richer' communications media or face to face meetings for dispersed team members is likely to impair the ability of the team to participate fully in these interventions.

Having task interdependence and frequent interaction within a dispersed team is also likely to help enhance the effectiveness of any participatory interventions. Frequency of interaction and use of richer technologies is associated with greater perceived support when communications media are relied upon (Merrit & Havill, 2016). Moreover, interdependence within dispersed teams promotes team cohesion, trust and indispensability of individual contributions to the team (Hertel et al, 2004). Therefore, a team that has already developed this greater interdependence will likely have a better ability to engage in participative interventions.

#### <b> Leader level

Studies have found that leaders play a key role in successful participatory organizational interventions (Parry, Straker, Gilson & Smith, 2013; Randall, Griffiths, & Cox, 2005; Stansfeld, Kerry, Chandola, Russell, Berney, Hounsoume, Lanz, Costelloe, Smuk, & Bhui, 2015). Leadership supporting the intervention is important at all levels of the organization (Nielsen, 2017; Nielsen & Noblet, 2018). Senior leaders set the overall direction and mission of the

organization, and have the power to set priorities around worker health and wellbeing (McLellan D et al., 2017). Senior and mid-level leaders also can channel resources toward those priorities, and can ensure accountability for action. For example, Sabbath et al. (Sabbath et al., 2014) suggested that leaders may help to shape the overall social context of interactions among workers, and in this way may provide protective strategies to reduce the potential for workplace verbal abuse.

Conflicting priorities is often an issue at this level. Swindler and Eschleman (2015) reported how a line manager stalled the process as he was both responsible for the intervention and for a competing larger initiative, which was prioritized by the line manager. Randall, Griffiths, and Cox (2005) found that line managers failed to communicate a change in responsibilities, as the change would have a negative impact on their Key Performance Indicators. Where there is a lack of trust between line management and workers, workers may feel uncomfortable speaking up and making suggestions for improvements during workshops where managers are present (Nylén, Lindfors, Ishäll, Göransson, Aronsson, Kylin, & Sverke, 2017).

In recent years, the concept of health-promoting leadership has gained traction focusing at the health-promoting behaviours of line managers. Contrary to existing leadership frameworks that focus on worker performance (Nielsen & Taris, 2019), these leadership frameworks have been developed that focus directly on the behaviours leaders should enact to promote worker health and wellbeing (Nielsen & Taris, 2019). A recent review of these leadership frameworks identified four main characteristics of health promoting leadership: engagement in workers' health promotion, taking responsibility to action to improve worker health, maintaining open communication about health-related issues and ensuring workers' participation in change

processes (Akerjordet, Furunes, & Haver, 2018). In a context where the leader already engages in such behaviours, the participatory process is more likely to run smoothly as leaders and workers already are accustomed to addressing health-related issues. Leaders who have previously demonstrated engagement in workers' health promotion are likely to have gained the trust of their workers and thus these workers are more likely to have faith in the leader taking the intervention seriously and thus workers are more likely to engage in the participatory process. Leaders who have demonstrated openness about communication about health-related issues are more likely to have workers who are willing to discuss adverse working conditions and what actions to take to reduce or eliminate those to improve worker wellbeing. In a context where leaders have previously taken action to improve worker health, workers and managers are more likely to have an understanding of what needs to change and what can realistically be implemented. Finally, workers whose leaders have previously engaged them in participatory processes are more likely to be able to make sense of the participatory process and understand how to engage in the problem solving cycle.

Leader support at all levels within the organization thus is an important contextual factor that may act as a precursor that may or may not trigger the participatory mechanisms of organizational interventions.

#### <b> Organizational level

Ultimately, participatory organizational interventions aim to affect change at the organizational level, including changes in the organization of work, job tasks and demands, and psychosocial factors at work (Sorensen et al., 2016). Existing organizational factors may shape implementation of these organizational interventions, including: (1) organizational



characteristics; (2) existing policies that are likely to shape future priorities; and (3) readiness for change.

Characteristics of the organization, such as industry sector and size, influence the working conditions workers face, and are likely to factor into the implementation of organizational interventions (Sorensen et al., 2016). Across employers, disparities in available resources may contribute to the extent to which worker protections are already in place (Occupational Safety and Health Administration, 2015), thereby providing a baseline context for workers' participation. Similarly, concurrent changes have often been found to be a barrier to a successful intervention outcome (von Thiele Schwarz, Nielsen, Stenfors-Hayes, & Hasson, 2017). Labour practices, such as downsizing, cost cutting, and work intensification that is increasingly common as part of globalization, shape the overall work environment. Downsizing, often accompanied by increased outsourcing and contract work, may contribute to mounting demands for productivity, increasing pressures on workers, and employers' ability to engage in improvements in the work organization. Importantly, the presence of a labour union in the workplace provides a structure for collective bargaining that can form the basis for improving working conditions, structuring work standards and policies, and providing workers with a voice in decision making (Landsbergis, 2000), which may facilitate their involvement in the participatory process.

