Situational Leadership in Health Promotion

...by Paul Terry

leadership in health promotion

Leaders have a bias for action, but are prudent about fitting the directions they offer to the situation at hand. That's because, as father of scientific management Frederick Taylor observed, leaders will inevitably be ineffective without ready followers. Readiness in management parlance relates to an employee's demonstrated ability and willingness to do the work as directed. Taylor noted how effective leaders are able to elicit high "task behavior" using a blend of autocratic and democratic styles. Carl Rogers was a contemporary of Taylor who revolutionized concepts of "relationship behavior;" it is the interdependence of these 2 concepts that led to the study of situational leadership. Good situational leaders use 4 different styles according to whether followers are low or high in task behavior (and needing more or less direction) versus low or high in relationship behavior (and needing more or less support).

As the field of worksite health promotion matures, I anticipate we will need to apply this concept to the interdependencies between employees we serve and the cultures of organizations they serve. But instead of a focus on providing direction versus support, we'll become more skillful in adapting approaches to the behavior change programs and culture of health affecting an employee's ability and willingness to change.

At conferences over recent years, I have felt dissonance between those who espouse the preeminence of culture and those demonstrating how well designed behavior change initiatives work without making concessions to culture.

I've written elsewhere that practitioners are "both/and" thinkers (see "Expert Divergence Meets the Wisdom of Crowds" reference). We don't buy into such fragmented thinking because we understand these important factors:

- We're expected to play with the cards we've been dealt.
- Organizations vary in readiness to change culture much like individuals have different stages of readiness for change.

This table shows the situations that will require different leadership styles from practitioners:

Paul Terry, PhD

4 Challenges for the Health Promotion Situational Leader

High Culture of Health Support	3. High Culture Support and Low Behavior Change Support	2. High Behavior Change Support and High Culture Support
Low Culture of Health Support	4. Low Culture Support and Low Behavior Change Support	1. High Behavior Change Support and Low Culture Support
	Low Behavior Change Support	High Behavior Change Support

"Coaction" Ahead in Worksite Wellness

One of the most transformative research areas for health promotion relates to "coaction" — that is, those who are successful changing 1 habit area appear more effective at improving in other areas. Unlike the time-honored notion that people need to take small steps on 1 habit at a time, coaction researchers are testing Multiple Behavior Change (MBC) interventions. A recent study led by Dr. Sara Johnson, Senior Vice President of Research and Product Development at Pro-Change Behavior Systems, concluded that not only does an MBC approach work because of higher self-efficacy, it may also be that coaction is "teaching principles of behavior change that can be generalized across behaviors." (See references to her research.)

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As we consider how situational leaders in health promotion deal with the organizations they've been dealt, we also need to explore the potential for "coaction" between behavior change interventions and cultures. I wondered whether the MBC approach offers a fair metaphor, so I asked Dr. Johnson: "If we analyzed culture elements alongside the behavior change factors we usually measure, could we show how improvements in an organization's culture of health relate to improvements in the behavioral areas and vice versa?"

Though Sara was quick to clarify that she hasn't conducted organization change research, she replied: "Yes, we would expect some synergistic effect of organizational-level efforts (like policy changes) and individual behavior change efforts. The strength of that coaction may depend on the stage of change distribution for individual behaviors being targeted because folks in earlier stages are more resistant to policy changes. The converse is, unfortunately, also likely to be true. That is, if you have a perfect, supportive culture of wellness but fail to provide tailored behavior change programs that respect where individuals are regarding readiness to change, you're bound to have less impact."

I shared my observation with Sara that there seem to be camps of experts who favor culture change and others some cast as "traditional wellness" providers. Sara's answer: "The biggest bang for your buck will probably result from simultaneous environmental, policy and culture change initiatives and high-quality, evidence-based, individually tailored behavior change programs. Betting on either alone or arguing about which comes first reminds me of the siloed thinking that ran rampant years ago in health promotion, when we were cautioned that we couldn't possibly intervene simultaneously on multiple health behaviors."

In a future column I'll explore how each of the 4 challenges will require situational leadership from practitioners who understand that a fragmented approach will fall short. I asked Sara for a researcher's take on creating an integrated approach. She said: "The cultural assessment is tricky. Organizational health scorecards are a great start but seem in many cases too narrowly focused in the traditional paradigm of assessing only health and wellness, not the broader concept of well-being. Physical well-being is covered pretty extensively because there are many questions about policies, changing the environment, subsidizing the healthier choice, and providing resources (internally or in the community) to change a behavior. These are important questions, but there is little on the checklists about the other domains of well-being. Couldn't we ask about how closely an employee's purpose is aligned with the organization's mission and to what extent the company's policies support them in achieving their purpose, personal development, and learning? Shouldn't we ask to what extent the organization has policies to support the financial well-being of employees? What's more, is the organization enabling a positive social environment and assisting employees in being connected meaningfully to their broader community?"

So if we are to become effective situational leaders, who are as in tune with culture as we are with behavior change, I asked Sara, what needs to happen next if research is to better inform practice?

"We need to standardize some way of measuring culture more comprehensively to reflect well-being, not just wellness," Sara said. "And we absolutely need to tackle culture and behavior change simultaneously to determine whether we get the synergies we would predict."

On this last point, Sara impressed me as a leader with little trouble directing others toward high task behaviors. She is one for experts stuck on fragmented thinking to follow.

References

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