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The tricky issue of worker participation in organizational interventions within Occupational Health Psychology

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Abstract

Organizational interventions aim to improve worker health and wellbeing through changing the work environment. This is conducted by making changes to work policies, practices, and procedures. Determining what to change and how to make these changes involve several techniques, but best practices focus on participatory processes involving workers, managers, and key stakeholders with a responsibility for managing worker health and well-being in the workplace. Despite participation being the recommended method to determine the "what and how" of these changes, there is little consensus about what participation is and how it works. The evidence of the effectiveness of these participatory processes is unfortunately quite mixed. In this chapter, we discuss these issues and focus on three key challenges of participation in organizational interventions. First, we discuss issues around different forms of participation, including the advantages and disadvantages of direct and indirect participation and what form of participation may be effective during the different phases of the intervention process. Second, we discuss how participation should work, that

is the underlying mechanism for what makes participation facilitate a successful intervention outcome. Third, we discuss how diverse workplaces may challenge traditional ways of conducting organizational interventions.

Introduction

Participatory organizational interventions are workplace programmes that aim to change the way work is organized, designed and managed, via the close collaboration and involvement of workers, managers, and other key stakeholders. Within Occupational Health Psychology, participatory organizational interventions commonly focus on changing work practices and procedures and the policies that support these, with the overall objective of improving workers' health and well-being (Brough & O'Driscoll, 2010; Nielsen, 2013). Such interventions often take a participatory approach where workers and managers collectively decide on both the content (what to do) and process (how to do it) of the intervention (Nielsen & Noblet, 2018). Participation is at the core of the main bodies' approaches for the effective promotion of worker's health and well-being (World Health Organization, 1986; European Commission, 1989; EU-OSHA, 2010). A key consideration within these participatory organizational interventions is who really stands to gain from the planned changes (Wilkinson et al., 2010). Participation potentially has mutual gains for both management and workers. Management are the key drivers of participatory processes, as it is seen as an opportunity to gain ownership and make use of workers' expertise. However, benefits also apply to workers as they can directly influence their working conditions. These dual key benefits are also known as the mutual gains perspective (Wilkinson et al., 2010).

Professor Hans de Witte has throughout his career made a significant contribution to the field of job insecurity and in 2010 found that participation was associated with a decrease in job insecurity (Vander Elst et al., 2010). Indeed, a recent study supported that job insecurity can be reduced through organizational interventions (Abildgaard et al., 2018).

The European Directive 1989/391 on the introduction of measures to improve the health and safety of workers states that workers or their representatives should be consulted and involved in all discussions about workplace health and safety. One study of psychosocial risk management within Europe revealed participation to be one of the main drivers of this risk management process (Houtman et al., 2017). Despite this, the actual form of participation remains understudied (Nielsen & Noblet, 2018). In the European countries, approximately 65% of workers report they contribute to designing and establishing measures to address workplace environment issues (Irastorza et al., 2016). To categorize this participation, Abildgaard et al. (2018) proposed a four-dimensional participation framework, classifying participation as: determining the content; determining the process of the intervention; directness of participation; and participation as a means to an end. Despite this useful framework, Abildgaard et al. (2018) failed to discuss the challenges of participation in organizational interventions. We address this shortcoming in this chapter, by identifying common challenges concerning participation in the process of changing working conditions. We discuss three main challenges associated with this participatory change process: namely forms of workplace participation, a lack of theoretical frameworks, and participation in different contexts. These challenges and the research questions that may arise from these challenges are summarized in Table 1.

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Defining Workplace Participation

Workplace participation is defined as "a process which allows workers to exert some influence over their work and the conditions under which they work" (Heller et al., 1998; p. 15). According to Marchington and Wilkinson (2005), participation can be divided into four

categories: direct communication, upward problem-solving, representative participation

(also known as indirect participation), and financial participation. Both direct

communication and upward problem-solving are *direct methods* of workplace participation,

hence all workers are to some extent involved in these types of participatory intervention

programmes. These two forms of direct workplace participation are unsurprisingly, the most

effective methods of involving workers in successful changes to their work environments.

