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2 Intervention development and implementation

Understanding and addressing barriers to organizational-level interventions

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This chapter summarizes recent evidence on the development and implementation of interventions to address psychosocial risk in the workplace, in particular outlining current understandings of barriers to organizational-level interventions and ways to overcome those barriers. This chapter and this book are premised on the need for organizational-level intervention to effectively manage workplace psychosocial risk. This premise is based on principles from relevant disciplines (e.g. public health, occupational health, health promotion, and organizational psychology (LaMontagne, Keegel, and Vaillance, 2007) combined with empirical evidence from intervention research.

Introduction

A brief restatement of the basis of this premise is warranted as a prelude to the chapter. The international job stress intervention research literature has been the subject of a number of recent systematic reviews. The most comprehensive of these reviews (summarising 90 intervention studies published between 1990–2005) focused on interventions in which organizations set out to address job stress proactively (LaMontagne et al., 2007). This review is the most directly relevant to this chapter; it concluded that individually-focused approaches (e.g. coping and time management skill development) are effective at the individual level, favourably affecting individual-level outcomes such as health and health behaviours. Individual level interventions, however, tended not to have favourable impacts at the organizational level (e.g. reducing exposures or sickness absence). High systems approaches, defined as combining individual- and organization-directed interventions (e.g. addressing working conditions and organization of work), however, conferred both individual- and organizational-level benefits. Over the 1990–2005 period, there was a hopeful trend observed: intervention studies using high and moderate (organization-directed only) systems approaches represented a growing proportion of the job-stress intervention evaluation literature, possibly reflecting growing application of organizationally-directed approaches in
practice internationally. Low systems approaches, however, were still the most common.

Two systematic reviews on psychosocial work environment interventions were published by the Cochrane Collaboration Public Health review group (www.cochrane.org) soon after the above-described review (Bambrer et al., 2007; Egan et al., 2007). While these had more strict inclusion criteria to optimize causal inference, they also included natural experiments, or unintended changes in psychosocial stressors, such as from downsizing and restructuring. The systematic review described above included only interventions purposefully addressing job stress, hence these two subsequent Cochrane reviews provide important complementary findings. The first review of organizational-level interventions that increased job control found some evidence of health benefits (e.g. reductions in anxiety and depression) when employee control increased or (less consistently) when demands decreased or support increased (Egan et al., 2007). They also found evidence of worsening employee health from downsizing and restructuring (Egan et al., 2007). The second review of task restructuring interventions (Bambrer et al., 2007) found that interventions that increased control resulted in improved health.

The Cochrane Public Health review group subsequently published an overarching “umbrella” summary of systematic reviews of the effects on health and health inequalities of organization changes to the psychosocial work environment (Bambrer et al., 2009). In addition to including the two reviews described above, shift work, work scheduling, privatization, and restructuring were considered. Findings suggested that organizational-level changes to improve psychosocial working conditions can have important and beneficial effects on health.

This set of recent systematic reviews demonstrates that feasible and effective strategies for the prevention and control of workplace psychosocial risk at the organizational level are available. Despite the growing evidence in support of systems or comprehensive approaches as the most effective, prevalent practice in most OECD countries remains disproportionately focused on individual-level intervention with inadequate attention to organizational-level intervention (Giga et al., 2003; Hurrell and Murphy, 1996; LaMontagne et al., 2006; Leka et al., 2008). This chapter aims to explore why this is the case, and to propose strategies for retaining a focus on organizational change in the management of workplace psychosocial risk. While the main focus of this chapter is on challenges at the organizational, or internal, level (termed “micro-level” in dedicated section below), some challenges to organizations are due to external influences (termed “macro-level”). Accordingly, we conclude the chapter with an acknowledgement of the importance of external context and a brief outline of macro-level influences on organizational practices in the management of psychosocial risk (third section).

