Investigating Managerial Qualities to Support Sustainable Intervention Effects in the Long Term[1]

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ABSTRACT

It is crucial to understand how interventions can be designed and implemented in order to support successful and sustainable effects in the long term. Intervention management can be important in this regard, but we have limited knowledge on the managerial strategies that can help to sustain the effects of an intervention over time. In this paper, we present a qualitative study of an intervention that had a duration of five years. We carried out 11 in-depth interviews on the role and qualities of the manager in the intervention process and effects. Results from the intervention unit showed that an engaged line manager was essential for promoting employee motivation and involvement in the longer term, which was achieved through building empowerment and trust, establishing a work group, and use of some support by external consultants. In conclusion, this intervention indicated that building good intervention management is important for sustainable intervention effects.

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Introduction

Organizational-level interventions for health and well-being can represent substantial long-term investments in monetary terms and in terms of employee outcomes and organizational performance. For that reason, the risk of derailment due to loss of control over the process or reduced engagement of employees can be high. Therefore, it is crucial to understand how interventions can be designed and implemented to support positive and sustainable effects in the long term (Christensen et al. 2019; Nielsen 2017). Intervention management can be important in this regard (e.g., Ipsen et al. 2018). Much is already known about the role of leaders in the intervention implementation process and the leader qualities that can support sustainable interventions (Christensen et al. 2019; Nielsen 2017). However, not enough is known about the managerial qualities that may contribute to sustainable effects over time.

Although long-term sustainability of any change is an important criterion when deciding which actions to implement and how to maximize available resources, it is often difficult to evaluate intervention effects after more than a year due to practical constraints with intervention evaluation. In one intervention programme that we were tasked with evaluating, we found that the intervention undertaken had reached its goals in the first year (Saksvik et al. 2018) and a unique and rare opportunity appeared to return to the intervention five years after its implementation in order to learn more about how the intervention had been managed to achieve sustainable results. Next, we discuss the importance of intervention management before we present this interview study.

Research has found that leaders, including senior management and line managers, have a crucial influence on an intervention's effects (e.g., Nielsen 2017; Saksvik et al. 2002). In examining the failure of an organizational intervention, Nytrø et al. (2000) found the leader to be the most important factor in explaining such failure. This should not be interpreted as the importance of personal individual characteristics of the leader; rather, it has more to do with the leader's remit and his/her influence, including communication, involvement, and empowerment of the employees (Saksvik et al. 2015). Senior managers' attitudes (Dahl-Jørgensen & Saksvik 2005) and the allocation of management resources to the intervention process (Lindquist & Cooper 1999) have been found to influence intervention outcomes. It is essential that the leaders [including the senior management team (SMT) and the first-line/line managers] take responsibility for making change happen by actively supporting and facilitating the intervention process. Leaders who do not have sufficient resources and capabilities might experience difficulties when dealing with an intervention, which can impact on the outcomes of that intervention, and therefore training and external support are important for providing the necessary resources (Nielsen & Daniels 2012; Nielsen et al. 2015).

Rich past research findings illustrate the role of the line manager in intervention implementation (Christensen et al. 2019). Line managers can halt or hinder an intervention (both directly and indirectly) and thus compromise productive activity and employee well-being (Biron & Karanika-Murray 2015; Nielsen 2017). In one study, line managers 'sabotaged' intervention efforts by not allowing their employees time off work to attend intervention activities (Dahl-Jørgensen & Saksvik 2005). Conversely, line managers who show responsibility and actively seek the involvement of their employees during the implementation of an intervention can help employees to perceive it more

positively and become more engaged in and committed to the intervention (Nielsen & Randall 2009). Similarly, Coyle-Shapiro (1999) found that intervention participation improved when line managers were perceived to be supportive of the programme. When they looked at several interventions, Sørensen and Holman (2014) found that the interventions most successful in achieving change involved line managers who worked to make the intervention salient and visible to their employees. Making use of line managers during the action-planning phase of an intervention can be useful in identifying potential stressors and barriers to success because these leaders often work closely with the employees (Thomas et al. 2004). Still, intervention agents need to be mindful that the leaders themselves might be among the intervention hurdles in the psychosocial environment (Biron et al. 2010). Leaders might also be a hindrance to an intervention if they are too involved (Nielsen 2017). Therefore, both the absence and presence of a leader can impact the intervention process, indicating that leadership is an essential resource for intervention success.