Direct participation informs workers about key business issues and enables them to provide

feedback on decisions made and on their working conditions within an objective

consultation process. However, the vital final decision-making process for any workplace

changes ultimately rests with management (Wilkinson et al., 2010). Upward decision-

making entails consulting with workers about which work practices and procedures to

change and how. *Indirect participation* involves worker representatives such as union

representatives and/or health and safety representatives exerting influence on behalf of

their colleagues (Wilkinson et al., 2010). Finally, financial participation commonly consists

of financial compensation, such as profit sharing and worker share ownership. We discuss

direct and indirect forms of participation in more detail below.

Participatory organizational intervention

Participatory organizational intervention is a specific form of participation where

workers and managers engage in a collaborative process to improve working conditions and

worker health and well-being. Participation can either consist of a group process involving

work teams and their managers, or an individual process involving specific workers directly

making decisions about their work contents and contexts (Wilkinson et al., 2010). For

participatory organizational interventions, participation is most successful as a *collective*

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process where workers and managers work together (Nielsen et al., 2021). Participatory organizational interventions usually employ a systematic, problem-solving approach commonly existing of five phases (Nielsen & Noblet, 2018):

- *Phase 1*: Preparation. In the first phase, a steering group consisting of workers and managers is established. The steering group decides on a communication strategy to ensure those not directly involved in the intervention are kept up to date about its process, progress, and content, together with the vision of the intervention.

- *Phase 2*: Screening. Key strengths and problematic areas of the working environment and existing work policies and practices are identified. The results of this screening are fed back to workers and managers and discussions are held to understand the results and prioritize areas of action.

- *Phase 3*: Action planning. Workers and managers collaborate to develop areas for improvement, through the development of action plans.

- *Phase 4*: Implementation. Action plans are implemented and monitored, to ensure they are implemented according to the plan.

- *Phase 5*: Evaluation. Evaluation should include both the effect of the implemented action plans, i.e., improvements in working conditions and worker health and wellbeing, and the process of the implementation, in terms of whether the intervention was implemented according to plan and the extent to which the process successfully facilitated the intervention outcomes (Biggs & Brough, 2015a). The evaluation phase also identifies any unintended side effects and produces recommendations for how the intervention will inform

future health and safety management processes within the organization

(Nielsen & Noblet, 2018).

Despite the consensus that participation is important, there is little consensus of what form

workplace participation in organizational interventions should take. In the following sections

we discuss direct versus indirect participation and the importance of workers being

allocated a specific responsibility in leading change.

Direct and indirect participation

The specific form of participation that is most effective is currently difficult to identify.

Direct participation, i.e., that all employees are involved in the planning and implementation

of the interventions, is easier to achieve in some contexts than others, for example with

small organizations employing ten workers or less. In this situation, direct participation can

easily occur throughout all phases of the intervention. Workers can agree on the process

and contribute their opinions via various methods, including for example, an interactive

screening method using cognitive mapping tools. Workers and management can establish

both the good and problematic aspects of their workplace. This mapping tool can then be

used to develop and prioritize action plans that can be agreed in a plenary session.

Implementation of these action plans can be monitored via meetings and progress reports.

Direct participation, however, does not come without its challenges. Critics have raised

the issue of work intensification and luring workers into accepting management practices

which may not be in their best interest (Wilkinson et al., 2010). Direct participation is also

more challenging to conduct well in larger organizations, for example inviting 3,000 workers

to agree to the process for an intervention. In these cases, a *steering group* representing key

stakeholders is crucial (indirect participation, where worker representatives represent the

interests of workers). Often safety representatives or shop stewards who have been elected by colleagues may already possess a formal role in managing employee health and wellbeing (Abildgaard et al., 2019) and they may therefore also be tasked with representing workers in participatory interventions. The tasks of the steering group where managers, workers and other key stakeholders with a responsibility for managing worker mental health and wellbeing must be clearly defined and agreed. Nielsen et al. (2013) highlighted two key responsibilities of such steering groups.