**Micro-level challenges to organizational level interventions: focusing on the organization**

The following section will focus on the internal, micro-level challenges that confront program organizers when planning and implementing organizational-
level interventions. These challenges emanate from several processes that are considered crucial to the effectiveness of organizational health interventions. These processes include:

1. gaining management support
2. articulating the need for comprehensive worker- and work-directed interventions
3. establishing participatory processes, and
4. the early detection of opportunities and threats.

**Gaining management support**

The success of organizational change programs have long been known to rest heavily on the extent to which high-level managers support the need for change and are willing to commit considerable time and energy to developing and implementing appropriate initiatives (e.g. Kotter and Schlesinger, 1979; Lewin, 1947). More recent studies from the behavioural and occupational health sciences indicate that the support of organizational leaders and front-line managers is particularly important in the development of organizational level interventions aimed at addressing psychosocial risk factors (DeJoy et al., 2010; Nielsen et al., 2010; Polanyi et al., 2005). A key challenge early in an intervention’s life-cycle is therefore to gain the support of high-level management.

There are both functional and symbolic reasons why the support of senior personnel is critical to the success of organization-level interventions (Noblet and LaMontagne, 2009). From a functional perspective, modifying operating systems, developing new policies, re-designing work practices and other large-scale reforms require the sustained commitment of personnel from all levels of the organizational hierarchy. Support from organizational leaders is therefore required to authorize the involvement of relevant personnel, to give people the time required to take part in the development of organizational health initiatives, to ensure all activities are adequately resourced and generally to under-write the goals of the interventions (DeJoy et al., 2010).

Securing the support of the CEO, company directors, and other executive-level staff can also have more symbolic benefits. Employee cynicism regarding the motives behind proposed interventions can be a major source of resistance to change, particularly in cases where there is a lack of trust between management and employees and where workers feel that management are not genuinely committed to achieving the stated goals (Oreg, 2006; Polanyi et al., 2005). The tangible support of senior management – through the allocation of time, funding, and the active involvement of top-level personnel – can send out the message that organizational leaders genuinely value employee well-being and are prepared to devote the resources needed to identify and address priority health issues.

A genuine commitment to change needs to extend to all levels of management especially those middle managers with direct line-management responsibilities. Like many change initiatives, the task of actually implementing organizational-level
interventions is often delegated to front-line managers and hence the extent to which activities are implemented in the way they were intended rests heavily with this group (Kompier et al., 2000). Middle managers have been found to impede the planning and implementation of organizational health interventions, for example by altering the processes used to develop initiatives (Saksvik et al., 2002) or by preventing employees from spending time on the interventions themselves (Dahl-Jorgensen and Saksvik, 2005). Other research indicates that employees' perceptions of intervention outcomes were more likely to be positive when middle managers had taken responsibility for implementing the changes and had actively sought the involvement of employees in these activities (Nielsen and Randall, 2009). Overall, the organizational health research suggests that once top management has approved the proposed interventions, the next major task is to gain the day-to-day support of front-line managers.

Given the importance of management support in shaping the effectiveness of organizational-level interventions, program coordinators need to develop a set of strategies that can be used to capture the commitment of organizational leaders and to maintain this management “buy-in”. According to the organizational development literature, three general strategies can help achieve this goal (adapted from Waddell, Cummings, and Worley, 2004). The first strategy is to sensitize the organization to the pressures of change. Fundamentally, this strategy involves identifying the external (e.g. increased market competition or changing societal expectations) and internal (e.g. high labour turnover and declining productivity) pressures that support the need for change. The second strategy is to reveal the discrepancies between current and desired states. That is, to highlight the deficiencies associated with the current situation and to acknowledge the benefits of the new approach. The final strategy that can be used to boost management support is to convey credible, positive expectations regarding what the change program can achieve and to outline the processes for developing and implementing these changes.