This paper is based on a study of an intervention programme that was process- and effect evaluated as successful after the first year (Saksvik et al. 2015, 2018). We know little about how the intervention was managed through all its phases, since we were involved in the evaluation but not the design and implementation of the programme. We expect that the strategies chosen include key assets of an intervention throughout its life cycle, from preparation to evaluation, including the context of the intervention. Considering the favorable role of the manager for intervention success and the importance of long-term evaluation, the present study used the opportunity that was presented to answer the following questions: How should an intervention be managed to actively support and develop sustainable effects in the long term? Which managerial qualities may support sustainable intervention effects?

Method

The intervention

The broader intervention programme on which this study was based was approached as a systematic activity (Christensen et al. 2019) and followed five phases of implementation: preparation, screening, action planning, implementation, and evaluation (Nielsen et al. 2010; Nielsen & Nobles 218). In addition, three areas of the intervention were evaluated throughout the five phases: the context, the intervention design and implementation process, and the mental models of the actors (Nielsen & Randall 2013). The SMT of the organization initiated the intervention after a regular survey highlighted a less-than-optimal psychosocial work environment, rife with interpersonal conflicts, in one administrative unit that then became the intervention unit. Here, we outline the intervention programme in order to provide the background for this study and to aid interpreting the findings.

The intervention consisted of two complementary parts that were implemented sequentially: the Employeeship Programme (EP) and the Health, Safety, and Environment Project (HSEP) (for more detail on the intervention programme see Saksvik et al. 2015). The EP aimed to increase employees' awareness and skills related to interpersonal relationships. It consisted of three mandatory workshops aimed at 1) reducing

interpersonal conflict through developing a positive focus on employee diversity (which was delivered using the Diversity Icebreaker Test, 2013); 2) offering practical training in teamwork, communication, and customer service; and 3) promoting positive aspects of the workplace such as more positive interactions among the employees. The broader intervention evaluation indicated that the participants perceived the EP positively and that it had positive effects on relationships at work (Saksvik et al. 2015). The HSEP, on the other hand, was designed to support the continuous development of a positive and health-promoting psychosocial work environment and as such was based on the job demands-resources model (Demerouti et al. 2001; Schaufeli & Bakker 2005). The HESP aimed to strengthen the links between the EP and the organization's daily life. This was essential, because employees who perceive intervention activities as relevant and proximal to their daily work are more prone to show participation and engagement (Ellis & Krauss 2015). The HSEP action consisted of four workshops: 1) establishing a shared understanding of the intervention's purpose, 2) employee training in the organization's conflict management policy, 3) creating procedures for developing a positive work environment, and 4) training and application of new procedures.

The EP and HSEP were implemented by external consultants with help from internal Human Resources in cooperation with the SMT. The consultants' aim was to empower the leaders to take responsibility for the intervention process. As such, their role was to train, guide, and support the leaders. Through this, the consultants contributed with the key principles related to participation: management support and intervention fit (see model developed by Nielsen & Noblet 2018). The researchers (and authors of this study) were involved in the evaluation of the intervention programme but not its implementation.

To supplement the intervention process, a Work Group (WG) was established as part of the HESP to facilitate the implementation of the intervention. The WG consisted of the department manager, a union representative, a safety representative, and employee representatives. Its purpose was to be a collective voice for the employees and to provide guidance and support to the management. Through systematic and ongoing work, the WG helped to keep the intervention momentum – for example, through mini evaluations, adjustments, communication of the results, and supporting participation. At the end of the intervention programme, the unit decided to retain the WG, as it was regarded as useful and important.

