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# **BMJ Open**

#### How do iLead? Validation of a Scale Measuring Active and Passive Implementation Leadership

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#### 71 Abstract

72 Objectives: This validation study aims to describe the creation of a scale – the iLead scale – through
73 adaptations of existing domain-specific scales that measure active and passive implementation
74 leadership, and to describe the psychometric properties of this scale.

75 Methods: Respondents were 336 healthcare professionals (90% female and 10% male; mean age 47

76 years) whose first- and second-line managers participated in a transformational leadership intervention

to train healthcare managers in implementation leadership. This was performed in the Stockholm

78 regional healthcare organization that offer primary, psychiatric, rehabilitation, and acute hospital care,

among other areas. The items for measuring implementation leadership were based on extant research

and the Full-Range Leadership Model. Confirmatory factor analysis was performed to evaluate the

81 dimensionality of the scale, followed by tests for reliability and convergent, discriminant and criterion-

82 related validity using correlations and multilevel regression analyses.

83 **Results:** The final scale consists of 16 items clustered into four subscales representing active

84 implementation leadership, and one scale signifying passive implementation leadership. Findings

showed that the hypothesized model had an acceptable model fit  $(\chi^2_{(99)}=382.864^{**}, CFI=.935)$ ,

86 TLI=.911, RMSEA=.059). The internal consistency and convergent, discriminant and criterion-related

87 validity were all satisfactory.

88 Conclusions: The iLead scale is a valid measure of implementation leadership and is a tool for 89 understanding how active and passive leader behaviours influence an implementation process. This 90 brief scale may be particularly valuable to apply in training focusing on facilitating implementation, 91 and in evaluating leader training. Moreover, the scale can be useful in evaluating various leader 92 behaviours associated with implementation success or failure.

93

#### 94 Strengths and limitations of this study

	95	• This study explored the factor structure, reliability and validity of the iLead scale – the first
	96	scale that assesses both active and passive implementation-specific leadership based on the
	97	Full Range Leadership Model.
	98	• The iLead scale is a brief and pragmatic scale that can be used in trainings focusing on
	99	facilitating implementation, in clinical practice to assess implementation leadership in order to
1	100	improve implementation processes in the daily practice as well as in healthcare research.
1	101	• A confirmatory factor analysis (CFA) was performed to confirm the factor structure since the
1	102	iLead scale was based on theory and established scales, in addition to tests concerning
1	103	reliability and validity.
1	104	• The active management-by-exception factor of the Full Range Leadership Model was
1	105	excluded from the iLead scale since the objective was to only incorporate leader behaviours
1	106	that can be clearly distinguished into an overall active or passive implementation leadership
1	107	category.
1	108	• The number of items in each sub-scale differed based on results from the validation process,
1	109	where items that did not capture the intended construct or had low correlations were excluded.
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1	112	Introduction
1	113	Implementing change in healthcare is a complex and challenging task. <sup>1,2</sup> Nonetheless, this effort is
1	114	essential for keeping healthcare professionals up to date on, and ensuring their use of new research
1	115	evidence so patients can receive the best possible care. Researchers have identified a wide range of
1	116	contextual factors that influence effective implementation, <sup>3-5</sup> one of which is leadership. <sup>6-8</sup>
1	117	Managers' attitudes regarding, and behaviours during, an implementation are crucial for effectively
1	118	achieving change in practice. This is particularly true for line managers (i.e. those with a managerial
1	119	position closest to employees) who have a direct influence on employees' implementation

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behaviours.<sup>9,10</sup> Research has recognized managerial and leader behaviours that influence an implementation process as being supportive, providing feedback, communicating clearly, being a role model, encouraging employee development, and creating a context conforming to the implementation, for instance by providing resources.<sup>7,11-13</sup> However, this research has seldom relied on leadership theory to study the quality of the actions leaders take; this despite a long history of theoretical leadership research in multiple disciplines.<sup>14</sup> Leadership theory can facilitate the understanding of both what managers do (e.g. provide information about the implementation) and how these actions are performed (e.g. if the information is provided in a way that inspires employees), thereby explaining the relationship between leadership and implementation outcomes. The scale validated in this study focuses on capturing line managers' implementation-specific leader behaviours - both what they do and how these actions are performed – based on the active and passive dimensions of the Full-Range Leadership Model.
The Full-Range Leadership Model Leadership Model.

#### 

The Full-Range Leadership Model (FRLM) is the most comprehensively researched approach to leadership.<sup>15-18</sup> The model clusters leader behaviours into two broad dimensions signifying active and passive leadership.<sup>18-21</sup> Transformational leadership is one factor of active leadership<sup>18,21</sup> and is associated with beneficial individual and organizational outcomes,<sup>22</sup> employee performance,<sup>23</sup> the change process<sup>24,25</sup> and organizational innovation<sup>26</sup> in various contexts and cultures.<sup>27</sup> There is also emerging evidence on the positive relationship between transformational leadership and effective implementation.<sup>10</sup> For instance, transformational leader behaviours have been strongly related to employees' innovation implementation behaviour<sup>28</sup> and their commitment to change.<sup>29</sup> Transformational leaders inspire employees to achieve higher goals and to perform at a higher level than expected. These leader behaviours were originally divided into three sub-factors: *idealized influence*, acting as a role model and building relationships with employees based on trust and respect; individualized consideration, coaching of staff and helping them develop, while conveying empathy for their needs and desires; and *intellectual stimulation*, encouraging employees to be creative and to

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147	challenge assumptions. <sup>21</sup> Inspirational motivation was later added as another sub-factor to
148	transformational leadership. <sup>30,31</sup> This sub-factor concerns articulating a clear and compelling vision to
149	employees and motivating them to achieve set goals. <sup>31</sup> It has been argued that these four
150	transformational leadership sub-factors are related, however it has proved problematic to distinguish
151	between them, <sup>18,31</sup> mainly through difficulties in empirically supporting discriminant validity (i.e. high
152	intercorrelations between the sub-factors). <sup>19,30,32,33</sup> Consequently, different approaches to conceptualize
153	and measure transformational leadership has been adopted. Some have measured it as a global
154	construct, <sup>26,33</sup> whereas others have examined all individual sub-factors of transformational
155	leadership. <sup>34,35</sup> Yet others have used a reduced set of factors. <sup>36</sup> It has been especially difficult to
156	distinguish between <i>idealized influence</i> and <i>inspirational motivation</i> , both conceptually <sup>18,37</sup> and
157	empirically. <sup>19,31,38</sup> Thus, some have combined <i>idealized influence</i> and <i>inspirational motivation</i> into one
158	sub-factor. <sup>22,30,38-40</sup>

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Another dimension of active leadership is *contingent reward*.<sup>19,21</sup> This sub-factor is the most active
form of transactional leadership and involves an exchange relationship between manager and
employees, for instance setting mutually agreed-upon goals and linking them to rewards. Contingent
reward behaviours have been linked to employees' performance outcomes<sup>23</sup> and satisfaction.<sup>19</sup> Current
suggestions are that a combination of transformational leadership and contingent reward is most
effective in producing positive organizational outcomes.<sup>16,23,37,41</sup> Based on this, contingent reward is
likely to be an important component of active implementation leadership.

167

Passive leadership includes two dimensions.<sup>18,20,21</sup> One of these is *passive management-by-exception*, a
sub-factor of transactional leadership.<sup>20,42</sup> This refers to manager behaviours related to acting first
when something has gone wrong, or correcting employee actions when these have been brought to
their attention. This sub-factor has been shown to be ineffective in achieving organizational outcomes,
such as safety at work,<sup>20</sup> and to negatively impact performance.<sup>23</sup> The other passive leadership
dimension is *laissez-faire leadership*, leaders abdicate responsibility and avoid taking initiative. <sup>18</sup> This

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type of non-leadership is also ineffective for achieving positive outcomes,<sup>16,20</sup> and is an overall
destructive leader behaviour.<sup>43</sup> *Passive management-by-exception* and *laissez-faire leadership* have
been combined in previous studies to represent a generalized passive leadership construct.<sup>18,20,27,42</sup>
These behaviours are typically highly correlated with each other and related to negative employee and
organizational outcomes, and negatively associated with active leadership.

