



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

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3 This special issue (SI) brings together some of the latest studies in organizational health
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5 intervention research to develop a better understanding of the role of leadership for successful
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7 interventions.
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11 There is consensus that one of the most important ingredients for successful
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13 organizational health interventions is strong leadership (Havermans et al., 2016; Ipsen, Gish, &
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15 Poulsen, 2015; Nielsen & Abildgaard, 2013). Leader influence can be direct (as a role with
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17 concomitant responsibilities in the intervention process; Nielsen & Randall, 2012), indirect (as
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19 an influence on employee behaviors and attitudes towards the intervention; e.g., Framke &
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21 Sørensen, 2015; Ipsen et al., 2015), or diffused (as a broader contextual influence on the
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23 intervention implementation; Biron & Karanika-Murray, 2014).
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27 However, empirical studies on the role of leadership in interventions are scarce. One
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29 study that aimed to enhance the impact of the leader through a pre-intervention training found no
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31 change in employee outcomes (i.e., job involvement and satisfaction) after the intervention
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33 (Nielsen, Randall, & Christensen, 2010). Beyond an agreement among intervention researchers
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35 and practitioners on the central role of the leader in interventions, there is a general lack of
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37 insights into the conditions and mechanisms by which leaders can support organizational health
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39 interventions. The five papers in this SI seek to redress this balance and provide some needed
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41 answers.
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46 One important overall insight emerges from the papers that comprise this SI: When it
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48 comes to implementing successful organizational health interventions, leadership is not
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50 necessarily about specific styles or roles; rather, leadership evolves and changes throughout the
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52 intervention journey. This is in line with the idea of Richter et al. (2016), who noted that
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54 leadership should be specific to the domain of interest (in this case, intervention-specific).
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3 Similarly, Aarons, Ehrhart, Farahnak, and Sklar (2014), in the context of employee assistance
4 programs, defined *implementation leadership* as “leadership that supports effective
5 implementation of evidenced-based practices” (p. 1).
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10 The insights that emerge from the five papers in this SI extend this concept. In the
11 context of organizational health interventions, we refer to *intervention leadership* as the process
12 whereby a leader (at any level of seniority) tailors behaviors and applies resources to influence
13 the intervention participants, support the intervention processes, and achieve the intervention
14 aims. Most importantly, since interventions are about “improving health by *changing* the
15 organization of work—in terms of task characteristics, work conditions, and social aspects”
16 (Semmer, 2006, p.515), leadership in the context of interventions is concerned with structures
17 and processes that undergo a *change transformation*. Leadership is thus, by nature, a dynamic
18 process, and, as such, there is no one best intervention leadership approach or behavior. Rather,
19 the best intervention leadership responses are configured on each occasion, in line with the stage,
20 process, and resources of the intervention. Thus, intervention leadership is a dynamic role that
21 evolves in tandem with the intervention.
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38 Furthermore, the findings of this SI show that there are five factors that can move the
39 leader through the process of intervention leadership. Frykman, Lundmark, von Thiele Schwarz,
40 Villaume, and Hasson demonstrate that domain-specific active leader support can influence both
41 the initial and sustained intervention outcomes. Karanika-Murray, Gkiontsi, and Baguley note
42 that leaders may engage differently with interventions according to their different roles and
43 responsibilities, drawing on the experiences of the intervention implementation team to explore
44 the engagement of leaders in different hierarchical positions. Biron, Parent-Lamarche, Ivers and
45 Baril-Gingras argue that managers’ own psychosocial work factors affect their behaviors during
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3 an intervention. They show that the wider organizational context affect these factors (in this case,
4 the psychosocial safety climate) and highlight the importance of congruence between intentions
5 and actions during the intervention. Mosson, Hasson, von Thiele Schwarz and Richter suggest
6 that upward feedback on leadership during an intervention can help managers to improve their
7 self-awareness and adjust their behaviors in accordance with employees' needs. Finally, Horan
8 et.al show that supervisor support is essential for intervention participants' experiences and
9 ratings of the intervention, but only at either high or low levels of support (at low levels of
10 support, the intervention itself compensates for the lack of support). They recommend that leader
11 training is offered as supplementary to the intervention activities.
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24 These five considerations relate to maximizing the essential resource of leadership for an
25 intervention's success: 1) leader support is important throughout—not just at the start of the
26 intervention; 2) leader engagement depends on the leader's hierarchical level in the organization;
27 3) organizational context and psychosocial work factors impact the leader's behaviors during the
28 intervention; 4) the leader's behaviors are shaped by upward feedback from the intervention
29 participants; and 5) leader support does not have the same effect at all levels and needs to be
30 cultivated to support interventions. Therefore, there is no one best way to lead an intervention
31 and the effectiveness of a given pattern of leader behaviors is contingent upon the demands
32 posed by the situation. In line with contingency theories of leadership, these papers describe
33 intervention leadership as a dynamic process, which evolves in accordance with the intervention
34 itself.
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49 In practice, organizations should only embark on an intervention when the necessary
50 leadership resources are in place. Organizations should also be aware that intervention leadership
51 is not just about managing external change, such as exerting control to re-design the way that
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3 work is organized, change target outcomes, or shift the intervention through the implementation
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5 process. Intervention leadership is also concerned with change in leadership itself through
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7 learning, discoveries and adapting with the intervention. This embedded personal learning
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9 process for the leader takes place during the intervention and is shaped and cultivated by the
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11 leader's need to sustain support, the leader's hierarchical position, the organizational context and
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13 psychosocial work factors, and upward feedback from employees. Indeed, successful
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15 interventions also require preparatory activities targeting the leaders. Whereas previous research
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17 has focused on describing the impact of leadership on employee outcomes, the insights offered
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19 by the studies in this SI will be able to inform resources that are necessary for building effective
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21 intervention leadership.
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26 In addition to energizing discussion on the role of leadership for delivering successful
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28 organizational health interventions, this SI also highlights new research directions regarding how
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30 leaders can be supported in this role and the importance to understand the conditions for strong
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32 intervention leadership. We hope that this SI opens new avenues for research and improved
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34 intervention practice.
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