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REVIEW ARTICLE

Integrating behavior and organizational change literatures to uncover crucial psychological mechanisms underlying the adoption and maintenance of organizational change

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Summary

Implementing successful organizational change is challenging, and to better understand it, researchers and practitioners have proposed a variety of models of change management. Paradoxically, while the behavior change of organizational members lies at the core of organizational change, theories and models of behavior change are rarely applied to organizational change management. Such knowledge could improve our understanding of underlying psychological mechanisms behind organizational change adoption and maintenance. Using self-determination theory as the framework, we developed a model of organizational change that integrates knowledge across the organizational and behavior change fields by (i) unifying change practices derived from organizational change models and from behavior change techniques, (ii) identifying and unifying underlying psychological mechanisms derived from theories that explain how organizational and behavior change occurs, and (iii) linking change practices to psychological mechanisms. The resulting model aims to provide theoretical and practical guidance for those involved in the planning and implementation of organizational change.

KEYWORDS
behavior change, organizational change management, reactions to change, self-determination theory

1 | INTRODUCTION

The ubiquity and inevitability of organizational change in today's world (Griffin & Grote, 2020) create an imperative for the development of evidence-based model that can be used to plan, implement, and evaluate change. Organizational change can be complex and costly to implement, and unfortunately, failures are frequent and lead to negative consequences for both organizations and individuals (Armenakis & Harris, 2002; Jones & Van de Ven, 2016; Stanley et al., 2005). Though research should improve the odds of successful change management, no unified framework adequately guides the adoption and maintenance of organizational change. To create such a framework, we started by integrating three streams of literature on change management, psychological factors underpinning change acceptance, and the behavior change literature. Then, to visualize pathways to successful organizational change, we developed an integrated model of organizational change (IMOC; see Figure 1) — a parsimonious structure to jointly view all organizational change

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practices and psychological mechanisms underlying change acceptance and underpinned by self-determination theory (SDT; Deci & Ryan, 1985).

SDT proposes a multidimensional conceptualization of motivation based on the degree to which a person has internalized the value of an activity, ranging from the absence of motivation to intrinsic motivation. SDT also proposes that three basic psychological needs for competence, autonomy, and relatedness promote internalization. Drawing upon SDT, the IMOC starts with the premise that the *internalization* of the value of a change is at the core of the adoption and maintenance of that change. The IMOC integrates unique non-overlapping and empirically supported practices and mechanisms contained across literatures on organizational change and behavior change, leveraging the strengths of both fields of inquiry (Cronin & George, 2023). It links change practices and psychological mechanisms to identify opportunities for enhancing our understanding of organizational change and offer actionable strategies that change agents can employ to conduct organizational transformations.

While the change management literature presents best practices through a range of models that frequently suggest step-by-step, almost recipe-like, solutions (Beer, 1980; Bodi et al., 1997; Cooperrider & Srivastva, 1987; Hiatt, 2006; Judson, 1991; Kanter et al., 1992; Kirkpatrick, 1985; Kotter, 2007; Maurer, 1996; Peters & Waterman, 1982; Satir & Baldwin, 1983; Thaler & Sunstein, 2008), they often do not explain why the steps and practices work. Accordingly, when things do not work as planned, change agents are left with little insight into potential alternative pathways to the desired outcome. Meanwhile, research on psychological factors underpinning change acceptance has empirically shown what influences change outcomes, including reviews of individual change acceptance, readiness, and mediating psychological mechanisms (e.g., Armenakis & Harris, 2009; Oreg et al., 2011). However, research on how organizational change *practices* influence psychological *mechanisms* have so far been limited to integrating only a few theories and models (Armenakis et al., 1999; Armenakis & Bedeian, 1999; Oreg et al., 2011, 2018; Stouten et al., 2018; Straatmann et al., 2016).

Finally, evidence from the rich body of individual behavior change research[1] (e.g., Michie et al., 2005) is particularly relevant to organizational change because it provides key insights into "mechanisms of action" through which change practices influence the adoption and maintenance of change of the individuals 'at the coal face' (Schenk et al., 2023). Indeed, along with its potential to contribute knowledge about additional practices and mechanisms involved in organizational change, behavior change research is known for its robust research designs inspired by clinical trial methods that more readily allow for causal inference than the more typical organizational studies, and which some management scholars have argued we should emulate, whenever practical, to offer evidence-based practices (e.g., McFillen et al., 2013; Pfeffer & Sutton, 2006). The relatively new field of "implementation science" that has emerged from behavioral health research might enrich organizational change practice (e.g., Atkins et al., 2017; Moullin et al., 2020) by providing robust evidence that is difficult to obtain through organizational change research for feasibility reasons (e.g., difficulty of sampling many organizations undergoing similar change or having control groups; Barends et al., 2014; Erwin & Garman, 2010; Oreg et al., 2011).

In this integrative review, we discuss the IMOC from outcomes to antecedents (see Figure 1). We begin by explaining how we conceptualize change adoption and maintenance — two key indicators of successful change — and how internalization of change leads to such successful change. We then explain how we developed the front-end of the model in three steps. First, we searched the literature for empirically supported models and theories that address organizational and behavior change, drawing upon the previously separate streams in the literature. Second, we analyzed these models and theories to develop the IMOC's parsimonious sets of psychological mechanisms and change practices. Third, we analyzed which change practices are likely to affect which psychological mechanisms and, in doing so, explicate how change practices affect change internalization and, ultimately, successful change. We also discuss potential moderators (portrayed as shaded boxes in Figure 1) and what the resultant structure of the IMOC tells us about organizational change research. We end by discussing how the IMOC can be tested and used by practitioners.

2 | CHANGE ADOPTION AND MAINTENANCE THROUGH INTERNALIZATION

The premise of the IMOC is that the success of organizational change nearly always depends on individual employees first adopting and subsequently maintaining behavior change (Whelan-Berry & Somerville, 2010). Drawing upon Herscovitch and Meyer's (2002) definition of *behavioral* support for change, we conceptualize the initial adoption of change along a continuum with five categories, including active resistance (i.e., overt opposition), passive resistance (i.e., covert opposition), compliance (i.e., reluctant minimum support), cooperation (i.e., acceptance and support), and championing (i.e., enthusiastic support). Another vital outcome for organizational change is the sustainability of change, sometimes referred to as maintenance, institutionalization, or "refreezing" (Armenakis et al., 1999). Implementation science uses a related construct called "sustainment," defined as "the continued enactment of processes, practices, or work routines that are conveyed and learned through an intervention" (Berta et al., 2019, p. 110).

Operationalizations of maintenance include continuously carrying out the behavior over a certain period (after interventions have commenced or ended), how automatic the new behaviors are, and the likelihood of enacting the correct behavior (Murray et al., 2018).

[1]Behavior change research is a field of research that takes a person-centered approach to assist individuals in self-managing their health and that has focused on interventions that aim to change predominantly health-related behaviors, such as eating, exercising, and unhealthy behaviors (smoking, drinking, drug use), as well as behaviors directed at performance (sport, organizational), social (e.g., altruism), and environmental (e.g., recycling) realm. The field is also referred to as implementation science, health behavior change, health psychology, and behavior modification. We used behavior change because this is the label used by Susan Michie's health psychology's research team.

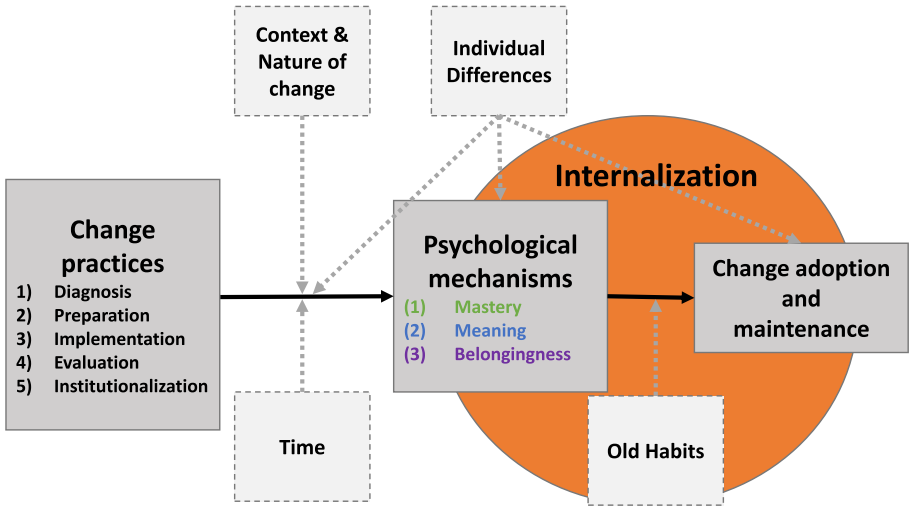

FIGURE 1 The integrated model of organizational change. This figure harmonizes the organizational change and behavior change literature to describe the main pathway (i.e., the dark grey boxes); the dashed, light grey boxes reflect potential moderators of the main pathway, which are considered in the discussion section. Colors are used to link the same constructs in subsequent figures.