Participants

A total of 11 individuals were interviewed on how an intervention should be managed to support sustainable change in the longer term. Nine participants (three men and six women) from the intervention unit were recruited for the interviews, with help from the line manager who sent invitations by e-mail to all employees. It was important to achieve diversity in the sample (e.g. leadership experience, seniority, and gender) and therefore, based on our instructions, direct requests to participate were made by the unit leader in order to ensure a good representation in the sample. Participants included the section leader, the group leaders of the unit, the union leader, and the HES leader (the latter two were also members of the WG). Support from the unit's line manager was necessary in the recruiting process because the interviews were conducted during

working hours, and therefore it was necessary for the leader to arrange for employees to take time off to participate. In addition, two university top leaders (one man and one woman) from the SMT (the HR manager and the HES manager) with formal responsibility for the intervention unit were also interviewed. These 11 individuals represented the most competent informants for this study: these were the individuals who were most closely involved and affected by the intervention. This is in line with Morse (1989) who states that the criteria of good informants are knowledge and experience of the subject and issues, ability to reflect on these, and willingness and time to participate in the study.

Interviews

The interviews focused on how the intervention was managed and specifically on the long-term role of managers in supporting the intervention throughout its lifetime, in this case over five years from inception to completion. The aim was to extract the qualities that were most important for the long-term sustainability of the intervention programme. Prompts were available, if needed, as reminders of the details and process of the intervention. Interviewees were also asked to reflect on which aspects of leadership they viewed as most important for organizational interventions. The interviews were carried out about three months after the HSEP part of the intervention had ended. They lasted an average of 40 minutes with a range from 32 to 54 minutes. They were tape-recorded, transcribed, and analyzed. One of the co-authors conducted both the interviews and the analysis, while two of the other authors performed quality checks based on the transcribed material.

Analytical Approach

Thematic analysis was adopted to analyze the interview transcripts, as it is a suitable method for identifying, analyzing, and reporting patterns of data and thus permitting a crystallization of themes across the data set in line with the questions the investigation intended to illuminate (Braun & Clarke 2006). Thematic analysis is not bound to a theoretical or epistemological framework (Braun & Clarke 2006).

A theme was defined as 'something important that relates to the research interest and represents some level of *patterned* response or meaning within the data set' (p. 82; Braun & Clarke 2006). In this regard, constructs that embraced a number of initial codes were identified as a theme. During the process of theme development, themes were continuously revised; some themes were subdivided, and others were combined for the purpose of fitting the data. Therefore, this step of the analysis involved more interpretation.

The analysis of the transcripts was based on six phases of thematic analysis: (1) getting acquainted with the data material, (2) producing initial codes or themes, (3) looking for themes, (4) reviewing themes, (5) define and name themes, (6) produce report (Braun & Clarke 2013). Our analytical approach was driven by our theoretical interest in our research question and can therefore be classified as a deductive thematic analysis or a 'top down' approach (Braun & Clarke 2006). The goal was to get a nuanced account of elements in the implementation process with a particular focus on the role of managers and the managerial qualities in the intervention.

The data were thoroughly reviewed several times during the transcription phase. Notes were made along the way on reflections about what was said, possible relationships, and keywords emerging from the data material. The material was coded using NVivo. In order not to miss relevant information, each transcript was coded line-by-line. In summary, what appeared as typical (repetitive in material) or clear (given special emphasis from some informants) considering the research question was extracted as codes.

Each interview generated progressively fewer codes. After each interview transcript was completed, the codes were reviewed again; some were merged and renamed, others were merged with pre-existing codes, and others were split into different codes. As relationships emerged between the codes, they were sorted into main codes with sub-codes. In addition, notes were made along the way about possible themes and contexts.

In phase three, themes began to emerge. In this regard, constructs that embraced a number of initial codes were identified as a theme. After multiple rounds of sorting and new readings of the data, all codes from phase two were sorted into five main themes in this phase.

In phase four, all the themes were reviewed once again, re-examined with their corresponding quotes, and adjusted. The themes relevant to the research question were finalized and their names were finalized. We cross-checked that the final three themes represented the dataset well. Each theme was defined and named one last time. As a final quality check, the topics were reviewed again in light of the research question. When writing the report, the guidelines by Elliott et al. (1999) were followed: 'raw' data extracts from transcripts were referred to as evidence.