Strategic tasks refer to the direction of the intervention and include:

- Identification of which departments may benefit from intervention

- Integration of the intervention into existing practices and procedures

- Consideration of long-term changes to the company's health and safety policies and practices based on learnings from the intervention.

Operational tasks of a steering group consist of:

- Provision of practical support for the intervention

- Follow-up on progress of the intervention phases

- Implementation of strategies to ensure a high response rate in surveys

- Agreement and delivery of survey feedback

- Planning and implementation of action planning activities.

In larger organizations, strategic and operational tasks may be split into several groups, however, it is crucial that worker representation occurs at all levels.

A study conducted by the INAIL (National Institute for Insurance against Accidents at Work), the national approach to managing psychosocial risks in Italy, found that 32% of the

124 organizations studied used direct participation and 39% used indirect participation methods (Di Tecco et al., 2015). However, the authors did not evaluate whether one method was better than the other, nor did they identify in which types of organizations one type may be more appropriate than others. Furthermore, the authors did not identify during which stage of the intervention, either direct or indirect participation was particularly crucial. Tafvelin et al. (2019) examined the role of direct participation at three time points: pre-intervention, during, and post-intervention. They employed a measure of generic participation capturing whether workers felt they were an important part of how a health promotion intervention was being addressed within their organization. Tafvelin et al. (2019) reported that at pre-intervention direct participation was positively related to job satisfaction at both the early stages of the intervention and participation in the later phases of the intervention, i.e., the action planning and implementation phases predicted higher levels of job satisfaction 12 months post-intervention. Interestingly, a positive spiral effect was also observed: Pre-intervention participation predicted line managers' active involvement in the early stages of the intervention, which in turn, predicted worker participation in the later phases of intervention (Tafvelin et al., 2019). These results demonstrated the importance of direct participation by workers and call for a greater understanding of what types of participation is feasible at different stages of the intervention process.

The divide between direct and indirect participation has received relatively little attention in organizational intervention research (Nielsen & Noblet, 2018). As mentioned above, indirect participation usually consists of a small group of selected workers who represent the interests of the wider workforce and are directly involved in the intervention

process and content (Wilkinson et al., 2010). However, the most effective approach remains unclear. On the one hand, in a qualitative study, Framke and Sorensen (2015) found that workers felt indirect participation was sufficient as long as worker representatives kept them informed. On the other hand, in a qualitative study of small and medium sized enterprises, Poulsen et al. (2015) found that workers who had not participated in action-planning workshops felt little ownership over the recommend action plan and did not engage in later stages of the process. More research is needed to understand what forms of participation is most effective during which phase of intervention.

The role of workplace champions

Although rarely discussed and researched in organizational interventions, some research has identified the value of identifying specific workers as 'project or intervention champions' and as internal drivers of the organizational change process (Brough & Biggs, 2015b). Advantages of internal champions have been argued in terms of the creation of ownership, cost-effectiveness, sustainability and integration beyond the project period and that intervention activities are more like to be implemented when (jointly) led by an internal advocate (Brough & Biggs, 2015b). Other benefits have been found in terms of internal champions being sensitive to the specific organizational context and that it was possible to appoint internal champions without necessarily providing them with formal training (Ipsen, 2019).

It is also clear that the role of an effective supervisor or manager readily lends itself to being an advocate of workplace changes and improvement, including those changes implemented by a formal intervention programme. Thus, an effective supervisor or manager is often a good choice as an internal champion. The role of supervisors as a 'gatekeeper'

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between workers and formal organizational policies has long been established (e.g., Thompson et al., 2006), and similarly, the provision of effective supervisor support clearly serves to protects workers from occupational stress and burnout, including stress caused by organisational changes (Brough et al., 2018). Thus, the value of a highly regarded supervisor being a champion for advocating changes via a workplace intervention programme can be extremely effective. Certainly in our own experiences of interventions within large, hierarchical organizations, such a champion is highly beneficial: contributing their knowledge of both formal and informal internal decision-making channels, knowledge of the most appropriate personnel for intervention engagement, ensuring the intervention progress and results are regularly placed on senior executive meeting agendas, and embedding the changes and recommendations into organizational policies (Biggs & Brough, 2015b; Brough & Biggs, 2015).

