

# ORGANIZATIONAL INTERVENTIONS FOR HEALTH AND WELL-BEING

A Handbook for  
Evidence-Based Practice

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## Chapter 2

Getting everyone on the same page

Cocreated program logic (COP)

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# 2

## GETTING EVERYONE ON THE SAME PAGE

### Cocreated program logic (COP)

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#### **Aim and justification for the cocreated program logic**

In order to design, implement, and evaluate organizational interventions, theories of change are needed – that is, theories that outline why a certain intervention activity would be expected to have an effect on a specific distal outcome (Blamey & Mackenzie, 2007). Yet, overall, these types of theories are seldom used in organizational interventions (Biron & Karanika-Murray, 2013; Nielsen, 2013). This stands in contrast to the abundance of theories like the job demand resources (JDR) model and the effort reward imbalance model (e.g., Demerouti et al., 2001; Siegrist, 1996), which link exposure to factors in the work environment to employee health and well-being outcomes (Kristensen, 2005) and therefore may guide the content of an intervention. The idea of occupational health interventions is generally to improve employee health and well-being through an intervention that decreases exposure to demands and/or increases employees' resources. Thus, theories such as the JDR model are helpful in establishing the connection between change in job demands and resources and employee well-being. Yet, they are not helpful for linking the intervention to the change in job demands and resources. This is what theories of change are for.

Whereas efforts to develop and apply social, organizational, and psychological theories to illuminate how organizational intervention is brought about (e.g., Nielsen et al., 2014) are ongoing, the field of evaluation has a long tradition of using program logic for the same objective. Program logic, also known as program theory or logic models, outlines how an intervention, through its specific intervention activities, is related to a chain of outcomes, from the most proximal ones to more distal ones. This links the design and the implementation of an intervention to its evaluation, and thereby, makes the theory of change more explicit (Olsen et al., 2012; Rogers, 2008).

Program logic has often been constructed by interventionist (i.e., intervention developers such as consultants or researchers) (Saunders et al., 2005). Here, we propose a cocreation process involving multiple organizational stakeholders in addition to researchers and consultants. The program logic is then used as a guiding framework that runs through the creation of the intervention, its implementation, and evaluation. In the business field, the concept of cocreation was presented by Prahalad and Ramaswamy (2000), and has spread since. Cocreation is one of several terms (e.g., codesign, coproduction, cocare, etc.) stressing that design, implementation, and evaluation needs to be a joint venture of the researchers and the organization. Formally, cocreation is an interconnected, recursive set of interactions between stakeholders (e.g., managers, employees, researchers, and consultants; Payne et al., 2008; Prahalad & Ramaswamy, 2000). Instead of organizations being passive recipients of services and products (“value”), they are engaged in cocreating value, building on their unique perspective and knowledge (Payne et al., 2008). Thus, the cocreation process is a way to ensure that the intervention process is truly participatory.

A participatory approach is far from new in the context of organizational interventions; on the contrary, it is the recommended approach (Lamontagne et al.; Nielsen, 2013; Nielsen & Randall, 2012). It is well known that managers and employees are not passive recipients of an intervention, rather they are and should be actively engaged in shaping the intervention (Nielsen, 2013). Thus, an organizational intervention is not something researchers or consultants can design and implement, but something the organization and its members are, to varying degrees, active in designing and carrying out (McVicar et al., 2013; Nielsen & Miraglia, 2017).

In a participatory approach, actors with different kinds of knowledge, skills, and perspectives are welcomed to the table. In essence, this process ensures that the need to integrate theoretical and practical knowledge is met. The challenge, then, is to make sure the differences converge and that all stakeholders contribute to creating an intervention that will lead to the target outcomes and that provides the best possible match between the different knowledge sources. This includes what is known from research, as well as knowledge about the specific organization, from different sources within the organization. But how do you do this?

This chapter outlines a structured process – the cocreated program logic (COP) process – for how organizational stakeholders can be engaged in defining intervention goals and activities and thus forming the program logic together with interventionists (researchers or consultants). The program logic can then be used to guide the evaluation of the organizational intervention. In this chapter, will also present how COP can be used in two different ways: (1) to inform the evaluation of an intervention where the intervention activities are preset, and (2) to, in addition to informing the evaluation of the intervention, also design intervention activities. Three objectives form the background for this approach: the necessity of a cocreation process in participatory approaches, the need for program logic to guide the design, implementation, and evaluation of organizational interventions, and the need to link the two together in a structured way.

## Cocreation to establish ownership and utilization of best available knowledge

As interventions have moved from focusing on changing individual health behaviors to target organizational and multilevel structures, the importance of engaging stakeholders across the organization has become evident. This engagement includes having employees and managers across the organization participate in change efforts to create a sense of ownership in the organization for the change process. In this sense, organizational interventions are less of a time-limited, externally induced project and more of an ongoing, continual improvement effort that is more closely linked to daily operations. As such, any organizational intervention needs to be aligned with organizational visions, goals, and objectives (i.e., vertical alignment) as well as fitting with daily operations (i.e., horizontal alignment; von Thiele Schwarz & Hasson, 2013). Thus, the intervention needs to provide a so-called philosophical fit (with the organization's vision and goals) and a practical fit (that is, be possible to do in consideration of possibilities and constraints in the organization; Moore et al., 2013).

The need for alignment and fit means that many stakeholders need to be involved in the design, implementation, and evaluation of organizational interventions. Stakeholders who bring unique perspectives and sources of knowledge about the organization include employees, line and senior managers, researchers, occupational health specialists, human resources specialists, change agents (e.g., employees with certain areas of responsibility such as safety champions), and/or consultants. *Employees* need to be involved since they are instrumental in bringing about change. *Line managers* are known to be able to make or break an intervention, but given their role in a hierarchical organization, they are in turn dependent on *senior managers*, who provide (or do not provide) recourses for line managers and employees (Hasson et al., 2014). They also bring a wider perspective on how an intervention relates to the overall strategies and objectives of the organization. Then there are specialists on the relationship between work factors and employee health outcomes, as well as specialists on change and evaluation. This can include people such as a *human resources specialists*, *consultants*, and *researchers*. Combined, these stakeholders bring theoretical and practical knowledge that is essential for making sure that each organizational interventions builds on the best available evidence from a wide range of sources (that is, not only research evidence). To achieve a unified and coordinated change effort, all these knowledge sources and perspectives need to be brought together in planning and designing interventions. This includes agreeing on the objectives for the intervention, as well as a joint understanding of which activities will most likely bring about the desired change.

Yet, few concrete suggestions and tools exist for how these kinds of processes can be realized in practice. For example, the interactions between researchers and the organization and its employees have not been particularly well defined in previous research – it may be everything from the organization or the employees simply accepting the intervention, to the organization and/or the employees

having complete ownership of the change process (Kristensen, 2005). Similarly, participation may be direct or through representatives. The optimal level of participation is likely to differ between different organizations – one solution that fits to all organizations and interventions does not exist. For example, solutions may differ between interventions that the organization voluntarily commits to and interventions that are launched in response to external demands from changes in legislation or national guidelines, or between initiatives that comes from senior management and employee-driven changes. Thus, a tool is needed that is flexible enough to encompass different types of change processes, yet structured enough to provide a clear step-by-step guide for how participation throughout the design, implementation, and evaluation of organizational interventions can be achieved. Following this, the tool that we present is a suggestion on how a cocreation process can be set up and how it can look in practice.