The pre-existing methodology of change used within the organisation is likely to affect the success of participatory interventions. Many organizations use continuous improvement methodologies. There are mixed findings regarding the effect of these on employee outcomes with some showing improvements in skills and employee involvement in decisions and others showing negative outcomes like work intensification and disempowerment (Bamber, Stanton,

Bartram & Ballardie, 2014). Nevertheless, in organizations that already take an approach to change that involves employees (such as within continuous improvement methodologies based on 'lean' philosophies), managers and employees may be used to suggesting ideas for change and implementing them (von Thiele Schartz et al., 2017) thus enabling them to transfer this knowledge to a participatory intervention context. Being familiar with collective decision making processes such as those applied in continuous improvement, is likely to enable workers to engage with the participatory decision making process (Nielsen & Noblet, 2018).

The organization also structures the way jobs are designed, and in this way may also to influence the success of participatory interventions. Employees who have simplified work and a narrow range of responsibilities may feel less able to engage in collective decision making. Those employees who report higher ownership of their work, higher role breadth self-efficacy (in relation to performing broader activities beyond the core job) and higher job control are more likely to make suggestions for change (Axtell et al., 2000). Similarly, workers who report autonomy in influencing changes in work practices and procedures are likely to feel more able to participate in change processes (Parry, Straker, Gilson, & Smith, 2013).

A recently published review presented evidence of the importance of worker health and safety policies and suggested that the types of policies organizations already have in place may shape design and implementation of the participatory organizational intervention process (Gomez, Sparer-Fine, Sorensen, & Wagner, 2019). For example, work scheduling policies may define the parameters of job flexibility, determine times when required business meetings may be scheduled, or structure shift characteristics (e.g., length of shifts, total hours worked, rotating or night, required overtime), and thus also structuring opportunities for worker participation. Policies that define the frequency and length of meal breaks may contribute to lowering

psychological distress (Kim et al., 2013) allow for fatigue recovery (Hurtado, Nelson, Hashimoto, & Sorensen, 2015), thus improve workers' ability to participate in organizational changes. Similarly, organizations that have clear sickness absence policies may find it easier to analyze existing sickness absence data to identify which departments or teams may be of particular risk of ill-health and where intervention is needed. Policies or practices that ensure adequate staffing, including regular assessments to align job demands with available resources, may contribute to managing workloads and work intensity, and enabling workers to engage in the participatory process. The culture of the workplace is further shaped by policies towards workplace harassment and abuse, including policies that communicate zero-tolerance of harassment, encourage workers to report incidents and suggest ways to prevent them, and affirm management commitment to worker health and safety (Occupational Safety and Health Administration (OSHA), 2009). Where such policies have been successfully implemented, workers may feel more comfortable engaging in the participatory process because they do not fear harassment or abuse from their colleagues or leaders. Benefit structures, including policies that determine pay scales, work hours, or health care or related benefits, further influence the existing organizational climate and may contribute to workers' trust in the participatory process (Baron et al., 2014). Taken together, these policies may improve the organizational climate toward a culture of health and a willingness to engage in further organizational change (Pfeffer, 2018).

Organizational readiness for change is a precursor to implementing successful organizational interventions (Weiner, 2009). This readiness may reflect leaders' commitment and efficacy to implement change (Herscovitch & Meyer, 2002). In addition to the propensity of individual leaders, however, organizational readiness encompasses organizational structures and

resource allocations that shape the ability to act and the ability to engage fully in the participatory process. Readiness for change may be improved by increasing the value organizational members place on the targeted organizational change, for example by increasing perceptions of need for the change, identifying likely successful pathways to change, and improving access to available resources. Contextual conditions clearly influence readiness for change, and may include an organizational culture that values innovation and tolerates risk-taking (Weiner, 2009) in order for workers to feel comfortable coming forward with suggestions for improvements.

#### <b> Overarching context

At the overarching contextual level, i.e. the context outside the organization, a number of factors may play a role.

National contexts may influence conditions within the organization. A large body of literature demonstrates the critical roles played by governmental policies in ensuring protections of worker safety and health, including benefit structures, work hours, and compensation after work-related injuries (Wagner & Spieler, 2017). Such policies clearly shape employers' implementation of organizational changes. For example, the Danish work environment legislation stipulates that work environment risk management must be organized and managed in a dialogue between employer, managers and employees (Arbejdsmiljøloven, 2017) and thus directly emphasizes the importance of a participatory approach involving employees.