Consideration should also be taken of the project champions' own levels of well-being. It is possible that being the project champion may be stressful, both in terms of the added workload (Wilkinson et al., 2010) and the potential mismatch between the person's competencies and the demands of the role. Nielsen et al. (2021) examined the impact on internal project champions who had received specific training in this role. The role of the internal project champions in this study was to conduct 'dialogue workshops' where workers were given the opportunity to communicate about and influence the change process. Nielsen et al. (2021) found that these internal champions reported increased job satisfaction post-intervention and the improvements in job satisfaction were particularly strong for champions who felt they were a good fit to the champion role and who were dissatisfied with their jobs prior to the intervention. These findings suggest that the positive

effects of participation may be stronger when workers are given a formal role in change processes.

Explanations of the Workplace Participation Process: Underpinning theoretical explanations

There is no single theoretical explanation which completely describes the multiple antecedents and consequences of a successful workplace participation process (Nielsen, 2013). Indeed, a recent review of published occupational health interventions identified that 53% of these interventions were not explicitly theory based and their outcomes were poorly defined (Burgess et al., 2020). Burgess et al (2020) suggested recommendations to remedy these issues. In this section, we review three common approaches which purport to explain specific components of this participation process. These approaches include collaborative job crafting, developing a change culture and workplace trust, and workers' sense-making.

Collaborative job crafting

Collaborative job crafting is defined as the adaptive changes workers make to their work to fulfil their needs (Leana et al., 2009) and is, therefore, a suitable mechanism to explain the positive effects of participatory interventions (Nielsen, 2013). A key aspect of participatory organizational interventions is the collective process. Through the discussions of both the good and problematic issues at work, be it through interactive cognitive mapping tools or the discussion of survey results, members of the work team develop a shared mental model of their workplace (Weick, 1995), enabling them to collectively develop action plans. Through the collective process, they not only collectively craft a job

that fits their needs but also craft a work environment that brings about positive change for the entire work team.

Through the process of collectively job crafting the intervention content, workers may perceive the members of their work team as valuable players in creating an optimal work environment, hence increasing individual levels of work engagement. Roskam (2009) argued that collective workplace participation is an effective method to improve communications, create opportunities for workers to shape their jobs collectively, and to enhance the fit between workers' needs and their jobs. The collective process, when conducted successfully, is effective in preventing workers individually benefiting at the expense of others, for example, when one worker removes a job task from their own work profile to add to a colleagues' work profile. Collective participation can, therefore, have a significant impact: by working together workers can implement powerful changes through the generated action plans.

One potential pitfall of the collective team level approach to developing and implementing workplace participation action plans, is that issues occurring at higher levels of the organization may not be addressed. To remedy this concern, *a multi-level action planning approach* is recommended. In their meta-analysis, Nielsen et al. (2017) found that resources at four levels are associated with both performance and worker well-being, suggesting the IGLO (individual, group, leader, or organizational) model of intervention. Day and Nielsen (2017) adopted this IGLO model in a workplace intervention process and reported actions to improve the psychosocial work environment and worker well-being were needed to be undertaken at all four levels. At the individual level, characteristics of the individual (e.g., self-efficacy and job crafting) can be trained. At the group level,

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interventions focusing on improving the team climate or enhancing decision-making

processes may be appropriate. At the leader level, leaders may need training to change their

behaviours, for example adopting a health-promoting leadership style. At the organizational

level, changes to policies and practices may be required.

This IGLO model therefore has useful implications for Human Resource policies on

work context (e.g., work-life balance policies and increasing decision latitude; Semmer,

2011). At the team level, team members may reflect and develop action plans at the

individual and group level, e.g., *what do I and my team need to do differently to address the*

problem? Teams may also identify issues that need to be addressed higher up at the leader

or organizational levels. It is crucial that systems are in place to ensure that these action

plans are developed at the appropriate level, and that the actions undertaken are

communicated to the team and individual levels to ensure that all workers feel heard and

have their concerns taken seriously.