### **Program logic: Outlining intervention components and target outcomes**

The outcomes resulting from an organizational intervention generally develop as a chain of effects (Nielsen & Simonsen Abildgaard, 2013; von Thiele Schwarz et al., 2016) linking the components of the intervention to the outcome. For example, taking active part in an intervention (exposure and other implementation outcomes) aimed at redesigning how work is done (expressed in behavioral outcome) may lead to increased job autonomy and improved job clarity (intermediate outcome such as improved psychosocial work environment), which in turn increases job satisfaction and work engagement (distal outcomes such as employee well-being). That, in turn, may for example decrease turnover (end outcome such as organizational outcome). That is, each different outcome logically follows the previous one. This chain represents the program logic. It outlines the logic series of steps that are necessary for a chain of outcomes to be achieved.

The program logic, thus, outlines how the intervention is linked to the outcomes. This involves clarifying the core components of the intervention and the expected consequences of those components. Core components are the activities that are essential for the intervention to achieve its outcomes in that without them, the intervention will be less effective (or ineffective) (Fixsen et al., 2005). One can use multiple ways of outlining the core components. Outlines can be based on experience, previous empirical research of effective interventions, or theory. As described above, occupational health theories are helpful for guiding which and how outcomes (such as psychosocial work environment and employee health and well-being outcomes) are related; that is, the later stages of the program logic. For the earlier stages, other theories can be useful, including theories explaining behavioral change; for example, social learning theory and theory of planned behavior (e.g., Ajzen, 1991; Thomas et al., 2014) and theories explaining learning; that is, pedagogical theories such as constructive alignment (Biggs, 1996) and Vygotsky's zone of proximal development (Chaiklin, 2003).

By outlining how outcomes are expected to unfold, program logic also provides a framework for evaluation. As different effects follow on previous ones, this suggests *when* assessment of the different outcomes (i.e., *what* to assess) should be done in order to capture the effects. More so, the program logic can be viewed as an outline of the hypotheses for how the intervention will have its effect on outcomes. Having an a priori-specified model for the intervention is particularly important for organizational interventions that are not easily evaluated with randomized and controlled designs, and that aim to improve distal, multifactorial outcomes such as improvements in health (Kristensen, 2005). When outcomes are distal and multifactorial, it is difficult to link the changes or the lack of changes to the intervention. Thus, outlining and assessing more proximal, intermediate outcomes may allow the footprints of the intervention to be captured. In these circumstances, which are common for organizational interventions, the program logic provides an explicit and prospective way of studying the relationships between variables.

### **Getting everyone on the same page: Backward-moving program logic**

Program logic can be developed in many different ways. Traditionally, the process involves starting with a predefined intervention where the core components are more or less known (e.g., stress management programs, mindfulness trainings, and leadership trainings). The intermediate and increasingly distal outcomes are then outlined in sequential order (Saunders et al., 2005). In contrast, the starting point in COP is at the outcomes: what goals are to be achieved? The logic is that in organizational interventions, achieving the outcome is more central than implementing a specific intervention. This approach is similar to that used in quality improvement research (Reed et al., 2014).

The backward-moving program logic is in line with the dynamic integrated evaluation model (DIEM; von Thiele Schwarz et al., 2016). This is an evaluation model for interventions that are dynamic (i.e., changing over time) and integrated (i.e., piggybacks on existing processes and structures in the organization) (von Thiele Schwarz et al., 2016). DIEM covers the intervention design, its implementation, further improvements of the intervention, and evaluation. The first four steps in DIEM cover the design phase, including decisions on objectives and target outcomes. COP can be used as a practical tool in these steps to define the intervention goals and intervention activities. After arriving at an intervention prototype (i.e., what activities we think are suitable), that is, the best current idea about how the intervention will look in the current context, the following DIEM-steps (five to eight) cover the implementation of the prototype and the potential revisions to it. These steps involve the continuous evaluation of how the intervention works in practice using data as a basis for potential revisions. Furthermore, evaluation involves the measurement of the intermediate and distal outcomes. COP is also a tool to define what type of outcomes should be measured and what are the optimal time points for these measurements. Thus, COP is central to several phases of an intervention.

## Potential advantages of COP

Although it is possible for an interventionist or researcher to develop a program logic without involving other stakeholders, one of COP's defining features is that the program logic is cocreated amongst the group of stakeholders. This has a number of advantages.

First, cocreating the program logic may help get everyone on the same page, that is, to form a common understanding (a shared mental model) of the intervention (Nielsen & Randall, 2013). This decreases the risk of friction once the intervention is implemented. It may also decrease the risk of perceptual distance between stakeholders, that is, that different actors have different ideas and expectations about the intervention, its aim, goals, and needs (Hasson et al., 2016). As perceptual distance has been suggested to have a negative impact on the implementation of interventions as well as their outcome, decreasing perceptual distances concerning the intervention upfront may promote the successful implementation of the intervention (Hasson et al., 2016).

Second, cocreating the program logic may help build commitment and engagement. The necessity of having people across the organization on board is well known. By inviting those who will have opinions about the intervention, and allowing them to be able to influence whether it is implemented or not, a cocreated program logic means that those who can make or break the intervention will have invested time and intellectual capital in the development of it. This may increase the likelihood that they will assume ownership over the intervention as it unfolds.

Third, the program logic is likely to be more accurate if people with different knowledge sources and viewpoints have been involved in cocreating it. Having access to different knowledge sources (e.g., both theoretical knowledge about the intervention and practical knowledge about how things works in the organization) contributes to this.

Fourth, not only will the program logic be more feasible, the fit between the intervention and the setting where it is implemented is likely to be improved. The concept of intervention fit includes two interdependent dimensions: environment-intervention fit and person-intervention fit (Randall & Nielsen, 2012). By cocreating a program logic, constraints and opportunities in the organizational environment that may affect the intervention can be made explicit and managed by matching the intervention components to the needs in the organization, and (if needed) intervention components can be added aiming at managing obstacles for change. The cocreated program logic along with the adapted intervention can improve the perceived appropriateness of the intervention in the current environment (von Thiele Schwarz et al., 2016). Similarly, for those individuals involved and for those groups of employees they represent, person-intervention fit may be improved since the participants are likely to ensure that the intervention benefits them and those whom they represent. With a cocreation process with multiple stakeholders involved, this increases the chance that multiple viewpoints and needs will be addressed.

Lastly, by cocreating program logic the groundwork for the evaluability of the intervention is laid. The program logic forms a map that outlines what and when to evaluate and what data to collect. Since cocreating program logic helps establish a shared perception of the intervention activities and target outcomes as well as the mechanisms between them, those involved will understand the conclusions drawn from an evaluation, and thus, be more likely to embrace the findings (Blamey & Mackenzie, 2007; Leviton et al., 2010).