Results

Three themes regarding how an intervention should be best managed for long-term effects emerged from the data: *leadership qualities*, *leader trust*, and *the establishment of a work group*. In our case, we found that leadership qualities and the establishment of a work group were the most important aspects of intervention management among the regular employees, while leader trust seemed to be emphasized to a greater extent by the university top leaders. These themes are presented next.

Leadership qualities

Although the participants were not directly asked about the importance of the leader's involvement or engagement, their answers revealed high consensus that this was an important aspect and therefore it was included as a core theme. The following quote illustrates this:

> I think leadership qualities are very important. If they don't see any reason, it's hard for others to see the importance of participating as well. You often need someone to be a little more engaged to get you started. (I7)

According to the informants, leadership qualities is important for successful interventions in any area, and it is a bare minimum that the leaders accept responsibility for the

programme. Nevertheless, unless the engagement is more than nominal, it might be perceived as superficial and a temporary rather than permanent commitment. The leaders' underlying wish for improvement and commitment to making an effort for the employees was seen as crucial to the intervention's success. By directing resources towards employee well-being, the leaders show that they care and that they have a deeply rooted engagement in the process. The following quote illustrates this:

> It's a good thing that the leaders show that they want to improve and are trying different ways to make that happen, and that's really good. (I2)

The data suggest that visible leadership qualities was necessary for employees to see the importance of participating in such interventions. In an otherwise busy work day, leadership qualities during an intervention contributes to motivating the employees both before and during the process. As a consequence of showing leadership qualities through motivating the employees and showing that management cares for them, employee trust in the leader might also increase and maintain the momentum over time. The following quote illustrates this:

> Through this project, I experience that I have gained greater trust in that good and serious attempts are being made at changing and improving our work environment (…) They are using a lot of resources to make our situation better, and this has improved my trust in management. (I5)

One of the resources mentioned in this quote was the use of external facilitators to help the unit leader during gatherings outside the workplace to set the agenda for the intervention (the HSEP). The external consultants presented exercises to stimulate social cohesion – specifically:

> It was positive that we did some practical exercises that showed us that together we could manage tasks that we could not do each of us. I think it was so great. Practical tasks that we did it in a group process, then we had to find solutions, and everyone became engaged and started talking and getting things done. It didn't matter what else you did, but it strengthened our cohesion that we became part of an environment where we could actually achieve something. (I5)

The unit leader herself/himself explained how this functioned. Specifically:

> So where it worked best, or where the section leaders were left with the best feeling afterwards and it was when they had managed the content quite a lot and stood too much of the implementation themselves and there one has used the external project managers to facilitate, implement and plan. (I6) Leader trust

As mentioned, the interviewees were asked about which aspects of leadership qualities are most important during organizational interventions. The top leaders who were interviewed also emphasized the importance of leader trust. The following statements illustrate this:

> I would say that trust is very important. (L1)

> I believe that trust is very important. (L2)

According to the interviewees, trust in management is crucial to successful organizational interventions and their effects from start to finish and in the long-term:

> People have to believe that you will bring about change. It's an elemental factor; if the employees' don't believe in or have trust in the management, it's all really just an act. And it will fall apart on the first occasion. (L1)

The interviewees underlined the importance of having a trustworthy work environment where they are allowed to report any conditions they perceive as challenging, as well as having confidence it will be handled properly. This is also in line with the definition of trust (Joseph & Winston 2005; Nyhan & Marlowe 1997). The following quote illustrates this:

> It's about having a trustworthy work environment … People will stop reporting if they see that it's not useful; they have to experience that we listen to them and that it's taken seriously. (L2)

Establishment of a work group

The findings also suggest that the WG was a potential key factor for success in this intervention programme. The WG played an important role as an arena for employee participation and involvement in addition to cooperation within and across sectional levels. Several interviewees highlighted this as a key to success, for example:

> We [group participants] collect input in advance to adjust our plans and actions, which hopefully gives a better effect of what we do. (I6)

> I absolutely experienced us being heard, and that I was considered. I received feed-back that the group worked well, and that our suggestion was brought further. (I8)

> The work group—although I might have been against it at the start—I see positive things coming out of it too. That you get someone to talk to you, a bit like the Union. The thing with open communication is [that it is] a pressure valve. It opens dialogue and it is important for a trusting relationship between employee and manager. That's why the open valve is important. (I1)