An additional sub-factor of the transactional leadership construct is active management-by-exception.<sup>42</sup> 179 180 This type of leader behaviour, added to later versions of the FRLM, is characterized in terms of 181 monitoring for and detecting mistakes that deviate from the norm, and taking corrective action when errors occur.<sup>18,30</sup> There is an ongoing discussion as to whether *active management-by-exception* fits 182 into the passive or the active categories of leadership<sup>42</sup> or should be represented separately.<sup>41</sup> Some 183 have shown that active and passive management-by-exception are separate constructs that are either 184 uncorrelated, or somewhat negatively correlated.<sup>18,42</sup> Thus, *active management-by-exception* can be 185 186 argued to be an active way of managing in comparison to the passive leader dimensions. However, in 187 comparison to the active leadership dimensions, active management-by-exception is more reactive 188 than proactive and cannot be considered an effective leadership style. Consequently, due to this unclear positioning to either the active or the passive leadership dimensions on the FRLM continuum, 189 active management-by-exception was not included in this study. 190

191

192 To date, leadership research has mostly focused on measuring active leader behaviours to identify 193 which ones are effective and positively influence organizational outcomes. However, capturing 194 passive leader behaviours that negatively influence employees is also of great importance, as these can have disastrous consequences<sup>20,43,44</sup> and will most likely influence the implementation process. The 195 196 research on implementation leadership has hitherto emphasized behaviours that are effective for 197 implementing change, naturally, since these are needed to achieve implementation success. However, 198 it is also important to consider and measure leader behaviours that may be disruptive to, and hinder, an 199 implementation process. This is important, since the way managers lead an implementation can influence the implementation climate both positively and negatively<sup>20,45</sup>. Implementation climate 200

involves employees' shared perceptions of an implementation initiative's practical value.<sup>46</sup> Research
has demonstrated the relevance of implementation climate for the association between
transformational leadership and employees' commitment to change.<sup>28</sup> Moreover, active leadership may
also promote a positive implementation climate,<sup>47,48</sup> and thus influence implementation success. This

highlights the importance of capturing both the active and passive aspects of leadership.<sup>18,20</sup>

#### 207 Implementation-Specific Leadership

Recent research on leadership has indicated that leader behaviours directed at a particular initiative or objective, often referred to as domain-specific leadership,<sup>20,49,50</sup> appear to be more effective than general leader behaviours for reaching the goals of this initiative. Consequently, general active leader behaviours do not seem to be sufficient for affecting a specific domain. In the areas of occupational safety <sup>51</sup>, employee health and well-being<sup>52</sup> and service climate, <sup>50</sup> this has led to the development of domain-specific FRLM-scales. Several of these scales build on the theory of the FRLM, however specifically ask the rater to consider leader behaviours in relation to a specific domain. When implementing changes in the healthcare context, this might mean that leader behaviours directed at a specific implementation initiative might be necessary for the success of the implementation process, rather than expecting general active leadership to have an impact. Hence, general leadership may foster a good work environment and performance overall, but may be insufficient for fostering implementation success for a specific evidence-based method to improve the delivery of healthcare. It is therefore necessary to measure leader behaviours specific to an implementation process. This also means that although there is a variety of theory-based scales that measure general leadership,<sup>53</sup> these may not effectively predict the outcomes of an implementation process.<sup>54,55</sup> 

To date, there is one implementation-specific leadership scale:<sup>56</sup> the Implementation Leadership Scale (ILS) measures strategic leadership in the implementation of evidence-based practices (EBPs), and assesses active leader behaviours that promote implementation of EBPs.<sup>56</sup> We argue for three main

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reasons to construct a new scale to measure implementation leadership. First, no scale currently exists that measures active and passive leader behaviours in relation to implementation. This is an important aspect to be included in an implementation leadership scale since passive leader behaviours can have detrimental effects on employees,<sup>20,23</sup> and consequently also for an implementation process. Second, although Aarons et al. (2014) considered the active leader behaviours of the FRLM when developing the ILS,<sup>56</sup> the aim was to assess independent and different aspects of implementation leadership. Thus, at present, no implementation leadership scale exists that operationalize the FRLM theory. We suggest that a scale measuring implementation leadership and maintains the FRLM structure is important for obtaining more detailed information about leader behaviours.<sup>35</sup> Third, the ILS focuses on what managers do when leading implementation (e.g. developing a plan to facilitate the process) than how it is done (e.g. whether these tasks have been performed in a way that inspires employees). We suggest that an implementation leadership scale that, in addition to measuring what, measures how managers lead implementation is valuable for managers in their development as an implementation leader.

In conclusion, the aim of this study is to adapt previous domain-specific scales<sup>20,57</sup> to create an active and passive implementation-specific leadership scale that follows the factor structure of the FRLM, and to validate this scale. The objective of the iLead scale is to complement a previous implementation leadership scale (ILS) by capturing both effective and disruptive implementation leader behaviours by basing the scale on the active and passive dimensions of the FRLM, and to capture what leaders do in addition to how they perform these behaviours. Four subscales are predicted for active implementation leadership and one subscale for passive implementation leadership.

249 Methods

251 Adapting previous domain-specific scales to construct the iLead scale

As a first step, a literature search was performed to identify key research relating to implementation leadership, including previously validated scales. This informed the decision that the scale should follow the factor structure of the FRLM, thus including both active and passive leader behaviours, and be adapted from existing scales. The basis for the construction of the iLead scale was two validated domain-specific leadership scales.<sup>20,49</sup> We adapted the items from the scale developed by Kelloway et al. (2006).<sup>20</sup> which measures transformational and passive safety leadership and follows the factor structure of the FRLM, to be implementation specific. For instance, the original item 'My manager shows determination to maintain a safe work environment' was adapted to 'My manager has shown determination to maintain the implementation of *the new working method*'. We complemented this with the subscale 'line managers' attitudes and actions' from the Intervention Process Measure (IPM) by Randall et al. (2009).<sup>57</sup> This scale specifically focuses on managerial behaviours in relation to occupational health interventions and is one of the few widely used scales attempting to tap into change leadership. The items were adapted slightly to be applicable for the implementation area (see Supplementary appendix 1 for the original and adapted items). This process resulted in a 20-item scale 4. assessing implementation-specific leadership.

The iLead scale was developed as a part of an implementation leadership training intervention (the iLead intervention<sup>58</sup>). It was used as a tool to provide feedback for managers on their leader behaviours. It was therefore important that the scale could distinguish between different types of active and passive leader behaviours, as previously suggested.<sup>32,35</sup> Hence, a differentiation between the factors was sought. Although idealized influence and inspirational motivation may be argued to be conceptually different,<sup>37,40</sup> studies have not been able to consistently empirically separate these sub-factors.<sup>39,40</sup> Therefore, idealized influence and inspirational motivation were combined and named 'exemplary behaviours', which is in line with previous studies using the FRLM.<sup>30,36,38</sup> Consequently, the iLead scale measures active implementation leadership, from here on referred to as active leadership, through four subscales - the exemplary behaviours (7 items), individualized consideration (3 items), intellectual stimulation (5 items) and contingent reward (2 items). Passive implementation

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279	leadership, from here on referred to as passive leadership, comprises elements from both passive
280	management-by-exception and laissez-faire leader behaviours (3 items), in line with a previous scale
281	measuring domain-specific leadership. <sup>20</sup>
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283	Assurance of content validity
284	In addition to basing the iLead items on existing scales, two additional approaches were used to assure
285	content validity. <sup>59</sup> National experts in the field of leadership and implementation (n=5) and managers
286	in a healthcare organization (n=40) were invited to a workshop to identify crucial implementation
287	leader behaviours. A structured process – Co-created program theory (COP) – was used. <sup>60</sup> The first
288	step was to individually brainstorm leader behaviours perceived as important in implementation.
289	Thereafter the participants categorized these behaviours into overall themes. Examples of themes
290	were: 'inspire and motivate employees' and 'be responsive to employees' needs'. Third, to test the
291	face validity of the scale, <sup>59</sup> employees and senior managers (n=11) representing the healthcare
292	organizations completed a draft of the questionnaire and were asked for oral feedback on whether the
293	items were clearly formulated, relevant and understandable, and if they perceived that the scale
294	measured the construct it aimed to measure. This did not lead to any major changes to the items.
295	
296	Participants
297	The data for the present study was collected as part of a larger trial in which an implementation
298	leadership training intervention was developed and evaluated in the Stockholm regional healthcare
299	organization.58 This organization offers primary, psychiatric, rehabilitation, and acute hospital care,
300	among other areas. The data used in the present study originates from the baseline measurement (Time
301	1), conducted in November/December 2015, with the exception of one scale collected from the first
302	follow-up (Time 2) in May/June 2016 to assess predictive criterion validity. All employees whose
303	managers were taking part in the intervention and who were not on leave of absence, parental leave,
304	had quit their job, etc. were invited to participate in the study. Employee data was used since

managers' self-ratings are often inflated due to leniency bias,<sup>61,62</sup> and previous studies have demonstrated the validity of using employees' assessments of leader behaviours.<sup>63,64</sup> Out of 1.084 eligible healthcare professionals, 815 responded (75% response rate) to the baseline measurement (Time 1). Of these, 336 respondents (41%) answered the iLead scale. The reason why there were fewer employees eligible to answer the questionnaire was that a filter was included at the beginning of the questionnaire to ensure that only respondents who could remember a specific implementation, and thus respond to questions about their manager's implementation leadership, answered the iLead scale questions. Through the filter, respondents received instructions to reflect on an implementation their manager had led during the past six months, which they also had to identify in the questionnaire. Subsequently, only those respondents who could identify an implementation answered the iLead questionnaire, and were instructed to replace the phrase 'the new working method' in each question of the iLead scale with the implementation they had identified in the filter question.