Making a business case for reducing psychosocial risks is one approach to generating positive expectations. A recent Australian report estimated the annual economic benefits of eliminating job strain-attributable depression through comprehensive worker- and work-directed intervention as at least equal to if not greater than the annual national workers compensation costs for “mental stress” claims (LaMontagne, Sanderson, and Cocker, 2010). More importantly, findings showed that the vast majority of economic benefits would accrue to employers (98 per cent), through reduced productivity and employee replacement costs, providing a clear business incentive for employers to invest in initiatives that reduce job stress and promote mental health. Arguments presenting a business case for organization-directed intervention provide a valuable complement to ethical and legal/regulatory arguments for persuading business leaders.

Positive expectations might also be generated by linking psychosocial risk management to something more broadly supported by upper and middle management. In many organizations, there is a growing interest in mental health and illness in a generic sense. In Australia, for example, there has been a substantial
and sustained national initiative, called beyondblue, to promote mental health literacy, including a workplace program (www.beyondblue.org.au). There is strong demand from employers in this regard, driven by various influences including good will and the need to meet anti-discrimination obligations (Australian Human Rights Commission, 2010). One of the authors (ADL) recently partnered with beyondblue to develop and implement an integrated job stress and mental health promotion intervention approach. Though the project is on-going, it has already achieved a valuable outcome in the form of a significant increase in job stress content in the on-going and expanding beyondblue National Workplace Program. In short, management buy-in may sometimes be heightened by integrating psychosocial risk management efforts with complementary employee wellness, employment law, human resources, or other initiatives.

Although some of the more detailed information regarding current and desired states in a given organization may not be available until an extensive needs assessment has been undertaken, program coordinators would – in the first instance – need to gather sufficient background information to convince management that organizational health issues represent a key threat to the functioning of the firm and that effectively addressing these issues could result in substantial improvements for both the organization and its members. Psychosocial needs or risk assessment can be undertaken by itself or in combination with broader organizational concerns (LaMontagne and Keegel, 2011).

Once the intervention is underway, an important means for maintaining managerial support is to use the results of the program – in relation to processes and/or impact measures – as a way of demonstrating the continued relevance of the program. Operational and commercial imperatives often mean that managers are juggling a variety of competing interests at any one time. An ongoing challenge for program organizers is to keep senior personnel up-to-date with how the program is progressing and to ensure they are reminded of why the initiatives are important.

*Articulating the need for comprehensive worker- and work-directed interventions*

Despite the importance of developing organizational health interventions that seek to address the worker and the workplace (Noblet and LaMontagne, 2006; Semmer, 2006), evidence suggests that there is a general reluctance to tackle work- or organizationally-based risk factors. Organizations are much more likely to involve strategies directed at workers’ lifestyle-related behaviours and generally fail to consider the direct impact that working conditions have on employee well-being and/or their indirect influence on people’s ability to adopt more stress-resistant behaviours (Caulfield et al., 2004; Giga et al., 2003; LaMontagne et al., 2006; Landebergis, 2009; Murta, Sanderson, and Oldenburg, 2007). Attempting to modify behavioural risk factors without taking into account the influence of organizational conditions may actually exacerbate health outcomes and hence there is a strong need to develop comprehensive multi-level interventions that address work
and worker-oriented attributes (LaMontagne et al., 2007; LaMontagne, Keegel, and Vallance, 2007). Another challenging task confronting the organizers of work-based interventions is to convince managerial personnel to shift the focus from individual employees (their knowledge, attitudes and behaviours) to characteristics of both the worker and the workplace.