Developing a workplace culture of change and trust

A second key explanation of how workplace participatory interventions work, is the

development of a change culture, whereby work practices and procedures are critically

reviewed and revised. An important component of change culture is trust (Wilkinson et al.,

2010). Trust is obviously a dual process flowing between managers and workers. Thus,

management trusts workers to have the necessary skills and knowledge to input to the

participatory process and to make decisions that benefit the bottom line (Wilkinson et al.,

2010). Equally, workers trust management to allow for the necessary changes to be made

and to support the recommended change suggestions. However, workplace trust is not

necessarily this simple and is not a naturally occurring phenomenon. Some workplaces are

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relatively low on trust, especially workplaces structured by hierarchical ranks, including the military, police (Brough et al., 2016), correctional services (Brough et al., 2016), and hospitals (Links et al., 2021).

Sense-making in workplaces

A final mechanism to explain workplace participation is workers' cognitive processes of sense-making. From a sense-making perspective (Maitlis & Christianson, 2014), participation and active involvement in the intervention process can be perceived as organizational members actively seeking information and acting to make sense of the intervention. Weick (1988) argued that organizational members come to understand the world by taking action and then observing the outcomes of this action. The sense-making perspective is a useful approach to understand workplace participation, as sense-making actions generate stimuli and cues which enable workers to better understand the intervention (Weick, 1988). Sense-making can be a particularly powerful mechanism during action-planning and implementation. For workers to understand why a certain action is important to implement and how it may bring about the intended outcomes, workers must understand what the problem is, the different ways a problem can be addressed, and why a particular solution is prioritized over other possible actions. Once workers and line managers understand *why* a certain action plan has been chosen and *what* its potential benefits are, they are more likely to adopt changes in behaviours to implement the action plan and to actively support actions as they understand the potential of the action.

The sense-making approach is particularly effective when a team level approach to action-planning is adopted, as described above. Rather than having steering groups develop

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action plans without the involvement of impacted workers, more effective action plans are developed at the team level giving all affected workers a voice (Nielsen et al., 2013).

Enabling worker sense-making in all stages of workplace intervention programmes can, however, also be a challenge. The collective sense-making process and the development of shared mental models are not necessarily practical or feasible in large organizations. Often standardized surveys such as the HSE Indicator Tool which measures six dimensions of the psychosocial work environment (job demands, control, managerial and peer support, roles, relationships, and changes; Edwards et al., 2008) is utilized (Nielsen & Noblet, 2018). These standardized survey tools suffer from two limitations. First, they rest on the assumption of an objective work environment remote from the worker's appraisal of whether an aspect of the work environment is a problem or a positive aspect of work (Nielsen et al., 2014). However, research has demonstrated that workers do not rate their work environment in the same way. Recent work for example, has highlighted how objective job demands may be perceived as either (positive) challenges, and/or (negative) hindrances or threats by different workers or at different points in time, dependent on the broader work/non-work contexts (Raper & Brough, 2021; Searle et al., 2022).

Standardized work environment survey tools typically adopt a benchmarking approach, allowing organizations to compare themselves with national and/or industry averages (Persechino et al., 2013). However, an organizational score below a certain level does not necessarily imply that workers perceive this aspect of their work environment to be problematic, as this is highly dependent on the job context. Some occupations for example, are naturally quite low in worker autonomy, where individual workers have little control over their work hours or work tasks, including postal service workers (Nielsen et al.,

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2014), police and other emergency service workers (e.g., Brough, 2004; Raper et al., 2020), mine workers (Morrow & Brough, 2019), and veterinary workers (Deacon & Brough, 2017). Workers' sensemaking and interpretations of their working conditions is crucial to identifying suitable changes to improve wellbeing.

Standardized work environment surveys also may not capture occupational-specific work demands or local aspects of the work environment that significantly influence worker wellbeing (Brough et al., 2020). The impact of occupational-specific work demands such as frequently dealing with fatal road traffic accidents as a police officer, or the daily exposure to abusive prisoners or patients as a corrections officer or a healthcare worker, have been demonstrated to have as much or even a greater impact upon these workers' well-being over time as compared to common standardized job demands (Brough et al., 2022).