The follow-up measurement was performed immediately after the implementation leadership training intervention (Time 2),<sup>58</sup> six months after the baseline measurement. The purpose of using data at Time 2 was to assess the predictive type of criterion validity (i.e. using a criterion that occurs in the future).<sup>59</sup> Thus, data on implementation climate was used since active leadership is an important predictor of a positive implementation climate.<sup>46,48</sup> A total of 490 respondents answered the questionnaire at Time 2, and 443 (90%) of these answered all the implementation climate items.

The majority of respondents were female (90%) and had worked at their current job for two to five vears (26.8 %). This is representative of the healthcare context in Sweden.<sup>65</sup> The participants' mean age was 47 years (SD=11.8; Range: 22 - 65). Most participants, 79.6%, had obtained a university degree; 18.7% had a college degree; and 1.7% had no further education, i.e. lower than a college degree.

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331	Procedure
332	The respondents received a secured link to an electronic questionnaire through their work e-mail,
333	including information about the study and the purpose of the questionnaire. Two reminders were s
334	with a two-week time interval. All participants provided informed consent that their data could be
335	in research, and confirmed that they understood that participation was voluntary and that they could
336	withdraw their participation at any time. The local ethics committee in Stockholm (ref no. 2015/8:
337	31/5) approved the data collection for the project.
338	
339	Measures
340	Implementation-specific active and passive leadership was measured through the iLead scale
341	(described above). All 20 items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert
342	scale.
343	
344	Convergent and discriminant validity measures
345	General transformational leadership was measured through the Global Transformational Leaders
346	(GTL) scale <sup>33</sup> using seven items. An example item is: 'My closest manager communicates a clear
347	positive vision of the future'. Items were scored on a 1 (strongly disagree) to 5 (strongly agree) Li
348	scale. Cronbach's alpha was .95.
349	scale. Cronbach's alpha was .95.
350	General transactional leadership was measured through two items used in previous research that
351	based on the Multifactor Leadership Questionnaire (MLQ), modified to be implementation-
352	specific. <sup>18,20</sup> The items focus on contingent reward behaviours, for example: "My manager shows
353	satisfaction when employees meet expectations". Items were scored on a 1 (strongly disagree) to 5
354	(strongly agree) Likert scale. Cronbach's alpha was .81.
355	

#### *Criterion-related validity measure*

*Implementation climate* was measured with three items derived from the subscale 'Focus on EBP' of the Implementation Climate Scale (ICS)<sup>46</sup> (collected at Time 2). These items were deemed relevant for assessing implementation climate due to their specific nature, and were therefore adapted to the present study. For example, "Using evidence-based practices is a top priority in this team/agency" was changed to "At my workplace it is a top priority to change our working methods in order to achieve the best possible quality". Items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale. Cronbach's alpha was .86.

#### 365 Statistical analyses

Two major approaches were used to validate the scale.<sup>59</sup> Its dimensionality was evaluated through confirmatory factor analysis (CFA) using AMOS 23. CFA was chosen over an exploratory factor analysis (EFA) since the factor structure of the implementation-specific scale (i.e. FRLM) is well established in the literature and has prior validity evidence.<sup>19,30,66,67</sup> This is also in line with previous studies of domain-specific scales based on the FRLM.<sup>20</sup> Thus, CFA is used to deductively confirm that the data in the present study fits into the already proposed factor structure, whereas an EFA is more inductive in its approach and should be used when developing new scales with items that have not been tested in terms of reliability and validity.<sup>68</sup> The maximum likelihood estimation (ML) approach was used to address missing data values.<sup>69</sup> One path indicator for each latent variable was fixed to set the scale of the latent variable. Model fit was assessed using several fit indices, including the chi-square  $(\chi^2)$ , the comparative fit index (CFI), the Tucker-Lewis index (TLI), and the root mean square error residual (RMSEA).<sup>69,70</sup> The following approximate cut-off criteria were used, whereby CFI and TLI around .90<sup>69</sup> and a RMSEA value of  $\le .06^{70}$  indicate a good fit to the data<sup>71</sup>. Information criteria such as the Akaike information criterion (AIC) and the chi-square difference test were used for model comparison, whereby a model with a lower value indicates a more acceptable model fit.<sup>69</sup> 

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382 First, item characteristics, such as comments from participants or factor loadings, were considered to 383 identify items for exclusion. Following this, five competing models were compared to test the hypothesized factor structure of the scale.<sup>69,72</sup> In line with previous research, a second-order factor 384 385 model is proposed for the active implementation leadership factors due to high factor correlations.<sup>18,33,38</sup> The chi-square difference test was used to identify the best fitting model. Moreover, 386 387 additional rigorous tests were performed by analysing a bifactor model to partion the variance of the 388 multidimensional scales. Findings from the bifactor model were in line with the results from the CFA 389 (see online Supplementary appendix 2 for analysis procedure and findings).

390 391

Second, the reliability of each subscale was assessed via internal consistency (Cronbach's alpha).59 392 393 Convergent validity of implementation leadership was then analysed. Here, our scale was correlated with theoretically similar instruments, <sup>59,72</sup> such as general transformational<sup>33</sup> and transactional 394 leadership.<sup>18</sup> Correlations should be higher than .40.<sup>73</sup> Discriminant validity was tested through the 395 396 correlation of passive implementation leadership with general transformational and transactional 397 leadership. For this, passive leadership was correlated with two constructs to which it should be negatively related.<sup>59</sup> Lastly, the criterion-related validity<sup>59,72</sup> was examined by performing regression 398 399 models with implementation climate at Time 2 as the outcome, which is a theoretical outcome of implementation leadership.<sup>47,48</sup> Multilevel modelling was used to account for the nestedness of the data 400 (employees nested in workgroups) using Mplus 7.2 and maximum-likelihood estimation.<sup>74</sup> All 401 predicators were grand-mean centred before being entered in the model.<sup>75</sup> We expect a positive 402 403 relation between active leadership at Time 1 and implementation climate at Time 2 when age, gender 404 and education are controlled for. These relations were modelled on the individual level (Level 1).

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406 **Results** 

407 Examination of items and dimensionality

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408 Initial examination of the items when conducting the CFA resulted in the removal of four of the 20 409 items. These items either did not capture the intended construct (factor loading < .4) or had low 410 correlations (r=< .3) with other items of the same construct,<sup>76</sup> and one of them was excluded due to 411 participants commenting that it was difficult to understand, and thus to answer. Consequently, 16 412 items were included for all further calculations.

To investigate the dimensionality of the scale (i.e. whether the subscales can be separated from each other), five competing models were compared. Description of the models and findings from these model comparisons are presented in Table 1. The results from the CFA showed that Model 1, our hypothesized model with four active implementation leadership subscales, was the best fitting model. That is, Models 2, 3, 4 and 5 fit the data significantly worse than Model 1, which had an acceptable model fit ( $\chi^2_{(99)}$ =382.864\*\*, CFI=.935, TLI=.911, RMSEA=.059). Figure 1 displays the standardized factor loadings of this model.

420

#### 421 **Table 1**. Model comparisons.

Models	$\chi^2$	df	CFI	TLI	RMSEA	AIC	Model comparison	$\Delta  \mathbf{df}$	$\Delta \chi^2$
Model 1	382.864**	99	.935	.911	.059	488.864			
Model 2	388.906**	100	.934	.911	.060	492.906	1 vs 2	1	6.04*
Model 3	452.720**	101	.920	.892	.065	554.720	2 vs 3	1	63.81**
Model 4	501.158**	103	.909	.880	.069	599.158	3 vs 4	2	48.44**
Model 5	1655.889**	170	.740	.678	.104	1775.889	4 vs 5	67	1154.73

422 Note: N=336; \*\* p < 0.01; \*< 0.05.

*Model 1*: exemplary behaviours (EB), individualized consideration (IC), intellectual stimulation (IS), and contingent reward (CR) were included as four first-order factors under one second-order factor for active leadership (AL), and passive leadership (PL) was intercorrelated with AL; *Model 2*: IC and IS were collapsed into one factor, resulting in three first-order factors for the AL second-order factor, and PL was intercorrelated with AL; *Model 3*: EB, IC and IS were collapsed into one factor, resulting in two first-order factors for the AL second-order factor, and PL was intercorrelated with AL; *Model 3*: EB, IC and IS were collapsed into one factors (transformational leadership sub-factors and CR) were collapsed into one first-order factor, and PL was intercorrelated with AL; *Model 4*: all the active factors (transformational leadership sub-factors and CR) were collapsed into one first-order factor.

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431 --- Figure 1 about here ---

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433 Hence, the final scale includes 16 items representing four active leadership subscales (i.e., exemplary

434 behaviours (6 items), individualized consideration (2 items), intellectual stimulation (3 items), and

435 contingent reward (2 items)) and passive leadership (3 items). Internal consistency was considered

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436	satisfactory for all subscales ( $\alpha > .70^{59}$ ). The final iLead scale, its constituent items, and international states of the state of the states of the s	al
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437 consistency of the subscales are presented in Table 2.