In some countries such as the UK, concrete guidance on how to design and implement participatory organizational interventions has been provided by the national Health and Safety policy body, the Health and Safety Executive (HSE). This guidance known as the Management

Standards outlines a four phase process with suggested tools to support the participatory process (Management Standards). Such guidance may support and encourage organizations to embark on the journey of improving working conditions through the process of participation.

Economic downturn may influence organizations' commitment to improving employee health and wellbeing. In the period, 2004-2012, the UK HSE rolled out a major national initiative to implement the Management Standards. As part of the initiative, the HSE monitored risks in a large national survey in this period. They found that control decreased in the period 2009-2010 and suggested it may be caused by the recession and the related job insecurity that arose at the end of 2008.

The changing nature of work presents a range of challenges for participatory organizational interventions. Many sectors in modern society have complex structures with subcontractors that each carry some responsibility for worker health and wellbeing, making it challenging to implement interventions in worksites where multiple organizations are interdependent and boundaries are fuzzy. One such sector is the construction sector, where many small organizations may work on the same site at the same time (Brunette, 2004). Peters, Grant, Rodgers, Manjourides, Okechukwu, and Dennerlein (2018) found the subcontracting structure to be a barrier. Although the foreman of the subcontracting companies was trained as part of the intervention, subcontractors did not have the necessary systems in place to change working conditions.

The healthcare sector in many countries is under pressure due to understaffing as insufficient healthcare staff are trained and many leave the occupation due to poor working conditions (Coombs, Arnold, Loan-Clarke, Wilkinson, Park, & Preston, 2007). Previous research

has found that high work pressures due to understaffing resulted in workers failing to engage with the participatory intervention process (Madede, Sidat, McAuliffe, Mohsin, McAuliffe, Rogues Patricio, Uduma, Galligan, Bradley, & Cambe, 2017; Schneider, Wehler, & Weigl, 2019).

Although rarely considered in organizational interventions, external factors such as the weather may also be an important contextual factor. Bad weather may increase time pressure and detract attention from the intervention (Peters et al., 2018; Abildgaard & Nielsen, 2018).

## <b>Discussion

In the present book chapter, we argue that rather than controlling for context we need to understand and integrate our interventions into the organizational context to ensure a successful intervention outcome. We need to give up the illusion that we can keep the context stable and control for it, we need to ensure that our interventions align with the context. This alignment may require we develop initiatives to support the organizational intervention, or we make changes to our intervention, e.g. adapt participatory processes to the population. For example, the contextual factors of the large, multi-national food service company that services canteens in other organizations such as hospitals may influence the participatory process. Such organizations employ workers with little formal education and these are often migrant workers with limited language skills and limited understanding of health and safety issues, potentially making it challenging for these workers to engage in group discussions. At the same time, as the work is simplified and does not involve collective decision making, workers may not feel comfortable engaging in the participatory process at the team level. At the leader level, line managers may not be accustomed to considering the workers' perspectives and may not know how to support collective decision making. At the organizational level, the policies and practices that are

developed centrally at the company's headquarters may not be known by line managers and workers if the communication channels do not support access to these policies. Finally, multinational organizations often face the challenge of meeting the requirements of different national legislation on health and safety management. Together, all these contextual factors call for a structured approach to the participatory process where workers are given a clear description of what is required and provided with tools to engage in the process.

In the present chapter, we have listed a number of contextual factors classified according to the IGLOO levels. The list of contextual factors outlined in this chapter is far from exhaustive, but we hope it will stimulate debate on how we can consider context differently in our interventions when designing and implementing participatory, organizational interventions. It is important to be aware that these levels interact: The way work is already designed is likely to influence the amount of confidence and energy employees apply to participating in changes. For instance, Xanthopolou, Bakker, Demerouti, and Schaufeli, (2007) found that job resources such as autonomy, support and supervisory coaching activate personal resources such as self-efficacy, self-esteem and optimism, which in turn influence employee engagement and exhaustion. Enhanced personal resources like self-efficacy enable employees to feel more able to control their work environment (Luthans et al., 2006) and are therefore likely to be beneficial for engagement in participatory interventions. Or taking our multinational company as an example, low-skilled workers may have less power or lack trust in their line managers and may therefore not feel empowered to engage in the participatory process.

We hope this preliminary framework for the contextual factors will inspire scholars to rethink the role of context in participatory organizational interventions, and rather than seeing

context as “noise”, will analyze the contextual challenges pre-intervention and take measures to address these in order to ensure a successful intervention outcome.

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