The group meetings were regarded as less formal compared to department meetings, so the threshold for speaking up was considered low. Furthermore, the group meetings served as an organizational thermometer, giving the unit manager and employees a sense of what went on in the unit. It was explicitly stated that the group's main task was to provide a channel for employee views and wishes in addition to serving as an arena to discuss relevant matters:

It worked as a collection of thoughts and ideas, and a place where things were brought to the table and taken seriously. (I4)

They [the Work Group] were perceived as a connection and provided the management with a guidance structure. (I6)

It's accepted to come with input and so on, and it leads to something that makes sense on a sectional level. That is more useful because the seminars are implemented sectionally. (I3)

Additionally, the WG might have served as a mechanism to buffer, avoid, or manage conflict:

I will say that a benefit [with the WG] is that it buffers conflicts to have a structure to relate to. (I1)

Essentially, I think it's nice to know my rights, and if something doesn't work, we have received some channels where it can be conveyed either through a deviation system or the Work Group. (I7)

However, the WG experienced several challenges. First, it struggled to agree on how to prioritize different issues, which further led to insecurities about the participants' roles. Several interviewees highlighted the need to clarify roles and tasks, as illustrated:

The premise and the assignment for what the Work Group is and should do could have been better defined at an earlier stage. (I9)

The interviewees evaluated the intervention as successful, where leadership qualities seem to have played an important part, but some of the interviewees also indicated that they might have reached a limit or a ceiling effect in this particular intervention. The following quote illustrates this:

There has been some resistance where a few employees haven't seen the point, expressing, 'Are we just going to talk about this again? Let us concentrate on the job.' (I6)

Discussion

This study contributes to our understanding of the managerial qualities during implementing an intervention programme that are important for sustainable intervention effects. It offers an in-depth qualitative analysis of intervention participant interviews supported by empirical literature on the long-term impact of the intervention leaders. It highlights the central role of leadership qualities and trust in the leader as well as the important role of having an intervention work group.

Inherent in all three themes is a permanent quality of leadership: engagement and trust and investment in employees should not be seen as selective or specific to the intervention but something essential throughout the intervention journey and beyond.

External and internal managerial support, leadership qualities, and empowering leadership are interconnected through the mechanisms of employee trust, participation, and involvement. The fundamental prerequisites behind the success of all types of organizational interventions are the involvement of the entire organization, as well as participation and involvement of all employees. It is difficult for the intervention leader or line manager responsible for the intervention to achieve this objective alone; sometimes the challenge is so large that help from a work group or from in-house or external consultants is necessary. This does not mean that it is simple to involve 'outsiders' in challenging matters of the organization. The line manager must 'go to the bridge' to demonstrate his/her own engagement and motivate the employees. In our study, which was based on an intervention that was successful in achieving its aims, the external consultants invested a great deal of effort but the essential support to the process was from an internal work group that was originally established for the intervention. By training the management in a sustainable way, they were able to solve their own challenges in supporting the intervention through the work group.

This study provided evidence that empowering leadership and trust in management are important aspects supporting the intervention process. These should be considered in the intervention implementation plans, from preparation, through implementation, to evaluation. Engagement and trust do not come and go but are foundations for high quality relationships between leaders/managers and employees; between intervention leaders and intervention participants, which is in line with existing research (e.g., Nielsen 2018; Nielsen & Noblet 2018). Next, we discuss the findings from this study in detail and in view of existing evidence on the importance of leadership for sustained intervention effects.

Empowering leadership is about training, communication, recognition, and motivation (Proctor & Doukakis 2003), while empowering also includes trust, reliance, and taking responsibility (Proctor & Doukakis 2003). Empowered employees are given time and space to have their own experiences and make their own mistakes. For example, they might be given a challenging work task without unnecessarily strict rules or supervision. A number of positive associations between empowering leadership and other variables have been reported, such as, for example, employee autonomy, intrinsic motivation, and creativity (Zhang & Bartol 2010).