Precisely at which point a change in behavior can be considered "maintained" has also received wide consideration in the behavior change literature, which typically considers 6 to 24 months of sustained engagement as proof of maintenance or habit formation after which relapsing to old behaviors becomes less likely (Kwasnicka et al., 2016; Marcus et al., 2000; Murray et al., 2018; Paganini et al., 2022). In an organizational change context, we must acknowledge that the time it takes for behavior to be maintained may depend on the type of organizational change, the context in which the change is implemented, and that time perceptions during organizational change are not linear (Bouckenooghe et al., 2021). Pending further research, we propose that maintenance is achieved when a behavior is integrated in a person's work routine and enacted competently (Birken et al., 2020; Wong et al., 2022).

The IMOC focuses on how sustainable behavior change can best be achieved using the concept of internalization offered by SDT, which is already heavily used in the field of behavior change. In addition, SDT offers a wider theoretical model that provides the psychological processes necessary to foster internalization and for dealing with increasing uncertainty in today's work environment (Gagné et al., 2022) that can ultimately guide which practices should be used to promote change adoption and maintenance. Given that behavior (change) is necessarily motivated, we assume, in line with major motivational theories (e.g., social-cognitive theory, Bandura, 2001; SDT, Deci & Ryan, 1985; goal-setting theory, Locke & Latham, 2002), that humans are the most important agents of their own behavior. Indeed, both motivational (Deci & Ryan, 1985) and organizational change theories (e.g., Herscovitch & Meyer, 2002) argue that successful adoption and maintenance of organizational change requires employees to *want* to change their behavior; that is, it requires that employees understand and internalize change-related values and behaviors.

Internalization is defined as a propensity of humans to take in and transform values and behaviors they get from their environment into internal tools to regulate themselves (Deci & Ryan, 1985). Internalization makes employees proactive, self-governed agents of change who volitionally and cooperatively carry on the change without the need for external control, monitoring, or sanctioning, and who speak positively about the change (i.e., champion the change; Herscovitch & Meyer, 2002; Koestner & Losier, 2002). We argue internalization is important for both the adoption of the behavior and for its maintenance, that is, for both the behavioral "switch" and for the sustainability of that switch over time.

SDT operationalizes internalization through a continuum of motivation types, or reasons for doing something. Intrinsic motivation is defined as doing something for its enjoyment and considered completely internalized, while various forms of extrinsic motivation vary in how internalized they are: Identified regulation refers to doing something because it is considered important and meaningful, introjected regulation refers to doing something to preserve one's self-esteem, and external regulation refers to doing something to obtain a reward or avoid a punishment. Finally, amotivation represents the absence of any motivation. More internalized forms of motivation (i.e., identified and intrinsic motivation) are more positively associated with performance, organizational commitment, retention, and well-being, than less internalized forms of motivation (external and introjected regulations; Van den Broeck et al., 2021). Meta-analyses in the health behavior domain also provide strong support for the proposition that internalized motivation, and interventions that promote it, yield better behavioral change adoption and maintenance (Gillison et al., 2018; Ng et al., 2012; Ntoumanis et al., 2021; Sheeran et al., 2020; Teixeira et al., 2020).

Models of organizational change recognize concepts akin to internalization that are considered vital to successful change. For instance, organizational change commitment theory (Herscovitch & Meyer, 2002) provides a useful way to describe the process of change internalization. Herscovitch and Meyer defined organizational change commitment as a force or mindset that binds an individual to a course of action deemed necessary for the successful implementation of a change initiative and demonstrated that people can commit to organizational change in three different ways: (1) continuance commitment reflects "a recognition that there are costs associated with failure to provide support for the change," (2) normative commitment

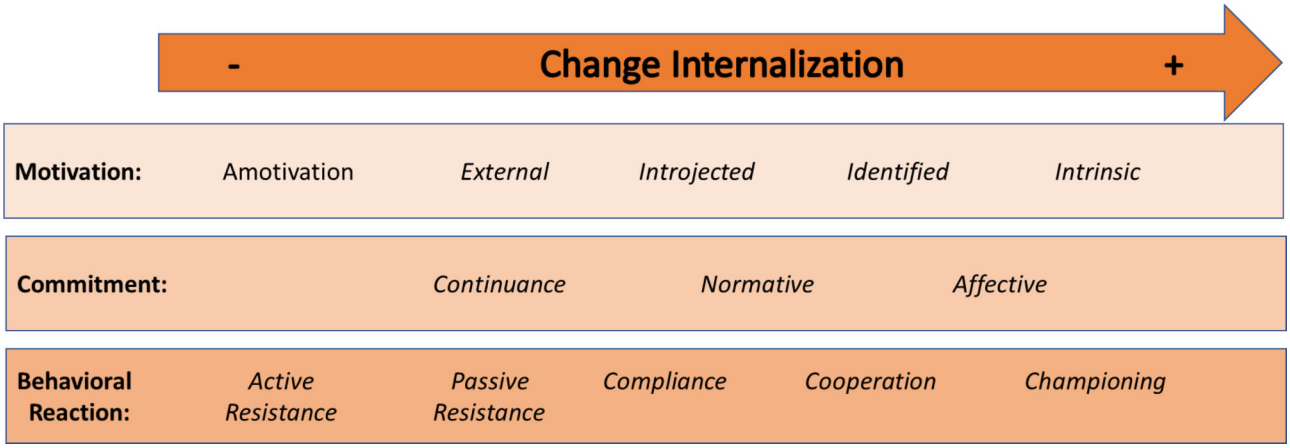

FIGURE 2 Degree of change internalization captured through motivation, commitment, and behavior.

reflects "a sense of obligation to provide support for the change," and (3) affective commitment reflects "a desire to provide support for the change based on a belief in its inherent benefits" (p. 475). Jointly, the motivational and organizational change perspectives can be portrayed along a continuum of internalization (depicted in Figure 2). There is evidence that the forms of motivation proposed by SDT map onto the different commitment mindsets used in organizational change research (Gagné et al., 2008; Meyer et al., 2010), which in turn map onto the continuum of adoption from compliance to championing (Herscovitch & Meyer, 2002).[2] Research also demonstrates that affective commitment to change is related to deeper adoption (cooperation and championing), followed by normative commitment. Though continuance commitment to change was proposed to relate most to compliance, uncommitted employees showed similar levels of compliance, demonstrating that unless employees have compelling reasons to actively resist change, they will not do so as it may be too risky or costly (Herscovitch & Meyer, 2002).

Successful internalization of change depends on psychological states that are triggered by organizational change practices. Many theories have been developed to explain the psychological processes that lead to successful behavior change, and a large body of literature has been dedicated to identifying managerial practices and organizational strategies that yield successful change. To develop an integrative model that parsimoniously summarizes the psychological mechanisms and empirically supported practices underlying change internalization, we conducted a literature search.

3 | LITERATURE SEARCH

We established a set of criteria to identify relevant literatures: (i) wide application (could be, or has been, used for different types of change or contexts); (ii) focused on proposing a theory/framework/model (i.e., offers new concepts and operationalizations); (iii) based on either research evidence or recognized as efficient practice in the field. Two independent literature searches were conducted. The first used the keywords "organi(s)zational change," "change management," and "organi(s)zational development" by themselves and in conjunction with the search terms "framework," "theory," and "model" using Scopus, PsycInfo (Ovid), Google Scholar, and ProQuest. We did not limit the search to a specific period, and we also searched practitioner resources/websites (e.g., www.mckinsey.com) that aim to provide guidelines for the implementation of organizational change, materials from other institutions that provide advice on organizational change management (e.g., the Workforce Development resources of the Australian National Centre for Education and Training on Addiction; State Services Authority Victoria, 2013), and textbooks on organizational change (e.g., Cummings & Worley, 2018). The second search was conducted with the keyword "behavio(u)r change" in MEDLINE and in the above-mentioned search engines. Due to the sheer volume of search results (e.g., 68 359 search results on Medline) and our goal to conduct an integrative review (Cronin & George, 2023), upon reaching a point of information saturation — not being able to identify new theoretical perspectives on behavior/organizational change — we ceased reviewing the literature and commenced summarizing and harmonizing these bodies of literature.

Figure 3 summarizes the findings from the two literature searches based on the inclusion criteria. The organizational change search uncovered literature describing 14 prescriptive models of change (i.e., models that prescribe change-related managerial practices and organizational strategies), one process-oriented change model (i.e., model explaining how practices influence resistance and acceptance of organizational change), and three theories that describe psychological mechanisms that explain change adoption and maintenance. The behavior change literature uncovered the Human Behavior Change framework from the field of behavior change (Cane et al., 2012; Carey et al., 2019; Connell et al., 2019; Johnston et al., 2021; Michie et al., 2005, 2011, 2013, 2021; Teixeira et al., 2020) and four theories that describe psychological mechanisms that explain change adoption and maintenance. Altogether, the

[2]Oreg et al. (2023) alternatively align responses to organizational change along two dimensions, namely activation and valence.