There are at least four reasons why it may be difficult persuading organizations to address organizational sources of ill-health. Proximal risk factors relating to employee behaviours (e.g. smoking, inactivity, stress management techniques) are generally more apparent to workplace representatives than distal risk conditions and thus getting managers to recognize the influence of these underlying conditions may take considerable effort (including undertaking a detailed assessment of how risk conditions contribute to risk behaviours) (Nielsen, Taris, and Cox, 2010; Polanyi et al., 2005). The second reason why it may be difficult generating support for organizational-based interventions is that work-based sources of stress and ill-health are often embedded in systems, practices, and cultures that have been maintained over a long period of time. Modifying these systems, challenging the status quo and overcoming organizational inertia may therefore be seen as a complex, time-consuming exercise that is “too hard” or not worth the expense, especially if senior personnel are not convinced that the interventions will lead to more positive outcomes or if they doubt the organization’s capacity to implement the necessary reforms (Armenakis and Bedeian, 1999; Holt et al., 2007).

Mobilizing support for organizational interventions may be even more problematic when the external contexts in which organizations operate are not conducive to the desired changes. Economic downturn, intense competitive pressures, the demand for more flexible employment practices, the inherent nature of the industry, and other social and economic conditions outside the organization may result in organizations feeling that they need to maintain current work systems and practices simply as a way of surviving (Armenakis and Bedeian, 1999). The final reason why there may be resistance to organizational-level interventions is that psychosocial working conditions are often influenced by leader attributes including decision-making styles, communication skills, and timing and quality of support (Karasek and Theorell, 1990; Nielsen and Randall, 2008). Effectively addressing working conditions will inevitably involve managers acknowledging that their own leadership styles may be contributing to the problem and then developing the skills, knowledge, and willingness to overcome these weaknesses. Again, considerable resources may be required to help managers appreciate their own contribution to the organizational conditions in question and then to ensure they have the opportunities to develop more appropriate leadership styles.

Generating commitment to the comprehensive work- and worker-directed approach will depend heavily on the level of support gained from top management. In addition to the general strategies for gaining managerial support discussed in the previous section, an important means for generating commitment to addressing organizational sources of ill-health is through leadership development initiatives (Kelloway and Barling, 2010; Nielsen and Randall, 2008). These initiatives could help managers better understand the dynamic, bi-directional relationship between
employee-level outcomes, risk behaviours and risk conditions and could refer to case studies that illustrate how the organization and its members can benefit from this approach (e.g. DeJoy et al., 2010; Maes et al., 1998; Sorensen et al., 2002). The management development initiatives would also need to focus heavily on helping front-line managers develop the skills required to drive the change program and to adopt more supportive management styles.

Establishing participatory processes

Another factor that can make important contributions to the effectiveness of organizational health interventions is the degree to which participatory processes are used to plan, implement, and evaluate the interventions. Participatory processes refer to those workplace systems, mechanisms, or other communicative activities where decision-making influence is shared between superiors, subordinates and other relevant stakeholders (adapted from Sagie and Koslowsky, 1996). The forms of participation as well as the degree to which decision-making influence is shared can vary along several dimensions including whether participatory exchanges are forced or voluntary, formal or informal, direct (individual participation) or indirect (representation on committees), and full authority or minimal consultation (Bordia et al., 2004). In an organizational change context, the target of the decision-making may also involve strategic considerations (such as whether the organization should change and what aspects of the organization need to change) and/or tactical issues (including when and how the changes should be developed and implemented) (Sagie and Koslowsky, 1996).

There are several compelling reasons why intervention coordinators should seek the involvement of relevant stakeholders. First, participatory approaches are a hallmark of effective comprehensive or systems approaches to psychosocial risk management (LaMontagne et al., 2007; Landsbergis, 2009). Participation is a concrete enactment of job control, demonstrates organizational fairness and justice, and builds mutual support among workers and between workers and supervisors. Participatory processes that engage the individuals and groups most affected by the issue in question can result in a range of positive outcomes for both employees and employers (e.g. LaMontagne, Keegel, Louie et al., 2007; LaMontagne and Keegel, 2011; Mikkelsen, Saksvik, and Landsbergis, 2000; Nielsen et al., 2010; O'Brien, 2002), including:

- more accurate problem identification and issue analysis, which can result in a better fit between the interventions and the organizational context. This is crucial because organizations usually require unique psychosocial risk management solutions, even if the process of intervention may be based on generic principles and frameworks;
- improved communication regarding the form and function of the interventions, leading to reduced change-related uncertainty, enhanced opportunities for support between participants and an overall reduction in resistance to change;
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- heightened responsibility for the problems identified, contributing to improved motivation and a stronger commitment to the change strategies, and;
- enhanced capacity building and organizational learning, by equipping people with the skills and willingness to identify and address their own problems.