It is important to consider intervention management in context by viewing leadership as an essential resource for achieving long-term intervention effects. According to the Conservation of Resources Theory (Hobfoll 1989, 2001), gaining resources in one domain might create access to or release resources in other domains. Considering external support as a potential resource indicates that other valuable resources might be developed through a positive gaining spiral. Examples of such resources are experiencing higher self-esteem regarding one's own leadership capacities, freeing more time and energy to prepare for and implement interventions, and social or tangible support from consultants and other leaders. Hence, the intervention content and process become rooted in the management's vision and plans for the organization. This, in turn, might be linked to leadership engagement. Leaders with a clear understanding of the link between intervention content and organizational goals are more likely to be more highly involved, engaged, and motivated to initiate and implement an intervention. A key factor in organizational health interventions and other change processes is that those in leadership positions act as change agents (van den Heuvel et al. 2014) or change enablers (Al-Haddad & Kotnour 2015). Change enablers are characterized by leadership with a

stated vision and goals for the direction of change, defined roles for employees involved in the change, leadership commitment and involvement of the employees, and training of employees (Al-Haddad & Kotnour 2015).

Trust in Management

Trust is based on a belief that those who we depend upon (e.g., management or co-workers) meet our expectations. Trust can take several forms — for example, someone might do their job or do what they are told; alternatively, trust might be seen in the belief that one's leader and co-workers have an authentic concern for one's well-being (Proctor & Doukakis 2003). Additionally, trust includes openness and sharing of relevant and important information (Proctor & Doukakis 2003).

Trust and empowerment

Trust and empowerment are key concepts in several leadership theories. For instance, transformational leaders build trust in their followers (Kirkpatrick & Locke 1996; Podsakoff et al. 1990), yet this is conceptualized in a variety of ways. One definition might be the level of confidence one individual has in another's competence and his/her willingness to act in a fair, ethical, and predictable manner (Joseph & Winston 2005; Nyman & Marlowe 1997).

The results of this study suggest that managerial motivation and involvement signal the importance of the intervention throughout its lifetime, that employee health and well-being are worth investing resources into, and that there is a continuous (rather than ad-hoc or one-off) commitment by the organization. Employees who perceive their managers as caring, motivated, and involved are likely to have trust in management. Leaders who are invested in, and signal an authentic concern for, their employees are correlated with a higher degree of trust, organizational commitment, and leader satisfaction (Dulebohn et al. 2012; Gerstner & Day 1997). Managers with an engaging and empowering leadership style are likely to promote employee participation and involvement, both of which are considered essential in successfully implementing work health interventions (Nielsen 2017; Nielsen et al. 2010).

On the other hand, perceived lack of trust and respect in the work environment has damaging effects on both the organization and employees. Employees who are distrustful are less likely to contribute to organizational goals and activities to the same degree as those who experience high levels of trust in their organization. Laschinger et al. (2001) found that staff nurses felt that structural empowerment resulted in higher levels of psychological empowerment, which strongly influenced their trust in management. When the work environment is empowering, and employees perceive a climate of justice, respect, and trust, it is reasonable to expect that they would experience greater job satisfaction and commitment to the organization. This indicates that manager development can improve intervention success (Hasson et al. 2016; Karanika-Murray et al. 2015). Our findings suggest that designing manager development programmes that target the development of engaging and empowering leadership might be one way to improve intervention processes and outcomes.

In their definition of engaging leadership, Metcalfe and Metcalfe (2009) described a leader who 'encourages and enables development of an organization that is characterized by a culture based on integrity, openness and transparency, and the genuine valuing of others' (p. 13). They further depicted a leader who shows concern for the development and well-being of others, as well as the ability to delegate in a way that empowers and develops potential. Such an environment can contribute to strengthening managers' ability to manage interventions efficiently and effectively. Results from Kavanagh and Ashkanasy's (2006) study indicate that the effects of an intervention are driven more by the behavior of the line manager than exposure to the content of the intervention. Nadler et al. (2001) argue that there is no substitute for the active engagement of the CEO and the organization's executive team for effective change to occur. One might ask which processes and mechanisms are involved with the management's impact on intervention and change (Karanika-Murray & Biron 2013). Leadership qualities reflected in concrete work environment priorities seem of high importance. For this reason, we advise intervention teams to actively promote engaging leadership during organizational health interventions.