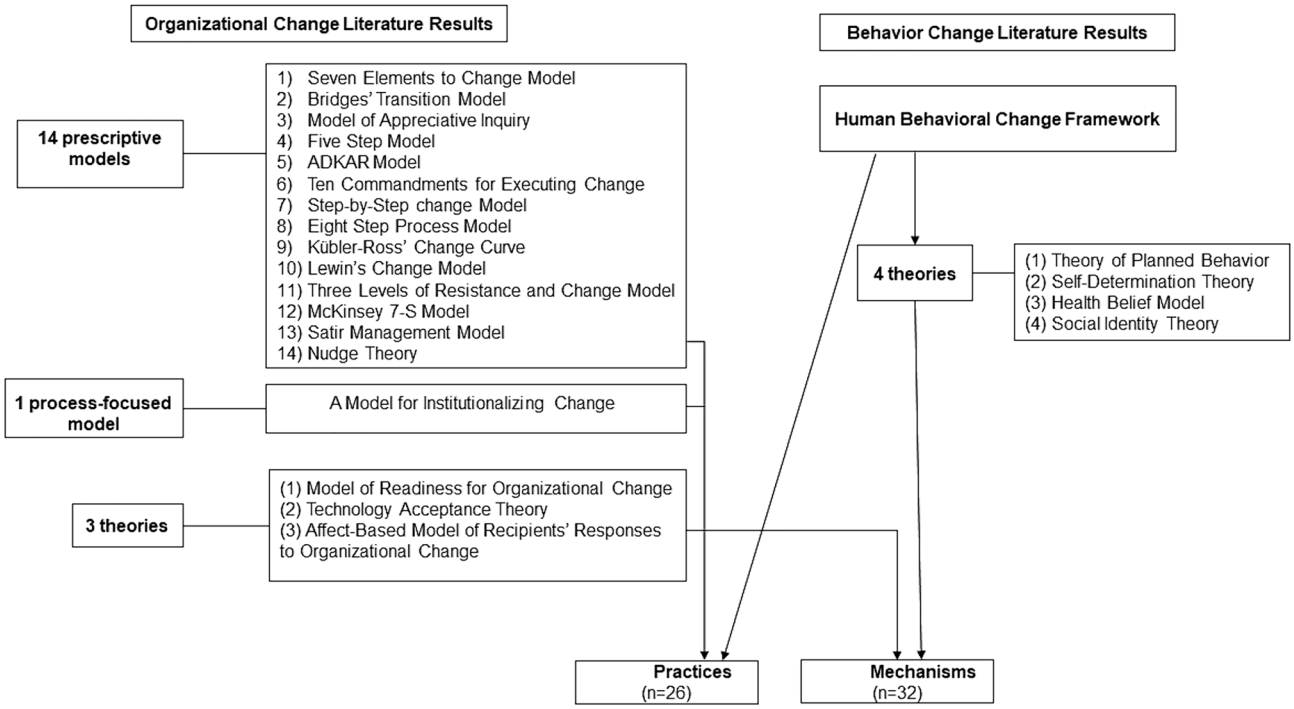

FIGURE 3 The literature search results.

TABLE 1 Psychological mechanisms of change identified in theoretical models of change and the psychological mechanism families identified in the integrated model of organizational change.

IMOC	MROC	TPB	TAM	ABM	HBM	SDT	SIT
Mastery	Change self-efficacy	Perceived behavioral control	Perceived ease of use	Secondary appraisal	Self-efficacy; barriers	Feelings of competence	Observational learning
Meaning	Perceived appropriateness		Perceived usefulness	Primary appraisal	Susceptibility	Feelings of autonomy	
	Perceived valence	Attitudes toward change			Seriousness; benefits		
Belongingness						Feelings of relatedness	Assimilation (similarity)/ identification
		Subjective norms					Group norms

Abbreviations: ABM, affect-based model; HBM, health belief model; IMOC, integrative model of organizational change; MoA, mechanisms of action; MROC, model of readiness for organizational change; SDT, self-determination theory; SIT, social identity theory; TAM, technology acceptance model; TPB, theory of planned behavior.

literature described 21 different psychological mechanisms and 26 practices. In addition to separately describing these mechanisms and practices, we describe the results of two Q-sort exercises, one that identifies non-overlapping psychological mechanisms and one that links change practices to the mechanisms.

4 | PSYCHOLOGICAL MECHANISMS UNDERLYING ADOPTION AND MAINTENANCE

Psychological mechanisms are an employee's internal processes that predict change internalization. There have been considerable advances to systematically integrate knowledge on psychological mechanisms (Bartunek et al., 2006; Brown, 2010; Hagl et al., 2024; Holt et al., 2007; Jimmieson et al., 2008; Mathieson, 1991; Oreg et al., 2011, 2013, 2018; Rafferty et al., 2013; Rafferty & Griffin, 2006; Stouten et al., 2018), but none as comprehensive as ours in terms of the number of mechanisms considered. We begin by reviewing the seven theories uncovered in our literature search, which covered 21 psychological mechanisms considered important for change adoption and maintenance. To identify any overlap between the psychological mechanisms, we used a Q-sort process (described in detail after the individual theories), which resulted in three non-overlapping psychological mechanisms deemed essential to the adoption and maintenance of organizational change (see Table 1).

4.1 | Model of readiness for organizational change

This model (MROC; Holt et al., 2007) proposes that readiness to change, which mediates the effect of organizational change practices on change adoption and maintenance, comprises three factors. *Self-efficacy* reflects beliefs about one's own abilities to deal with the change. *Perceived appropriateness* represents beliefs about the legitimacy of the change. *Perceived valence* reflects beliefs about the personal costs and benefits of the change initiative.

4.2 | The theory of planned behavior (TPB)

This theory (TPB; Ajzen, 1991) proposes that intention is the most proximal or immediate predictor of behavior and that three belief-based components influence intention. *Positive or negative attitudes* towards an activity are described as anticipating positive outcomes out of behavior engagement. *Perceived behavioral control* is described as feeling able to enact the behavior in question, while *subjective norms* are described as what is considered acceptable and mainstream behavior by other relevant people (Ajzen, 1991). Meta-analytic results in various fields support the importance of the three factors across a variety of TPB-informed interventions (Hagger et al., 2002; McEachan et al., 2011; Rich et al., 2015; Steinmetz et al., 2016), including organizational change (Ahmad et al., 2020; Dawkins & Frass, 2005; Jimmieson et al., 2008, 2009; Mathieson, 1991; Rei et al., 2002; Straatmann et al., 2016; Yang et al., 2018). Moreover, as shown in the field of behavior change, TPB is effective in predicting behavior maintenance a year after intervention (Gucciardi & Jackson, 2015).

4.3 | Technology acceptance model

Given that technology is increasingly involved in organizational change or instigates the change itself, the TAM (Davis, 1989; Venkatesh & Davis, 1996) assesses individual willingness to adopt technology. Drawing on the TPB, the TAM proposes that the intention to use a technology is a function of two independent perceptions: the *usefulness* of the technology, or whether the change will help performance, and its *ease of use*, or the extent to which change is effort-free. The TAM has received extensive empirical support for its application to technology change (Lai, 2017; Sharp, 2007; Yousafzai et al., 2007a, 2007b), and while perceived usefulness is one of the strongest predictors of intentions to adopt technology, perceived ease of use is often found to be *indirectly* related to attitudes and intentions via perceived usefulness (Moeser et al., 2013; Schepers & Wetzels, 2007).

4.4 | Affect-based model of recipients' responses to organizational change

This model (ABM; Oreg et al., 2018) considers both the valence (degree of pleasantness: positive vs negative) and activation (degree of arousal: active vs passive) of change-related emotions to cover passive to active resistance and passive to active endorsement. Cognitive appraisals predict emotions toward change and can be divided into *primary appraisal* (how a goal is relevant to the self and whether it aligns with personal interests) and *secondary appraisal* (individual coping potential or ability to influence the event; Lazarus, 1991). Response valence is shaped by primary appraisals, while response activation is shaped by secondary appraisals.

4.5 | Health belief model

This model (HBM; Becker, 1974; Hochbaum, 1958; Rosenstock, 1966), supported by meta-analyses (Carpenter, 2010; DiMatteo et al., 2007; Harrison et al., 1992), aims to explain health behavior change, demonstrating that behavior change interventions are more effective when they address individual perceptions about *susceptibility* (personal relevance), *seriousness* (how serious the problem is that change will solve), *benefits* of the change, *perceived barriers* to change, and *self-efficacy* (Carpenter, 2010; Chatzisarantis et al., 2014). Interventions adopting this model deal with threat appraisal, incorporate tailored cues to change (i.e., messages, information prompting for change, change related communication), and training. Threat appraisals represent concerns over potential future losses (Lazarus & Folkman, 1984), and in the organizational change literature, the threat-based approach has been applied through capturing employees' experience of change via perceptions of what is at stake, or what the change may cost them. Fugate et al. (2012) found that threat appraisals acted as an important cognitive mechanism to explain how HBM variables (self-efficacy, susceptibility, benefits, barriers, and seriousness) predicted absenteeism and turnover, while Kump (2021) proposed how to frame threats to mobilize sustainable change.