Despite the benefits that can be gained by employing participatory processes to develop organizational-level interventions, there are indications that the active involvement of employees tends to be the exception rather the norm. Nielsen, Taris, and Cox (2010, p. 226) note that the predominant approach to developing and implementing organizational-level interventions is to assume that employees are passive recipients of the changes and to adopt a top-down approach. This centralized approach is consistent with other areas of occupational health. In the case of workplace health promotion, for example, a review revealed that only 25 per cent of programs were implemented in response to employees' explicit needs and 14 per cent included employees as partners in their planning and implementation (Harden et al., 1999).

There are also concerns regarding the extent to which attempts to gain employees' insights are genuine and, along similar lines, whether participatory processes address issues that really matter to employees. The National Institute for Occupational Safety and Health, the peak OHS authority in the US, states that "... various worker participation or involvement strategies may often be more ceremonial than substantive, having little meaningful influence on worker empowerment..." (NIOSH, 2002, pp. 15–16). An inability to tackle substantive organizational issues was also identified as a barrier in a participatory-based intervention study involving over 2200 retail employees (DeJoy et al., 2010). In this case, poor decision-making access to core business operations, coupled with the company's reluctance to provide sufficient time and resources to support participatory mechanisms, threatened the sustainability and institutionalization of the interventions.

Another factor influencing the effectiveness of participatory processes is the extent to which they capture the views and ideas of all relevant stakeholders. Studies examining the effectiveness of participatory-based interventions indicate that the groups who are particularly vulnerable to experiencing high levels of work-related ill-health – blue-collar workers, low status workers, women who are precariously employed (LaMontagne and Keegel, 2011; LaMontagne et al., 2012; Landsbergis, 2010) – are also less likely to have the skills, experience or opportunities to effectively engage with participatory processes (Elo et al., 2008). In the case of blue-collar employees, a study aimed at investigating the effects of employee participation in an organizational stress management program found that some blue-collar employees felt uncomfortable expressing their opinions in participatory meetings (Elo et al., 2008). The authors of this study also noted that the more positive effects of participatory interventions have been gained among white-collar employees – a group that is generally more accustomed to higher levels of communication and social interaction processes – and suggested that
training and development would be required to facilitate the increased involvement of blue-collar workers.

The level of employee involvement in participatory activities is not only influenced by employees' capacity to take part in these discussions, but also by the extent to which managers are willing and able to share decision-making responsibilities. Empowerment-based initiatives may represent a major threat to managers, particularly those accustomed to the more traditional "command and control" management roles (Parker and Williams, 2001). In these cases, managers may be reluctant to hand over decision-making responsibility to followers for fear that their own role, and therefore their position, may become redundant. However sharing decision-making responsibilities with followers and developing a team approach to problem-solving can give managers more time to focus on macro-level matters (such as external opportunities and threats, and the strategic direction of the group) and can actually enhance their leadership capacities (Ivancevich, Konopaske, and Matteson, 2011). Research indicates that training and development can be beneficial in helping managers move from micro-level transactional leadership styles to the "bigger picture" transformational approach (Nielsen et al., 2010).