## The COP process

The COP process builds on a structured methodology developed in higher education called adaptive reflection (Savage, 2011). Adaptive reflection combines the pedagogical theories of constructive alignment (Biggs, 1996), Bloom's taxonomy (Bloom et al., 1956) and Kolb's experiential learning process (Kolb, 1984). In constructive alignment applied in higher education, the outcomes that students are intended to learn are the starting point, and learning activities are aligned with these outcomes. It is important to note that the learning outcomes are expressed in active terms (e.g., describe, reflect, use, exemplify, etc.) that describe what performance is needed to achieve the outcomes. The active verb also indicates what kinds of learning activities are most suitable. For example, if the learning outcome is to apply something (e.g., give feedback), then the learning activity should provide opportunities to practice giving feedback. Bloom's taxonomy is a model covering a list of learning activities presented hierarchically, going from surface representations of learning (e.g., recognizing) through learning that reflects an increasingly greater ability to elaborate and use this knowledge (e.g., through describing, applying, analyzing, evaluating, and creating).

In the COP process, similar to adaptive reflection, the process of creating a constructive alignment between activities and outcomes is done with the stakeholders. They are led through a step-by-step process, outlined in Figure 2.1 (left-hand side). Figure 2.1 includes a description of the general steps as well as the ways the COP process was used in the two cases presented in this chapter, illustrating the flexibility of the tool.

The first step contains individual reflections over what it would look like if the outcomes of the intervention were achieved (see case descriptions for example). By reflecting individually at first, the benefits of having various perspectives is represented without risking anchoring effects and conformities, which regularly happen if one opinion is voiced before everyone has been able to contribute (Kahneman, 2011). Also, by asking the participants to build on their own experiences and then reflect and elaborate on them, the idea is to trigger a process of experiential learning (Kolb, 1984). The thoughts are documented on Post-it notes. In the second step, the Post-it notes are compiled and the participants asked to sort them into meaningful categories – initially under silence. This is, again, to allow individual interpretation, to avoid premature compromises, and to avoid the influence of power structures that may cap the knowledge becoming available in the group



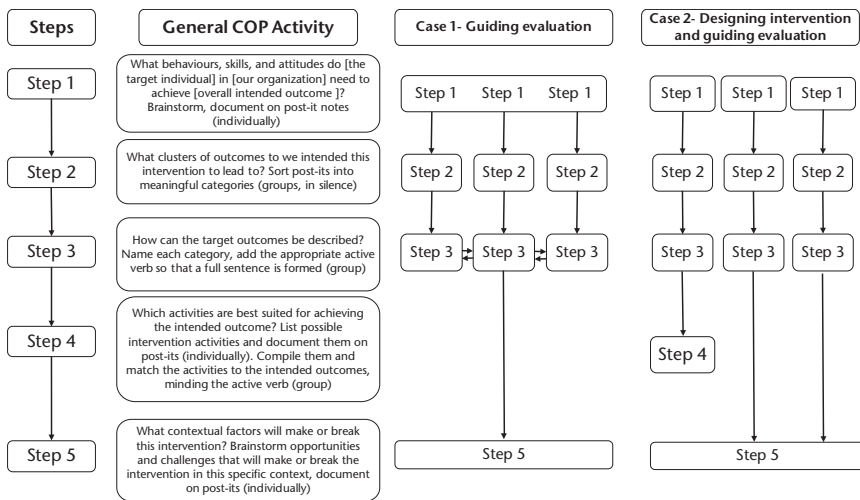


FIGURE 2.1 The COP process

(Savage, 2011). In the third step, each category is named and a suitable active verb is identified, forming a full sentence describing the target outcome in active terms. To help with this process, a list of active verbs can be presented (e.g., compare, analyze, inform, or reflect). In the fourth step, intervention activities are listed through individual brainstorming and then matched to the target outcomes. The final step in COP is to brainstorm factors that could make or break the intervention in this specific setting. This is also documented on Post-it notes individually.

## Two cases of COP in action

In the following section, two cases illustrating how COP can be used in practice are described and discussed. First, a case where COP was used to create a common understanding of the objectives and to guide evaluation for a network-based learning model aiming to improve eHealth utility in a large health care organization is presented. The second case outlines how COP was used in a multilevel intervention including a first-line manager training intervention and a supporting senior management intervention (see also Chapter 9 for details on the senior management intervention). These cases are chosen to (a) outline how COP can be used to guide evaluation when the intervention is predefined (case 1) and (b) to inform the design of an intervention as well as guide its evaluation (case 2; see Figure 2.1, right-hand side). For each case, the contextual setting for the intervention and the background for the intervention are presented before explaining how COP was used. Then the results of the COP process are presented. We end each case by presenting some of the possibilities and limitations of using COP in the specific context of the case.

## **Case 1: Defining objectives to guide evaluation of an eHealth skills development intervention**

### *Setting and background*

This case focuses on a participatory employee skills development program. It was conducted in a regional health care organization in Stockholm County, Sweden, that included primary care, psychiatric care, habilitation, and rehabilitation divisions, as well as the five largest hospitals. The head of the primary care division, also responsible for the entire development program, contracted us in the autumn of 2015 to evaluate the intervention. The authors of this chapter had previously evaluated a similar intervention (Augustsson et al., 2017).

### *Intervention participants*

All employees (i.e., 44,000 staff members) are expected to participate in the skills development program during 2017–2019. The intervention is a participatory skills development program consisting of a series of cross-professional workshops aimed to improve employees' skills in and use of information and communication technologies (ICT), clarify roles regarding ICT, decrease demands in general, increase work satisfaction, and also in a longer run strengthen employees' employability.

The intervention has a network design and is led by an internal *project management team* supported by *consultants* specialized in process evaluation. They work together with a group of *process instructors* to design the themes and materials for the workshops that form the content of the intervention. The process instructors are health care staff working in the organization and thus they are familiar with the organizational context. The process instructors' task is also to coach *development leaders*. These are employees who have volunteered to lead the workshops that are conducted at each unit. They are also expected to act as embedded change agents. Thus, the workshops are led by different development leaders across the different units, but they use the same structure, themes, and materials.

The participatory design of the workshops entails active participation of all employees in discussions, reflections, and practical exercises rather than didactic teaching. This also means that the questions discussed and the amount of time dedicated to different parts of a theme are allowed to differ somewhat between different sessions. Approximately 10 employees participate at each workshop session and every workshop theme is repeated until all employees in a unit have had the opportunity to participate. Overall the intervention includes three workshop themes. Each workshop lasts between 2.5 and 3 hours.

### *COP: Cocreated program logic to guide evaluation*

In this case, COP was used to guide the intervention evaluation (agree on outcomes and the logic relationships between outcomes). This was done during one

workshop in September 2016. Participants were process instructors (e.g., internal change agents,  $n = 9$ ) and the project management team ( $n = 3$ ). The focus was on explicating the outcomes of the development program for the three main groups in the network model: the employees, the development leaders, and the process instructors. The goal with the COP process was to facilitate the development of a shared understanding of the goals of the intervention. In particular, because the intervention was set up as a network model, the aim was to make clear the connections between actions and outcomes across the network. The defined outcomes then guided the intervention evaluation.

Rather than running the COP steps separately for each group (i.e., employees, developmental leaders, and the process instructors), we ran them in parallel during the same workshop as outlined below (see also Figure 2.1).