**Table 2.** The iLead scale and internal consistency of subscales.

	Scales and constituent items	α	Iten no.
	1. Active implementation leadership	.95	
	1a. Exemplary behaviours	.92	
	My closest manager		
	has shown determination to maintain the new working method		1
	has talked about his/her values and beliefs of why it is important to work according to the new working methodhas actively worked towards implementing the new working method		2 3
	has continuously encouraged us in the implementation of the new working method		4
	has behaved in a way that explicitly displays commitment to working according to the new working method		5
	has been positive towards the implementation of the new working method		6
	1b. Individualized consideration	.80	
	My closest manager		
	has spent time showing me how I can work according to the new working method		7
	has given me the opportunity to speak to him/her about what consequences the implementation of the new working method will have for me		8
	1c. Intellectual stimulation       My closest manager	.83	
	has done a lot to involve us in the implementation of the new working method		9
	has encouraged me to express my ideas and opinions about implementing the new working method		10
	has shared whatever information he/she has about the implementation of the new working method		11
	1d. Contingent reward	.85	
	My closest manager has shown satisfaction when I work according to the new working method		12
	has shown appreciation when we have achieved our goals to implement the new working method at our workplace		12
	2. Passive implementation leadership	.91	
	<i>My closest manager</i> has avoided to intervene until major problems with the implementation of the new working method have arisen		14
	has waited for things to go wrong with the implementation of the new working method before taking any action		15
	has avoided making decisions that affect the implementation of the new working method		16
0	Note: N=324–336, due to missing data on some items (pairwise deletion).		
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3	Convergent and discriminant validity		
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4	Bivariate correlations of all the measures in the present study and descriptive statistics are presented	d in	
5	Table 3. To assess convergent validity, the correlations between active leadership and general		

- 447 active and general transformational leadership  $(r=.70 .78^{**})$  and transactional leadership (r=.61 .000)
- 448 .70<sup>\*\*</sup>) were high, supporting convergent validity. To assess discriminant validity, the correlations
- 449 between passive leadership and general transformational and transactional leadership were calculated,

with transactional leadership. These results support discriminant validity.

Table 3. Bivariate correlations of study measures.

Scales	Mean	SD	1a	1b	1c	1d	2	3	4	5
1. Active implementation leadership	3.84	0.88								
1a. Exemplary behaviours	4.06	0.86								
1b. Individualized consideration	3.60	1.10	.73**							
1c. Intellectual stimulation	3.87	0.93	.87**	.84**						
1d. Contingent reward	3.84	0.97	.75**	.71**	.76**					
2. Passive implementation leadership	2.01	1.17	20**	12*	20**	17**				
3. General transformational leadership	3.87	0.93	.77**	.70**	.78**	.70**	22**			
<ul><li>4. General transactional leadership</li><li>5. Implementation climate</li></ul>	3.79 3.92	0.97 0.92	.68** .34**	.64** .37**	.70** .27**	.61** .45**	18** 17*	.86** .44**	.44**	

455 Note: N=158-649, due to missing data on some items (pairwise deletion); \*\* p < 0.01. Data was collected at Time 1 for all measures, except for Implementation climate, which was collected at Time 2.

#### Criterion-related validity

456	
457	Criterion-related validity
458	Criterion-related validity was tested by examining the relationship between implementation climate
458	Criterion-related validity was tested by examining the relationship between implementation clim

(measured at Time 2) and active and passive leadership at Time 1. In line with expectations, findings 

show that when age, gender and education were controlled for, active leadership significantly 

predicted implementation climate (B=.40<sup>\*</sup>). A slight negative relation that was not statistically 

significant (B= -.07) was observed between passive leadership and implementation climate (Table 4). 

Table 4. Multilevel regressions: Implementation climate regressed on age, gender, education, and active and passive implementation leadership.

	Model 1	Model 2
Predictor variables	<i>B</i> (SE)	<i>B</i> (SE)
Age	.009 *(.004)	01*(.01)
Gender (women)	.14 (.15)	.07 (.16)
University education	10 (.15)	.06 (.17)
Active implementation leadership		.40* (.08)
Passive implementation		07 (.05)
leadership		. ,
Note:* p < 0.05; ICC=.15		
Discussion		

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The aim of the present study was to adapt previous domain-specific scales to create and validate an active and passive implementation-specific leadership scale that follows the factor structure of the FRLM – the iLead scale. The analyses supported good psychometric properties for the scale. Thus, the iLead scale can be used to assess how managers lead an implementation. This scale complements the knowledge about what leaders do and meets the need for a scale linking implementation leadership with theory. This is essential for uncovering how day-to-day leadership affects the implementation process.

The predicted four subscales for active leadership and the scale for passive leadership were confirmed through CFA. Thus, analysis supports the existence of two distinct dimensions: active and passive leadership. As specified, active leadership was differentiated into four sub-factors: exemplary behaviours, intellectual stimulation, individualized consideration and contingent reward with a common second-order factor representing active leadership. This indicates that even though different sub-factors could be distinguished, they were all highly related, as captured in the second-order factor (i.e. active leadership). This is in line with previous studies in which a second-order factor has been used to capture the correlation between the sub-factors.<sup>19,33,38</sup> These findings were also confirmed by the bifactor model. This analysis showed that the common factor of active leadership explained a large part of the variance, with a unique contribution of each of the four subscales. Similar to other theoretical constructs (e.g., intelligence or self-rated productivity), this means that each subscale reflects the common factor of active leadership to a larger extent than it reflects the subscales and should not be analysed independently without the common factor (Supplementary appendix 2). Nevertheless, since each sub-factor contributes with unique variance, they should still be distinguished in the model, and they can be used in the context of providing actionable feedback to managers in leadership training.<sup>18,27,35</sup> In this context, the level of detail provided through the subscales help distinguish which specific sub-type of leader behaviours that need to improve. Thus, the iLead scale can be used in implementation training, for example to provide leaders with feedback and to evaluate the training, in addition to the research context.

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499	As anticipated, findings demonstrated that the passive leadership dimension is empirically distinct
500	from, although correlated with, the active one. This indicates that having a scale that represents the
501	continuum of leader behaviours in the same structural model is feasible for capturing both effective
502	and ineffective leader behaviours. In the present study, passive management-by-exception and laissez-
503	faire items represent the passive domain, considering their ineffective styles. <sup>18,20</sup> To date, most
504	research has focused on active leader behaviours, <sup>15,16</sup> despite the fact that both active and passive
505	leader behaviours influence employees and organizational outcomes. <sup>18,20,23</sup> However, the importance
506	of also considering passive leader behaviours is receiving more research attention. <sup>20,21</sup> For instance, a
507	study investigating the impact of safety-specific transformational and passive leadership on safety
508	outcomes demonstrated that the safety-specific passive leader behaviours had a negative effect on
509	outcomes (i.e. increased injury). <sup>20</sup> To date, implementation research has not focused on assessing
510	ineffective leader behaviours or investigated their influence on an implementation process. Through
511	the creation of the iLead scale, there is now a way to assess not only active, but also passive leadership
512	within the implementation context. This is an important next step, since passive behaviours may
513	actually have a negative impact when implementing change. The present study thereby adds to
514	existing knowledge of the overall effect of leadership on the implementation process. Consequently,
515	the iLead scale complements the existing Implementation Leadership Scale (ILS), which focuses on
516	measuring active implementation leadership.
517	
518	The validity of the iLead scale was evaluated by investigating how it relates to other
519	measurements <sup>59,72</sup> Findings confirmed expected negative relations between the passive leadership and

519 measurements.<sup>59,72</sup> Findings confirmed expected negative relations between the passive leadership and 520 general transformational<sup>33</sup> and transactional leadership.<sup>18,20</sup> Moreover, the expected positive relations 521 between active implementation leadership with the general leadership scales were confirmed with 522 moderate to high correlations. This indicates that these measures belong to a similar latent construct, 523 but that the iLead scale also captures certain unique aspects of leadership. Furthermore, active 524 leadership predicted a higher implementation climate over time, whereas passive leadership was not

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significantly associated with implementation climate. This finding contradicts previous research that has found a negative correlation with passive leadership and specific climate.<sup>20</sup> Thus, this should be further explored in future studies. That active leadership predicts implementation climate is in line with implementation frameworks summarizing the process of implementation, for instance the Exploration, Preparation, Implementation and Sustainment (EPIS) model.<sup>77</sup> According to EPIS, active leadership should ultimately result in a favourable climate at the workplace, with employees perceiving implementation as part of the daily routine. These predictions have been confirmed in several empirical studies.45,78 