If organizations genuinely want to achieve participation in psychosocial risk management and other organizational processes, steps must be taken to ensure that the participatory process is both accessible to, and safe for, lower-level employees in particular. Openly-communicated pledges from upper management in this regard are helpful, such as recommended by Kristensen et al. (2005) in the use of their Copenhagen Psychosocial Questionnaire (COPSOQ) needs assessment instruments, in which they articulate "soft guidelines" for use including protecting survey respondent confidentiality and the need for the organization to pledge to act on the findings of the needs assessment before conducting surveys (see www.ami.dk). The involvement of trade unions, where present, can afford some protection for participating employees as well. Other methods include the use of "Health Circles," as developed in Germany (Aust and Ducki, 2004). Organizations can also involve external organizational change or other consultants to conduct participatory needs assessment and intervention development, such as through the use of Future Inquiry methods (Blewett and Shaw, 2008). Future Inquiry includes structured assessments with groups of employees from various levels within an organization (in which lower-level employees may be unlikely to speak critically) and separate assessments with groups of employees from the same or similar levels within the organization (in which lower-level employees feel more comfortable to speak openly). Views are synthesized and made anonymous by the consultants before reporting back to the organization-wide group.

Notwithstanding recent developments described in the previous paragraph, the organizational health literature, in all, suggests that there are a number of notable shortcomings in the uptake and reach of participatory processes. Organizational-level interventions are less likely to be based on the active involvement employees and, when they are utilized, these processes tend to overlook core operational matters and lack the sustained support from high-level management. There are also concerns regarding the extent to which more vulnerable groups have
the capacity to become involved in decisions that impact on their health and the willingness of managers to seek the involvement of their followers. Collectively these shortcomings represent significant barriers to maximizing the benefits of participatory decision-making, and a major challenge confronting practitioners and researchers involved in the development of organizational interventions is therefore to develop further strategies that can overcome these barriers.

**Early detection of opportunities and threats**

Developing organizational-level interventions that are based on the active involvement of all relevant stakeholders and have the backing of both employers and employees is a time consuming, resource-intensive exercise. However many of the benefits that can be gained through detailed planning can be lost if the interventions are poorly managed during the implementation phase (Noblet and LaMontagne, 2009). One aspect of program implementation that needs to be monitored very closely involves the emergence of new policies, practices, and other conditions that can impact on how the interventions are implemented and/or the effectiveness of those interventions. Internal and external forces that arise during the implementation stage have the potential to undermine or enhance the effectiveness of organizational interventions, depending on when and how they are addressed, and an important challenge for program coordinators is to develop mechanisms that can identify these emerging opportunities and threats early, while there is still time to form an appropriate response (i.e. to prevent or reduce the impact of the threat or to take advantage of the opportunity).

Research has identified a range of relatively unforeseen events and situations that can impact on important intervention processes or outcomes. In terms of potential threats, these include concurrent activities that divert people’s attention away from the organizational-level initiatives and/or prevent them from taking part in the required processes (Elo et al., 2008), declining support from important stakeholders such as middle managers and “shop floor” employees (DeJoy et al., 2010), key personnel being relocated or made redundant (Mikkelsen et al., 2000), organizational reforms that undermine the goals of the intervention, including possible lay-offs, mergers and other significant organizational restructuring (Dahl-Jorgensen and Saksvik, 2005; Egan et al., 2009; Nielsen et al., 2010), resistance to proposed interventions due to a lack of trust and the potential threats posed by the interventions (Nielsen et al., 2010), and adverse economic conditions, such as national recessions or severe industry downturn (DeJoy et al., 2010; Egan et al., 2009).

There is far less research on the potential opportunities that may arise during the implementation of organizational-level interventions, however the general organizational change literature (Armenakis and Bedeian, 1999; Fernandez and Rainey, 2006; Kotter, 1995) suggests that these include using “short-term wins” to strengthen support for the program while reducing individual and organizational resistance; leveraging off this broader support-base to expand the range of sites, departments and work groups involved in the program; using the feedback from program participants to assess the quality of the intervention methods and,
where appropriate, to make necessary modifications; identifying areas where there can be improved integration between the interventions and new or previously unknown practices, policies, or other work-based initiatives; and, identifying changes in the external environment that could be used to reinforce the relevance of the program and/or extend the reach of the initiatives (e.g. the introduction of new legislation that mandates conditions that promote health; case studies from industry groups demonstrating the processes used to achieve higher levels of employee engagement and retention).