One solution to these problems is to develop tailored questionnaires in workshops where researchers, workers and their managers are involved in identifying specific problematic aspects of their work environment and then developing the relevant questionnaire content. In a qualitative study, Nielsen et al. (2014) found that the three main advantages of the tailored questionnaire approach to be; a) the ability to detect issues with the work environment that workers felt were important to them, b) the identified problematic issues were prioritized, and c) these specific issues were included in the questionnaire. The tailored questionnaire approach allows workers an opportunity to directly influence what the content of the questionnaire should be which may facilitate sense-making and hence the quality of this wellbeing assessment tool.

This method, however, is not without its limitations as it is both time consuming and requires specialist skills in survey methods (Nielsen et al., 2014). A less time-consuming

alternative may be to enhance sense-making through questionnaires that adopt a middle way, for example by incorporating standardized scales relevant to the local context. Examples include the *ARK survey*, in which job context scales are incorporated for the university sector (Innstrand et al., 2015), and the *Police work hassles and uplifts scales* which assess job demands frequently encountered by police officers, such as making arrests and delivering death messages (Brough, 2004; Brough et al., 2022).

Ideally, all workers in the affected intervention areas should be offered the opportunity to provide feedback on the tailored survey. However, how workers should be involved in developing and implementing action plans is more of a challenge, primarily due to the increased time, costs, and logistics required. Sense-making is, therefore, an effective approach that can help us address the challenges and the balance of direct and indirect worker participation.

Evaluations of organizational interventions

Evaluations of organizational interventions commonly occur as outcome evaluations at the end of the intervention period (Nielsen & Miraglia, 2017). However, understanding how the intervention processes influence these outcomes is also important (Biggs & Brough, 2015a; Nielsen & Abildgaard, 2013). Hence, *process evaluations* provide an important learning opportunity both for organizational members and for the scientific community. How organizational members make sense of the intervention may be as important to the sustainability of the intervention, compared to the scientific evaluation (Nielsen et al., 2021). In one study, Ipsen et al. (2020) explored the impact of using a visible evaluation tool (e.g., using building blocks building a wall to indicate the level of progress) to encourage dialogue about the progress of the intervention and the extent to which action plans were

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being implemented. Visibility tools are an effective method to externalize tacit individual knowledge about the intervention to explicit individual knowledge (through individual ratings of progress) and from explicit knowledge to explicit collective knowledge (through dialogue about individuals' rating). Ipsen et al. (2020) found that the visibility tool was indeed successful in increasing awareness and visibility of the intervention progress, and it was perceived as a signal to workers that management valued workers' opinions. The challenges of the tool related to the definition of progress, for example it was not clear how much progress warranted one building block being added to the wall and workers found it hard to imagine the end goal, i.e., how much did a building block count towards achieving the final goal. Overall, the tool was found useful but was not well implemented in all participating organizations. In summary, ongoing evaluations may promote sense-making and ensure continued commitment to implementing changes beyond the duration of the intervention programme (Nielsen et al., 2021).

Workplace Participation within Different Contexts

Exactly how workplace participation operates within different contexts is a highly pertinent issue but is often ignored by most of the research. It is easier to assume and adopt a "one size fits all" approach when considering worker participation in an organizational intervention. This assumption is, however, highly erroneous and is unlikely to produce optimal results. Research clearly identifies the differences in how work is conducted under different national contexts (i.e., culture and legislation), different types of workers (including local and international workers), different characteristics of workers (i.e., demographic diversity), the complexity of today's workplaces with outsourcing and complex supply chains, and increasingly, and the impact of remote or virtual workers versus on-site

workers (Brough et al., 2022). In a recent review of expatriate workers for example, Gai et al. (2022), discussed how globalization has increased the prevalence of cross-cultural workers, especially within multinational corporations, and how their psychological adjustment to work in a new host country is directly influenced by their experiences of pre-departure workplace training and/or post-arrival workplace training. The likelihood of these workers responding to subsequent calls for their participation with an organizational intervention is, therefore, likely to be influenced by their levels of psychological adjustment, the impact of their supervisors' influence, and their own original work experiences and cultural norms.

