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Published in:
International Journal of Workplace Health Management

Link to article, DOI:
[10.1108/IJWHM-08-2018-114](https://doi.org/10.1108/IJWHM-08-2018-114)

Publication date:
2018

Document Version
Peer reviewed version

[Link back to DTU Orbit](#)

Citation (APA):
Ipsen, C., Karanika-Murray, M., & Hasson, H. (2018). Intervention leadership: a dynamic role that evolves in tandem with the intervention. *International Journal of Workplace Health Management*, 11(4), 190-192.
<https://doi.org/10.1108/IJWHM-08-2018-114>

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Guest Editorial

Intervention leadership: A dynamic role that evolves in tandem with the intervention

This special issue (SI) brings together some of the latest studies in organizational health intervention research to develop a better understanding of the role of leadership for successful interventions.

There is consensus that one of the most important ingredients for successful organizational health interventions is strong leadership (Havermans et al., 2016; Ipsen, Gish, & Poulsen, 2015; Nielsen & Abildgaard, 2013). Leader influence can be direct (as a role with concomitant responsibilities in the intervention process; Nielsen & Randall, 2012), indirect (as an influence on employee behaviors and attitudes towards the intervention; e.g., Framke & Sørensen, 2015; Ipsen et al., 2015), or diffused (as a broader contextual influence on the intervention implementation; Biron & Karanika-Murray, 2014).

However, empirical studies on the role of leadership in interventions are scarce. One study that aimed to enhance the impact of the leader through a pre-intervention training found no change in employee outcomes (i.e., job involvement and satisfaction) after the intervention (Nielsen, Randall, & Christensen, 2010). Beyond an agreement among intervention researchers and practitioners on the central role of the leader in interventions, there is a general lack of insights into the conditions and mechanisms by which leaders can support organizational health interventions. The five papers in this SI seek to redress this balance and provide some needed answers.

One important overall insight emerges from the papers that comprise this SI: When it comes to implementing successful organizational health interventions, leadership is not

necessarily about specific styles or roles; rather, leadership evolves and changes throughout the intervention journey. This is in line with the idea of Richter et al. (2016), who noted that leadership should be specific to the domain of interest (in this case, intervention-specific). Similarly, Aarons, Ehrhart, Farahnak, and Sklar (2014), in the context of employee assistance programs, defined *implementation leadership* as “leadership that supports effective implementation of evidenced-based practices” (p. 1).

The insights that emerge from the five papers in this SI extend this concept. In the context of organizational health interventions, we refer to *intervention leadership* as the process whereby a leader (at any level of seniority) tailors behaviors and applies resources to influence the intervention participants, support the intervention processes, and achieve the intervention aims. Most importantly, since interventions are about “improving health by *changing* the organization of work—in terms of task characteristics, work conditions, and social aspects” (Semmer, 2006, p.515), leadership in the context of interventions is concerned with structures and processes that undergo a *change transformation*. Leadership is thus, by nature, a dynamic process, and, as such, there is no one best intervention leadership approach or behavior. Rather, the best intervention leadership responses are configured on each occasion, in line with the stage, process, and resources of the intervention. Thus, intervention leadership is a dynamic role that evolves in tandem with the intervention.

Furthermore, the findings of this SI show that there are five factors that can move the leader through the process of intervention leadership. Frykman, Lundmark, von Thiele Schwarz, Villaume, and Hasson demonstrate that domain-specific active leader support can influence both the initial and sustained intervention outcomes. Karanika-Murray, Gkiontsi, and Baguley note that leaders may engage differently with interventions according to their different roles and

responsibilities, drawing on the experiences of the intervention implementation team to explore the engagement of leaders in different hierarchical positions. Biron, Parent-Lamarche, Ivers and Baril-Gingras argue that managers' own psychosocial work factors affect their behaviors during an intervention. They show that the wider organizational context affect these factors (in this case, the psychosocial safety climate) and highlight the importance of congruence between intentions and actions during the intervention. Mosson, Hasson, von Thiele Schwarz and Richter suggest that upward feedback on leadership during an intervention can help managers to improve their self-awareness and adjust their behaviors in accordance with employees' needs. Finally, Horan et.al show that supervisor support is essential for intervention participants' experiences and ratings of the intervention, but only at either high or low levels of support (at low levels of support, the intervention itself compensates for the lack of support). They recommend that leader training is offered as supplementary to the intervention activities.

These five considerations relate to maximizing the essential resource of leadership for an intervention's success: 1) leader support is important throughout—not just at the start of the intervention; 2) leader engagement depends on the leader's hierarchical level in the organization; 3) organizational context and psychosocial work factors impact the leader's behaviors during the intervention; 4) the leader's behaviors are shaped by upward feedback from the intervention participants; and 5) leader support does not have the same effect at all levels and needs to be cultivated to support interventions. Therefore, there is no one best way to lead an intervention and the effectiveness of a given pattern of leader behaviors is contingent upon the demands posed by the situation. In line with contingency theories of leadership, these papers describe intervention leadership as a dynamic process, which evolves in accordance with the intervention itself.

In practice, organizations should only embark on an intervention when the necessary leadership resources are in place. Organizations should also be aware that intervention leadership is not just about managing external change, such as exerting control to re-design the way that work is organized, change target outcomes, or shift the intervention through the implementation process. Intervention leadership is also concerned with change in leadership itself through learning, discoveries and adapting with the intervention. This embedded personal learning process for the leader takes place during the intervention and is shaped and cultivated by the leader's need to sustain support, the leader's hierarchical position, the organizational context and psychosocial work factors, and upward feedback from employees. Indeed, successful interventions also require preparatory activities targeting the leaders. Whereas previous research has focused on describing the impact of leadership on employee outcomes, the insights offered by the studies in this SI will be able to inform resources that are necessary for building effective intervention leadership.

In addition to energizing discussion on the role of leadership for delivering successful organizational health interventions, this SI also highlights new research directions regarding how leaders can be supported in this role and the importance to understand the conditions for strong intervention leadership. We hope that this SI opens new avenues for research and improved intervention practice.

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