4.6 | Self-determination theory

SDT's conceptualization of motivation (Deci & Ryan, 1985) was already described in the section on internalizing change. Another part of the theory deals with psychological mechanisms that facilitate internalization, namely, the satisfaction of three psychological needs for *autonomy* (feeling volitional), *competence* (feeling effective in influencing one's environment), and *relatedness* (feeling connected to others; Deci & Ryan, 2000). Meta-analytic evidence in both the behavioral health domain and in the work domain supports the importance of these three needs for internalization and the development of autonomous motivation and for behavioral adoption and maintenance (Ng et al., 2012; Ntoumanis et al., 2021; Teixeira et al., 2020; Van den Broeck et al., 2016) and the importance of supporting them (Slemp et al., 2024).

4.7 | Social identity theory

A social identity is defined by attributes shared with other members of a self-inclusive social category, while identification is defined

through the prominence of a given group membership or category in a person's self-concept, emotional evaluation of that group membership or category, and in-group similarity and ties (Hogg & Terry, 2000). According to SIT, internalization occurs from *observational learning* about others' values or attitudes (behavioral norms) and *identification* with others acts as a socialization mechanism (Ashforth & Mael, 1989; Jimmieson et al., 2008; Terry et al., 1999). During organizational change, it is useful for organizational members to see themselves as alike as uncertainty triggers people's need for *normative anchors* to guide their attitudes and behaviors and derive meaning out of the change (Burke, 1991; Clark et al., 2010; Hogg, 2000; Lockwood et al., 2012; Van Dick et al., 2018).

5 | INTEGRATION OF PSYCHOLOGICAL MECHANISMS

To assess the degree of commonality in the 21 psychological mechanisms that the seven theories propose, the four authors used the Q-sort method to emulate the consensus approach employed by Michie's research team (Abraham & Michie, 2008; Michie et al., 2013) and Teixeira et al. (2020). Q-sort methodology is particularly useful for capturing the complexity of individual viewpoints in a structured way and consists of two stages including judges running independent item groupings according to their similarities and differences followed by in-depth discussions for items on which agreement is low (Stephenson, 1953). In some respects, it is similar in purpose to factor analysis but uses qualitative rather than quantitative information. All authors individually organized the mechanisms according to their similarities and differences and then assigned each "grouping" a label, without imposing any predetermined grouping number. Given that individuals used their own subjectivity to sort mechanisms, it was to be expected that the different judges would arrive at different thematic combinations of mechanisms, and the authors independently came up with three to six categories with considerable overlap in which mechanisms were grouped together. A group discussion ensued to resolve differences observed between the independent Q-sorts, which led to merging some of the proposed categories and recategorizing a few mechanisms. Three groupings emerged that the authors collectively agreed could not be collapsed any further without loss of internal consistency. Further, the author team agreed that dividing the categories up into smaller sub-categories did not yield any additional unique information. The three mechanisms were labelled as mastery, meaning, and belongingness, which we define as being state-level constructs that are malleable across time and settings. We describe each of these broad groupings of mechanisms below.

Mastery is a psychological mechanism that describes people's feelings of mastery and control during organizational change. The grouping includes the following mechanisms together, all of which hold elements of mastery and control: self-efficacy from the MROC and HBM, perceived control from the TPB, perceived ease of use from TAM, competence from SDT, secondary appraisals reflecting perceived coping potential from the ABM, perceived barriers to change from the HBM, and observational learning from SIT. These constructs address how people cope with change to continue to feel in control at work. Without the belief that one has the ability and control to manage change demands, it is doubtful there would be high levels of adoption and maintenance. Threats to mastery during change can lead to feelings of helplessness and disengagement (Seligman, 1972).

Meaning is a psychological mechanism that describes a sense-making process during organizational change[3] that leads to seeing the change as purposeful. The grouping includes the following mechanisms: five mechanisms about the meaning of the change for the self, including valence from the MROC, attitudes from the TPB, usefulness from the TAM, primary appraisals from the ABM, and susceptibility from the HBM, and two other mechanisms were deemed to be about meaning for the collective (i.e., groups of stakeholders), including perceived change appropriateness from the MROC, and seriousness from the HBM. Finally, autonomy from SDT is intimately related to the above perceptions and appraisals because it describes feelings of volition or self-endorsement towards a course of action; one must perceive an activity as legitimate and worthwhile to volitionally engage in it (Weinstein et al., 2012). Indeed, SDT research has shown the importance of having a purpose or providing a rationale (i.e., creating meaning) to satisfy the need for autonomy (Deci et al., 2006; Slemp et al., 2024; Steingut et al., 2017). In addition, SDT research has shown that people experience more meaning when they feel autonomous (Martela et al., 2018); feeling volitional helps going through a deliberate sensemaking process, meaning (or a sense of coherence) being the result of it (Ryan & Deci, 2000). Recent research ultimately has shown that relations between meaning and autonomy are reciprocal across time (Martela et al., 2024). Thus, experiencing meaning is the essence behind volition and is critical for internalizing organizational change. Threats to meaning from uncertainty created by change (Stillman & Baumeister, 2009) can therefore hamper the internalization process, leading to superficial adoption and low maintenance.

Belongingness is a psychological mechanism that describes "a need to form and maintain strong, stable relationships" (Baumeister & Leary, 1995), and resulted from the following grouping of mechanisms: relatedness from SDT, identification and group norms from SIT, and subjective norms from the TPB. These mechanisms provide cues about social forces that can be exploited or attended to and that promote the internalization of the value of the change. In a sense, belongingness can serve as a force that bolsters the other two mechanisms by providing models and feedback on how effectively one is navigating through the change and using social guides to forge one's own meaning of the change. Threats to belongingness during change can lead to feelings of alienation that disturb learning, motivation, and performance (Baumeister et al., 2005; Lustenberger & Jagacinski, 2010).

[3]Sense-making has been defined as "the ongoing retrospective development of plausible images that rationalize what people are doing" (Weick et al., 2005, p. 409).

5.1 | Reflecting on the psychological mechanisms underlying adoption and maintenance

Reflecting on the three mechanisms, we note, based on the HBM, that they are not only deemed to be essential to the adoption and maintenance of change across the seven models outlined above, but they are also under threat of being undermined during organizational change. For example, mastery can be threatened when a restructuring or the introduction of a new technology changes the way in which people, who previously felt highly competent, undertake their work tasks. It can also be threatened when changes impact an employee's access to resources. Meaning can be threatened when an organization changes the nature of its activities, values, or goals (e.g., exiting or entering a new market, abandoning a deeply held value) or when the changes impact employees' decision-making power. Finally, belongingness can be threatened if an organizational change involves downsizing or the reallocation of employees to new teams. If these psychological states are imperative to organizational change success and yet are instead undermined by the changes, it is essential for organizational change processes to deal with them effectively.

Of the three mechanisms of organizational change proposed herein, belongingness has been least considered across the models, which is surprising given the considerable number of organizational change and behavioral change practices that exploit it to increase internalization and adoption (e.g., Jimmieson et al., 2008). It is also likely to be the most crucial psychological mechanism leading to maintenance because social identity processes support the learning and internalization of target behavior (e.g., Terry et al., 1999), enhancing the self-regulation necessary for maintenance (Epiphaniou & Ogden, 2010; Kwasnicka et al., 2016). For example, an important determinant of employees' ongoing support for organizational change is the degree to which employees perceive a high degree of mutual trust between them and the organization (Kim et al., 2011; Oreg & Berson, 2019).

In summary, the IMOC proposes that three psychological mechanisms are crucial to the internalization necessary to get employees to change and maintain their organizational behavior in line with proposed organizational change. In the next section, we elaborate on the change practices that are theorized to activate these psychological mechanisms.

6 | LINKING CHANGE PRACTICES TO PSYCHOLOGICAL MECHANISMS

Change practices refer to managerial activities and organizational strategies during organizational change (and in the health domain, to practices enacted by health care providers towards individuals) to plan, implement, and review organizational change (Armenakis et al., 1999; Erwin & Garman, 2010; Stouten et al., 2018). In the behavior change field, practices are often termed "techniques" (Michie et al., 2011), but we find this term less applicable to the range of practices of organizational change. Our literature search uncovered change practices from (1) prescriptive practice models, (2) a process-focused model, (3) behavior change research, and (4) research that had not been considered in existing models.

First, we discovered 14 *prescriptive practice models* that are empirically supported and popular in the organizational change literature because they are simple to understand and have a ready-to-use format (Beer, 1980; Bodi et al., 1997; Bridges, 1986; Cooperrider & Srivastva, 1987; Hiatt, 2006; Judson, 1991; Kanter et al., 1992; Kirkpatrick, 1985; Kotter, 1996, 2012; Maurer, 1996; Peters & Waterman, 1982; Satir & Baldwin, 1983; Thaler & Sunstein, 2008). They describe managerial practices and organizational strategies used in a specific order (hence, "prescriptive"). A previous synthesis by Stouten et al. (2018) identified seven of these 14 prescriptive models and derived 10 practices out of them (see Table 2). Second, we identified one *process-focused model* (Armenakis et al., 1999) which Stouten et al. (2018) also identified, that integrates prescriptive practices empirically shown to influence resistance and acceptance of organizational change. The model uses Armenakis and Bedeian's (1999) taxonomy to describe the content (the substance of the change), context (salient factors or conditions of the change context), process (the actions and steps taken during the period of organizational change), and individual differences considerations for organizational change. Our review only focuses on process considerations as they describe practices that would influence employee adoption (see Table 2).