A five-stage participatory invention framework that encourages migrant worker's participation was recently proposed (Le, Nielsen, & Noblet, 2021). Based on Nielsen and Noblet (2018), this framework focuses on improving the motivation of migrants to participate in workplace changes and to increase their confidence in expressing their voice (knowledge, skills, and confidence) about workplace issues relevant to themselves. The five phases consist of:

- *Initiation phase:* establishing ground rules, steering group, communication mechanisms, readiness for change, ensuring participation of migrant workers

- *Screening phase:* identifying problematic issues in the work environment, proposal of solutions, generation of feedback with an explicit focus on cultural differences

- *Action planning phase:* production of targeted and feasible initiatives considering migrant workers' needs, change management plan, monitoring changes

- *Implementation phase:* conducting and embedding the planned changes with the involvement of migrant workers

- *Evaluation phase:* assessment of intervention effectiveness, also for migrant workers, identification of any subsequent intervention refinements.

The framework was informed by social exchange theory (Blau, 1964), suggesting that reciprocal communications between migrant workers and their managers build trust and encourage migrant worker's honest participation throughout each phase of the intervention (Le at al., 2021).

Impact of national legislation

The impact of different types of national legislation on workers' legal rights is also often an overlooked feature of workplace participation and can directly influence the content of interventions, especially about national workplace health and safety legislation. See for example, a discussion of the influence of different national legislation for a workers' ability to voice dissent and formally report observed internal wrongdoing (i.e., 'whistleblowing') by Brough et al. (2022). The specific workplace legislation context clearly had a flow-on effect upon work behaviours at all other levels, including worker's perceptions of the organisational culture, their trust in management, and thus, their willingness to directly engage in any workplace intervention process. We acknowledge here that the impact of national workplace legislation is rarely considered in organizational intervention research. This is unfortunate and our recommendation is for their formal discrete consideration within organizational intervention research, particularly to improve our understanding of how and why interventions differ across countries and regions.

We have also previously documented the call for (theory-testing) research to be more widely applied to non-European and non-USA contexts (Brough et al., 2013). The differing impact of national cultures on key workplace behaviours, including trust,

participation, and behavioural norms, has been documented by numerous cross-cultural researchers. Brough et al. (2013) for example, observed that testing western-derived organizational behaviour theories among workers employed in Asia, was a highly pertinent issue, especially regarding the increasing 'westernization' of many Asian organizations and their workers. Similarly, Timms et al. (2007) noted workers in Asian countries are often more sensitive to such issues as workplace interpersonal conflict as compared to Western workers, due to a higher value placed on social affiliation by many Asian cultures. This for example, has implications for the participation and engagement of Asian workers with organizational interventions and training programmes.

Impact of COVID-19

The organizational landscape has changed considerably in the last decades, and especially within the last few years. Organizations are often only one link in complex supply chains, which often limit their levels of participation in organizational interventions. Sorensen et al. (2021) described an example of such limitations. In a study of industrial canteens, they discussed how participation was limited in terms of workers' opportunities to participate in the interventions activities due to extreme time pressures: competition in the food service industry is harsh and host organizations were only willing to cover meal delivery not developmental activities. Furthermore, participation in what changes to make were also limited as host organizations were unwilling to invest in improvements of the work environment, e.g., providing ergonomically appropriate workspaces.

The widespread practice of remote working resulting from the COVID-19 pandemic, has highlighted differences between workers in terms of who is and is not able to conduct their work remotely (Chan et al., 2022). This has produced additional pressures for bringing

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workers together in one physical location for their participation in formal training and interventions. Before the COVID-19 pandemic 'remote workers' generally referred to those workers geographically isolated by distance from their central work base. Brough et al. (2020) for example, discussed the occurrence of additional stressors reported by workers based in rural and remote communities within Australia, who are geographically isolated from towns and their colleagues. Brough et al (2020) also discussed the 'fly-in fly-out' (FIFO) mining and construction workers in Australia, who commute long distances to rural inland work sites by aeroplane, living and working intensively on-site for several weeks, followed by one or two weeks leave when they commute back to their homes and families. Although these FIFO workers are not isolated from their site colleagues, the changing rotational intensive shift systems they work under does pose difficulties for their participation in organizational interventions, particularly programmes conducted over a lengthy period.