*Step 1.* Following the general COP process outlined above, the first step involved individual work. We tailored the process slightly by repeating the first step so that outcomes for each group (employees, development leaders, and process instructors) in the network were covered. First, all participants were asked to consider the outcomes for employees. The original COP question was “What behaviors, skills, and attitudes do employees need to have after the intervention so that the project goals are met?” This was tailored based on input from the participants so that it would reflect the participatory process of the intervention. Participants were therefore asked to think individually about the question “What behaviors do employees need to engage in when participating in the intervention so that the workshop goals and the overall project goals are met?” The participants wrote their thoughts on Post-it notes (one thought per note). The Post-it notes were compiled and put aside for the moment.

Next, step 1 was repeated focusing on development leaders, asking “What behaviors, skills, and attitudes do development leaders need to have for the project goals to be met?” Again, thoughts were written down on Post-it notes, which were compiled and separated from the employee notes. After this, the same procedure was repeated with focus on the outcome for the process instructors. At this stage, the question was “What additional behaviors, skills, and attitudes (than those already mentioned for development leaders) do the process instructors need to show for the project goals to be met?” The participants wrote their thoughts on Post-it notes, which were gathered and compiled separately from the two other levels’ outcomes.

*Step 2.* Following the COP process, the Post-it notes were clustered within each group according to common themes. Now, the process for each of the actors in the network model (employees, developmental leaders, and process instructors) was run in parallel. The participants were divided into three groups. The participants worked in silence to sort the Post-it notes into themes.

*Step 3.* Once the groups were pleased with their themes, they were asked to discuss and to create headlines for the clusters. The clusters of Post-it notes for the developmental leaders dealt with the themes of being able to *collaborate and communicate* with all relevant stakeholders; having thorough *understanding* of people,

the work conducted at the unit, ICT, and the organization; showing good *seminar leadership skills*; being able to *develop* in the role of seminar leaders; being able to *learn* from others; being able to *engage* all employees in the discussion (being able to listen, encourage those being more quiet, being able to deal with those with strong emotions); and being *confident* in the participatory process, benefits of the training, and the organization being able to support them.

In an extension of step 3 of the original COP process, each group presented the headings to the rest of the participants. A discussion about the outcomes was facilitated by the researchers in order to create a common understanding of the headings and to get a deeper understanding of the themes.

The participants particularly highlighted that it became clear to them how the outcomes of the organization (on the employee level) were determined by how the developmental leaders were functioning, and how this, in turn, was dependent on how the process leaders acted. The groups also noted that the main themes were related to leadership and facilitation rather than content knowledge about eHealth. This was taken as an indication of the need to make sure this was reflected in the intervention activities for developmental leaders, which were initially focused more on eHealth content than change leadership. Due to the limited time that could be set aside for the workshop, this step did not involve finding active words as proposed in the original COP process.

*Step 4.* As this was an intervention where the intervention activities were already designed, the fourth step of listing intervention activities and matching them to the target outcomes was not applicable.

*Step 5.* The last step was an individual brainstorming activity to identify the organizational context that may influence the possibility of achieving the defined outcomes. The question the participants reflected upon was “What organizational context do development leaders need in order to succeed as seminar leaders?” Participants were instructed to think particularly about things that were feasible in their context, rather than visualizing the ideal organization where time and resources would be infinite. Again, thoughts were documented on Post-it notes. Aspects that were named were having mandate and support from their line manager and the process instructor were clear descriptions of what is expected of them, a general understanding in the organization that this participatory intervention is prioritized and linked to overall organizational objectives, feedback on performance from the project management team and the process instructors, capability to lead seminars and training in being able to do so, and practical aspects such as enough time allocated to the task as seminar leaders. This information was used to broaden the understanding among participants of the interconnectedness of the change initiatives within the broader organizational context as well as to guide the evaluation (e.g., suggestions for possible mediators and moderators of change).

Finally, the information from the COP-workshops was used to inform the choice of measurement. Items of established scales were identified and mapped on the target outcomes to ensure that the evaluation reflected.

### *Lessons learned when COP is used to inform evaluation: A self-evaluation*

In this case, COP was used to guide the evaluation of an eHealth development program, and we found that the process did so by providing valuable information. The clustering of outcomes showed which constructs needed to be included in the evaluation. The individual Post-it notes then helped ensure that the items reflected the specific meaning that the stakeholders attached to the construct. This can be thought of as a simple way of tailoring the measurement to the specific context, which has been suggested to be critical when evaluating organizational interventions (Nielsen et al., 2014). This grounds the evaluation in the context where it is conducted, increasing the likelihood that it will be meaningful for the organization and that it will be sensitive to the changes it aims to measure. In this case, the evaluation is still ongoing and thus, we do not yet have data on how the evaluation has been experienced so far; it has been helpful to be able to fall back on that content of the evaluation that was cocreated., helping to pave the way for acceptance of the results of evaluation, whatever they may be (e.g., evaluability; Leviton et al., 2010).

From observations of the workshop and the conversations that took place, it was clear that inviting organizational stakeholders engaged in the intervention to a joint workshop gave the group an opportunity to discuss the project goals in more concrete terms. It seemed to facilitate the development of a common understanding of the outcomes. This may be particularly important since the group included both the project management team and the process instructors, that is, those overall responsible for the intervention and those who had been asked to join so as to inform intervention activities and to facilitate the delivery of the intervention. Having a common understanding of the goals is crucial because the intervention builds on a network model where each instructor and seminar leader is supposed to use the same material and themes as a basis and thereafter allow certain variations in the actual execution of the participatory workshops. Being on the same page is likely to contribute to the different nodes of the network moving in the same direction.

Using outcomes on three levels for employees, development leaders and for process instructors, seemed valuable both for us as evaluators and for the organizational stakeholders. For us, it helped explicate the logic model linking activities in different parts of the network to the end (employee) outcome. By working through the outcomes for the different actors, the links between them became evident also for the participants in the workshop. For example, the participants noted that many more leadership-related tasks were involved in their picture of a successful developmental leader than, for example, ICT competences. In fact, some participants expressed a revelation about the fact that the role was much more of being a change agent than they had realized before. In addition, they were somewhat surprised to realize their own roles as process managers had an important function in forming a context that would give developmental leaders opportunities to lead, which in turn would be necessary in order for the outcomes

on the employee level to be achieved. Overall, the importance of the process parts of the intervention, particularly the participatory approach, became clear through the COP process, suggesting that intervention activities targeting these areas may be needed.

Nevertheless, designing the intervention activities was beyond the scope of the evaluators' assignment as the intervention activities, overall, were preset. This is clearly a disadvantage, as relevant information became readily available through the workshop despite that the step specifically designed for this (step 4, Figure 2.1) was skipped. Therefore, even though the COP workshop gave input to the project management group, the usefulness of COP would have been even greater if the process also included informing the design of the intervention.

Working in parallel with the three different groups was a time-efficient way of covering a lot of material: the workshop only lasted 2 hours. It also saved the participants from the tedious repetition of going through the same process three times. Nevertheless, this may introduce a risk of developing different, rather than shared, understanding in the three groups. We tried to mitigate this risk by first having everyone contribute data for all three actors (step 1) before splitting into groups, and then, after the third step, letting the groups present and discuss each group's findings. Nevertheless, we would suggest adding another hour to the process to let this discussion take its time. This would also allow time to turn the headings of the clusters into meanings with active verbs, which was skipped because of time restraints. Adding that would allow more detailed analyses of the skills, knowledge, and behaviors than just description of the main themes.