Third, we supplement organizational change practices with behavior change practices that appeared to be relevant to organizational change (and not in our preliminary list) drawn from Michie's *Human Behavior Change framework*, (Cane et al., 2012; Michie et al., 2005, 2011, 2016, 2021), which encompasses an extensive taxonomy of techniques (i.e., practices) proven to help change health-related behaviors (Abraham & Michie, 2008; Carey et al., 2019; Michie et al., 2011, 2016; Teixeira et al., 2020). Finally, the literature search uncovered additional practices that were not explicitly identified in these prior integrations. These practices revolved around the themes of empathy, acknowledging employees' negative feelings toward the change, and transformational leadership (Bridges, 1986; Eisenbach et al., 1999; Herold et al., 2008; Kirkpatrick, 1985; Maurer, 1996; Oreg & Berson, 2019; Satir & Baldwin, 1983; Soenen et al., 2017; Thaler & Sunstein, 2008).

Altogether, our search yielded a long list of practices that overlapped substantially. We reorganized them under 26 non-overlapping practices that we ordered according to well-known organizational change stages: diagnosis, preparation, implementation, evaluation, and institutionalization (see Table 2). Because it may not be possible for an organization to adopt all 26 practices due to time, costs, and resources, it is important to choose a combination of practices that would efficiently influence the three psychological mechanisms. Therefore, it is important to understand how each practice is likely to influence the three psychological mechanisms that lead to adoption and maintenance of change.

Informed by the sorting method used by Michie's research team (Michie et al., 2008, 2013), the four authors conducted another Q-sort to organize the 26 practices according to how they would influence the three psychological mechanisms based on the literature

TABLE 2 Organizational practices derived from the change models and theories.

IMOC	Stouten et al. (2018)	Armenakis et al. (1999)	Health behavior change model	Other sources
Diagnosis:				
(1) Uncovering discrepancies between actual and desired states	Assess the opportunity or problem motivating the change		Discrepancy between current behavior and goal	
(2) Assessing appropriateness of potential solutions			Assessing pros and cons of the change	
(3) Assessing organizational readiness (including financial, material, and human resources)		Attributes of organizational members	Problem solving	
Preparation:				
(4) Fostering understanding of the change		Communicating the appropriateness of the change	Information about consequences	
(5) Enhancing leadership capability		Communicating ability to implement the change		
(6) Finding political support		Communicating organizational support	Information about others' approval	
(7) Creating cognitive dissonance or urgency (creating a need for change)	Mobilize energy for change	Communicating the discrepancy	Salience of consequences; incompatible beliefs	
(8) Having credible sources to deliver information		Credibility of the change agents	Credible source	
(9) Appropriate information sharing	Communicate the vision	Persuasive communication	Framing/reframing; re-attribution	
(10) Having a compelling vision for the change (including what, why and anticipated outcomes)	Formulate a clear compelling vision	Personal valence (intrinsic/extrinsic benefits of the change)	Behavioral contract	Transformational leadership (inspiring through a vision)
(11) Forming powerful coalitions of change champions	Select and support a guiding change coalition		Exposure, associative learning; identification of self as role model; commitment	
(12) Acknowledging employees' negative feelings toward the change			Reduce negative emotions; anticipated regret; stress management; conserving mental resources	Empathy; transformational leadership (supporting followers' needs)
Implementation:				
(13) Goal setting at all organizational levels			Goal setting; action planning	
(14) Restructuring organizational context to align change with other organizational characteristics	Institutionalize change in company culture, practices, and management succession	Human resource management practices; formalization activities	Restructuring the physical and the social environments	
(15) Formal training and practice of new change skills	Develop and promote change-related knowledge and ability	Training and development	Instruction on how to perform behavior; behavioral practice/ rehearsal; graded tasks; mental rehearsal	
(16) Vicarious learning		Vicarious learning	Demonstration of the behavior; vicarious consequences; associative learning; social comparisons	Transformational leadership (having a role model)
(17) Active participation	Empower others to act	Participative decision-making	Participative goal setting; problem solving; action planning; review	Transformational leadership (stimulating innovation)
(18) Experimentation and trialing		Enactive mastery; diffusion practices	Exposure; graded tasks	

(Continues)

TABLE 2 (Continued)

IMOC	Stouten et al. (2018)	Armenakis et al. (1999)	Health behavior change model	Other sources
(19) Feedback		Performance appraisal	Feedback on behavior and outcomes; social comparison; verbal persuasion about capability	
Evaluation:				
(20) Monitoring progress	Monitor and strengthen the change process	Management of internal/external information	Review outcome goal; monitoring by others; self-monitoring	
Institutionalization:				
(21) Reinforcing change with appropriate incentives	Identify short-term wins and use to reinforce change	Employee selection; compensation	Rewards (material, social, self)	
(22) Remove barriers			Remove aversive stimuli	
(23) Repetition to transform changes into new habits			Habit formation and reversal; behavioral practice/rehearsal/substitution; generalization of target behavior	
(24) Social support to create new social norms			Social support; information about others' approval	
(25) Cueing to make new behaviors more automatic			Prompts/cues; adding objects to the environment; self-talk	
(26) Developing rites and ceremonies to reinforce the change		Rites and ceremonies		

Abbreviation: IMOC, integrative model of organizational change.

and empirical evidence on these practices and the psychological theories the mechanisms are based on. An initial discussion led us to acknowledge that a particular practice could influence more than one psychological mechanism. Using a Venn diagram with each circle of the diagram representing a psychological mechanism, each practice was placed inside one of the circles or inside one of the intersections between the circles, allowing seven possible categories and an eighth category where no mechanism was activated considered as well. Once all authors had completed their individual Q-sorts, the results were compared, and discrepancies were resolved through a discussion to reach consensus.[4] Table 3 presents the results of our Q-sort and below we explain what evidence supports them.

6.1 | Practices that activate meaning

6.1.1 | Practices #1 and #7

Conduct a good diagnosis using collected information from multiple sources to uncover discrepancies between actual and desired states, and then create a need for change by creating cognitive dissonance or urgency through outlining the benefits of changing and the consequences of not changing to employees (Çalışkan & Gökalp, 2020; Güntner et al., 2019; Laurin et al., 2012; Nutt, 1986; Szamosi & Duxbury, 2002). These practices all legitimize the proposed change and communicate it effectively (Dutton et al., 2001; Huy et al., 2014; Rousseau, 2018; Rousseau & Tijoriwala, 1999; Teixeira et al., 2020; Värttö, 2019). Research has also shown that providing a rationale is predictive of autonomous motivation (i.e., being motivated by meaning and interest) during uninteresting activities (Steingut et al., 2017).

6.1.2 | Practice #4

Foster initial buy-in and understanding by communicating the outcomes of the diagnosis, such as what change is needed and why change is needed, what potential solutions exist, and what capabilities the organization has for the change (Kanter et al., 1992; Lau & Woodman, 1995; Nutt, 1986; Rousseau, 2018; Rousseau & Tijoriwala, 1999; Self et al., 2007; Szamosi & Duxbury, 2002; Wagner, 1994).

6.1.3 | Practice #10

Provide a compelling vision for the change that delineates what will change and why, with anticipated outcomes (Armenakis & Harris, 2009; Rousseau, 1996; Rousseau & ten Have, 2022; Stouten et al., 2018). A vision should convey how fairness played a role in the

[4]We also invited eleven organizational psychology experts to indicate which, if any, of the three mechanisms would be triggered by each practice using checkboxes through a Qualtrics survey. Two of the practices were recategorized by the author team as informed by the responses from these experts.

TABLE 3 Integrating change practices with stages and psychological mechanisms.

