

# HEALTH-PROMOTING LEADERSHIP INTERVENTIONS

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The research aims to explore, identify, and describe employees' perceptions of health-promoting leadership (HPL) interventions within Professional Service Firms (PSFs) in Poland. This ongoing exploratory study involves full-time employees from diverse PSFs. Employing reflexive thematic analysis, the study delves into participants' beliefs and perceptions, shedding light on the nuanced landscape of HPL in PSFs. Initial analysis, based on semi-structured interviews with experienced professionals, unveils key themes: 1) activity dimensions – comprising physical activities, mental-health, and healthcare; 2) strategy object – underlying genuine commitment to employee well-being or part of marketing strategies and corporate social responsibility initiatives; 3) directions of spread – top-down and bottom-up interventions; converging into the global theme (Practice comprehensiveness). Ongoing data collection ensures a comprehensive exploration of this under-researched domain. The research findings expand knowledge on the perception of the HPL concept. The study is a starting point for capitalizing on health-promoting leadership development in the business environment in Poland. It seeks to address gaps in understanding HPL, emphasizing its context-dependent nature. By examining HPL practice, the study aims to contribute valuable insights to the broader discourse on workplace health promotion and leadership effectiveness within the unique context of PSFs in Poland.

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## 1 Introduction

Health-promoting leadership (HPL) is understood as possessing knowledge of the workers' situation and safety conditions (Skarholt et al., 2016) and is considered a means of improving employee well-being, thus counteracting a high rate of absences caused by sickness (Holstad et al., 2016). It was meant to support employees by providing goal clarity, increasing participation, being sensitive to needs, and developing competence (Eriksson et al., 2011). The aim of HPL is to change working conditions in a way that they can support employee health (Bregenzer et al., 2020). This means that leaders influence working conditions with their leadership behavior to improve resources at the workplace. When employees experience their working conditions as resourceful and supportive, they will feel that their supervisors actually care for them, increasing job satisfaction at the workplace.

HPL practices across organizations positively influence on psychosocial and physical working environment (Jiménez et al., 2017). However, according to a study conducted in Norway by Skarholt et al. (2016), HPL practices that promote health and well-being at work vary by profession. In the current study, research interests revolve around professional service firms (PSFs), which are also HPL under-researched in Poland. Reverting to the HPL concept, the one related more to organizational health interventions and the effectiveness of leadership interventions on employee health is gaining the most attention in the Nordic countries (Larsson et al., 2015). Meanwhile, one of the contemporary challenges facing national economies is maintaining sustainable development. Following the global commitments of the Sustainable Development Goals, the EUROPE (2020) strategy aims to make the EU a smart and sustainable economy. Enlightened business leaders who would understand health and well-being perceived as preconditions of sustainable development (Goals 3 & 8) could consciously contribute to the co-creation of such an economy. Given the above, the main research question is intended to answer: "What interventions do leaders of professional service firms perceive as health-promoting practices?"

## **2 Theoretical Background**

Generally, the ‘necessity of a healthy and motivated workforce’ requires organizations to promote workplace health and safety actively (Macke & Genari, 2019, p. 812). In doing so, organizations benefit by better ensuring a more compliant workforce, employee retention, increased productivity, and improved innovation, profits, and growth (Abid et al., 2020; Kobayashi et al., 2018). But by what means can PSFs introduce the practice of HPL? In the study by Eriksson et al. (2012), operating managers had limited knowledge of prevention and health promotion to provide a straight answer. Chen and Wu (2023) underlined the role of the health-focused leadership communication of executive leaders. However, the research does not provide a clear answer on how to act.

The findings show that in Sweden, individual and environmental resources, both in work, such as HPL, and private lives, are associated with a work-life balance (Törnquist Agosti et al., 2017). However, routine leadership behaviors do not contribute to an organizational health culture (Gurt & Elke, 2009). In order to contribute to the perception of a supportive organizational health culture, the leader has to serve as a role model – show his/her specific engagement for health promotion, such as setting objectives, giving feedback, and recognition. Given the HPL program’s focus on employee involvement in Sweden (Larsson et al., 2015), findings show that the team workshop and the action plan development are a key element and the most useful and well-functioning activity in the leadership program. The role of HPL is a facilitating, inner contextual factor in the sustainable implementation of multi-component physical activity interventions in vocational education and training (Grüne et al., 2022). Another study found that leaders’ explicit engagement in employee health is negatively related to employee emotional exhaustion and positively associated with employee work engagement (Kaluza et al., 2018). Moreover, leaders’ health mindset and health-promoting leadership are found to be a cognitive and behavioral link that mediates the influence of health climate on employee health. According to the World Health Organization (2022), mental health training for managers and supervisors includes stress management training using mindfulness-based or cognitive-behavioral approaches and strategies to promote leisure-based physical activity.

