Organizational interventions in a cultural context – Health promoting leadership in Germany and Sweden
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The Re-Su-Lead project is a collaboration between researchers from the University of Leipzig (Germany), University of Mälardalen (Sweden), and University of Tampere (Finland) – funded by national authorities within the NEW-OSH-ERA-framework.

**General Aims and Goals:**

- How can **rewarding, sustainable health promoting leadership** be described and measured?
- Explore causal links, processes, and important moderating and mediating variables linking leadership behavior with employees' health and well-being.
- Develop an **intervention program** to enhance health promoting leadership and evaluate it in two countries (Germany and Sweden).
- Investigate **cultural, and gender differences**
General Study Design

Longitudinal study, including an intervention/control group design, multilevel data (matched data of leaders, and team members)
Leadership and Health

- The **supervisor-subordinate relationship** has been reported as one of the most common **sources of stress** in organizations (Cartwright & Cooper, 1994; Moyle, 1998; Tepper, 2000, van Dierendonck et al., 2004)

- Leader’s behaviour can be either a **direct predictor** for employees’ health and well-being, or play a **moderating role** between stressors, and strain (Väänänen et al., 2003)

- OHS interventions focusing on leaders have been shown to be **reasonably successful**
Intervention research

- Health promoting leadership has to involve team members
- Difficult to find a model that fits every work unit
- Health promoting activities should be integrated in regular daily activities
- Increasing awareness of the critical role of context related factors (hindering and facilitating) for the outcome of interventions
  - Omnibus context (who? where? when?)
  - Discrete events (took place during the intervention)
Intervention – overview of content

– Involve different activities (lectures, workshops, observation, feedback, coaching, diary writing to increase self reflection)
– Leaders get support from other leaders, coaching and reflection
– Involve team members and increase their role and influence in the process of making their workplace more health promoting
– Regular team meetings used in learning process (observation, feedback, workshops). Action plans based on questionnaire results
– Change takes time (14 month duration)
Cultural differences

1. Results from the GLOBE-study indicated differences between Germany and Sweden in terms of cultural prototypes of ideal leadership behaviour (Broadbeck et al 2000)
   1. Germany: self centred, low on humane orientation
   2. Sweden: group centred, high on humane orientation
2. Differences in values related to masculinity/femininity were suggested by Hofstede (2010)
   1. Germany higher on masculinity and Sweden on femininity
Cultural variation of leadership prototypes
General aim of this paper

Investigate effects of contextual differences related to culture and organization for the successful implementation of a leadership intervention in Germany and Sweden.
Research questions and hypotheses

1. Are there initial differences in perceptions of leaders’ behaviour between Germany and Sweden?
   - Hyp 1. Sweden expected to be higher on transformational and health promoting leadership

2. Which country’s leaders benefit most from the intervention?
   - Hyp 2. German leaders expected to increase their health promoting behaviour more

3. Do cultural values contribute to the difference in perceived leadership behaviour?
   - Hyp 3. Cultural values will mediate the relationship between country and perceived leadership behaviour
## Sample size T1 and T2

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Employees</td>
<td>Leaders</td>
</tr>
<tr>
<td>Germany</td>
<td>1310</td>
<td>149</td>
</tr>
<tr>
<td>Sweden</td>
<td>449</td>
<td>33</td>
</tr>
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</table>
## Description of the employee sample

<table>
<thead>
<tr>
<th>Background factor</th>
<th>GERMANY N = 1386</th>
<th>SWEDEN N = 441</th>
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<tbody>
<tr>
<td>Gender %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>75.6</td>
<td>85.2</td>
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<tr>
<td>Male</td>
<td>24.4</td>
<td>14.8</td>
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<tr>
<td>Sector %</td>
<td></td>
<td></td>
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<tr>
<td>Public</td>
<td>10.8</td>
<td>100</td>
</tr>
<tr>
<td>Private</td>
<td>89.2</td>
<td>-</td>
</tr>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>39.4 (11.0)</td>
<td>45.7 (10.8)</td>
</tr>
<tr>
<td>Working hrs in a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>39.8 (5.4)</td>
<td>38.9 (6.2)</td>
</tr>
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</table>
Measures used

**Dependent variables**
Health-promoting leadership (autonomy and participation and solving conflicts)

**Independent variables:**
Country (Germany / Sweden) Group (Control / interv.)

**Mediating variables:**
Cultural values: ideal leadership (inspiration, autonomous, moral booster) Femininity (social interaction) Masculinity (high earnings)
Organizational context factors: changes during intervention period, other OHS-initiatives

**Controls:** gender, education level, weekly working hours, tenure
Results (1)
Health promoting leadership T1

<table>
<thead>
<tr>
<th>Country</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>3.51</td>
</tr>
<tr>
<td>Sweden</td>
<td>3.77</td>
</tr>
</tbody>
</table>
Before and after the intervention

**Germany**

- **I-group**: 3.77, 3.87
- **C-group**: 3.483.51

**Sweden**

- **I-group**: 3.88, 3.81
- **C-group**: 4.05, 4.08
Results (3a)
Hierarchical regression analysis: Health promoting leadership at T1

Summary

- Significant country effect (Sweden) Beta .17*** --- .09*,
- partly mediated by cultural values (inspirational leadership, femininity and masculinity)
Regression analyses at T2

- The change in perceptions of health promoting leadership and controlling for T1 values
  - No significant country effect
  - Masculinity values remain significant
  - Organizational factors like additional OHS activities and organizational changes seem to play a more important role

- Similar results for the perceptions of transformational and health promoting leadership at T2
Conclusions

- There were initial differences between the samples from Germany and Sweden
  - Employees in Sweden perceived their leaders as more health promoting compared to German employees
- The intervention aiming to improve health promoting leadership had different effects in the two countries
  - Improvements were found in the German intervention group but not in Sweden
- The differences (measured at T1 seemed to be at least partly explained by cultural value differences in the perception of ideal leadership
- Hypotheses 1 – 2 supported and hypothesis 3 partly
Theoretical implications

• Effects of the intervention were not the same in the two countries
• Cultural values about ideal leadership and ideal work seem to explain part of the initial difference in perceptions of leadership
• Other country related factors need to be investigated in future studies
• Organizational context factors are probably more important for the effects of the intervention
• Both cultural values and organizational practices are contextual factors important to consider as part of the explanation to results of organizational interventions
Limitations

• Samples are not representative for the countries

• Initial differences between intervention and control group

• Difficulties to conduct similar interventions in two countries

• Difficulties to conduct quasi experimental studies in organizations
Practical implications

- Interventions need to be flexible and adjusted to country differences

THANKS for your attention!!

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