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Engaging leaders at two hierarchical levels in organizational health interventions: Insights from the intervention team

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from the intervention team

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Abstract

Purpose: Although visible leader support is an essential ingredient for successful organizational health interventions, knowledge on how leaders at different hierarchical levels engage with interventions is underdeveloped. The aim of this study was to explore ~~this~~leader engagement by drawing from the experiences of the intervention team.

Methodology: Data from semi-structured interviews with the team responsible for implementing an organizational health intervention in two large UK organizations was used to examine how leaders at strategic (senior management) and operational (line managers) ~~leaders~~positions engaged with the intervention.

Findings: Thematic analysis uncovered ~~seven~~six themes and 16 sub-themes covering the leaders' ~~ways by which leaders were consulted on the intervention plans,~~initial reactions to ~~these~~the intervention, barriers to leader engagement~~reasons for their reactions~~, ways in which the intervention team dealt with these barriers~~to leader engagement~~, factors facilitating and factors accelerating ~~that related to~~leader engagement, and ~~factors that differentiated~~differences in engagement between leadership levels~~, and time and pace of activities. Some of these were pertinent to all levels of leadership and others to a single level.~~

Research implications: This study can inform research into the conditions for optimizing leader engagement in organizational health interventions and beyond. Insights also emerged on the roles of ~~the qualities around leadership in interventions, the role of positive attitudes and perceptions by~~leaders at different hierarchical levels~~,~~ and the value of perspective-taking for intervention implementation.

Practical implications: Recommendations for bolstering the engagement of leaders in interventions are offered, that apply to all and separately to leaders at strategic ~~and~~or operational levels.

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Originality: The experiences of the intervention team who sought to engage leaders at different organizational levels to support the intervention are invaluable. Understanding how leader engagement can be maximized can better equip intervention teams for delivering successful interventions.

Keywords: organizational health interventions, leadership, hierarchy, line managers, senior management, engagement

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Engaging leaders at two hierarchical levels in organizational health interventions: Insights

from the intervention team

There is now strong consensus among intervention practitioners that visible support

from the leaders of an organization is an essential ingredient for successful organizational

health interventions (e.g., Biron and Karanika-Murray, 2014; Cox, Karanika, Griffiths and

Houdmont, 2007; Dahl-Jørgensen and Saksvik, 2005; Ipsen, Gish, & Poulsen, 2015; Nielsen,

Taris and Cox, 2010; Nytrö, Saksvik and Torvatn, 1998; Sorensen and Holman, 2014). This

support has to be discernible and enacted, rather than symbolic or intended. Indeed, leaders

set priorities and control intervention resources (Lindquist and Cooper, 1999) and in this way

establish the necessary foundations for successful and sustainable outcomes. At the same

time, a lack of leader support can also lead to intervention derailment (Karanika-Murray and

Biron, 2015). Because leadership is a crucial ingredient for organizational interventions, its

absence also renders interventions more vulnerable to failure (Nytrø, Saksvik, Mikkelsen,

Bohle and Quinlan, 2000). Therefore, to interventions, leaders can be equally a source of

support and reason for derailment – they can 'make or break' an intervention.

Even in the case of initiatives instigated by the organization, the engagement of lead-

ers with an intervention is not necessarily a certainty, since ~~as~~ the forces that power~~powering~~

leader engagement are not always ~~clear~~explicit. Organizational health interventions can be

indicative of the organization's genuine concern for employee health and wellbeing, but,

equally, they can also be borne out of necessity to abide by legislation or form part of broader

initiatives aimed primarily at improving organizational productivity and performance. How-

ever, not all leaders are created the same. When it comes to organizational change initiatives,

the extent and efficacy of leader influence depend on his/her remit and position in the organi-

zational hierarchy. Indeed, although intervention implementation theory distinguishes be-

tween visible support from the strategic leaders, or senior management, and active implemen-

tation by operational leaders, or line managers, we know little about how leaders at different hierarchical levels engage in intervention implementation or what leader engagement in interventions looks like.

The aim of this study was to develop an understanding of how leaders at different levels in the organizational hierarchy engage in intervention implementation. A crucial distinction We distinguish between leaders in strategic roles and those in operational roles is highlighted. The former refers to the senior management team at the highest level of seniority "who hold executive powers and have responsibility for corporate strategy and governance" (Karanika-Murray *et al.*, 2015), whereas the latter are the first line managers with whom employees have most frequent interaction and to whom they report (Hales, 2005).

To achieve its aims, the study drew from the perspectives of the best informants on the implementation process: the team responsible for delivering the intervention who can offer the most comprehensive account of the intervention. Indeed, the existence of a dedicated intervention team has been hailed as the second most important element of successful organizational health interventions and, for the purposes of this study, is the most reliable source of information on leader engagement, especially in complex interventions. In what follows, we discuss current research on the role of leadership in the context of organizational health interventions is discussed, and the distinction distinguish between two qualitatively different levels of leaders is expanded, before we outline ourthe study is outlined and and present its findings presented.

The importance of leadership and leader engagement for intervention effectiveness

Leadership, together with rules, culture, and regulations, is part of the institutional context that surrounds successful interventions (Macfarlane *et al.*, 2011). Not only can leaders "transform followers' beliefs to enhance well-being" (Arnold *et al.*, 2007) but also leaders hold the resources for successful change management programmes more broadly and for in-

terventions in particular. Goleman (1998) noted that effectiveness in leading change is one of the essential personal capabilities of leaders, while Tvedt, Sakvik and Nytrøj (2009) described manager availability as one of the four dimensions of a healthy change process. Lack of leader engagement can ~~also~~ derail organizational health interventions if the leaders resist change, assign low priority, or communicate the intervention inadequately (Karanika-Murray and Biron, 2015). The attitudes ~~and,~~ agendas, and mental models that leaders bring into an intervention can determine their reactions (Nielsen and Randall, 2012a, 2012b), including how actively they engage with the intervention (Nielsen, 2013). Because of the importance of leader influence for the success of any organizational initiative, leader disengagement from interventions can represent a waste of essential, often scarce, intervention resources.

Influence over change is thus an inherent and essential quality of leadership. Some definitions position influence over change as tautological to leadership. Whereas influence is defined as "the ways in which people at work influence their colleagues and superiors to obtain personal benefits or to satisfy organizational goals" (p. 440, Kipnis, Schmidt and Wilkinson, 1980), leadership is "the capability to influence positively and impact on situations and people in order to make a difference" and "leaders exert their influence and power in such a way that they impact the status quo and others in a positive way" (p. 269, Ungerer *et al.,* 2013). Northouse (2010) defined leadership ~~even~~ more succinctly as the "process whereby an individual influences a group of individuals to achieve a common goal" (p. 3).