### 3 Methodology

The presented study retrieves raw data from the project “Health-promoting leadership: Antecedents, praxis, outcomes.” The analysis is based on interview transcripts from 23 semi-structured interviews with highly qualified professionals (including 13 women) from 16 consulting companies. The interviewees come from offices in four cities. The youngest interviewee was 21 years old, and the oldest was 59. They all hold managerial positions. The research is ongoing – the interview collection started in July 2023. To ensure the anonymity and confidentiality of the participants, the interviews were conducted at their convenience. Each recorded one-on-one interview, which lasted about an hour, underwent naturalized transcription and encoding via Atlas.ti 7.5.18.

The interviewees were selected for a specific purpose, where the criteria included full-time employees who manage people in large PSFs. Reflexive thematic analysis (Braun et al., 2019) was the most appropriate method for analyzing the interview transcripts. In the line-by-line coding phase, code generation moved to a more detailed and systematic engagement with the data based on the research question.

### 4 Findings

The perceived activities that fit into the HPL concept are aimed at physical activities, mental-health, and healthcare. Physical activities comprise yoga, biking, skiing, wakeboarding, football, triathlon, and gym. They are fully supported by companies or partially funded. It can be organized onsite or offsite, depending on the activity type. Mental health training is associated with meetings with coaches and psychotherapists and events that allow one to relax, such as visits to theaters. It typically covers communication with employees, including providing feedback, building a climate open to asking questions and participating in discussions, and allowing for a sense of freedom. To this end, ice-breakers, songs on YouTube, and tools to support the exchange of ideas, such as whiteboards, are used. Job satisfaction involves, for example, an employee being aware that weekends are days off or that there is enough time to answer emails. Healthcare is associated with company benefits. These include healthcare subscriptions to a private network of healthcare providers, promotion of medical checkups, and information campaigns on diseases like depression, such as fruit days, to improve intestinal peristalsis.

Health promotion can go unnoticed by other companies, where activities are directed at employees, keeping them well is considered a priority, or marketing activities. Then, it is seen as actions to brag about on various social networks, directed at raising money to donate to an institution or, for example, planting mangroves. Participation in actions is sometimes included in an employee's individual development plan; other times, it is reflected in a promotion or may not affect the job evaluation. Such incentives (in-vivo) and marketing actions are embedded in market trends. Exemplary events include business run, "runmageddon", go green, suits on bikes, and running in heels. While in the last 2 examples, their health-promoting effect can be easily questioned.

The initiative can spread in different directions. Top-down initiatives include webinars on stress management, massage therapists in the workplace, and doctor-intern writing prescriptions in one of the office rooms. It happened that employees worked shorter hours on Fridays or received a paid day off for medical examinations. One company negotiated discounts for employees to buy sports equipment, like treadmills, for their homes. Meanwhile, talks by psychologists in company meetings are common, but so are individual meetings with a psychologist to discuss problems in the team and try to diagnose them. Events organized from the bottom up include knowledge circles, culture clubs, and group excursions. Employees meet remotely, using platforms for communication, where they discuss topics such as selecting bicycle accessories or stationary to ride bikes together to get rid of accumulated stress.

## **5 Discussion**

Preliminary findings indicate that most of the interviewees, despite being aware that there are numerous activities to improve their health, first do not consider them in terms of HPL unless it is a medical package offered by the company or an email reminding them to do medical checkups. Additionally, management-imposed activities are seen as marketing, conducive to building the company's image. In other contexts, they are seen as an activity that supports well-being or work-life balance.

The explanation for these findings is threefold. First, the identified interventions lacked adequate comprehensiveness of the program content. In addition, many times, they were one-off events. Meanwhile, a study conducted in Gothenburg,

Sweden (Eriksson et al., 2010) shows that leadership intervention programs need to be context-based and require the integration of the program with other health-promoting activities in the daily work of managers. Second, programs should be tailored to the managerial context and culture, with a more structured and coordinated approach to organizational standards and functions (Ely et al., 2011; Milner et al., 2018; Sims et al., 2021; Stead, 2014; Swensen et al., 2016), based on the functions that leaders need to perform and their specific business context, the firm's purpose, and strategy (Canals, 2014). In the interviewees' statements, organizational culture was not originally identified as promoting health. Rarely was health also identified as an organizational value. Instead, there was a resounding perception of health-promoting interventions as a fad, a trend. Third, the variety of ad-hoc initiatives actively supported financially by companies is substandard but promoted because of the attempt to maximize the impact of the initiatives on the organization. Instead, all that is required is the support of top management and their agreement to provide the resources that would enable the development process (May et al., 2003).

## **6 Conclusions**

The study's findings expand understanding of HPL practice, and the study responds to calls for maintaining good health and well-being. However, this study was exploratory in nature and was limited to the perspectives of the employees of large PSFs. The use of individual interviews deprived the study of interaction within a group and the co-creation of meaning. This choice allows for further exploration of shared understanding. Next, the qualitative approach provides information on the underlying cognitive processes but cannot test the cognitive underpinnings against company performance. Therefore, developing a measurement tool related to perceptions of the effectiveness of health promotion interventions would further influence conscious development. The potential cannot be fully realized as long as the leader operates unconsciously to promote health. As for the future research direction, in the context of the leader's role as a change agent in building a culture of health, this can be considered a hitherto untapped opportunity.

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