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Abstract Submission

Interventions leadership is a dynamic role that evolves with the intervention process: Five arguments for a fresh approach

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There is consensus that one of the key ingredients for successful organizational health interventions is leadership. However, empirical studies are scarce and there is a general lack of understanding of the mechanisms underlying the role of leadership in interventions. This presentation will build on the concept of intervention leadership to present a conceptualization of it as a dynamic role that evolves in tandem with the intervention process (Ipsen et al. 2018). We will define intervention leadership, position it in the intervention process, and present five core arguments in support of that.

First, leadership should be specific to the domain of interest. This also applies to programme implementation and organizational health interventions. Building on the concept of implementation leadership (Aarons et al. 2014), we define intervention leadership as *the process whereby a leader harnesses and applies resources to influence the intervention participants, support the intervention processes, and achieve the intervention aims.*

Second, intervention leadership is not necessarily about specific behaviors or roles, but it is embedded in the intervention process. Leader influence can be direct, as a role with concomitant responsibilities in the intervention process, indirect, as an influence on employee behaviors and attitudes towards the intervention, or diffused, as a broader systems influence on the intervention implementation. As such, intervention leadership evolves in tandem with the intervention and is an integral part of the intervention system, together with rules, culture, and regulations, which surround successful interventions. Thus, intervention leadership is not an ad-hoc resource but an integral force that developed in tandem with the implementation process.

Third, intervention leadership is evidence-based practice. In evidence-based practice, an understanding of the problem is the starting point, rather than the solution, and research is used to support the decision-making process. In the same way, intervention leadership is about understanding and adjusting to the needs of the intervention.

Fourth, since organizational health interventions are about “improving health by changing the organization of work” (Semmer, 2006), leadership is concerned with structures and processes that undergo a change transformation. Therefore, intervention leadership is inherently a dynamic process. Not only it can be more critical at certain points of the intervention process, but also may have a cumulative effect over time. Intervention leadership is shaped and cultivated by five forces: the leader’s need to sustain support, the leader’s hierarchical position, the organizational context and psychosocial work factors, and upward feedback from employees (Ipsen et al. 2018).

Finally, the intervention can change the leaders themselves. This can be either through the intervention activities focused on changing task characteristics, work conditions, or social aspects, or through the implementation process, which leaders are an integral part of. In either case, the intervention outcomes are longer lasting and more sustainable if intervention leadership qualities are developed with the new organizational system, processes, or structures.

Our intention is to approach intervention leadership as an integral element of organizational health interventions, explore how intervention leadership is interrelated to and evolves in tandem with the intervention, and explore avenues for research and sustainable intervention practice.

Keywords: organizational health interventions, leadership, intervention leadership, dynamic role, systems, context

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