*Managerial support and guidance from external consultant*s might be considered an attractive resource for leaders who struggle with juggling work-related health interventions with fulfilling the organization's daily tasks. We argue that external consultants might offer valuable support and guidance for line managers during intervention processes. However, there is a need to differentiate between the two parts of the intervention programme (the EP and the HSEP) with respect to the degree of involvement from consultants. This study showed that the external consultant's main role was to conduct the implementation process of the interventions, design activities, provide managerial support and guidance, and (to some degree) manage the intervention progress. In the second part of the intervention (the HSEP), the consultant's role was characterized more by support and less by control, compared to the first part. In other words, the line manager was empowered and supported by the external consultants over time, and this might be especially important in developing managerial engagement and creating sustainable intervention effects.

However, the involvement of external consultants has potentially conflicting aspects. When it works as expected, as our interviews showed, it will provide strength to the intervention leader or line manager. The consultants are able to work through the managers and become their 'extended arm', they arrange activities in which both leaders and employees participate, while the leaders have no specific leader roles during these activities. This can be beneficial, as it adds credibility but also space to the leader. However, it is possible that if engagement and roles are not managed well, the consultants can take over the initiative and replace the leaders. The leaders might even lose face and then have to work hard to re-establish their position. Werr and Styhre (2002) warn us about the idea that the manager always must be in control over the consultants. A better approach is to view the relationship as based on positive dialogue and good networking. The most important lesson learned from our study, therefore, is to spend much time before the project starts on co-developing a plan wherein the different roles are clarified and agreed. The role of management consultants and their relationships with client firms and managers are often varied and contradictory, and they do not fit neatly into prevailing stereotypes (Kitay & Wright 2007).

We believe that managerial support and guidance from external consultants might be one way to balance the daily operations of the workplace involved in interventions (Ipsen et al. 2015), especially in the long term. As shown here, line managers need assistance. However, this should be organized in a manner that facilitates rather than hinders their leadership. The consultants must possess objectivity, integrity, and empathy; that is, they must be the type of people who would be believed and trusted by the organizations they are entering (Lapsley & Oldfield 2001).

The Work Group

It is important to reiterate that this study was not an evaluation of whether the WG fulfilled its intended purpose and, therefore, it is not possible to draw any conclusions about the group's effectiveness. However, we note that the WG has several overlapping features with principles of the Action Science Perspective and might serve as a practical example of how the intervention unit worked to ensure participation and communication during the implementation process (Argyris & Schön 1996). There are three cornerstones in an Action Science approach to interventions. The first cornerstone is establishing a feed-back loop between management, consultants, employees, and researchers (Biggs & Brough 2015; Ellis & Krauss 2015). Indeed, a continuous feed-back loop between different agents is a key factor in avoiding derailments as the intervention progresses and this is especially important when the goal is to create long-term changes (Biggs & Brough 2015). The second cornerstone concerns using this feedback to make necessary adjustments in addition to monitoring and evaluating the process along the way (Ellis & Krauss 2015). Finally, the third cornerstone concerns collecting data that can be used to evaluate both process and effect. Collecting data along the way in the implementation process can provide more nuanced knowledge about what works, why it works, how, and for whom (Ellis & Krauss 2015). To summarize, an Action Science Perspective enables the intervention process to be more dynamic and adjusted to the local context (Lien & Saksvik 2016).

Considering the Action Science Perspective, we suggest that a WG or a similar concept might serve as a key factor in implementing occupational health interventions, especially when the goal is sustained positive effects in the long term. First, the group can serve as an arena to discuss, plan, and prepare the intervention. Moreover, the group meetings provided the unit leader with an opportunity to signal that the intervention was important, necessary, and worth spending resources. Establishing a WG might further have provided the employees with an opportunity to be heard and enable them to participate in the intervention to a greater extent. It is likely that the WG's tasks changed during the implementation process from planning and preparations to monitoring and evaluating. Furthermore, the WG might have contributed to avoiding derailments as the intervention progressed, in addition to ensuring sustained engagement and participation from both management and employees. Finally, a WG might have played an important role in the cooperation between different agents – for example, different levels of management, internal and external consultants, researchers, government, and employees. An essential part of this cooperation is the feed-back loop as described in the previous section, which can provide important information about how the intervention progresses. Additionally, this information can be used to evaluate the intervention process.