It should be noted that there is a difference between leadership as a position in the organizational hierarchy and leadership as a function in relation to or defined by a specific goal. Although intervention implementation theory has tended to focus on senior management and first line managers as status positions in the organizational hierarchy (Biron *et al.*, 2010; Cox *et al.*, 2007; Hasson, Villaume, von Thiele Schwarz and Palm, 2014; Karanika-Murray and Biron, 2014; Randall, Griffiths and Cox, 2005), it is the intervention team (that often includes

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line managers) who hold the reins of implementing the intervention implementation. Alt-

hough, in theory, intervention teams should be equipped with the necessary resources to de-

liver an intervention, in reality, theytheir role is are often no more than that of executors with

accountability but with little decision authority for over interventions activities (Karanika-

Murray and Weyman, 2013). So much so, that the initiative may be at risk of failure if the

intervention team lacks the necessary support and resources to implement it (Biron et al.,

2010; Karanika-Murray and Biron, 2014; Randall, Griffiths and Cox, 2005). Organizational

leaders have structural power whereas intervention teams have formative power in organiza-

tional health interventions, but the successful work of the latter is only possible through suc-

cessful engagement of the former in organizational health interventions.

Leader iInfluence over change can be achieved via a range of mechanisms, tactics,

and skills that the leaders can bring into an intervention. For example, political skill (Mun-

yon, Summers, Thompson and Ferris, 2015; Ferris, Treadway, Perrewé, Brouer, Douglas and

Lux, 2007) and intra-organizational influence tactics (Kipnis, Schmidt and Wilkinson, 1980;

Kipnis, Schmidt, Swaffin-Smith and Wilkinson, 1984; Schmidt and Yeh, 1992) are critical

for securing resources and ensuring effectiveness. In relation to change initiatives, a range of

mechanisms of leader influence have been identified, including promoting increased trans-

parency— and thusin this way demonstrating accountability by the leaders for the activities

and the change sought to be achieved (Goodridge, Westhorp, Rotter, Dobson and Bath,

2015); controlling essential resources such as the time that employees spend on the interven-

tion (Dahl-Jørgensen and Saksvik, 2005); increasing perceptions that the work is meaningful

(Arnold, Turner, Barling, Kellaway and McKee, 2007); influencing participants' attitudes

and perceptions (Hiller, DeChurch, Murase and Doty, 2011), as well as initiative (Weiner,

2009), motivation and readiness for change (Cox et al., 2007; Weiner, 2009), or even the ex-

tent to which they value change (Weiner, 2009); or acting as opinion leaders (Locock, Dop-

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son, Chambers and Gabbay, 2001). Therefore, the active engagement ~~and influence by~~of those in power to influence the success of an intervention~~s~~ is a~~n important~~critical resource ~~for~~that the intervention team ought to maximize.

Indeed, securing leader engagement ~~of leaders~~ is often integrated in the preparatory stages of organizational health interventions, which are designed to build participation and ownership among all stakeholders. Although leaders have the power to influence change, they may also lack experience in effectively leading organizational change (Aarons *et al.*, 2015). Therefore, the first task in intervention development involves agreeing roles and responsibilities in order to clarify expectations, effectively manage feedback, and establish clear communication lines among stakeholders (i.e., senior managers, middle managers, employees, unions, etc.) (Biggs and Brough, 2005; Cox *et al.*, 2007). It may involve briefings for the leaders (Cox *et al.*, 2007) and developing organizational structures and processes ~~developed~~ to support leaders in intervention implementation (e.g., Aarons *et al.*, 2007). In the crux of intervention planning is the implicit understanding ~~appreciation~~ that efforts to engage leaders, or any intervention stakeholders, will be more effective if they are aligned with the ~~leader's~~target's perspectives and ~~remit and~~ needs, but these may be determined by the leader's position in the organizational hierarchy.

Leader engagement in interventions by leader position in the organizational hierarchy

Leaders at different hierarchical levels in the organization have different roles, remits, responsibilities, and spheres of influence (Mintzberg, 1979; O'Dea and Flin, 2003). The roles of leaders lower on the hierarchy are "more detailed and elaborated, less abstract and aggregated, more focused on the work flow itself" (Mintzberg, 1979, p. 20). Senior leaders tend to make more strategic decisions with longer-term impact on the way that the organization operates and to interact with employees in more formal and structured ways, whereas line managers tend to have more day-to-day operational roles and to interact with employees in less

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formal and more personal ways (Mintzberg, 1979; O'Dea and Flin, 2003; Karanika-Murray, Bartholomew, Williams and Cox, 2015). Leaders at different hierarchical levels control different types of resources of importance to interventions, but the difference is more qualitative rather than quantitative, such that the range of roles applies to all leaders in the hierarchy but to a different extent (Mintzberg, 1979; Karanika-Murray *et al.*, 2015). Although influence over change is an essential leader quality that is invaluable for intervention implementation, its potency will vary according to the leader's seniority and, consequently, the roles and responsibilities that he or she brings to interventions.

Furthermore, a leader's hierarchical distance or proximity to the intervention team and intervention recipients signifies closer working relationships, more frequent communication, and more personal influence. Reflecting on intra-organizational influence, Kipnis *et al.*, (1980) suggested that "as the number of persons in a work unit increases, a greater reliance is placed on strong and impersonal means of control" (p. 450). Similarly, clear communication is an established essential ingredient for successful interventions (Biggs and Brough, 2005; Cox *et al.*, 2007) but the efficiency of communication initiated by leaders may depend on their hierarchical position. Because of the line manager's remit to manage his or her subordinate's day-to-day work, communication between them will tend to be more frequent and informal than communication between the senior management and employees.

Therefore, the engagement of leaders at different levels of the organizational hierarchy in intervention implementation is idiosyncratic to their seniority, which signifies different roles, responsibilities, communication, and influence. The aim of the study is to develop an in-depth understanding is needed of how leaders at two hierarchical levels engage with organizational health interventions, how leaders' influence is differentiated, and how their engagement can be fostered and any barriers overcome. If influence over change is a quality of leaders and an essential resource for the intervention team, then access to this re-

source is achieved through effectively engagementing of leaders in the intervention. Correspondingly, the aim of the study is to develop an in-depth understanding of how leaders at two hierarchical levels engage with organizational health interventions, how leaders' influence is differentiated, and how their engagement can be fostered and any barriers overcome. To the question of successful leader engagement in organizational health interventions, a number of subsidiary questions are raised around the conditions that support that, including: what methods or strategies can intervention teams use to engage the leaders in intervention activities; what are the barriers to successfully engaging leaders in interventions; how is leader engagement enacted and what factors can facilitate the active engagement of leaders in intervention activities; and are there differences in how leaders at different levels influence, support, and engage with organizational health interventions? Because the scope of past research does not allow to clearly delineate how leaders in higher and lower hierarchical levels engage with an intervention, the study was necessarilyinevitably qualitative and exploratory. In this context, the best informants (Morse, 1989) were not the leaders themselves, but the team who were responsible for implementing the intervention from inception to completion. As the intervention team was tasked with building the motivation and capacity of leaders across the organization to support the new intervention, it developed invaluable tacit understanding of the intervention process and its challenges.