## ***Case 2: iLead – a multilevel intervention to foster implementation leadership***

### *Setting and background*

The second case focuses on a multilevel intervention that aimed to increase implementation leadership among line managers. This intervention was conducted in one division of the regional health care organization, with practices spread out throughout Stockholm County, Sweden. Senior management contacted us for help in the implementation of a working method that aims at facilitating and making care planning more effective. This implementation process had been on-going for approximately 18 months with a variety of setbacks.

Approximately 700 employees work in the division, which is divided into five thematic sections. Further, the sections are divided up into units, which are led by 33 line managers. The senior management group consists of nine members, who decided to invite all line managers to participate in the intervention. During the planning process, the senior management group also realized that they, too, needed to develop their own knowledge and skills about implementation and how to lead implementations, and thus, the line leadership intervention was complemented by a supporting intervention specifically for the senior management group.

Some of the content was similar, but overall, the senior management intervention focused on improving their ability to provide line managers with an optimal context to perform their implementation leadership. For further information about the project in general, see Richter et al. (2016), and for the senior management intervention in particular, see Chapter 9.

### *COP and intervention participants*

Five national experts in implementation and leadership training (consults or researchers in the area) participated in the COP process preceding the intervention. Thirty-one line managers participated in the COP process and the intervention (one was unable due to ongoing organizational restructuring). The majority of participants were female, representing the general gender composition in health care. All participating managers chose a current implementation that was relevant for them to work on during the leadership intervention. In addition, the whole senior management group participated in the COP process and in the senior management intervention.

### *Using COP to design the intervention and guide evaluation*

To design the intervention (the goals and the activities) and to guide the evaluation (agree on outcome and the causal relationships between outcomes), three separate COP workshops were conducted from winter 2015 to spring 2016.

The first COP workshop was conducted with experts. In addition to informing the design of the intervention and the evaluation in general, the specific goal was to get a coherent expert opinion about appropriate intended outcomes of implementation leadership training interventions and to identify intervention activities that were constructively aligned with those outcomes. Following the COP process outlined above, the followings steps were taken (see Figure 2.1, right-hand side).

*Step 1.* The experts were instructed to think individually about the question of “What behaviors, skills, and attitudes do managers need to lead an implementation?” They wrote down all thoughts on Post-it notes (one thought per note; see Table 2.1 for examples).

*Step 2.* The notes were compiled, and the experts worked together to sort them into meaningful categories, initially under silence.

*Step 3.* The experts then created headings for each cluster. These headings were iteratively revised until they contained an active verb, forming a full sentence that described an intended outcome of the intervention. To help with this process, the group was presented with a list of verbs. They were also asked to consider the level of proficiency that each verb represented in relation to knowledge, learning, and skills. In this way, the headings form the target outcomes for the line manager intervention (see Figure 2.2).

*Step 4.* To arrive at a list of intervention activities that matched the intended outcomes, the experts were asked two questions. First, they worked individually



**FIGURE 2.2** The expert group in the process of matching intervention activities to the intended outcomes



**FIGURE 2.3** The expert group reflecting on the identified the learning outcomes



generating answers to “Which activities have worked well in previous interventions?” The answers were documented on Post-it notes. These were compiled and the group jointly engaged in answering the second question: “Which of these learning activities would fit in the current intervention to achieve the target outcomes?” They matched the appropriate intervention activities to the intended outcomes (Figure 2.3). This included considering the verb (level of proficiency of knowledge and skill) and making sure the intervention activities were constructively aligned with the outcome. For example, the intervention outcomes “knowledge about relevant theoretical models” and “setting the implementation into a larger context” were intended outcomes that were identified by the experts. The ambition was also to include a variety of intervention activities such as how knowledge about the relevant theoretical models can be brought about (e.g., using short inspirational films, paper and pen exercises, etc.). See Table 2.1 for examples of identified intervention activities.

*Step 5.* Because the experts were not familiar with the specific context where this intervention would be implemented, this step was not applicable.

The *second* COP workshop targeted the 31 participating line managers. Their process involved steps 1–3 and 5.

*Step 1.* The first-line managers were asked to respond to the question “What behaviors, skills, and attitudes do managers in our organization need to lead an implementation?” Thus, they were asked to respond to a similar first question as the experts, but specifically considering leading implementation in their own organization. Similar to the experts, the line managers were instructed to generate as many Post-it notes as possible. See Table 2.1 for examples.

*Step 2.* Similar to the general COP process and that used in the expert group, the Post-it notes were compiled and then sorted into meaningful clusters, in silence. Because this was a larger group, this was done in groups of five to seven persons.

*Step 3.* Each smaller group was then asked to find headings for each cluster using active verbs. Compared to the expert group the line managers did not relate the active verbs to the level of proficiency that each verb represented. Here an adaptation was made to fit to time constraints for this workshop.

*Step 5.* Going directly to step 5, the managers were asked “What context/surrounding do line managers in our organization need in order to become good implementation leaders?” They were instructed to think particularly about things that were feasible in their organizational context, rather than visualizing the ideal organization where time and resources are infinite. Examples are presented in Table 2.1. For the sake of time, the line managers did not proceed with steps 2 and 3 for this question. Also, in contrast to the first question, which aimed at creating a common understanding of what implementation leadership is, the second aimed to provide input on what supporting activities would be needed, including informing the content of the senior management intervention. For example, it became evident that the managers needed clarity about the time frame for the implementation and that they longed for a more effective dialogue between senior and line managers.

**TABLE 2.1** Examples from the different COP sessions

<i>Experts</i>	<i>Line managers</i>	<i>Senior management</i>
<p>Question 1 What behaviors, skills, and attitudes do managers need to lead an implementation?</p> <ul style="list-style-type: none"> <li>• Know about general leadership, in particular transformational leadership</li> <li>• Know about domain specific leadership</li> <li>• Know about implementation models</li> <li>• Know about behavioral change such as handling resistance</li> <li>• Communicate change in an understandable and meaningful way</li> <li>• Communicate the belief in employees' competence to handle the change</li> <li>• Be a role model</li> <li>• Be clear but flexible</li> <li>• Show support</li> <li>• Setting goals, monitor and give feedback</li> </ul>	<p>Question 1 What behaviors, skills, and attitudes do managers in our organization need to lead an implementation?</p> <ul style="list-style-type: none"> <li>• Clear communication to employees</li> <li>• Understand the aim and purpose of the change</li> <li>• Understand the change process</li> <li>• Be knowledgeable</li> <li>• Prioritize and structure</li> <li>• Monitor and give feedback</li> <li>• Be open</li> <li>• Handle resistance</li> <li>• Motivate and inspire</li> <li>• Listen to employees</li> <li>• Set goals</li> <li>• Engage employees</li> </ul>	<p>Question 1 What behaviors, skills, and attitudes do first-line managers in our organization need to lead an implementation?</p> <ul style="list-style-type: none"> <li>• Lead the process</li> <li>• Express trust and loyalty</li> <li>• Know the implementation process</li> <li>• Know the content of the implementation</li> <li>• Stand behind the implementation</li> <li>• Create motivation</li> <li>• Communicate the implementation relating it to the greater goal of the organization</li> <li>• Be open and creative</li> <li>• Have a structure for the implementation</li> <li>• Be a role model</li> <li>• Monitor and give feedback</li> </ul>
<p>Questions 2 Which intervention activities have worked well in previous interventions?</p> <p>Didactic tools:</p> <ul style="list-style-type: none"> <li>• Video demonstration</li> <li>• World café</li> </ul> <p>Feedback and reflection:</p> <ul style="list-style-type: none"> <li>• Reflecting teams</li> <li>• Group discussion</li> <li>• Poster session</li> </ul> <p>Group work and role play</p> <p>Pedagogic models/theories</p>	<p>Question 2 (spet 5) What context/surrounding do line managers in our organization need in order to become good implementation leaders?</p> <ul style="list-style-type: none"> <li>• Recruitment of employees</li> <li>• Support for employees</li> <li>• Communication plan regarding the implementation</li> <li>• Support from the closest manager</li> <li>• Clear direction from senior management</li> <li>• Possibility to participate in decision making</li> <li>• Time plan</li> <li>• Prioritizing in the organization</li> <li>• Monitoring and feedback</li> </ul>	<p>–</p> <p>–</p>