A methodological aspect worth mentioning is that only those employees who could remember a specific implementation effort conducted at their workplace during the past six months were asked to respond to the iLead scale. Therefore, only 41% of the 815 eligible respondents answered the iLead scale. This aspect is perceived as informative, since leadership research has previously been criticized for assuming that employees have actually witnessed, and can therefore rate, the behaviour of their manager, which is not always the case  $^{79}$  Thus, to be particularly restrictive in evaluating this new measure, a filter variable was included in the questionnaire to ensure that employees actually had valid knowledge of their manager's implementation leader behaviour. It may be argued that those who answered these questions were those who could make a proper judgement about their manager's implementation leadership. The sample size was nonetheless still sufficient, as there were at least ten times more raters than questionnaire items in the analyses.<sup>69</sup> 

The scale did not include *active management-by-exception* from the FRLM, which is described as the leader looking for mistakes and enforcing rules to avoid these mistakes.<sup>18</sup> This was a result of certain problems associated with this construct. For instance, the operationalization of *active management-byexception* is specifically troublesome since it often focuses only on negative control behaviours, such as stopping behaviours.<sup>51</sup> This is despite the fact that it theoretically also includes positive control

behaviours, such as monitoring and enforcing policies and routines, which show that the specific objective (e.g. implementation or safety) is an enacted priority.<sup>51</sup> Moreover, the reliability of subscales aiming to capture active management-by-exception has been problematic.<sup>23</sup> Research has also indicated that, primarily, transformational leadership and contingent reward are those leader behaviours that result in positive effects.<sup>18,23</sup> Consequently, the active management-by-exception factor was excluded from the iLead scale, which only incorporates the FRLM leadership dimensions that can be clearly distinguished into an overall active or passive implementation leadership category. This is in line with previously developed scales.<sup>20,49</sup> 

Only three items were included to measure passive leadership. Although it is crucial to capture leader behaviours that may hinder an implementation process (passive leadership), it is even more valuable to capture those that have a positive effect on, and promote successful, implementation (active leadership), especially when using the scale in a leadership intervention as a source of feedback. Moreover, some sub-factors are represented by fewer than the recommended three items for new scales.<sup>80</sup> However, the iLead scale is based on the FRLM and previous domain-specific scales. In addition, there are examples of brief and even single-items scales that have good psychometric properties.<sup>59</sup> With the healthcare setting in mind when adapting and creating the iLead scale, the ambition was to make it as pragmatic and feasible as possible to use in practice.<sup>81</sup> Thus, the iLead scale is a brief, concise, and broadly applicable scale that may be used in the daily practice were continuous implementations are performed to improve patient outcomes. 

#### 572 Conclusions

This study describes a scale with good psychometric properties for measuring active and passive
implementation leadership – the iLead scale. Including these aspects is relevant since both active and
passive leader behaviours may influence employees' performance throughout an implementation
process. More explicitly, the scale measures both what leaders do as well as how they perform these

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577	actions, through exemplary behaviour, individualized consideration, intellectual stimulation and
578	contingent reward, as well as passive behaviours. The iLead scale is based on the most widely applied
579	leadership model, the FRLM, which makes the results relatable to a vast amount of research based on
580	this theory. It also measures implementation-specific leadership in contrast to general leadership.
581	Domain-specific leadership is associated with being more predictive for specific outcomes, such as
582	implementation success, than general leadership. Thus, the iLead scale is a valid tool that can be used
583	to understand how leader behaviours influence implementation success, and may be particularly
584	valuable to apply in training implementation and evaluating leader training.
585	
586	Abbreviations
587	CFA: Confirmatory Factor Analysis
588	COP: Co-created program theory
589	EBP: Evidence-Based Practice
590	FRLM: The Full-Range Leadership Model
591	CPA: Confirmatory Factor Analysis COP: Co-created program theory EBP: Evidence-Based Practice FRLM: The Full-Range Leadership Model
592	Ethics approval and consent to publish
593	Ethical approval for the data collection was obtained from the local ethics committee in Stockholm,
594	Sweden (ref no. 2015/857-31/5). Informed consent has been obtained from all participants included in
595	the present study.
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597	Consent for publication
598	Not applicable.
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600	Availability of data and materials

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601 Please contact author for data requests.

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#### 603 Competing interests

604 The authors declare that they have no competing interests.

605

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611

#### 612 Authors' contributions

613 RM, AR, UvTS, HH and RL contributed to the theoretical background and study design. RM, AR,

614 UvTS and HH contributed to the item development. RM performed the data analysis, with

615 contributions from AR. For the present article, RM drafted the first version. All other authors

616 contributed to writing and editing all parts of the article. All authors have approved the final version.

617

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621

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10 11	629	
12 13 14	630	
15	631	References
16 17	632	
18 19	633	1. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research
20 21	634	findings. Implement Sci. 2012;7:50.
22 23	635	2. Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in
24 25	636	patients' care. Lancet. 2003;362(9391):1225-30.
26 27	637	3. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander Ja, Lowery JC. Fostering
28	638	implementation of health services research findings into practice: a consolidated framework for
29 30	639	advancing implementation science. Implement Sci. 2009;4:50.
31 32	640	4. Squires JE, Graham ID, Hutchinson AM, Michie S, Francis JJ, Sales A, et al. Identifying the
33 34	641	domains of context important to implementation science: a study protocol. Implement Sci.
35 36	642	2015;10:135.
37 38	643	5. Rycroft-Malone J. The PARIHS frameworka framework for guiding the implementation of
39 40	644	evidence-based practice. J Nurs Care Qual. 2004;19(4):297-304.
41 42	645	6. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service
43 44	646	organizations: systematic review and recommendations. Milbank Q. 2004;82(4):581-629.
45 46	647	7. Ovretveit J. Improvement leaders: what do they and should they do? A summary of a review of
47 48	648	research. Qual Saf Health Care. 2010;19(6):490-2.
49 50	649	8. Stetler C, Ritchie J, Rycroft-Malone J, Schultz A, Charns M. Institutionalizing evidence-based
51 52	650	practice: an organizational case study using a model of strategic change. Implement Sci.
53 54	651	2009;4(1):78.
55 56		
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58 59		25

652	9.	Birken SA, Lee SY, Weiner BJ. Uncovering middle managers' role in healthcare innovation
653		implementation. Implement Sci. 2012;7:28.
654	10.	Aarons GA, Ehrhart MG, Farahnak LR, Hurlburt MS. Leadership and organizational change for
655		implementation (LOCI): a randomized mixed method pilot study of a leadership and organization
656		development intervention for evidence-based practice implementation. Implement Sci.
657		2015;10(1):11.
658	11.	Gifford W, Davies B, Edwards N, Griffin P, Lybanon V. Managerial leadership for nurses' use of
659		research evidence: an integrative review of the literature. Worldv Evid-Based Nu. 2007;4(3):126-
660		45.
661	12.	Sandstrom B, Borglin G, Nilsson R, Willman A. Promoting the implementation of evidence-based
662		practice: a literature review focusing on the role of nursing leadership. Worldv Evid-Based Nu.
663		2011;8(4):212-23.
664	13.	Reichenpfader U, Carlfjord S, Nilsen P. Leadership in evidence-based practice: a systematic
665		review. Leadersh Health Serv. 2015;28(4):298-316.
666	14.	Avolio BJ, Walumbwa FO, Weber TJ. Leadership: current theories, research, and future
667		directions. Annu Rev Psychol. 2009;60:421-49.
668	15.	Lowe KB, Gardner WL. Ten years of The leadership quarterly: contributions and challenges for
669		the future. Leadersh Q. 2000;11(4):459-514.
670	16.	Judge TA, Piccolo RF. Transformational and transactional leadership: a meta-analytic test of their
671		relative validity. Journal Appl Psychol. 2004;89(5):755-68.
672	17.	Antonakis J, House RJ. Instrumental leadership: measurement and extension of transformational-
673		transactional leadership theory. Leadership Q. 2014;25(4):746-71.
674	18.	Avolio J, Bass B, Jung D. Re-examining the components of transformational and transactional
675		leadership using the multifactor leadership questionnaire. J Occup Organ Psychol. 1999;72:441 -
676		62.
677	19.	Bycio P, Hackett RD, Allen JS. Further assessments of Bass's (1985) conceptualization of
678		transactional and transformational leadership. Journal Appl Psychol. 1995;80(4):468-78.
		26