IMOC	Mastery	Meaning	Belongingness
Diagnosis:			
(1) Uncover discrepancies between actual and desired states		x	
(2) Assess appropriateness of potential solutions	x	x	
(3) Assess organizational readiness (including financial, material, and human resources)	x		
Preparation:			
(4) Foster understanding of the change		x	
(5) Enhance leadership capability	x	x	x
(6) Find political support		x	x
(7) Create cognitive dissonance or urgency (creating a need for change)		x	
(8) Have credible sources to deliver information	x	x	
(9) Appropriate information sharing (i.e., effective communication)	x	x	x
(10) Have a compelling vision for the change (including what, why and anticipated outcomes)		x	
(11) Form powerful coalitions of change champions	x	x	x
(12) Acknowledge employees' negative feelings toward the change		x	x
Implementation:			
(13) Goal setting at different organizational levels	x	x	
(14) Restructure the organizational context to align change with other organizational characteristics	x	x	
(15) Formal training and practice of new change skills	x		
(16) Vicarious learning	x		x
(17) Active participation	x	x	x
(18) Experimentation and trialing	x		
(19) Feedback	x	x	
Evaluation:			
(20) Monitor progress	x	x	
Institutionalization:			
(21) Reinforce change with appropriate incentives	x	x	
(22) Remove barriers	x		
(23) Repetition to transform changes into new habits	x		
(24) Social support to create new social norms			x
(25) Cueing to make new behaviors more automatic	x		
(26) Develop rites and ceremonies to symbolically reinforces the change	x	x	x

Abbreviation: IMOC, integrative model of organizational change.

decision-making process (Melkonian et al., 2011; Nordhall & Knez, 2018; Rodell & Colquitt, 2009) as it influences the extent to which the change can be internalized (Tyler & Blader, 2003; van Knippenberg et al., 2006).

6.2 | Practices that activate mastery

6.2.1 | Practice #3

Assessing the organization's readiness for change (e.g., consideration of financial, material, and human resources; Armenakis & Harris, 2009; Armenakis et al., 1999; Rousseau & ten Have, 2022) helps ascertain the chance of success and build confidence (Güntner et al., 2019; Weiner, 2009).

6.2.2 | Practice #15

Learning new things, through formal training and rehearsing (Armenakis et al., 1999; Kim et al., 2019; Rerup & Feldman, 2011; Sartori et al., 2018; Weick, 1984) may improve internalization because learning relates inversely to uncertainty and directly to psychological safety (Edmondson, 1999) and to mastery (Yoon & Kayes, 2016).

6.2.3 | Practices #18 and #23

Experimenting and trialing are often described as ways to test the grounds, make graded changes, and inform adjustments and corrections to increase the odds of successful change (Feldman & Pentland, 2003; Stouten et al., 2018), while rehearsing (i.e., repetition)

helps turn changes into new habits (Gefen, 2003; Lally et al., 2010; Neal et al., 2006). Together, they help build competence and confidence (Kim et al., 2019).

6.2.4 | Practice #22

Removing anything that makes the change aversive is important to avoid discouraging engagement in the new behaviors (i.e., barriers; Cane et al., 2012; Carey et al., 2019; Reay et al., 2006; Soenen et al., 2017; Teixeira et al., 2020).

6.2.5 | Practice #25

Cueing to make new behaviors more automatic through ongoing communications reminding people of new behaviors and norms (Gollwitzer, 1999; Johnston et al., 2021; Kwasnicka et al., 2016; "repeated messages" according to Kotter, 1996) is particularly important for behavioral maintenance (Pedersen & Dunne, 2020); when behavior becomes automated with the support of cues and practice, conscious control of this behavior decreases and demands for self-regulation decline (Kwasnicka et al., 2016; Pedersen & Dunne, 2020) and help stabilize behavior following organizational changes (Brown et al., 2018; Edmondson, 2002; Gardner et al., 2012; Russell et al., 2017).

6.3 | Practices that activate meaning and mastery

6.3.1 | Practice #2

Assessing the appropriateness of potential solutions relative to the desired state provides a way of seeing whether the change delivers the solution to overcome the discrepancy between actual and desired states (Armenakis & Harris, 2009; Holt et al., 2007; Neves, 2009; Rafferty & Griffin, 2006).

6.3.2 | Practice #8

Having credible sources (people who believe in the change and are considered knowledgeable and competent; Beer, 1980; Hiatt, 2006; Kotter, 1996; Stouten et al., 2018) can provide information on both the necessity of the change and how to implement it effectively (Rousseau, 2018; Rousseau & ten Have, 2022; Teixeira et al., 2020).

6.3.3 | Practice #13

Goal setting at different organizational levels from higher-level strategy to unit and team goals, and to individual employee goals (Armenakis et al., 1999; Gollwitzer, 1999; Rousseau & ten Have, 2022; Rousseau & Tijoriwala, 1999) helps transform the vision into individual goals. Activities that create hierarchical goal setting across the different layers of the organization can help people find their "role" in the change process relative to their organizational position and capabilities (Gagné, 2018).

6.3.4 | Practice #19

Feedback on how organizational members fare through the change in terms of behavioral adoption and performance is crucial during learning and experimentation (Nadler, 1976), as it helps consolidate and reinforce the change (Kotter, 1996). Feedback also provides information about whether the change was indeed the right solution to solve an organizational issue (Oreg et al., 2011; Wagner, 1994) and helps identify issues and readjust strategies and resources (Beer, 1980; Stouten et al., 2018). Lack of feedback has been shown to interfere with the change process (Neubert, 1998).

6.3.5 | Practice #21

Reinforcing new behaviors through appropriate incentives that can include tangible rewards and verbal praise (Armenakis et al., 2000; Hoskins et al., 2019; Wruck, 2000) signals mastery and what is valued by the organization (Kaplan & Henderson, 2005; Teixeira et al., 2020). However, SDT warns against relying too much on tangible incentives (and instead rely more on verbal ones, such as recognition and positive feedback) because these can under some circumstances decrease feelings of autonomy and, therefore, impair the internalization of the value of the change (Deci et al., 1999; Hoskins et al., 2019).

6.4 | Practices that indirectly activate meaning and mastery

6.4.1 | Practice #14

It is important to restructure the larger organizational context to ensure the change aligns with other organizational characteristics, such as adjusting the physical environment, roles, tasks, methods, and lines of communication. This supports and informs other practices, including assessing the appropriateness of the solutions and the organization's readiness for the change, and removing any barriers that would discourage employees to push through (Stouten et al., 2018; Szamosi & Duxbury, 2002; Teixeira et al., 2020; Zheng et al., 2010).

6.4.2 | Practice #20

Collecting baseline information during diagnosis as well as continued data collection during implementation and beyond to monitor progress is important to bring about needed corrections and adjustments

during implementation and institutionalization (e.g., Armenakis et al., 1999; Beer, 1980; Cummings & Worley, 2018; Stouten et al., 2018). Information can be obtained from various sources, including all involved and affected organizational members and other stakeholders (Rousseau & ten Have, 2019). This practice should influence other practices, including feedback, uncovering discrepancies between actual and desired states, and cognitive dissonance creation by providing the evidence necessary to validate the need for change (Cummings & Worley, 2018).

6.5 | Practices that activate belongingness

6.5.1 | Practice #24

Providing social support to create new social norms (Jimmieson et al., 2008, 2009; Kim et al., 2011) can make people feel understood and cared for during what for many may be a difficult period (Carey et al., 2019; Huy, 2002; Teixeira et al., 2020). When leaders attend to idiosyncratic needs, they convey that everyone is important which helps them adjust to new realities (Bruch & Sattelberger, 2001; Smollan & Morrison, 2019).

Two other practices activate *belongingness* in conjunction with *meaning*.

6.5.2 | Practice #6

Political support for the change involves getting a critical mass of key decision-makers on board, which elevates affective reactions to organizational change to a higher organizational level through emotional contagion, cooperative behavior, and group norms (Armenakis & Bedeian, 1999; Barsade, 2002; Huy, 1999; Kelly & Barsade, 2001; Neves, 2009, 2011; Neves & Caetano, 2009; Rousseau, 2018; Self et al., 2007).

6.5.3 | Practice #12

Acknowledging negative feelings about the change can make people feel that their concerns are taken into consideration in decision-making and has been shown to be important to build trust, internalization, and acceptance of organizational change (Bridges, 1986; Gagné et al., 2000; Kirkpatrick, 1985; Maurer, 1996; Nutt & Keville, 2016; Satir & Baldwin, 1983; Thaler & Sunstein, 2008).

6.5.4 | Practice #16

Vicarious learning through appropriate role models could influence both *Belongingness* and *Mastery* (Armenakis et al., 1999; Bandura, 1982; Caldwell, 2001; Jimmieson et al., 2008, 2009; Lockwood et al., 2012; Roth et al., 2007; Terry et al., 1999). Identifying with role models who emulate desired behaviors can serve to both strengthen ties between key individuals (e.g., leaders and change champions) and to make certain norms more salient or reinforce new ones. At the same time, seeing role models succeed and experience positive consequences can encourage imitation and build confidence (Jimmieson et al., 2008, 2009; Terry et al., 1999).

6.6 | Practices that activate the three psychological mechanisms

6.6.1 | Practice #5

Enhancing the leadership capability of those in charge of the change means selecting people across all organizational layers to lead the change, giving them the skills and tools they need to lead effectively, the power to lead, and connecting them with followers (Amiot et al., 2006; Battilana et al., 2010; Lok et al., 2005; Rich et al., 2015; Stouten et al., 2018). These empowered leaders can together form powerful coalitions of champions (Practice #11) to drive the change process (Bies, 2013; Caldwell, 2006; Kellogg, 2012; McCracken & McIvor, 2013; ten Have et al., 2016). Well-prepared leaders/champions can make the change more desirable to employees as champions will speak enthusiastically and convincingly to others about the change, while also providing the perception that the change is more widely valued and accepted and thus must considered seriously.