Method

The intervention

This study was part of a larger programme of workinitiative that focused on developing, implementing, and evaluating intervention activities to support work engagement and to influence retirement intentions, . The intervention was carried out as a research project in one hospital and one local government organization. Explicit commitment of time and resources to the work initiative was expressed via sign-off by the organizations' Directors or Chief Ex-

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ecutives, the Human Resource Team, and/or the Research and Development Team. The intervention was carried out by a dedicated intervention team with the support of the research-ers ~~team that~~ who led ~~on~~ the evaluation element of the work.

Although one of the aims of the broader initiative was to impact retirement decisions, the nature and content of the specific intervention activities focused on improving the work environment for all employees. The preparatory stage for the intervention focused on bolstering leader engagement before agreeing and implementing any specific activities. All hierarchical levels of leaders in the organization below the Director were involved. This stage took twice as long as initially planned, since ~~as~~ it included a series of briefings with groups of managers and cross-sections of employees~~,~~ and also meetings with individual leaders who had expressed concerns or required guidance. ~~With~~On hindsight, the delay was explained by the combination of aiming to implement and negotiate, with all parties, a range of complex activities in complex and hierarchical organizations before ~~the~~ implementation of the intervention activities could begin. It was the intensive nature of this preparatory step and the hurdles experienced by the team in attempting to engage a large number of leaders in these two large organizations that raised questions around how leader engagement can be bolstered and how it differs between line managers and the senior management ~~and how it can be bolstered~~ and that provided the impetus for this study. Specific intervention activities were developed from a combination of an evidence review, a baseline staff survey, and workshops with cross sections of employees, including leaders at all levels ~~managers~~. Activities included, for example, developing mentoring, implementing multidisciplinary teams, developing resources, and revising policies and procedures. Participation, acceptance, and ownership of the interventions were of paramount importance. Activities ~~ranged~~varied broadly in content and delivery mode, as they were tailored to the specific needs of the target groups or departments

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and the nature of their work. Further information on the interventions is available from the authors.

Participants

Study participants were We interviewed the intervention team of those actively involved in implementing the interventions in the two organizations, which comprised of: the intervention leads (one individual in each organization), the intervention champions (two individuals in one of the two organizations and one in the other), and the implementation team of external consultants (two individuals, oneeach dedicated assigned to eachone of the two organizations). This group of interviewees fulfilled the criteria of good informants (Morse, 1989): Knowledge and experience of the issuesubject and issues to be able to answer the questions;, ability to reflect and communicateon these;, and willingness and time to participate in the study. As such, the intervention team of seven, although small, were the best and complete source of information on how leaders engage in intervention implementation. The intervention team met regularly as an entity or with the research team to share: explicit knowledge about intervention and change programmes, learnings about the organizational context and implementation hurdles, and tacit knowledge asthroughout the implementation of the intervention activities were being implemented. All the individuals involved in the intervention team were approached and all agreed to be interviewed.

Measures

The interview schedule focused on how the intervention team worked with leaders to secure their engagement, commitment, and support from the start and throughout the initiative, differentiating between senior management and line managers, and with relevant probes. To address the main and subsidiary research questions the interviews covered: (1) the ways by which the leaders were consulted at the start of the intervention and their responses to the intervention plans (i.e., "To what extent and in what ways did you consult or inform different

levels of management about the initiatives? Let's start with senior management…", "What was the immediate reaction from…?"); (2) any barriers experienced, their permeability among leaders, and how the intervention team dealt with these (i.e., "To what extent were these obstacles, challenges, and reasons for resistance common amongst managers?", "How did you deal with these obstacles/challenges that you faced?", "Have there been any other key obstacles/challenges you have experienced...?"; "Thinking back, what are the main ingredients in securing… engagement?"; "How did you manage to sustain this engagement in the longer term?", "What would you change when attempting to secure the engagement of… for these initiatives?"); (3) differences between leaders in influence and support (i.e., "I am interested to know how influential different levels of management actually are. What was your experience when implementing the initiatives?", "If you experienced support and enthusiasm from some managers, how was that support demonstrated in practice?"; "How important is the support from senior management as compared to the support from line managers for change interventions?"); and (4) the temporal challenges around changing leaders' perceptions and sustaining their engagement (i.e., "How long did it take to shift the perceptions of leaders and managers about the intervention?", "How did you manage to sustain this engagement in the longer term?"). ~~When~~Unpinning ~~developing~~ the development of the interview questions was ~~, the~~an intention ~~was~~ to ~~cover the topics that emerged from the broader literature but to also to~~ encourage discussion and sharing of experiences ~~and any emerging issues~~.

Procedure

Semi-structured individual interviews, lasting approximately 60 minutes ~~or~~ as determined by the interviewee, were carried out over the phone. These were ~~and~~ recorded with each interviewee's permission and ~~.~~notes were also taken. Follow-up telephone interviews were also conducted, where it was deemed necessary to expand on the responses, gain more

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in-depth information, or clarify any responsespoints that were unclear. Before the interview,

the purpose of the study and ethical considerations (i.e., voluntary participation, confidentiali-

ty, anonymity, use of data, and feedback) were discussed withexplained to the participants.

Notes of what was being said were also taken by the interviewers.

Analysis

Thematic analysis was carried out on the data from the recorded interviews. Thematic

analysis was the appropriate method because it allows to identify emergent patterns in the

information shared by the interviews and is not tied to a theoretical or epistemological

framework (Braun and Clarke, 2006). In line with the steps suggested by Halcomb and Da-

vidson (2006) the recordings were listened to several times and notes made throughout. Ac-

cording to Wengraf (2001) and Fasick (1977-78), the notes taken during the interviews are

considered to be 'primary interview records' that are important for research quality and in no

case should be overlooked by the researchers. Even though the audio-recordings areoffer use-

ful verbatim accounts of the interview, they fail to replace the 'paper and pencil recording'

owing to the challenges associated with transcription and coding (Fasick, 1977-78). This does

not necessarily undermine the importance of audio-recordings (Fasick, 1977-78). Preliminary

analysis was applied by one of the researchers to identify initial themes which were then

cross-checked by another researcher, and populated with evidence from the recordings and

interview notes.