The COVID-19 pandemic increased the isolation experienced by many workers during enforced lockdowns and working from home periods. These workers found themselves suddenly categorized as 'remote workers' and reliant on technology for social and participatory interactions with their colleagues. For most workers, these remote work experiences highlighted the value of having regular physical meetings with colleagues, particularly for creative problem-solving, to promote a psychological sense of belonging, and to feel a connection with co-workers (Brough et al., 2021). This period of approximately two years also caused the pausing of most participatory invention work. Some interventions did continue via virtually video meetings and via mobile 'apps' and such technology is also utilized by geographically isolated workers. The efficacy of using virtual technology, as

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opposed to physical co-location training, for the long-term adoption of workplace changes by workers is yet to be fully assessed.

Recommendations and Conclusions

Whilst a participatory, collaborative approach to designing and implementing the content and process of organizational interventions is widely recommended, we argue that several key issues impacting this participation remain unanswered. In this chapter, we have discussed the three key challenges which reduce participation in organizational interventions. First, we discussed what type of participation should occur, including the importance of direct and indirect participation and whether workers need to be given special roles in ensuring intervention implementation. We call for more research on the impact of this participation to develop our understanding of how workers should be involved to reap the benefits of participation. Second, in extension of Nielsen (2013) we argued the need to understand the theory underpinning participation. We propose the mechanisms that may explain why participation works in promoting successful intervention implementation: specifically enabling workers to proactively craft a healthy work environment, as a method to develop trust and participation as a sense-making process, and to enable workers to better understand what and why changes are required. We recommend that researchers develop and test the mechanisms and theories of why participation works in more detail.

Third, we argued that participation needs to be tailored to the specific organizational context. The COVID-19 pandemic has brought about challenges for how we conduct interventions, as face-to-face interactions has been limited and some organizations have changed their work polices enabling, or requiring workers to work from home. This also

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impacts the content of organizational interventions. For a large proportion of workers, remote working has increased their loneliness and decreased social interactions. Thus, new interventions need to consider these changes in working conditions, especially as organizations now move to a 'hybrid' model of work locations (Brough et al., 2021; Chan et al., 2022). We also recommend that the organizational context, in terms of cross-cultural demographics, organizational embeddedness in other organizations, and national contexts, also need to be more carefully considered for organizations interventions to be most effective. We urge researchers to carefully consider how these broader contexts may hinder or facilitate worker's participation in organizational interventions. In conclusion, it is our hope that we have inspired researchers to explore further the nature of participation in organizational interventions.

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Table 1: Key challenges in organizational participatory interventions

Key challenge	Key issues	Key future research questions
What should participation look like?	Direct participation ensures voice but may not be feasible in large organizations, may lead to work intensification and lure workers into accepting undesirable work practices. Indirect participation may hamper sense-making and buy-in. Participation may take different forms during the different phases of intervention. Internal project champions could be both workers and line managers.	What type of participation is important in the different phases of intervention? What roles can be assigned to workers to ensure their active participation? What forms of participation are effective at different phases of intervention? Who are effective internal project champions in different organizational contexts?
Why is participation important?	Lack of theories underpinning participation.	How may collective job crafting during interventions support the participatory process? How may trust facilitate engagement in the participatory process? How may sense-making processes be facilitated to ensure participation is effective?
How do we ensure participation in diverse workplaces?	Workers in cross-cultural organizations may hold different knowledge, values and attitudes towards work and participation. National legislation may influence how participation is managed. Outsourcing has made health and safety responsibility unclear. Workers do not share preferences for remote working.	How may we develop intervention processes that consider diverse workplaces? What type of interventions can be developed that improve working conditions and worker health and well-being in diverse workplaces?