6.6.2 | Practice #9

Appropriately sharing information through effective communication channels involves explaining the *what*, *why*, and *how* of change. General sharing should make employees feel that the organization considers them to be important stakeholders, while sharing the "what" and "why" would influence *Meaning*, and the 'how' would influence *Mastery* (Amiot et al., 2006; Bordia et al., 2004; Cobb et al., 1995; Dutton et al., 2001; Elving, 2005; Gopinath & Becker, 2000; Oreg et al., 2011; Straatmann et al., 2016).

6.6.3 | Practice #17

Participation involves letting employees decide on the "what" and "how" of change through consensus (Cobb et al., 1995; Vroom & Jago, 1988; Wagner, 2009). Participation empowers employees (Bordia et al., 2004; Stouten et al., 2018), which means employees are likely to experience more competence, autonomy, meaning, and impact (Thomas & Velthouse, 1990). Active participation as part of the process of goal setting would enhance both individual sensemaking and a sense of ownership of the change, and also stretch individual skills (Dirks et al., 1996; Golden-Biddle, 2013; Jabri et al., 2008; Kao, 2017; Ketelaar et al., 2012; Kim et al., 2019; Latham et al., 1994;

Oreg et al., 2011; Valleala et al., 2015; Värttö, 2019; Wiedner et al., 2017). In addition, participation involves contact and collaborative work with other stakeholders, which would promote feelings of *Belongingness* (Huang, 2022; Jimmieson et al., 2008; Neville & Reicher, 2011; Straatmann et al., 2016).

6.6.4 | Practice #26

Developing rites and ceremonies to symbolically reinforce the change by celebrating progress and success signal commitment to the change and the new social order while also promoting solidarity and inclusion (Errida & Lotfi, 2021; Harris & Sutton, 1986; Smith & Stewart, 2011), thereby enhancing the meaning of the change, informing people about their effectiveness, and bringing them together (Harris & Sutton, 1986; Islam & Zyphur, 2009; Ozenc & Hagan, 2018).

One last practice that cuts across some of the others mentioned previously is transformational leadership (Herold et al., 2008; Kao, 2017; Oreg & Berson, 2019; Soenen et al., 2017; Rousseau & ten Have, 2022). Transformational leadership consists of having a role model that is admired and respected (akin to vicarious learning in #16), inspiring followers through a vision (much like communicating a compelling vision in #10), stimulating innovation (akin to participation in #17), and supporting individual followers' needs (akin to acknowledging feelings in #12; Bass & Avolio, 1989). It is especially effective at fulfilling psychological needs (Hetland et al., 2011) and making people understand the "what" and "why" of the change. Related to the recommended practice of enhancing leadership capability (#5), training leaders to act transformationally and apply these skills in their role as change agents has been shown to be effective (Bruch & Sattelberger, 2001; Oreg & Berson, 2019).

6.7 | Evaluating links between practices under each stage of organizational change and the psychological mechanisms

As a final step, we analyzed how practices under each of the five stages of organizational change address the three mechanisms, keeping in mind two considerations: (1) *Are the three psychological mechanisms covered in each stage?* and (2) *What are the implications if mechanisms are absent?*

The three practices under the diagnosis stage involved mastery and meaning, but none involved belongingness (see Table 3). Is belongingness important for the successful evaluation of the need for change, solutions, and readiness? On the one hand, it may be less critical if only top leaders conduct the diagnosis. On the other hand, proponents for the participation of all stakeholders in all stages of change might argue for promoting the involvement of all stakeholders in diagnosing needs, solutions, and readiness is critical, as it would enhance belongingness. In practice, most medium-to-large organizations would struggle to involve all stakeholders and may instead adopt a consultative feedback process approach on proposals prepared by top management that outline the need for change and the proposed solutions; hence, why the practice of "active participation" is in the implementation phase in many models (see Table 2). Thus, while many advocate for wide participation during all stages of change to curb resistance, others argue participation should be considered only when stakeholders are competent and motivated to participate, and when there is enough time and resources to involve them (Pasmore & Fagans, 1992). As a compromise, a representative sampling of relevant members at all levels could participate in diagnosing (Rousseau & ten Have, 2022). These members should have the characteristics of change champions (knowledgeable and credible) and be empowered to effectively sell the change solutions to the rest of the organization.

Practices under the preparation stage appeared to cover all three mechanisms, with a particular emphasis on meaning. Indeed, a substantial element of preparation is "selling" the need for change to all stakeholders; that is building a sense of meaning regarding the proposed change. Likewise, practices under the implementation stage also covered all three mechanisms with a relatively stronger emphasis on mastery. Indeed, mastery would seem an appropriate focus given the attention in this stage given to action. Interestingly, there are parallels between what we observed with respect to the preparation and implementation stages and the mindset theory of action phases (Gollwitzer, 2012), which distinguishes between the phase of deliberation and commitment to a course of action or goal where people must choose what they will do and why they choose to do something — akin to finding meaning — and a phase of goal implementation where people must focus on how they will realize the goal — akin to mastery development. Both phases of goal pursuit have been found to be crucial to goal attainment (Koestner et al., 2002).

Moving onto the evaluation phase, we find that the single practice goes hand in hand with the practices in the diagnosis stage as a review following implementation of whether things have changed according to plan, whether desired results ensued, and whether adjustments need to be made. As such, it was deemed to be linked to the same mastery and meaning mechanisms as in the diagnosis stage. However, the same concerns about the need for, and feasibility of, participation to enhance belongingness applies.

Finally, practices under the institutionalization stage touched on the three mechanisms but again with a stronger emphasis on mastery. Mastery promoted through these practices is indeed essential to reinforce learning, and the meaning and belongingness fostered by social support and rites are important to keep the momentum garnered in the implementation stage.

7 | DISCUSSION

We created an integrated framework of organizational change adoption and maintenance that is informed by SDT and by well-researched change *practices* and change-related *psychological mechanisms* from the organizational change and the behavioral change literatures. SDT provides the concept of internalization to highlight the importance of adopting practices that promote the internalization of the value

of change, which underpins employee autonomous motivation, affective commitment, the championing of change. Defined as assimilating social demands and transforming them into personally endorsed goals, internalization leads employees to volitionally carry out the change without needing to control, monitor, and sanction them. Because autonomous motivation has been associated with persistence and habit formation in the behavior change domain, SDT helps elevate organizational change theory to consider the sustainability of organizational change.

Our literature search uncovered 21 psychological mechanisms that we categorized under three broad psychological mechanisms, namely *mastery*, *meaning*, and *belongingness*. Though these mechanisms appear to be close to the three psychological needs from SDT, namely, competence, autonomy, and relatedness, there are some fundamental differences between them. The biggest difference is that some of the components of the mechanisms might not fit all the criteria to be called basic psychological needs. The criteria to determine whether a need is basic and universal requires them to contribute to development and well-being, to predict psychopathology, having pervasive effects on cognitive, affective, and behavioral functioning, to show evolutionary advantages, be non-substitutable, and to be found in every culture (Vansteenkiste et al., 2020). For example, meaning has been put to the test and deemed to not fit all the criteria, particularly because it is substitutable with autonomy (Ryan & Deci, 2017).

Mastery encompasses the need for competence, but also elements of control, ease, coping, and learning. Meaning encompasses the need for autonomy, argued to be intricately linked to sensemaking, while also including perceived need for change, appropriateness, relevance, usefulness, and benefits. Though the literature on organizational change has emphasized conveying a need for change and participation as good means to promote change acceptance, it has not elaborated yet on why these practices are crucial; an SDT-based explanation would argue that these practices work because they satisfy the need for autonomy. Finally, belongingness encompasses the need for relatedness, but more largely includes social identity and the desire to follow social norms that improve perceived fit and grounding. Given that competence, autonomy, and relatedness are theorized in SDT to influence internalization, and because each of them is embedded into one of the three IMOC mechanisms along with closely related mechanisms, the IMOC proposes that the three psychological mechanisms should promote the internalization of change, and consequently the adoption and maintenance of change.

Our literature search also uncovered 26 unique change practices that the IMOC links to the three psychological mechanisms. Assessing how the psychological mechanisms are covered during each stage of change has revealed how some psychological mechanisms might be better covered than others at certain stages of change. We could interpret this finding in two ways. First, it could mean that some mechanisms are more important than others at different stages. For example, relatedness may be less important in the diagnostic stage. But it could also mean that some mechanisms are neglected during some stages of change. For example, promoting participation during the diagnosis stage may lead to better adoption and maintenance because it helps people feel more included. Even though we drew more heavily on SDT to build the IMOC, the resulting model aligns well with all the theories from which it draws, each of which provides essential insights into the psychology of organizational change.