Page 27 of 37

## BMJ Open

3	679	20. Kelloway EK, Mullen J, Francis L. Divergent effects of transformational and passive leadership
4 5	680	on employee safety. J Occup Health Psychol. 2006;11(1):76-86.
6 7	681	21. Bass BM. Leadership and Performance Beyond Expectations. New York: Free Press; 1985.
8 9	682	22. Barling J, Weber T, Kelloway EK. Effects of transformational leadership training on attitudinal
10 11	683	and financial outcomes: a field experiment. Journal Appl Psychol. 1996;81(6):827-32.
12 13	684	23. Bass BM, Avolio BJ, Jung DI, Berson Y. Predicting unit performance by assessing
14 15	685	transformational and transactional leadership. Journal Appl Psychol. 2003;88(2):207-18.
16 17	686	24. Eisenbach R, Watson K, Pillai R. Transformational leadership in the context of organizational
18 19	687	change. J Organ Chang Manag. 1999;12(2):80-9.
20 21	688	25. Holten A-L, Brenner SO. Leadership style and the process of organizational change. Leadership
22 23	689	<i>Org Dev J.</i> 2015;36(1):2-16.
24 25	690	26. Jung DI, Chow C, Wu A. The role of transformational leadership in enhancing organizational
26 27	691	innovation: Hypotheses and some preliminary findings. Leadership Q. 2003;14(4-5):525-44.
28 29	692	27. Den Hartog DN, House RJ, Hanges PJ, Ruiz-Quintanilla SA, Dorfman PW. Culture specific and
30 31	693	cross-culturally generalizable implicit leadership theories: Are attributes of
32 33	694	charismatic/transformational leadership universally endorsed? Leadership Q. 1999;10(2):219-56.
34 35	695	28. Michaelis B, Stegmaier R, Sonntag K. Shedding light on followers' innovation implementation
36 37	696	behavior. J Manage Psychol. 2010;25(4):408-29.
38 39	697	29. Herold DM, Fedor DB, Caldwell S, Liu Y. The effects of transformational and change leadership
40 41	698	on employees' commitment to a change: a multilevel study. J Appl Psychol. 2008;93(2):346-57.
42 43	699	30. Yukl G. Leadership in Organizations. 6 <sup>th</sup> ed. New Jersey: Pearson Higher Education; 2005.
44 45	700	31. Barbuto JE. Motivation and transactional, charismatic, and transformational leadership: a test of
46 47	701	antecedents. JLOS. 2005;11(4):26-40.
48 49	702	32. Hardy L, Arthur CA, Jones G, Shariff A, Munnoch K, Isaacs I, et al. The relationship between
50 51	703	transformational leadership behaviors, psychological, and training outcomes in elite military
52 53	704	recruits. Leadership Q. 2010;21(1):20-32.
54 55	705	33. Carless S, Wearing A, Mann L. A short measure of transformational leadership. JBP.
56 57	706	2000;14(3):389-405.
58 59		27
60		For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

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1

70734. Podsakoff PM, MacKenzie SB, Bommer WH. Transformational Leader Behaviors and Substitutes

- for Leadership as Determinants of Employee Satisfaction, Commitment, Trust, and Organizational
  Citizenship Behaviors. *JOM*. 1996;22(2):259-98.
  - 710 35. Antonakis J, Avolio BJ, Sivasubramaniam N. Context and leadership: an examination of the nine-
- 711 factor full-range leadership theory using the Multifactor Leadership Questionnaire. *Leadership Q*.
  712 2003;14(3):261-95.
- 36. Larsson G. The Developmental Leadership Questionnaire (DLQ): some psychometric properties. *Scand J Psychol.* 2006;47(4):253-62.
- 715 37. Rafferty AE, Griffin MA. Dimensions of transformational leadership: Conceptual and empirical
  716 extensions. *Leadership Q.* 2004;15(3):329-54.
- 717 38. Tepper BJ, Percy PM. Structural Validity of the Multifactor Leadership Questionnaire. Educ
- 718 *Psychol Meas*. 1994;54(3):734-44.
- 719 39. Hinkin TR, Tracey JB. The relevance of charisma for transformational leadership in stable
- 720 organizations. *JOCM*. 1999;12(2):105-19
  - 40. Barbuto JE. Motivation and transactional, charismatic, and transformational leadership: a test of
- antecedents. *JLOS*. 2005;11(4):26-40.
  - 41. Clarke S. Safety leadership: A meta-analytic review of transformational and transactional
  - field readership styles as antecedents of safety behaviours. *J Occup Organ Psychol*. 2013;86(1):22-49.
  - 42. Garman AN, Davis-Lenane D, Corrigan PW. Factor structure of the transformational leadership
    model in human service teams. *J Organ Behav.* 2003;24(6):803-12.
    - 43. Skogstad A, Einarsen S, Torsheim T, Aasland MS, Hetland H. The destructiveness of laissez-faire
      leadership behavior. *J Occup Health Psychol*. 2007;12(1):80-92.
  - 729 44. Dóci E, Stouten J, Hofmans J. The cognitive-behavioral system of leadership: cognitive
  - antecedents of active and passive leadership behaviors. *Front Psychol*. 2015;6:1344.
  - 731 45. Aarons GA, Ehrhart MG, Farahnak LR, Sklar M. Aligning leadership across systems and
- 732 organizations to develop a strategic climate for evidence-based practice implementation. *Annu Rev*
- 733 *Public Health*. 2014;35:255-74.

Page 29 of 37

#### **BMJ** Open

3	734	46. Ehrhart MG, Aarons GA, Farahnak LR. Assessing the organizational context for EBP
4 5	735	implementation: the development and validity testing of the Implementation Climate Scale (ICS).
6 7	736	Implement Sci. 2014;9(1):157.
8 9	737	47. Weiner BJ, Belden CM, Bergmire DM, Johnston M. The meaning and measurement of
10 11	738	implementation climate. Implement Sci. 2011;6:78.
12 13	739	48. Aarons GA, Sommerfeld DH. Leadership, innovation climate, and attitudes toward evidence-
14 15	740	based practice during a statewide implementation. J Am Acad Child Adolesc Psychiatry.
16 17	741	2012;51(4):423-31.
18 19	742	49. Barling J, Loughlin C, Kelloway EK. Development and test of a model linking safety-specific
20 21	743	transformational leadership and occupational safety. J Appl Psychol. 2002;87(3):488-96.
22 23	744	50. Hong Y, Liao H, Hu J, Jiang K. Missing link in the service profit chain: a meta-analytic review of
24 25	745	the antecedents, consequences, and moderators of service climate. J Appl Psychol.
26 27	746	2013;98(2):237-67.
28 29	747	51. von Thiele Schwarz U, Hasson H, Tafvelin S. Leadership training as an occupational health
30 31	748	intervention: improved safety and sustained productivity. Safety Sci. 2016;81:35-45.
32 33	749	52. Gurt J, Schwennen C, Elke G. Health-specific leadership: Is there an association between leader
34 35	750	consideration for the health of employees and their strain and well-being? Work Stress.
36 37	751	2011;25(2):108-27.
38 39	752	53. Northouse P. Leadership: Theory and Practice. 5 <sup>th</sup> ed. London: SAGE Publications, Inc.; 2010.
40 41	753	54. Lewis R, Donaldson-Fielder E. The vital role of line managers in managing psychosocial risks. In:
42 43	754	Biron C, Karanika-Murray M, Cooper C (Eds.), Improving Organizational Interventions for Stress
44 45	755	and Well-being: Addressing Process and Context. Oxford: Routledge; 2012.
46 47	756	55. Lundmark R, Hasson H, von Thiele Schwarz U, Hasson D, Tafvelin S. Leading for change: line
48 49	757	managers' influence on the outcomes of an occupational health intervention. Work Stress.
50 51	758	2017;31(3):276-96.
52 53	759	56. Aarons GA, Ehrhart MG, Farahnak LR. The Implementation Leadership Scale (ILS): development
54 55	760	of a brief measure of unit level implementation leadership. Implement Sci. 2014;9(1):45.
56 57		
58 59		29

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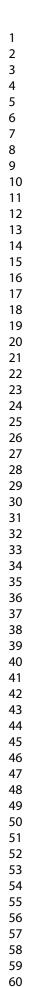
57. Randall R, Nielsen K, Tvedt SD. The development of five scales to measure employees'

- appraisals of organizational-level stress management interventions. *Work Stress*. 2009;23(1):1-23.
- 763 58. Richter A, von Thiele Schwarz U, Lornudd C, Lundmark R, Mosson R, Hasson H. iLead—a
- transformational leadership intervention to train healthcare managers' implementation leadership.
- 765 *Implement Sci.* 2016;11(1):1-13.
  - 766 59. Furr M. Scale Construction and Psychometrics for Social and Personality Psychology. London,
  - 767 United Kingdom: SAGE Publications Ltd; 2013.
  - 768 60. Hasson H, von Thiele Schwarz U. Useful Evidence: Adherence and Adaptations (in Swedish:
- 769 Användbar evidens: om följsamhet och anpassningar). Stockholm: Natur & Kultur; 2017. p. 210-
  - 770 211.
  - 61. Lee A, Carpenter NC. Seeing eye to eye: A meta-analysis of self-other agreement of leadership. *Leadership Q.* 2017: doi:https://doi.org/10.1016/j.leaqua.2017.06.002
- Fleenor JW, Smither JW, Atwater LE, Braddy PW, Sturm RE. Self-other rating agreement in
  leadership: A review. *Leadership Q.* 2010;21(6):1005-34.
- 63. Dvir T, Eden D, Avolio BJ, Shamir B. Impact of Transformational Leadership on Follower
- 776 Development and Performance: A Field Experiment. *Acad Manage J.* 2002;45(4):735-44.
- 64. Kelloway EK, Barling J, Helleur J. Enhancing transformational leadership: the roles of training
  and feedback. *LODJ*. 2000;21(3):145-9.
- 65. Statistics Sweden, Theme Labor market, report 2015:4, *Trained health and social care workers today and in the future*
- 66. Bass BM, Yammarino FJ. Congruence of Self and Others' Leadership Ratings of Naval Officers
  for Understanding Successful Performance. *Appl Psychol.* 1991;40(4):437-454.
- 67. Bass BM. Two Decades of Research and Development in Transformational Leadership. *EJWOP*.
  1999;8(1):9-32.
- 68. Hoyle RH. Confirmatory factor analysis. Handbook of applied multivariate statistics andmathematical modeling. 2000:465-497.
- 787 69. Byrne B. Structural Equation Modeling with AMOS: Basic Concepts, Applications, and
- 788 Programming, 2<sup>nd</sup> ed. London: Routledge; 2010.