<center>Results</center>

Seven themes on leader engagement in organizational health interventions emerged

from the individual interviews with the intervention team. Not all themes differentiated

between line managers (LM) and senior management (SM). The themes and sub themes,

together with explicative quotes, are presented in Table 1. Any names or job positions

mentioned by the interviewees were substituted with 'LM' or 'SM', as appropriate.

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Insert Table 1 about here

Theme 1:

Background: Methods ~~Ways~~ of consultation used

By way of providing some background, the ~~The first theme that emerged from the analyses, and that related to the first set of questions~~strategies and methods used by the intervention team to consult with the leaders at the start of the initiative were discussed~~, described the range of ways in which the intervention team consulted with the LM and SM on the intervention~~. No indication was given of which methods were more or less effective as these were necessarily tailored to the recipients.

Formalized ~~ways of~~ consultation included meetings, formal reports, and emails cascaded from the Director/Chief Executive to all leaders. For example:

"through implementation framework such as briefing papers, formal reports…

presentations at leaders and management meetings" (Interviewee A)

"we had meetings and presentations to the corporates director board" (Interviewee B)

Informal ad-hoc ~~ways of~~ consultation, such as ~~ad-hoc~~ group sessions and face-to-face personal discussions and meetings, were also used by the intervention team as and when necessary. These demonstrated the broad range of methods that the intervention team used in order to engage a diverse group of leaders in these large organizations and to implement the intervention activities. They also demonstrated the need for flexibility by the intervention team in deciding how to engag~~inge~~ leaders or groups of leaders in accordance with their needs. For example:

"our offices were on the same floor and [we] quite informally got to know them"

(Interviewee E)

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"we had all of the group sessions to start with… we had peer group sessions of senior

managers, peer groups sessions of first line management level…" (Interviewee F)

Theme 21: Initial Types of reactions (support or resistance) by the leaders

This theme describes the leaders' initial reactions to the intervention activities aims

and plans. Although the overall interventionoverall initiative waswas signed off by the top

management team (Director or Chief Executive) and the specific activities were developed

and agreed with all employees at the workshops, it was the intervention team and LM who

were allocated responsibility for the day-to-day implementation of the intervention

programme. The SM were positive because they were involved in the discussions broadly.

Some LM, despite understanding accepting the need for the intervention, were apathetic and

passive towards the involvement of the employees that they managed. For example:

"They understood but some of them disengaged slightly" (Interviewee A reporting on

an LM)

Reactions to the intervention plans were both positive or and negative. *Initial*

expressed support Positive attitudes included expressions of enthusiasm for the overall aims

of the intervention, where SM and LM saw the need for these, and included overt support

byfrom the SM and positive attitudes byfrom the LM groups. For example:

"if I walked passed the [SM] office and had the door open and not in a meeting she

always asked could she do anything for me" (Interviewee E)

"the immediate reaction was positive when we first went to them [to SM] from the

Chief Executive level, very very positive, but less positive from the [LM]

management team" (Interviewee F)

Initial aActive resistance, on the other hand, describesd active sabotaging of activities

(e.g., not releasing staff to attend workshops), resignationswithdrawals by individuals in key

positions, active disengagement (e.g., not attending briefings or forwarding information), and

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expressed frustration with the overall feedback from the baseline survey. Two cases of

resignation were reported by the intervention team. The first concerned "one sister that was

very difficult to work with... she handed in her resignation" (Interviewee E). The second

concerned a midwife in an LM position who had requested to be moved to another job after

which she was assigned and then a year-long secondment. The resignations were a result of a

combination of individual factors such as personal history of negative working relationships,

low work LM competence, and negative attitudes which affected involvement in the

intervention activities. The expressed frustration was related to perceptions by the individual

LM that he/she did not work hard enough, which was a misinterpretation of the feedback on

LMs from the baseline survey and workshops. Where the intervention team saw that negative

reactions posed a risk to the intervention itself, it was necessary to engage with the

individuals in one-to-one meetings and sometimes rely on the influence of the Director in

order to prevent the intervention from derailing. Active resistance byfrom some of the leaders

was direct and palpable and direct. For example:

> "…'That's nonsense and rubbish, I am not doing that'…" (Interviewee E reporting
>
> on what an LM had said)
>
> "…'we don't think you are getting anywhere but good luck with that'…"
>
> (Interviewee C reporting on what a leader [unclear if it was SM or LM] had said)
>
> "I had people being angry with me… Some people took it almost like an attack on
>
> their professionalism… In a healthcare organization […] the large majority of the
>
> people coming to work every day is to do a good job, so motivation is good. If
>
> someone comes and says 'you know you could better', they don't like it…"
>
> (Interviewee D)

Theme 32: Reasons for reactionsBarriers to leader engagement

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Theme 3 describes the ~~barriers to engagement by the~~ ~~reasons for the~~ leaders in terms of ~~'~~ ~~varied~~their reactions to the intervention. ~~These include emotions and perceptions, the communication processes, and also organizational factors.~~

~~It includes three sub-themes.~~ *Perceptual and emotional* ~~*Emotions and perceptions*~~*barriers* to engagement ~~included~~covers issues such as ~~:~~ lack of confidence in the sustainability of the intervention, lack of buy-in related to perceived lack of relevance or interest in the goals of the intervention, the leaders (especially some LMs) feeling that their authority was being undermined, competing structural organizational changes that related to the broader political environment (especially pertinent to the civil service), and feeling overloaded with work that was over- and-beyond the normal workload. For example:

"change in management resulted in ongoing 'sell' of the benefits of the project and although the initiatives were driven, following the survey and group sessions, by staff, new managers in post wanted to be seen to be taking action and influence change from their own experiences" (Interviewee A)

Some of the LM believed that the intervention team were adding extra demands and tasks on their workload or felt that their authority was being undermined. For example:

"they thought that the project was coming to help this and not give [them] extra work" (Interviewee E)

*Poor quality of C*communication ~~*quality*~~ includes~~d~~: the lack of communication and also inconsistency in delivering the intervention messages across the organizations. The former was due to weak or lack of people management skills necessary to support staff involvement in the broader intervention programme and specific activities. On reflection among the intervention team, it was felt that the latter was mainly due to the highly hierarchical structure of ~~both~~the two organizations and the loss of information as it cascaded down the hierarchy and also between the intervention team and the larger group of leaders in

these organizations. As a result, it was also felt that the initial focus of the intervention was

diluted. For example:

> "inconsistency in the message around the initial launch being about the older worker
>
> and that was quite quickly lost" (Interviewee A)

Finally, *underlying* organizational factors- that can explained the leaders' reactions to

disengagement and lack of support for the intervention activities included: history of failures

about implementation of change in the specific work unit or department (and consequently

lack of confidence that the intervention would succeed), hierarchy (i.e., hierarchical structure

of too many layers of management in both organizations), bureaucracy, and work planning

issues (especially where it was difficult to reschedule tasks or replace employees to allow

them to attend intervention activities). For example:

> "Historically in the healthcare sector the change implemented top down cannot be
>
> embedded and it is not sustainable" (Interviewee F)

> "There have been similar initiatives done in the past around engagement and a couple
>
> of managers mentioned about sustainability and projects come and go and nothing
>
> seems to be sustainable" (Interviewee C)

Theme 4̶3: W̶a̶y̶s̶Dealing with -of dealing with barriers to leader engagement

One of the intervention team's core responsibilities was to deal with any obstacles

presented, in order to smooth the way for the acceptance and reach of the intervention

activities. Their methods of dealing with hurdles to leader engagement were broad and varied

and reflected in theme 3 and its two sub-themes.

Formalized and targeted communication ways of dealing with barriers includesd ad-

hoc and ongoing discussions and meetings with the SM team and LMs and aiming to

generate quick intervention wins. Both, but especiallyIn particular the latter, were was

deliberate and aimed at securing buy-in and bolstering acceptability and uptake of the actions

across the board. For example:

"going to the middle managers and speaking to SM and be fully aware of how this

is" (Interviewee G talking about an LM's negative behaviours)

Perspective-taking describes more informal and personal ways of dealing with

barriers such as initiating reactive ad-hoc discussions with individual leaders where their

concerns were addressed and their perspectives taken into account, demonstrating active

listening, incorporating suggestions into intervention plans, and recognizing leaders'

contribution to the intervention. These ways by which the intervention team dealt with

obstacles helped to highlight the leaders' vested interests, boost pride, and increase their

ownership of the intervention or, rather, to transfer ownership from the intervention team to

the leaders themselves. Intervention team members reported on how this approach gradually

changed the leaders' attitude:

"from 'this is your project, it is not for us' to 'this is your project and we want to work

with you to achieve these results' " (Interviewee C reporting on a leader's position [it

was unclear if it was SM or LM])

Theme 5̶4: Factors ~~related~~facilitating ~~to~~ leader engagement

Theme 5̶4 refers to the range of factors identified ~~to~~as essential for facilitating ~~be~~

~~associated with the~~ leader~~s'~~ engagement with the intervention, ~~which~~ and ~~were~~are grouped

under three sub-themes~~: means of communication, attitudes, and impact on daily work~~.

Regular and quality ~~Means of~~ communication describe~~s~~d communication activities

such as being solicitous to convey key messages consistently (such as the message that the

Director/Chief Executive is supportive of the interventions and the role of the intervention

champion) and us~~e~~ing unambiguous language in discussions, initiating follow-up discussions

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encouraging face-to-face meetings, and generally keeping communication lines open. For example:

> "It is understanding what would add value to them and it is sticking to the initial objective and being very clear what the objectives are, what the outcomes are gonna be and when they will be achieved by" (Interviewee A)

Showing consideration for the leader's role and needs describes a range of activities aimed at getting acquainted and building rapport with the leaders. This entails demonstrating a more genuine and personal approach by getting to know the leader's perspective, demonstrating how the intervention can add value to their daily work, showing respect by not acting without explicit SM approval even on minor issues, and establishing a professional and open relationship. This sub-theme is especially relevant to SM, perhaps because of their more distant position in relation to the daily workings of the intervention. For example:

> "Learning and understanding their personalities… It was very important to always show respect to SM… show them their position and place" (Interviewee E)

Demonstrating impact on the business and daily work related to providing evidence that the investment of time and resources in the intervention is worthwhile, demonstrating the value and benefits of the activities, and promoting supporting for the organization's work culture and priorities. For example:

> "… 'tell me what it aims to achieve'… " (Interviewee C reporting on a leader's position [it was unclear if it was SM or LM])

Theme 5: Factors accelerating leader engagement

Theme 5 is an extension of theme 4 but reflects the fact that building leader engagement takes time. Three sub-themes describe how the intervention team can accelerate leader

engagement with the intervention ~~and included: conveying regular and targeted messages, impact on work, and time to process. As mentioned, the preparatory stage of the intervention involved a 'campaign' to engage all the leaders. Perhaps due to the size and hierarchical structure of the two organizations, this stage took longer than anticipated.~~

~~Regular~~Cascading ~~and~~ targeted messages reflects the finding~~s~~ that building SM engagement, through regular updates and ~~could~~ feedback ~~speed up SM engagement~~or by other means, is not only essential but can also cascade to and accelerate~~, and in turn,~~ LM engagement. For example:

> "Due to the regular updates they receive the SM know more what is going to happen… so therefore they come on board quite quickly" (Interviewee E)
>
> "… 'clearly the Director is supporting this and maybe I should get involved'… " (Interviewee C reflecting on the leaders' position)

~~*Projected benefits* refers to the leaders' ability to immediately appreciate the potential benefits of the intervention on their daily work and the work of those that they manage, and was relevant to both levels but especially the LM. For example:~~

> ~~"As soon as the LMs see direct effect on their work some LMs want to be left and some are more than happy to be involved" (Interviewee E)~~

Allowing T~~t~~ime and tuning the ~~and~~ pace of engagement activities ~~describes the fact that some ~~individuals~~leaders may need more time to consider the intervention plans before and in order to engage more actively. Engagement ~~here~~ in this sense is first mental (so as to allow individuals to think though the implications, such as projected benefits, and plan ahead) and then behavioral. This sub-theme also reflect~~ed~~s the need to find the right time and pace for each leader when communicating or~~and~~ deliveringimplementing the intervention, so that he or she can more easily integrate it into their normal workflow. For example:

"some people will think and be prepared to see through or understand that there are reasons why 'things are not happening as quickly as I would like them to', but some people say 'actually I cannot afford any more time and this is not happening quickly enough' therefore, they drop out" (Interviewee C)

Projected benefits of change refers to the leaders'' ability to immediately appreciate the potential benefits of the intervention on their daily work and the work of those that they manage, and . This sub-theme was relevant to both levels but especially so to the the LM. For example:

"As soon as the LMs see direct effect on their work some LMs want to be left and some are more than happy to be involved" (Interviewee E)

Theme 76: Factors linked to differences in engagement between leadership levelsTime to engage

ThisFinally, theme 6 relates covers to the factors explicit tothat described the differential influence of the SM and LM in the intervention and included: position in the hierarchy, work relationships and personality, and the scope of change.