Concerning the long-term effects of occupational health interventions, we recommend that the WG should be integrated in the broader organizational structures to provide a continuous focus on leader-employee communication as well as on employee participation and engagement. The essence of a WG is about having an accountable team that leads the intervention programme. Establishment of a WG is the intended action, but accountability is the underlying principle that this action supports. In this line of thinking, accountability might be one of three elements of intervention management that support sustainable effects in addition to engagement and trust. A focus on the managers was an important aspect of the HSEP process: between workshops, the management received feedback and guidance from consultants and leader colleagues, which focused on conflict management, communication, process leadership, team development, and support. Interventions are about 'improving health by changing the organization of work – in terms of task characteristics, work conditions, and social aspects' (Semmer 2006). Intervention management is concerned with structures and processes that undergo a change transformation and is therefore, by nature, a dynamic process (Ipsen et al., 2018). As such, there is not one best intervention management approach or quality. Rather, the best intervention management responses are configured each time and 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' (Ipsen et al. 2018 p. 190).

Future Research

There is a need for a more in-depth understanding of the role of the manager throughout the intervention process. There is also a need for developing models, training programs, and tools to help the managers tackle the challenges of organizational interventions and change processes. This can be managed in the five-step cycle of an intervention, including preparation, screening, action planning, implementation, and evaluation (Christensen et al. 2019; Nytrø & Saksvik 2001). We have made recommendations on 1) what the line managers need throughout the five steps in order to contribute to a successful intervention and 2) what the line manager has to provide in order to develop and implement a successful intervention process (Christensen et al. 2019). This tool also includes suggestions for the line managers to ensure that interventions are sustainable by planning ahead and integrating these necessary ingredients into leadership development and resource planning, which can help to create a positive climate for interventions, engagement, trust, and accountability.

Methodological Considerations

We have followed the same intervention unit – an administrative unit at a university – over several years. As described earlier, the unit underwent an intervention programme targeted to increase employees' awareness and skills related to interpersonal relationships and support the continuous development of a positive and health-promoting psychosocial work environment, and the authors have evaluated both the processes and effects of the intervention programme. However, in the current study, we report from interviews with leaders and employees about their perception of the intervention at one

specific point of time and in retrospect. Additionally, both the Union and the Safety representatives were among the employees invited to participate in the study. Acknowledging those who were closely involved in, and affected by, the intervention, as the most appropriate informants, is regarded as a strength in qualitative intervention research (Karanika-Murray et al. 2018). On the other hand, recruiting such optimal informants poses a challenge for external researchers, and it is often necessary that the manager approaches potential informants on behalf of the researchers. This recruitment strategy may however open a critique that the manager selects participants that support his or her view. In particular, this raises a potential pitfall when the research question concerns aspects related to management or leadership. With that being said, we have no indication that the recruitment strategy polluted neither the interviews nor the findings in the current study. We argue that the fact that the participants were asked to give their honest, critical opinions might have eliminated or reduced the potential pitfall of the recruitment strategy. Karanika-Murray and colleagues (2018) made a similar conclusion in their study. Finally, although the study was conducted in one organization unit only, the informants were affiliated with different sub-units. This represents a potential strength of our study, because it allowed the interviews to be more context-specific. Context is key to understand and explain the intervention process and effects, hence our interviews with the most appropriate informants give invaluable information about how managerial qualities may have supported sustained intervention effects in this particular unit.

Conclusions

Managing an organizational health intervention progamme over a five-year period poses a great challenge for the leaders of the intervention. It is a challenge to signal the importance of employee effort and maintain their involvement for the sustainability of the intervention effects over time. Our study suggests that building empowerment and trust, establishing a work group, and having an engaged leader are essential for explaining and maintaining the long-term effects of an intervention. Building good intervention management through engagement, trust, and accountability is important for sustainable intervention effects.

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