Page 31 of 37

#### BMJ Open

3	789	70. Hu LT, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: conventional	
4 5	790	criteria versus new alternatives. Struc Equ Modeling. 1999;6(1):1-55.	
6 7	791	71. Marsh HW, Hau K-T, Wen Z. In Search of Golden Rules: Comment on Hypothesis-Testing	
8 9	792	Approaches to Setting Cutoff Values for Fit Indexes and Dangers in Overgeneralizing Hu and	
10 11	793	Bentler's (1999) Findings. Struct Equ Modeling. 2004;11(3):320-341.	
12 13	794	72. Bollen KA. Structural Equations with Latent Variables. New York: John Wiley & Sons, Inc.;	
14 15	795	1989.	
16 17	796	73. Clinton-McHarg T, Yoong SL, Tzelepis F, Regan T, Fielding A, Skelton E, Kingsland M, Ooi J	Y,
18 19	797	Wolfenden L. Psychometric properties of implementation measures for public health and	
20 21	798	community settings and mapping of constructs against the Consolidated Framework for	
22 23	799	Implementation Research: a systematic review. Implement Sci. 2016;11(1):148.	
24 25	800	74. Hox JJ. Multilevel analysis: Techniques and applications. 2 ed. New York: Routledge; 2010.	
26 27	801	75. Enders CK, Tofighi D. Centering predictor variables in cross-sectional multilevel models: a new	7
28 29	802	look at an old issue. Psychol Methods. 2007;12(2):121-38.	
30 31	803	76. Hair JF TR, Anderson RE, Black W. Multivariate data analysis. London: Prentice-Hall; 1998.	
32 33	804	77. Aarons GA, Hurlburt M, Horwitz SM. Advancing a conceptual model of evidence-based practic	e
34 35	805	implementation in public service sectors. Adm Policy Ment Health. 2011;38(1):4-23.	
36 37	806	78. Aarons GA. Transformational and transactional leadership: association with attitudes toward	
38 39	807	evidence-based practice. Psychiatr Serv. 2006;57(8):1162-9.	
40 41	808	79. Hunter ST, Bedell-Avers KE, Mumford MD. The typical leadership study: Assumptions,	
42 43	809	implications, and potential remedies. Leadership Q. 2007;18(5):435-46.	
44 45	810	80. Hinkin TR. A Brief Tutorial on the Development of Measures for Use in Survey Questionnaires	-
46 47	811	Organ Res Meth. 1998;1(1):104-121.	
48 49	812	81. Glasgow RE, Riley WT. Pragmatic measures: what they are and why we need them. Am J Prev	
50 51	813	Med. 2013;45(2):237-243.	
52 53			
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55 56			
50 57			
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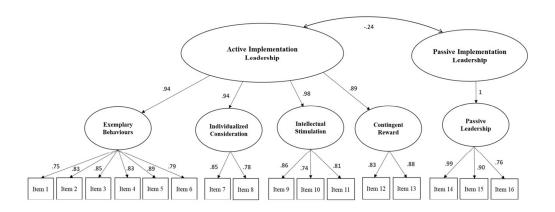


Figure 1. Standardized factor loadings for the iLead scale. + Note: n=336; All confirmatory factor analysis factor loadings are for Model 1 ( $\chi$ 2 (99)=382.864\*\*, CFI=.935, TLI=.911, RMSEA=.059) with four first-order factors under one second-order factor for active implementation leadership, which is intercorrelated with a passive implementation leadership factor.

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# Supplementary appendix 1: Items from the original domain-specific scales and the adapted items included in the iLead scale

Original items	Adapted items included in the iLead scale
<i>Kelloway et al</i> <sup>1</sup>	
Expresses satisfaction when I perform my job safely	My closest manager has shown satisfaction when I work according to the new working method
Makes sure that we receive appropriate rewards for achieving safety targets on the job	My closest manager has shown appreciation when we has achieved our goals to implement the new working metho at our workplace
Provides continuous encouragement to do our jobs safely	My closest manager has continuously encouraged us in t implementation of the new working method
Shows determination to maintain a safe work environment	My closest manager has shown determination to maintai the new working method
Encourages me to express my ideas and opinion about safety at work	My closest manager has encouraged me to express my ideas and opinions about implementing the new working method
Talks about his/her values and beliefs of the importance of safety	My closest manager has talks about his/her values and beliefs of why it is important to work according the new working method
Behaves in a way that displays a commitment to a safe workplace	My closest manager has behaved in a way that explicitly displays commitment to working according to the new working method
Spends time showing me the safest way to do things at work	My closest manager has spent time showing me how I ca work according to the new working method
Avoids making decisions that affect safety on the job	My closest manager has avoided making decisions that affect the implementation of the new working method
Fails to intervene until safety problems become serious	My closest manager has avoided to intervene until major problems with the implementation of the new working method has already arisen
Waits for things to go wrong before taking action	My closest manager has waited for things to go wrong w the implementation of the new working method before taking action
Randall et al <sup>2</sup>	
My immediate manager has done a lot to involve employees throughout the process	My closest manager has done a lot to involve us in the implementation of the new working method
My immediate manager shared whatever he/she knew about the implementation of teams	My closest manager has shared whatever information he/she has about the implementation of the new working method
My immediate manager has actively worked towards the implementation of teams	My closest manager has actively worked towards implementing the new working method
My immediate manager was positive about the implementation of teams	My closest manager has been positive towards the implementation of the new working method
I have had the opportunity to speak with my immediate manager about which consequences the implementation of teams would have for me Note: In the iLead scale, 'the new working method' can be repla	My closest manager has given me the opportunity to spe to him/her about what consequences the implementation the new working method will have for me

### References

- Kelloway EK, Mullen J, Francis L. Divergent effects of transformational and passive leadership on employee safety. J Occup Health Psychol. 2006;11(1):76-86.
- Randall R, Nielsen K, Tvedt SD. The development of five scales to measure employees' appraisals of organizational-level stress management interventions. Work Stress. 2009;23(1):1-23.

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# Supplementary appendix 2: Bifactor analysis to partion the variance of the multidimensional scales

#### Analysis procedure

The 13 indicators of active leadership were further analysed and modelled as a bifactor model using Mplus 7.2 using maximum-likelihood estimation.<sup>1-3</sup> Bifactor models can be used to partition the variance of multidimensional scales, differentiating the variance of each indicator into a common and unique component. The unique component can then further differentiate an indicator-specific and random error component. The bifactor model was composed of one general active leadership factor (i.e., all 13 indicators loading on the same factor) and four factors signifying the implementation leadership-specific sub-factors (i.e., exemplary behaviour, individualized consideration, intellectual stimulation, and contingent reward). Thus, all items loaded on two separate factors: the general active leadership factor and one implementation leadership-specific sub-factor. These five factors were uncorrelated with each other.<sup>1</sup> Based on the standardized factor loadings, omega ( $\omega$ ), omega hierarchical ( $\omega$ H), and omega subscale ( $\omega$ S) were calculated. Omega ( $\omega$ ) estimates the amount of variance in the observed scores that is due to a common factor variance (i.e., all sources of common variance); it corresponds to coefficient alpha for the total score. Omega hierarchical ( $\omega$ H) estimates the amount of total score variance that can be attributed to a single common factor (i.e., active implementation leadership), whereas omega subscale ( $\omega S$ ) indicates the proportion of the reliable score variance of indictors measuring a specific factor (i.e., exemplary behaviour, individualized consideration, intellectual stimulation and contingent reward) after the general active implementation leadership factor is controlled for.<sup>1</sup> Hence, the Omega subscale ( $\omega$ S) is interpreted as the reliability of a specific sub-factor after the effect of other factors is controlled for. It is recommended that  $\omega S$  be at least .50 so that the specific sub-factor is sufficiently systematic to be interpreted separately.<sup>1</sup>

#### Findings

Results from the bifactor model specifying the different variance components are presented in Table 1, where the standardized factor loadings ( $\lambda$ ) for the common factor as well as the sub-factors are given.