Because steps 2–3 were done in smaller group, the line managers spent 5 minutes towards the end of the workshop looking at the headings and Post-it from the other groups. This was done to give them a sense of which themes the other groups had identified.

The third COP workshop was conducted with the senior management group. It followed the same steps as the process for line managers answering the question “What behaviors, skills, and attitudes do first-line managers in our organization need to lead an implementation?” They silently wrote down answers on Post-it notes, sharing the notes and sorting them in silence, then deciding on the heading for each cluster. Results of this workshop were similar to the results from the workshop with the line managers (see Table 2.1).

After the workshops, the senior management group and the line managers received a transcript of notes from their respective workshops. This was done as a memory aid and to give them input for further reflection. The senior management group also received transcripts from the first-line manager workshop.

Once the three workshops had been conducted, the next step involved creating a program logic. Here we added another source of information, namely scientific literature and theory on leadership and implementation and pedagogical principles. A scoping review on these topics was undertaken, particularly looking at the theoretical underpinnings, content, and pedagogical principles of published leadership interventions. The results from the COP workshops as well as from the literature review were mapped and outlined in a logic model. The researchers conducted this in an internal workshop (Figure 2.4). A brief overview of the program logic can be found in Table 2.2. Overall, the results from the COP process were well in line with the scientific literature and theory. The intervention activities identified by the expert group also largely overlapped with pedagogical approaches that have previously been used in leadership interventions.

The program logic was then used to guide the evaluation. This was done in an iterative fashion whereby items of established scales measuring constructs relevant to the intervention goals were mapped on the intended outcomes to ensure that the identified issues were covered in the evaluation. This process highlighted the need to develop a scale that specifically captured implementation-specific, full-range leadership (Mosson et al., forthcoming).

### *Lessons learned when COP is used design the intervention: A self-evaluation*

In this second case, COP was used both to inform the design and the evaluation of the intervention using a series of COP workshops targeting different stakeholders (e.g., experts, line managers, and senior management). Overall, this approach seemed feasible to elicit the information needed to create a program logic that was contextualized to the organization. It also seemed a feasible way to foster a shared understanding of the goals of the intervention as well as the logical links



**FIGURE 2.4** The researchers map the results from the COP process on theoretically and empirically derived concepts

**TABLE 2.2** Brief version of the program logic

<i>Core components</i>	<i>Immediate impacts</i>	<i>Short-term impacts</i>	<i>Distal outcomes</i>
<ul style="list-style-type: none"> <li>• Short lectures</li> <li>• Work with a practical case e.g. action plan &amp; sustainability plan</li> <li>• Reflection in small groups and individually</li> <li>• Role-play</li> <li>• Feedback from employees, fellow participants</li> <li>• Try new leadership behaviors – work between the workshops</li> <li>• Booster email between the workshops</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge about implementation leadership and implementation models in general</li> <li>• Increased knowledge about the specific implementation process</li> <li>• Increased understanding about reactions to change, motivation</li> <li>• Increased self-efficacy to lead implementation</li> <li>• Improved ability to structure implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Improved skills and capacity to handle resistance, listen to employees</li> <li>• More frequently express trust, communicate change in an understandable and meaningful way</li> <li>• Setting clear goals, monitor and give feedback more frequently</li> <li>• Create motivation to implement</li> <li>• Provide increased direction</li> </ul>	<ul style="list-style-type: none"> <li>• Increased implementation of the guidelines</li> <li>• Improved implementation climate</li> <li>• Improved work-related wellbeing</li> <li>• Improved productivity</li> </ul>

between the content of the intervention and the objectives (target outcomes) of the intervention.

One of the advantages of using a series of workshops with the different stakeholders was that it allowed the COP process to include only the steps most relevant for each specific group. All did steps 1–3 answering the question of “What behaviors, skills, and attitudes do managers in our organization need to lead an implementation?” But the experts subsequently focused on intervention activities and linking them to outcomes, and line managers added information on contextual factors that could make or break the intervention.

The input from the experts (e.g., researchers and consultants) helped to ensure that all-important aspects (both practical and theoretical) in the design and evaluation of the leadership intervention were considered. Thus, this process allowed research and practice to be combined, incorporating multiple knowledge sources. As the experts had practical experience of working with complex interventions and leadership development, they were able to contribute with a practical perspective both in terms of what they felt managers needed to know and do and also of “what works” as intervention activities. By inviting experts working in different fields and using different learning approaches, a variation of perspectives was considered that might not have been included if only relying on literature reviews. Nevertheless, the expert group was a convenience sample of experts who were well known to the researchers, and the width of experience could have been even more diverse, for example, by including experts with other disciplinary backgrounds.

Whereas the experts’ input helped incorporate the theory and practice of leadership development, the line managers helped contextualize the intervention by describing the influence of context. By doing so, they provided valuable information about what should be included in a supporting intervention, and it was essential for creating the content for the senior management intervention (Chapter 9; von Thiele Schwarz et al., 2016). The Post-it notes on the contextual challenges were categorized by the interventionists and a summary of the relevant categories was sent out before each senior management intervention workshop to increase the senior group’s readiness for the workshop and purvey the sense of urgency of the topic.

Inviting line managers to the COP process had additional advantages. First, it was a way to get to know the participants and for them to get to know the researchers. Therefore, the workshop, which was the first contact with the line managers, was important to building a trusting relationship. Second, it was a way to build a common understanding amongst the line managers concerning what it meant to lead an implementation. It provided line managers with an opportunity to reflect on their work and role together with colleagues. They also received transcripts of the notes and headings from the smaller groups. The fact that the different groups had generated very similar topics further conveyed that the perceptions to a large degree were shared. Third, the workshop gave the managers the possibility to reflect upon their role as implementation leaders and mentally preparing them for the role they would be asked to take during the intervention. Although we

lack data to support this claim at this point, we speculate that this may be a way to increase readiness for change.