7.1 | Testing and applying the IMOC

The integration of practices and mechanisms provides a more manageable list of the most crucial and non-overlapping practices and psychological mechanism empirically proven to drive change adoption and maintenance. Though there is strong evidence in both the behavioral health and organizational change domains that practices delivered jointly are synergistically more effective than when delivered on their own (Atkins et al., 2017; Carey et al., 2019; Gillison et al., 2018; Johnston et al., 2021; Lok et al., 2005; Michie et al., 2021; Neuman et al., 1989), available resources can limit an organization's the ability to use many. By helping practitioners choose the right combination of practices that covers all three psychological mechanisms, the IMOC can ensure resources are optimally used. Future research could refine our knowledge of which combinations of practices best cover all three psychological mechanisms. For example, studies could test whether it is equally effective and more economical to use a single practice that influences the three psychological states (e.g., participation) rather than a combination of three practices that each influence only one psychological state (e.g., acknowledging negative feelings, communicate a gap between actual and desired states, and training). Ideally these tests would be done through rigorous longitudinal or quasi-experimental field research of organizational change that uses careful timing of assessments to best capture when psychological mechanisms are triggered by organizational change practices, and when adoption and maintenance can be evidenced (Dormann & Griffin, 2015).

The IMOC can also assist in testing the effectiveness of newly developed organizational change practices that go beyond the 26 identified in our literature review, and perhaps some that would fill the gaps identified in covering belongingness issues at certain stages of change. For example, succession planning and inclusiveness best practices that help preserve internal knowledge and promote new networks could potentially be embedded in organizational change practices (Rousseau & ten Have, 2022). Peer-support groups for stakeholders who have lost contacts and networks following change could help them develop new identities and networks (typically at the moment, employee assistance programs, which are delivered by external providers, are the only resource organizations provide for employees to cope with the loss of colleagues).

The resulting IMOC can be useful to practitioners in guiding organizational change plans. Without the IMOC, people are left to "choose" amongst the multiple models and theories without any guidance to know which ones they should use or how they could use them conjointly. By linking practices to specific psychological mechanisms, the IMOC can assist practitioners in ensuring they include practices that cover all three psychological mechanisms at each stage of change.

7.2 | Boundaries and potential extensions of the IMOC

Though the IMOC synthesizes many organizational change models and theories (Cronin & George, 2023), it is always challenging to create comprehensive models that efficiently deal with complex systems and processes. Due to our selective literature search approach, we cannot claim that the list of practices and underlying mechanisms is exhaustive. Indeed, creating an exhaustive list was never the intent of this model and future research should feel encouraged to look beyond the practices and mechanisms proposed in this paper by developing ontologies of practices and mechanisms of organizational change (cf. Schenk et al., 2023). Future research could also investigate the necessity and sufficiency of the three psychological mechanisms to predict change adoption and maintenance. Additionally, we point out some of the deliberate omissions in the IMOC, which are included in Figure 1 as shaded boxes. First, the IMOC omits context (e.g., organizational size, industry, economy), and any research testing the IMOC may benefit from taking it into consideration. Armenakis and Bedeian (1999) include context as an important component of organizational change, particularly in affecting change feasibility and appropriateness.

Second, evidence from some theories, including TAM (Yousafzai et al., 2007a, 2007b), TBP (Hagger & Chatzisarantis, 2009; McEachan et al., 2011; Steinmetz et al., 2016), and HBM (Carpenter, 2010), as well as organizational change reviews and taxonomies (e.g., Armenakis & Bedeian, 1999; Grimshaw et al., 2020; Oreg et al., 2011; Stouten et al., 2018) indicate that the nature of the change is an important moderator of the effectiveness of change practices. Building from existing evidence, the nature of change is expected to drive the choice of practices to use during organizational change and moderate whether and how practices activate psychological mechanisms. In other words, we argue that the psychological mechanisms crucial to adoption and maintenance will be the same regardless of the nature of change; that is, internalization of the value of change will always be promoted by mastery, meaning and belongingness, but that they will be affected differently by practices depending on the nature of the change. For example, restructuring an organization following a merger and the introduction of a new virtual communication technology might require different training requirements whereby rehearsal and experimentation might be more useful in the latter but useless and impractical in the former. Consequently, rehearsal and experimentation would have different effects on feelings of mastery across these two types of organizational change. Future research can expand our model by adding a layer to cover the most frequent types of organizational change to help specify which practices are likely to have the most powerful influence on the psychological mechanisms.

Third, individual differences may have a direct influence on the psychological mechanisms and the adoption and maintenance of organizational change and also influence the efficacy of some organizational change practices (Armenakis & Bedeian, 1999; Oreg et al., 2011; Stouten et al., 2018; Vakola et al., 2013; Yousafzai et al., 2007a). A wide array of individual differences has been found to predispose employees to react more or less positively to organizational change, including personality traits, self-concept, and emotional intelligence (Judge et al., 1999; Vakola et al., 2003; Wanberg & Banas, 2000). Dispositional resistance to change comprises a need for routine, emotional responsiveness, a short-term focus on outcomes, and cognitive rigidity (Oreg, 2003, 2006), while optimism leads to more favorable perceptions of, and responses to, organizational change (Stouten et al., 2018).

Fourth, we must consider the time element, particularly in terms of encouraging researchers and practitioners to consider how long it "should" take for adoption to happen, when maintenance has been achieved, and when to measure the outcomes of change (Chatzisarantis et al., 2015; Dormann & Griffin, 2015). Incorporating the concept of internalization might help future research move away from examining change adoption as a static phenomenon toward assessing it in a more dynamic fashion by examining changes in motivation, commitment, and behaviors indicating internalization (i.e., movement up and down the continuum depicted in Figure 2; Bouckenooghe et al., 2021). In addition, maintenance post adoption should be monitored as lapses to earlier patterns of behavior are frequently observed and "strengthening' adopted behavior is as important as its initial adoption (Marcus et al., 2000). Subjective time experiences (i.e., experiences of the past, present, and future) could also be considered as potential moderators that might influence the psychological mechanisms of change adoption and maintenance (Shipp & Sanders, 2021). For example, how people view the short versus long-term benefits of organizational change, the timing of organizational change practices, and the extent to which they focus their attention to the past, the present and the future, are likely to be influenced by some change practices (e.g., a compelling vision) and in turn influence adoption and maintenance behaviors. The IMOC, because of its focus on three psychological mechanisms, might therefore serve as a guide to inform future research on time issues in organizational change.

In addition, organizational change practices may have different effects depending on when and in which order they are executed (Kotter, 2007). A good demonstration of these issues comes from Kim et al. (2011) who found that employees' beliefs about the benefits of change predicted their change-supportive behavior earlier in the change (18 months from initiation of change), while the quality of their employment relationships contributed to their change-supportive behavior later during the change (24 months from initiation of change). These results imply that it might pay to focus efforts on creating meaning early in the process, whereas later, it pays to focus efforts on maintaining and enhancing belongingness. Interestingly, active participation was the only consistent predictor of change-supportive behavior in this study, perhaps because, as we proposed, it influences all three psychological mechanisms.

Fifth, we must consider the impact that old habits may have on the adoption and maintenance of these new behaviors. Behavior change research shows that breaking a habit demands extra effort and that "relapse" is frequent (Hofmann et al., 2008; Kwasnicka et al., 2016). Though one of the practices included in the IMOC is habit formation,

that is, to attempt to turn new necessary behaviors into habits through repetition and gradual automation (Rothman, 2000), while linking the behavior to a stable context and identity can create durable change (Verplanken & Whitmarsh, 2021), considering old habits in the process of adoption/maintenance of change is also something that must be considered.

Finally, future research could consider how the IMOC might apply to individual versus collective psychological mechanisms and actions. We focused the IMOC at the individual level, and the behavioral health literature focuses on this level of analysis. However, organizational change depends on both individual and collective actions and reactions (Kanitz et al., 2023; Pallotti et al., 2023; Sverdlik & Oreg, 2023). Multilevel tests of the IMOC could focus on whether change practices have the same impact on individual versus collective psychological mechanisms (e.g., self-efficacy versus collective efficacy; Bandura, 1997), individual versus collective motivation (Grenier et al., 2024), and individual versus collective action (e.g., individual stalling versus industrial action).

We also point out some limits to the method we used to create the IMOC. First, we advise interested researchers to validate the IMOC beyond the Q-sorts performed by the four co-authors. For example, consensus research in behavioral health (e.g., Connell et al., 2019; Michie et al., 2021; Teixeira et al., 2020) has used 16 to 100 experts, and Armenakis and Harris's (2009) taxonomy was empirically validated by other research groups. Second, more research is needed to support some of the proposed linkages as we discovered that some links between practices and mechanisms have stronger empirical support than others.

8 | CONCLUSION

We created the IMOC out of an analysis of overlap and complementarity between organizational change practice models, organizational change theories, and behavioral change research and theories. The model identifies three important psychological mechanisms that predict the adoption and maintenance of organizational change, closely related to the three psychological needs proposed by SDT, and links organizational change practices to these mechanisms. The use of the concept of internalization, also proposed by SDT, can help steer the field away from seeing resistance as a natural inclination of human beings (Burnes, 2015) toward seeing them instead as organisms that are naturally inclined to reflectively embrace change when it is meaningful, when they can handle it, and when it does not threaten their social networks (Ryan, 1995).

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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