The leader's Pposition in the hierarchy covers the roles and accountability thatof the two levels of leaders have. Although all leaders haved some influence or posed barriers on the implementation of the initiativesintervention activities, SM's influence hasd a wider reach because of their overall control they had on the process and overall decision-making in relation to broad intervention aims and resources, whereas LM haved decision-making over narrower more focused operational activities such as, for example, deciding whether staff can be released from their daily duties and were more influential at the team level but not on the whole set of initiatives. For example:

"The more senior they get the more sway they have over large number of things" (Interviewee C)

This theme also reflects~~ed~~ the fact <u>that</u> these two hierarchical levels of leadership ~~were~~<u>are</u> interrelated <u>in their work roles and influence</u>. SM required to be copied into requests for resources in order for them not to be ignored by the LM. Not involving the SM was a risk to engagement by the LM and intervention participants. For example:

"if the senior management is involved it must be serious" (Interviewee E)

<u>The leader's</u> .A<u>a</u>uthority ~~relates~~<u>concerns</u> ~~to~~ whose opinion staff respect~~ed~~ the most, and how authority i~~wa~~<u>s</u> perceived <u>by the intervention's target participants</u>~~when considering whether to be involved with the intervention~~. Some employees ~~were~~<u>may be</u> cautious, others ~~always sought~~ <u>may seek</u> permission, and yet others <u>only decide whether to take part in the intervention activities after</u> ~~decided by~~ considering their leaders' position. For example:

"People will look to a level above their line manager… and then depends on the relationship between these two managers" (Interviewee C)

<u>The s</u>S<u>cope of change</u> describes the fact that <u>a</u> leader'<u>s</u> ~~engagement with an initiative was influenced by their~~ judgement of how broad and pervasive ~~the~~ change is<u> can define his or her engagement with the intervention</u>~~, such that o~~. O<u></u>ften, <u>for example,</u> LM ~~were~~<u>are</u> more cautious and also perhaps limited by the scope of their remit<u> and their operational role</u>. For example:

"It depends on the level of the change" (Interviewee C)

Discussion

This study drew from the perspectives of the intervention team to offer an in-depth exploration of how leaders at two levels in the organizational hierarchy engage in organizational health interventions. The study was motivated by two arguments. First, that if influence over change, which is within the remit of the leaders, is an indispensable resource for the intervention team <u>to use</u>, then access to this resource is best achieved by <u>actively</u> engaging the leaders in the intervention. Second, that the engagement of leaders in

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interventions is idiosyncratic to their position in the organizational hierarchy, ~~which~~

signifi~~es~~ying their different roles and responsibilities.

Si~~x~~even themes and 1~~8~~6 sub-themes emerged that described: ~~the ways by which~~
~~leaders were consulted on the intervention plans, reactions to these, reasons for their~~
~~reactions, ways in which the intervention team dealt with potential barriers to engaging the~~
~~leaders, factors that related to leader engagement, factors that differentiated between~~
~~leadership levels, and the time and pace of engagement~~the leaders' initial reactions to the
interventions, barriers to leader engagement, ways in which the intervention team dealt with
these barriers, factors facilitating and factors accelerating leader engagement, and differences
in engagement between leadership levels.

~~——~~These themes and sub-themes relate~~d~~ to both leadership levels but some ~~were~~ are
more relevant to either SM or LM~~one or the other~~. Underlying the successful engagement of
leaders in ~~the~~an intervention ~~was~~is the need to take a more personal approach characterized
by clear communication, ~~showing~~demonstrable consideration for their perspectives and
~~work~~remits, demonstrating respect for their authority (i.e., not acting without SM's approval
of the intervention process and activities ~~but~~and ~~also~~ respecting LM authority over day-to-
day work), and finding the right time and pace for each leader to engage in initiatives which
tend to be ad-hoc and ~~were~~ not ~~directly~~ part of their work. As expected, efforts to engage
leaders in the intervention ~~were~~are more effective when they were aligned to the leader's
remit and perspectives. This was highlighted by the recurrence in the sub-themes of having
clear, targeted or personalized, and open communication, in various forms and at all stages of
the intervention, when attempting to engage the leaders. Indeed, building ownership is
essential for intervention success (Biggs and Brough, 2005; Cox et al., 2007) and this applies
to engaging the leaders as intervention targets.

Being first in the hierarchy to be ~~approached~~involved and having direct access to updates by the intervention team, the SM ~~team~~ tend~~ed~~ to be more positive in their reactions to the intervention and ~~achieve~~ reach buy-in more quickly. ~~Line managers~~LM ~~were~~tend to be ~~informed~~ involved ~~mainly and initially~~mainly via the SM and group meetings (which the intervention team tried to ~~redress~~address by adopting more direct means of communication with the LM) and ~~,~~ tended to be more cautious about the impact of activities on day-to-day work. ~~They~~LM also engaged more readily if SM were also visibly engaged, understood the benefits of the intervention on their work, and were allowed time to engage, first mentally and then in more tangible ways. As expected, the engagement in intervention implementation of leaders at different levels of the hierarchy ~~in intervention implementation~~ was linked to their seniority, which ~~, as mentioned,~~ signifies their different remits and responsibilities, power and influence. Furthermore, the natural interdependence between leaders at different tiers was highlighted by the finding that lack of SM ~~senior management~~ engagement was a potential risk to ~~line manager~~LM engagement. ~~Not only was t~~The engagement ~~in the intervention~~ of leaders in strategic roles was qualitatively different ~~to~~from the engagement of leaders in operational roles ~~but also~~, and both ~~the two were inextricable in defining~~are inextricable in organizational health interventions ~~each other's engagement in the intervention~~.

Essentially, the crux of the study is the proposition that leader engagement with an intervention may differ for ~~because~~ leaders at different hierarchical levels who have different remits, priorities, and perspectives, and therefore it is necessary for the intervention team to understand how ~~these~~to maximize leader engagement ~~, and the wider organiational context,~~ when planning an intervention. ~~Bolstering the capability and motivation of leaders to support an intervention is a prerequisite of successful interventions and, indeed, of any organizational goal or initiative.~~ The perspectives of the intervention team as harvested in this study support

this proposition. Bolstering the capability and motivation of leaders to support organizational health interventions, or any organizational change initiative, is a prerequisite for their successful implementation.