This case also involved a separate COP process for senior management. For the researchers, this workshop was an important source of information, as it made explicit the expectations that senior management had on what the line managers needed to improve, which in turn made the expectations on the intervention and the interventionists explicit. Based on observations and comments from the senior managers during the workshop, the COP process also seemed to facilitate a better understanding of the complexity of implementation leadership. This provided a starting point to build on for the senior management intervention, as it clarified the demands the line managers were facing and how they can be assisted in their role as implementation leaders. Lastly, the COP process also meant that senior management got a sense of involvement and investment in the intervention. The COP process may be one way to increase the buy-in that is so important for the success of any organizational intervention.

The workshop with the senior management took 2 hours, but could very well have been expanded to also let senior management reflect on their own role in the change process. That would have been another source to shape the content of the supporting senior management intervention and should definitely be introduced if the senior management intervention is the primary rather than supporting intervention.

In this case, the different sources of information from the three stakeholder groups converged. This helped convey a sense of shared purpose that was particularly important given that the organization had experienced difficulties related to the implementation during the years preceding this intervention. It also made it seamless for the researchers to put the program logic together. Yet, there may not always be convergence between stakeholder groups. In these cases, the COP process will help illuminate any perceptual distance that may exist between different stakeholders. Such discrepancies will have to be managed, and to do so, it may be worthwhile to amend the COP process to also include more shared sense-making, similar to how it was done in the first case in this chapter.

The results from the COP process also largely converged with previous research and leadership theory. This could be interpreted as the process being superfluous but on the other hand, we believe this demonstrates the validity of the method (as well as the validity of the theories). From a research perspective, this means that we still could build the intervention on theory. Yet, we still received all the benefit of the cocreation process. Participants themselves had generated the content, likely increasing the sense of fit and relevance as well as ownership compared to a scenario in which the research team had presented a predefined solution to them. We believe that this can increase the person-intervention fit as well as the organization-intervention fit, which previously has been identified as a crucial factor to succeed with an intervention (Randall & Nielsen, 2012).

## Conclusions

In this chapter, we present a structured process whereby organizational stakeholders and researchers are engaged in designing intervention activities and/or to inform the evaluation by outlining the objectives and outcomes, thereby cocreating a program logic. We illustrate it using two cases. The first shows how the COP process can be used to guide evaluation and support the development of a shared understanding among stakeholders for a predefined intervention. The second shows how COP can inform the design of the intervention, in addition to guiding evaluation. In both cases, we perceived the process to be immensely helpful to ensure a thorough work-through of the program logic as well as strengthen the collaborative relationships with the organization where the interventions were set.

The advantages of the current approach were as follows:

- The process provided a structured approach to integrating theory and practice. On the one hand, the process validated the relevance of theories linking participatory approaches and leadership to outcomes. On the other hand, it contextualized the theories, tailoring them to the needs of the organizations and describing them in the words of the participants.
- The process was flexible enough to allow changes to be made in response to needs expressed by participants (case 1). It also provided a sufficient balance between structure and flexibility to allow different stakeholder groups to focus on the steps most relevant for them (case 2).
- The process was active and engaging. The participants expressed that they enjoyed the workshops—they were perceived as engaging, fun, and thought provoking. They appreciated the practical approach rather than merely discussing issues. Thus, as a bonus, the positive experience helped increase positive expectations for the coming intervention.
- The COP process worked equally well with the different stakeholder groups—managers and change agents in multiple levels of the organizations. It also worked both for a predefined intervention and an intervention where the only the main form (a leadership training intervention) was predefined.
- Through the COP process, the stakeholders help delineate how the objectives of the organization could be achieved and what the target outcomes might be. In the discussions around the headings, the participants also touched upon the prioritization of outcomes and activities, which informed the researchers about the activities that were believed to have the greatest impact, to be most changeable, and to have the greatest possibility for positive spillover, issues that have been described as essential for matching an intervention to an organization (Michie et al., 2015).

Yet, based on our learning from the two cases, we propose two revisions to the COP process. These are summarized in Figure 2.5. The first is an addition of a sixth step. Similar to earlier in the COP process, this step involves clustering the

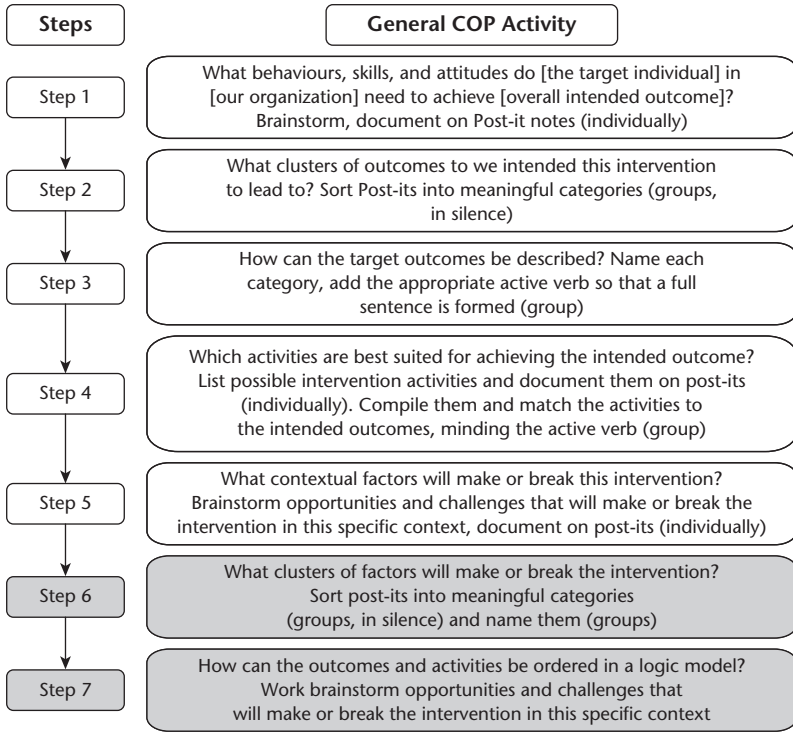


FIGURE 2.5 Revised version of the COP process

Post-it notes (from step 5) into meaningful categories and providing them with a heading. We believe this addition may help the group also develop a shared understanding about the context, further increasing the sense of being on the same page. The second revision is simply to explicate that the process also involves summarizing the findings in a program logic.

In addition, we recommend that the following is also considered:

- The time allowed for the process. In both cases, more than 2 hours would have been needed to allow more steps to be covered, and we would recommend others to allow at least 3 hours instead. Nevertheless, given the wealth of information earned on the current scale, the process does seem to be flexible enough to be valuable when time is more limited.
- Care is needed in the formulation of the questions. We have also used this process in the context of stress management and in that case, the question needed to focus less on skills, attitudes, and knowledge and more on an imagined positive end state (imaging that one wakes up tomorrow and one’s work situation is in total balance: what would that look like?).



- In these cases, the researchers summarized the results from the COP process in a program logic, but this could also be done in collaboration with the organization. Yet, our experience is that people often perceive program logic to be a complex matter, and for the sake of using time and skills efficiently, it may be sufficient to have the interventionist summarize the information from the COP process in a logic model and then sense-checking it with the stakeholders.