Stable and predictable organizational environments are rarely found in today’s dynamic, fast-paced business world (Nielsen et al., 2006) and the coordinating team needs to have systems in place to identify changes that may undermine the effectiveness of the program or, conversely, enhance its effectiveness. An important strategy for identifying emerging threats/opportunities is to ensure there is frequent and ongoing communication with key stakeholders. Managers, employees, HR personnel, OHS staff, and other members of the organization need to receive regular updates on the progress being made and the success or otherwise of the different methods (Demmer, 1995; Fernandez and Rainey, 2006). The perceptions of key stakeholders can have a dramatic impact on the longevity of the interventions and the coordinating team needs to be proactive (through formal and informal communication mechanisms) in seeking feedback from external groups. This two-way dialogue can not only help coordinators identify potential threats and opportunities, but can also be instrumental in raising the profile of the interventions, reducing misunderstanding and apprehension regarding the goals of the interventions and attracting broader participation and support (Jick, 2003; Kotter, 1995).

While two-way communications with relevant individuals and groups is important for the early detection of threats/opportunities, program coordinators need to have the capacity to respond quickly to these new situations and conditions. Contingency planning (i.e. planning to deal with possible outcomes before they occur) can help organizers develop this capacity (Noblet and LaMontagne, 2009). The process of developing appropriate contingencies begins with organizers first undertaking a detailed assessment of the possible situations and events that may arise during the implementation phase and that have the potential to undermine or enhance the effectiveness of those initiatives. Some threats and opportunities may be difficult (if not impossible) to identify in advance, however many others can be predicted, particularly if organizers have already developed a detailed understanding of the context in which the interventions are operating. Once coordinators have identified possible opportunities/threats, they then need to draw up a set of responses that can be implemented if the threat or opportunity materializes.

In closing this section, it is worth noting that organizational-level interventions will always be vulnerable to threats when they are regarded as “add-on” activities that are not central to the organization’s core business operations (DeJoy et al., 2010; Fernandez and Rainey, 2006). An important ongoing challenge — which represents both an opportunity and a threat depending on how it is tackled — is to develop organizational health initiatives that become an integral part of the
organization's operations and culture (i.e. institutionalized) (Fernandez and Rainey, 2006; Lewin, 1947). In many cases, mainstreaming processes and strategies that promote improved quality of working life will begin by starting small and focusing on discrete work areas or specific organizational issues (French, Bell, and Zawacki, 2005). This is an accepted way of piloting new approaches and stimulating widespread organizational development. However in order to bring about lasting change, coordinators can’t afford to focus solely on the intervention at hand. Instead, they need to adopt a cyclical program planning, implementation and evaluation framework (e.g. Noblet and LaMontagne, 2009) that is geared towards developing a culture that values employee well-being and where health-related outcomes are high on the list of priorities for key decision-makers.

Macro-level challenges to organizational level intervention: the need for higher-level intervention to complement organizational focus

While factors internal to organizations are the most immediate influences on organizational approaches to psychosocial risk management, some of the challenges to retaining an organizational focus sit outside the organization in the broader labour market, the local or international economy, national cultures, political conditions, and regulatory and other policy influences. In this section, we briefly describe some of these, referring readers to other sources for more detailed discussion (see, for example, Keegel, Ostry, and LaMontagne, 2009; LaMontagne, 2010; Landsbergsis, 2009; Landsbergsis, Cahill, and Schnall, 1999). The purpose of this section is to acknowledge that organizations operate in a broader context that continually shapes their practice, leading to a need to account for secular trends that may hinder the desired organizational focus, as well as the need for higher-level intervention to facilitate a population shift towards a stronger organizational focus in psychosocial risk management.