Implications for research

The findings of this study have implications for intervention research. First and foremost, it is time to develop more systematic knowledge on leadership in organizational health interventions. The need to build adequate leadership capacity to support interventions is cited as most important but also most often overlooked (Biron and Brun, 2006; Cox *et al.*, 2007; Cox, Karanika-Murray, Griffiths, Wong and Hardy, 2009; Nytrø *et al.*, 1998; Nytrø *et al.*, 2000; Saksvik *et al.*, 2002; Tvedt *et al.*, 2006). Building leadership for interventions would go beyond tactical and practical intervention planning, to gather evidence on the superordinate and intermediate leader qualities in relation to intervention implementation, before enlisting the support of leaders at different levels in a planned and methodical way. In turn, this willwould allow to explore how specific influence strategies (downward, or even upward) are used and which are most efficient, or how different levelstiers of leadership 'interact and influence' or engage with employees in the context of organizational health interventions. For example, different attributes, behaviors, or influence tactics of leaders in strategic roles and those in operational roles may be more or less relevant to or effective at different stages of the intervention stages.

On paper and in planning, roles are described clearly and coherently but, in practice, often they are not enforced (Hasson *et al.*, 2014), perhaps because of conflicting demands of daily work or the lack of authority by the intervention team to implement them. Coetzee, Visagie and Ukpere (2003) examined the leader competencies for supporting organizational change and proposed three ingredients: creating a vision for the change, offering guidance during the process of change, and applying leadership attributes (competencies, capabilities,

and values) to the implementation of the change programme. Although organizational change differs from organizational health interventions in aim and scope, ~~some~~ they also greatly overlap ~~ingredients~~in terms of the implementation process and ingredients ~~are the same~~. When discussing the role of management capacity in the context of stress management interventions, Cox and colleagues (2007) recommended that good management is essential at all stages of an intervention. But we need better knowledge on the specifics of leadership attributes in the context of interventions ~~and t~~. Therefore, it is necessary to expand on this line of research to identify specific intervention leadership competencies, behaviours, or influence tactics.

Second, the ~~findings~~learnings from this study could~~may~~ lead to more focused research on how~~the role of~~ positive attitudes and perceptions by leaders at different hierarchical levels impact on intervention success. For example, we know that leaders form specific perceptions of the interventions (Nielsen and Randall, 2012), which, as the current findings ~~show~~indicate, may be because of their ~~they form specific~~ perceptions of the extent and scope of change. ~~In turn, t~~They may also form perceptions about their implicit role in the intervention vis-a-vis their work load and role in the process and the extent of change. It is also possible that the effectiveness of the mechanisms and tactics by which leaders exert influence on change more broadly and intervention participants in particular (e.g., political skill [Munyon *et al.*, 2015; Ferris *et al.*, 2007], intra-organizational influence [Kipnis *et al.*, 1980], promoting transparency and accountability [Goodridge *et al.*, 2015], controlling resources [Dahl-Jørgensen and Saksvik, 2005], influencing participants' attitudes, initiative, motivation and readiness for change [Cox *et al.*, 2007; Hiller *et al.*, 2011, Weiner, 2009])~~,~~ varies by the leaders' seniority, remit, and agendas. Better understanding of the mechanisms of influence enacted by leaders ~~can~~could inform ~~better conceived and~~more effective engagement plans and, consequently, ~~better~~more efficient use of intervention resources.

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Third, ~~the role of~~ perspective-taking by the intervention team was highlighted as important for helping the leaders to contextualize the intervention to their roles and priorities. It was also important for ~~and even for~~ appeasing personal egos. Indeed, perspective-taking has been proposed as a constructive approach to reducing conflict (Sessa, 1996), improving social relationships (Longmire and Harrison, 2018), and improving team functioning (Williams, Parker and Turner, 2007), especially in complex workplace interactions (Longmire and Harrison, 2016). As such, it may be central for building stakeholder engagement and aligning personal agendas to intervention objectives, but has yet to be examined in this context.

Implications for practice

The findings of this study also have immediate practical implications for creating tailored engagement plans for leaders at different seniority levels. Some of these actions are relevant to all leaders ~~at all levels,~~ whereas others are pertinent to leaders at ~~specific~~ different ~~levels~~tiers in the organizational hierarchy.

First, tailored engagement and awareness activities are as important for the leaders as they are for the target intervention recipients. The value of the preparatory stages for building participation and ownership among stakeholders (Biggs and Brough, 2005; Cox *et al.*, 2007) is based on successfully engaging leaders, which necessitates an understanding of their remits, needs, and perspectives (Hasson *et al.*, 2014). Tailored engagement can be enhanced by offering activities that are aligned to the leaders' remit and priorities and informed by their personal perspectives on change and expectations of the intervention ~~process~~. More specifically, for line managers this may mean highlighting implications for daily operational tasks, helping to organize work around intervention activities, adjusting the pace of change to the work targets, restricting the scope of change, building rapport and encouraging open and clear communication at every stage. For senior management, tailored engagement activities

may focus on highlighting the impact of change on the business~~, showing respect for they authority~~, and offering regular updates ~~or~~and feedback. For both leadership levels, it is important to demonstrate the potential value and benefits of the initiatives via quick wins, inviting consultation, and showing perspective-taking and respect for their authority. In practice, perhaps due to restrictions in resources or assumptions relating to 'who needs to be persuaded', preparatory stages are either limited to awareness-~~-~~raising across the whole organization or tend to target those directly involved in ~~delivering~~ the intervention. If change concerns everyone in the organization, everyone should be engaged ~~i~~on their own terms and according to their work priorities and needs. Participatory approaches, hailed as important for addressing resistance to change and improving intervention perceptions (Nielsen 2013), could also be enhanced in such ~~specific~~ ways.

Second, ~~beyond understanding leaders' perspectives,~~ it is important to invest in developing leadership resources for delivering interventions, perhaps as an explicit aim or preparatory activity, with the aim to support change or intervention gains beyond the lifetime of the intervention. As an example, LOCI, the Leadership and Organizational Change for Implementation programme, was aimed at developing the leaders' potential to support interventions by bolstering their proactivity, knowledge, and specific leadership behaviours (Aarons *et al.*, 2015). Indeed, ~~This may strengthen the position of~~ intervention leadership ~~a~~is an integral part of three of the four levels of intervention context identified by Macfarlane and colleagues (2011): the individual (in this case, leader's values, roles, and knowledge), the interpersonal (in this case, communication and collaboration for intervention planning and implementation), the institutional (in this case, leadership). The findings from this study could help to shape ~~further inform~~ the context and content of intervention leadership initiatives, separately for ~~targeting~~ different levels of leadership.