## References

- Ajzen, I. (1991). The theory of planned behavior. *Theories of Cognitive Self-Regulation*, 50(2), 179–211.
- Augustsson, H., Richter, A., Hasson, H., & von Thiele Schwarz, U. (2017). The need for dual openness to change: A longitudinal study evaluating the impact of openness to organizational change content and process on intervention outcomes. *The Journal of Applied Behavioral Science*, 53(3).
- Biggs, J. (1996). Enhancing teaching through constructive alignment. *Higher Education*, 32, 347–354.
- Biron, C., & Karanika-Murray, M. (2013). Process evaluation for organizational stress and well-being interventions: Implications for theory, method, and practice. *International Journal of Stress Management*, 21(1), 85–111.
- Blamey, A., & Mackenzie, M. (2007). Theories of change and realistic evaluation peas in a pod or apples and oranges? *Evaluation*, 13(4), 439–455.
- Bloom, B., Englehart, M., Furst, E., Hill, W., & Krathwohl, D. (1956). *Taxonomy of Educational Objectives: The classification of educational goals. Handbook I: Cognitive domain*. New York: David McKay Company.
- Chaiklin, S. (2003). The zone of proximal development in Vygotsky's analysis of learning and instruction. In Kozulin, A., Gindis, B., Ageyev, V. & Miller, S. (Eds) *Vygotsk's Educational Theory and Practice in Cultural Context*. pp. 39–64. Cambridge: Cambridge University.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Hasson, H., Villaume, K., von Thiele Schwarz, U., & Palm, K. (2014). Managing implementation: Roles of line managers, senior managers, and human resource professionals in an occupational health intervention. *Journal of Occupational and Environmental Medicine*, 56(1), 58–65.
- Hasson, H., von Thiele Schwarz, U., Nielsen, K., & Tafvelin, S. (2016). Are we all in the same boat? The role of perceptual distance in organizational health interventions. *Stress and Health*, 32(4), 294–303.
- Kahneman, D. (2011). *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux.
- Kolb, D. A. (1984). *Experiential Learning: Experiences as the source of learning and development*. Englewood Cliffs: Prentice Hall.
- Kristensen, T. (2005). Intervention studies in occupational epidemiology. *Occupational and Environmental Medicine*, 62(3), 205–210.

- Lamontagne, A. D., Keegel, T., Louie, A. M., Ostry, A., & Landsbergis, P. A. (2007). A systematic review of the job-stress intervention evaluation literature, 1990–2005. *International Journal of Occupational and Environmental Health*, 13(3), 268–280.
- Leviton, L. C., Khan, L. K., Rog, D., Dawkins, N., & Cotton, D. (2010). Evaluability assessment to improve public health policies, programs, and practices. *Annual Review of Public Health*, 31, 213–233.
- McVicar, A., Munn-Giddings, C., & Seebohm, P. (2013). Workplace stress interventions using participatory action research designs. *International Journal of Workplace Health Management*, 6(1), 18–37.
- Michie, S., Atkins, L., & West, R. (2015). *The Behaviour Change Wheel: A Guide To Designing Interventions*. London: Silverback Publishing.
- Moore, J. E., Bumbarger, B. K., & Cooper, B. R. (2013). Examining adaptations of evidence-based programs in natural contexts. *The Journal of Primary Prevention*, 34(3), 147–161.
- Mosson, R., von Thiele Schwarz, U., Hasson, H., Lundmark, R., & Richter, A. (forthcoming) How do iLead? Validation of a full-range leadership scale for implementation. Forthcoming.
- Nielsen, K. (2013). Review article: How can we make organizational interventions work? Employees and line managers as actively crafting interventions. *Human Relations*, 66(8), 1029–1050.
- Nielsen, K., & Miraglia, M. (2017). What works for whom in which circumstances? On the need to move beyond the “what works?” question in organizational intervention research. *Human Relations*, 70(1), 40–62.
- Nielsen, K., & Randall, R. (2012). The importance of employee participation and perceptions of changes in procedures in a teamworking intervention. *Work & Stress*, 26(2), 91–111.
- Nielsen, K., & Randall, R. (2013). Opening the black box: Presenting a model for evaluating organizational-level interventions. *European Journal of Work and Organizational Psychology*, 22(5), 601–617.
- Nielsen, K., & Simonsen Abildgaard, J. (2013). Organizational interventions: A research-based framework for the evaluation of both process and effects. *Work & Stress*, 27(3), 278–297.
- Nielsen, K., Simonsen Abildgaard, J., & Daniels, K. (2014). Putting context into organizational intervention design: Using tailored questionnaires to measure initiatives for worker well-being. *Human Relations*, 67(12), 1537–1560.
- Olsen, K., Legg, S., & Hasle, P. (2012). How to use programme theory to evaluate the effectiveness of schemes designed to improve the work environment in small businesses. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 41, 5999–6006.
- Payne, A. F., Storbacka, K., & Frow, P. (2008). Managing the co-creation of value. *Journal of the Academy of Marketing Science*, 36(1), 83–96.
- Prahalad, C. K., & Ramaswamy, V. (2000). Co-opting customer competence. *Harvard Business Review*, 78(1), 79–90.
- Randall, R., & Nielsen, K. (2012). Does the intervention fit? An explanatory model of intervention success and failure in complex organizational environments. In C. Biron, M. Karanika-Murray, & C. Cooper (Eds) *Improving Organizational Interventions for Stress and Well-being. Addressing process and context*. pp. 120–134. New York and London: Routledge.
- Reed, J. E., McNicholas, C., Woodcock, T., Issen, L., & Bell, D. (2014). Designing quality improvement initiatives: the action effect method, a structured approach to identifying and articulating programme theory. *BMJ Quality & Safety*, 23(12), 1040–1048.

- Richter, A., von Thiele Schwarz, U., Lornudd, C., Lundmark, R., Mosson, R., & Hasson, H. (2016). iLead –a transformational leadership intervention to train healthcare managers' implementation leadership. *Implementation Science*, 11(1), 108.
- Rogers, P. J. (2008). Using programme theory to evaluate complicated and complex aspects of interventions. *Evaluation*, 14(1), 29–48.
- Saunders, R. P., Evans, M. H., & Joshi, P. (2005). Developing a process–evaluation plan for assessing health promotion program implementation: A how-to guide. *Health Promotion Practice*, 6(2), 134–147.
- Savage, C. (2011). Overcoming Inertia in Medical Education. Doctoral thesis, Karolinska Institutet, Stockholm.
- Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1(1), 27–41.
- Thomas, A., Menon, A., Boruff, J., Rodriguez, A. M., & Ahmed, S. (2014). Applications of social constructivist learning theories in knowledge translation for healthcare professionals: A scoping review. *Implementation Science*, 9(1), 1.
- von Thiele Schwarz, U., & Hasson, H. (2013). Alignment for achieving a healthy organization. In G. F. Bauer & G. J. Jenny (Eds) *Salutogenic Organizations and Change*. pp. 107–125. Dordrecht: Springer.
- von Thiele Schwarz, U., Lundmark, R., & Hasson, H. (2016). The dynamic integrated evaluation model (DIEM): achieving sustainability in organizational intervention through a participatory evaluation approach. *Stress and Health*, 32(4), 285–293.