Secular and other trends that may hinder the desired organizational-level focus include the growth of some widely used management practices aiming to maximize productivity, quality, and profitability without adequate consideration of employee and organizational health. These include new systems of work organization, such as “lean production” or “total quality management” (Landsbergsis, Cahill and Schnall, 1999), as well as downsizing and restructuring practices (Bambara et al., 2009) which can lead to a deterioration of psychosocial working conditions and associated mental and physical illness. This has taken a particular form in the public sector. New Public Management (NPM) refers to a wave of public sector reforms during the 1980s and 1990s aimed at building more efficient and market-oriented civil services in various OECD countries (Noblet and Rodwell, 2009; Noblet, Rodwell, and McWilliams, 2006). Concerns have been raised regarding the health effects of NPM with studies showing a close relationship between managerialist reforms and increased levels of employee stress and dissatisfaction, as well as declining levels of organizational commitment (Korunka et al., 2003; Mikkelsen, Osgard, and Lovrich, 2000; Young, Worchel, and Woehr,
These outcomes raise further doubts about the long-term sustainability of NPM-style reforms and increase the risk that the inefficiencies associated with the “old” bureaucratic public sector management systems will be replaced by strain-induced inefficiencies in the contemporary paradigm. These and other trends must be acknowledged and their full costs to employees and society revealed in order to support those organizations that resist them.

In some instances, occupational health and safety policy that in theory should be protecting and promoting worker health & safety can paradoxically undermine the desired organizational focus in psychosocial risk management. In Australia, and many other OECD countries, so-called “mental stress” claims continue to rise. Regulatory mandates to prevent and control psychosocial risk can conflict with workers’ compensation insurance pressures to contain claims, which to some extent manifests in an over-emphasis on individual explanations of job stress problems, and consequently an over-emphasis on worker-directed intervention in policy and practice (Keegel, Ostry and LaMontagne, 2009; LaMontagne et al., 2008). Over time, this problem may be overcome through the growing legitimacy and acceptance of work-related mental illness and the need for comprehensive psychosocial risk management to prevent and control the problem, as well as by better coordination of occupational health and safety regulatory and workers’ compensation policy.

Regulatory or policy intervention can also mandate or facilitate a shift towards a stronger organizational focus in psychosocial risk management. Examples include the UK Health & Safety Executive’s Management Standards to address work-related stress (www.hse.gov.uk/stress/standards), and a 2004 framework agreement on work-related stress by major European employers and union federations (www.etuc.org/a/529), nicely articulating the need for both worker- and organization-directed intervention and offering concrete examples of the interdependence of the two (on p. 1):

Preventing, eliminating or reducing problems of work-related stress can include various measures. These measures can be collective, individual, or both …

Such measures could include, for example:

- Management and communication measures such as clarifying the company’s objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organization and processes, working conditions, and the environment.

More recently, a large European government and researcher collaborative project to develop a Psychosocial Risk Management — Excellence Framework (PRIMA-EF) has articulated a comprehensive best practice framework for psychosocial risk management in the workplace to the full range of policy and practice stakeholders (see http://primaeef.org). PRIMA-EF provides the most comprehensive best practice guidance currently available internationally (Leka and Cox, 2008),
and emphasizes an organizational focus in psychosocial risk management (Leka et al., 2008). These and similar policy developments provide valuable external support for developing more comprehensive, evidence-based psychosocial risk management at the organizational level.

Conclusions and future directions

This chapter has provided an overview of various challenges to achieving and retaining an organizational focus in psychosocial risk management. Recognizing and emphasizing the workplace or organization as the most immediate setting for these efforts, we have also described some of the external influences that shape organizational practice, and acknowledged the need to consider the role of external influences in the continuing effort to shift prevalent practice towards a stronger focus on the organizational level. Continuing innovation – optimally through collaborative efforts across the full range of workplace stakeholders – will be required to meet this challenge.

References


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