Third, and expanding on the importance of perspective-taking, this study shows that the organizational hierarchy, power, politics, and history are important for leader engagement. It is both courteous and common sense that the intervention team (whether it comprises of researchers, or external consultants, or internal experts, or a combination of these) shows consideration of individual leaders' concerns, is sensitive to their perspectives and experience, and establishes how the intervention can strengthen rather than undermine their influence. This can diminish the potential for ~~, in order that~~ leaders ~~do~~to ~~not~~ feel antagonized, threatened, or outside their comfort zone. ~~This~~It may be even more important in cases where leaders may "be promoted based on […] expertise with little support or training in effective leadership of workplace change efforts" (Aarons *et al.*, 2015). Perspective-taking offers the intervention team a tactful and effective approach to engaging leaders in interventions.

Fourth, cascading communication on the intervention from higher to lower levels in the organizational leadership hierarchy is important (Cox *et al.*, 2007) but it also ~~. However, this~~ requires some tailoring of communication means or content ~~or means~~ at each level of the cascade~~, rather than merely serial or parallel transmission of information~~. As mentioned, such communication is ~~also~~ more effective if it is tailored to ~~different levels and groups of leaders, according to their~~individuals' roles and ~~agendas~~perspectives and based on an appreciation of the impact that the intervention may have on individual daily work flow and organizational work planning.

Limitations

As a first on this topic, this study is not without limitations. The perspectives of the seven members of the intervention team reflected their personal experiences, of the specific intervention, in the specific context, and this group of leaders. Although the~~y~~ interviewees were the best informants on the engagement of leaders in the intervention, which is a strength

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rather than as a limitation, there is a possibility that the data collection was not reflective of

the experiences of the intervention participants (the employees) or the leaders' perspectives.

A 360-degree assessment would ~~have allowed to~~ provide a broader and more balanced

examination of leader engagement in intervention implementation, allowing to juxtapose the

perspectives of different intervention stakeholders.

Conclusions

 Taking the perspective of the intervention implementation team, ~~T~~this study ad-

dressed an important gap in the organizational health intervention literature, that of under-

standing the factors underpinning the successful engagement in interventions of leaders at

different hierarchical levels~~, from the perspective of the intervention implementation team~~.

Treating leaders at different ~~hierarchical~~ levels as a homogeneous group can at best be~~may

represent~~ a waste of intervention resources ~~at best or even~~which may even derail an interven-

tion if it ~~creates~~leads to misaligned effort, conflict, and poor working relationships. ~~Engage-

ment of~~Successfully engaging leaders in ~~the~~organizational health intervention~~s~~ entail~~ed~~s

~~demonstrating~~ consideration and perspective-taking, ~~showing~~ respect for their authority,

regular and tailor~~ing~~ed communication, and allowing time and pace to engage, whilst

~~making~~considering ~~the most of~~ the~~ir leaders'~~ roles ~~and~~, remits ~~(e.g., strategic vs. operation-

al),~~ and specific needs. ~~Leaders set priorities, control resources, and create shared meaning

among employees who are engaged in the intervention. In this way, they afford the power to

support the intervention from inception, set the wheels in motion for kick-starting the inter-

vention, and establish the foundations for successful and sustainable outcomes beyond its im-

plementation.~~ Ultimately, the findings from this study ~~have the potential to~~ offer ~~needed con-

ceptual and practical~~ insights into ~~on~~ how to better equip and support intervention teams for

delivering ~~successful~~ interventions by successfully engaging the leaders. The question of ~~Dis-

tinguishing between levels of leadership in intervention research and practice and systemati-~~

cally collating and developing knowledge on intervention leadership areoptimizing leader

engagement is a worthwhile and timely pursuit pursuits in research and practice, of value

beyond organizational health interventions.

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Table 1. Themes and sub-themes on leader engagement in the intervention

Themes	Sub-themes
Background: Methods of consultation used	Formalized consultation (e.g., meetings, formal reports, emails from Director/Chief Executive)
	Informal ad-hoc consultation (e.g., group sessions, face-to-face personal discussions)
Theme 1. Initial reaction (support/resistance) by the leaders	Initial expressed support (i.e., expressed enthusiasm, SM: overt support and LM: positive attitudes)
	Initial active resistance (i.e., sabotaging of activities, resignations, active disengagement, expressed frustration)
Theme 2. Barriers to leader engagement	Perceptual and emotional barriers (i.e., lack of confidence in sustainability, lack of buy-in, LM: feeling that own authority was being undermined, structural changes, excessive workload)
	Poor quality of communication (i.e., the lack of communication, LM: inconsistent messages due to loss of information cascaded down the hierarchy)
	Underlying organizational factors (i.e., history of failed change, SM/LM: too many layers in the hierarchy, bureaucracy, work planning considerations and priorities)

Theme 3. Dealing with barriers to leader engagement	Formalized and targeted communication (i.e., discussions and meetings with SM/LMs, aiming to generate quick intervention wins and to secure buy-in)
	Perspective-taking (i.e., initiating reactive ad-hoc discussions, addressing concerns, perspective-taking, active listening, incorporating suggestions into intervention plans, and recognizing the leader's contribution to the intervention)
Theme 4. Factors facilitating leader engagement	Regular and quality communication (i.e., consistent messages and unambiguous language, encouraging follow-up discussions and face-to-face meetings, keeping communication lines open)
	Showing consideration for the leader's role and needs (i.e., getting acquainted with the leaders, genuine and personal approach, getting to know the leader's perspective, demonstrating how the intervention can add value to their daily work, showing respect by not acting without SM approval, professional and open relationship; especially relevant for SM)
	Demonstrating impact on the business (i.e., evidence that investment is worthwhile, value and benefits of the initiatives, supporting work culture and business priorities)
Theme 5. Factors accelerating leader engagement	Cascading targeted messages (i.e., regularly targeting specifically the SM and, in turn, cascading to the LM)
	Allowing time and tuning the pace of engagement (i.e., engagement is first mental and then behavioural)

	Projected benefits of change (for LM: appreciating the benefits of the anticipated change on daily work)
Theme 6. Factors linked to differences in engagement between leadership levels	The leader's position in the hierarchy (i.e., different roles and accountability; for SM: wider reach, overall control and decision-making; for LM: decision-making over operational activities, influential at the team level; the two levels were interrelated, such that lack of SM involvement is a risk to LM engagement)
	The leader's authority (i.e.,whose opinion staff respected the most)
	The scope of change (i.e., breadth and pervasiveness of change; for LM: more cautious, limited by their remit)