The model fit ( $\chi^2$ =25,922\*, df=55, RMSEA=.102, CFI=.945, SRMR=.033) indicates mixed results, with some values above the recommended cut-off points. However, when fitting bifactor models the traditional fit indices may not be applicable, due to the use of polytomous items.<sup>4</sup> Table 1 also presents the three omega ( $\omega$ ) coefficients, which are based on the standardized factor loadings ( $\lambda$ ) retrieved from the bifactor model (see formulas 3, 4, and 6 in Reise et al., 2010<sup>1</sup>). The general active implementation factor was reliable ( $\omega$  estimate of .96), which indicates 96% of the variance in the observed scores was due to all sources of the common variance. Hence, there is a common factor showing systematic differences between individuals in active implementation leadership. The general active implementation leadership factor alone accounted for 92% of the variance ( $\omega$ H=0.92), whereas the sub-factors are systematic but account for very small parts of the total variance of active implementation leadership. This interpretation is also strengthened by  $\omega$ S estimates, which indicate the proportion of reliable score variance of indictors measuring a specific sub-factor or perspective after the general active implementation leadership factor is controlled for. None of these  $\omega$ S values is near the cut-off value of 0.50, recommended by Reise et al., 2010.<sup>1</sup>

	λ Active implementation leadership	λ Exemplary behaviours	$\lambda$ Individualized consideration	$\lambda$ Intellectual stimulation	λ Contingen reward
Item 1	.67*	.37*			
Item 2	.79*	.20*			
Item 3	.76*	.45*			
Item 4	.85*	.06			
Item 5	.84*	.27*			
Item 6	.70*	.46*			
Item 7	.80*		.26*		
Item 8	.74*		.26*		
Item 9	.83*			.14*	
Item 10	.76*			07	
Item 11	.78*			.62*	
Item 12	.75*				.39*
Item 13	.79*				.37*
ω	.96				
ωH	.92	.02	.002	.004	.005
ωS		.12	.08	.06	.16

**Table 1**. CFA bifactor model of active implementation leadership in the iLead scale.

Model fit: χ<sup>2</sup>=25.922\*; df=55; RMSEA=.102; CFI=.945; SRMR=.033

#### References

1. Reise SP, Moore TM, Haviland MG. Bifactor models and rotations: exploring the extent to which multidimensional data yield univocal scale scores. J Pers Assess. 2010;92(6):544-59.

2. Bollen KA. Structural Equations with Latent Variables. New York: John Wiley & Sons, Inc.; 1989.

3. Gustafsson JE. Measurement from a hierarchical point of view. In: Braun HI, Jackson DN, Wiles DE, eds. The Role of Constructs in Psychological and Educational Measurement. London: Lawrence Erlbaum Associates; 2002. p. 73-95.

4. West SG, Taylor AB, Wu W. Model fit and model selection in structural equation modeling. In: Hoyle RH, editor. Handbook of structural equation modeling. New York: Guildford Press; 2012.

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# How do iLead?

# Validation of a Scale Measuring Active and Passive Implementation Leadership in Swedish Healthcare

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# Abstract

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**Objectives:** This validation study aims to describe the creation of a scale – the iLead scale – through adaptations of existing domain-specific scales that measure active and passive implementation leadership, and to describe the psychometric properties of this scale.

**Methods:** Data collected from a leadership intervention was used in this validation study. Respondents were 336 healthcare professionals (90% female and 10% male; mean age 47 years) whose first- and second-line managers participated in the intervention. The data was collected in the Stockholm regional healthcare organization that offer primary, psychiatric, rehabilitation, and acute hospital care, among other areas. The items for measuring implementation leadership were based on existent research and the Full-Range Leadership Model. Confirmatory factor analysis was performed to evaluate the dimensionality of the scale, followed by tests for reliability and convergent, discriminant and criterion-related validity using correlations and multilevel regression analyses.

**Results:** The final scale consists of 16 items clustered into four subscales representing active implementation leadership, and one scale signifying passive implementation leadership. Findings showed that the hypothesized model had an acceptable model fit ( $\chi^2_{(99)}$ =382.864\*\*, CFI=.935, TLI=.911, RMSEA=.059). The internal consistency and convergent, discriminant and criterion-related validity were all satisfactory.

**Conclusions:** The iLead scale is a valid measure of implementation leadership and is a tool for understanding how active and passive leader behaviours influence an implementation process. This brief scale may be particularly valuable to apply in training focusing on facilitating implementation, and in evaluating leader training. Moreover, the scale can be useful in evaluating various leader behaviours associated with implementation success or failure.

#### Strengths and limitations of this study

• The present study follows a rigorous validation process to explore the factor structure, reliability and validity of the iLead scale.

- Since the iLead scale is based on theory and other established scales, confirmatory factor analysis (CFA) was performed to confirm its suggested factor structure.
- Based on sample characteristics, the sample used for the validation represents a typical health care sample.
- Due to item deletion during the validation process, the different sub-scales in the iLead scale includes varying numbers of items.
- The response rate was moderate for the iLead scale, due to the use of a filter variable that assured that only respondents who could remember a specific implementation that their manager had led during the past six months were asked to respond to the iLead scale.

### Introduction

Implementing change in healthcare is a complex and challenging task.<sup>1,2</sup> Nonetheless, this effort is essential for keeping healthcare professionals up to date on, and ensuring their use of new research evidence so patients can receive the best possible care. Researchers have identified a wide range of contextual factors that influence effective implementation,<sup>3-5</sup> one of which is leadership.<sup>6-8</sup>

Managers' behaviours during, an implementation are crucial for effectively achieving change in practice. This is particularly true for line managers (i.e. those with a managerial position closest to employees) who have a direct influence on employees' implementation behaviours.<sup>9,10</sup> Research has recognized leadership behaviours such as being supportive, providing feedback, communicating clearly, being a role model, encouraging employee development and creating a context conforming to the implementation as essential in the implementation process (i.e., from needs assessment, preparation, implementation and to sustainability of the implementation<sup>11</sup>).<sup>7,12-14</sup> Moreover, managerial tasks, for instance planning, supervising change and providing resources, are also crucial to support implementation of change.<sup>15</sup> Both these type of person and task related behaviours are central to influence change,<sup>16-18</sup> and although some scholars make distinctions between management and leadership behaviours, others recognize that these behaviours sometimes overlap.<sup>19-21</sup> This paper does

not emphasize a distinction between management and leadership behaviours, but view both as complementary processes influencing a group of individuals that are essential for successful change.<sup>18,21</sup> The scale validated in this study focuses on capturing line managers' implementation-specific leader behaviours – both what they do and how these actions are performed – based on the active and passive dimensions of the Full-Range Leadership Model. The theoretical perspective is expected to facilitate the understanding of both what managers do (e.g. provide information about the implementation) and how these actions are performed (e.g. if the information is provided in a way that inspires employees), thereby explaining the relationship between leadership and implementation outcomes.

## The Full-Range Leadership Model

The Full-Range Leadership Model (FRLM) is the most comprehensively researched approach to leadership.<sup>22-25</sup> The model clusters leader behaviours into two broad dimensions signifying active and passive leadership.<sup>25-28</sup> Transformational leadership is one factor of active leadership<sup>25,28</sup> and is associated with beneficial individual and organizational outcomes,<sup>29</sup> employee performance,<sup>30</sup> the change process<sup>31,32</sup> and organizational innovation<sup>33</sup> in various contexts and cultures.<sup>34</sup> There is also emerging evidence on the positive relationship between transformational leadership and effective implementation.<sup>10</sup> For instance, transformational leadership has been strongly related to employees' innovation implementation behaviour<sup>35</sup> and their commitment to change.<sup>36</sup> Transformational leaders inspire employees to achieve higher goals and to perform at a higher level than expected. These leader behaviours were originally divided into three sub-factors: *idealized influence*, acting as a role model and building relationships with employees based on trust and respect; *individualized consideration*, coaching of staff and helping them develop, while conveying empathy for their needs and desires; and *intellectual stimulation*, encouraging employees to be creative and to challenge assumptions.<sup>28</sup> Inspirational motivation was later added as another sub-factor to transformational leadership.<sup>20,37</sup> This sub-factor concerns articulating a clear and compelling vision to employees and motivating them to achieve set goals.<sup>37</sup> It has been argued that these sub-factors are related, however it has proved

problematic to distinguish between,<sup>25,37</sup> mainly through difficulties in empirically supporting discriminant validity (i.e. high intercorrelations).<sup>20,26,38,39</sup> Consequently, different approaches to conceptualize and measuring transformational leadership has been adopted. Some have measured it as a global construct,<sup>33,39</sup> whereas others have examined all individual sub-factors of transformational leadership,<sup>40,41</sup> and others have used a reduced set of factors.<sup>42</sup> It has been especially difficult to distinguish between *idealized influence* and *inspirational motivation*, both conceptually<sup>25,43</sup> and empirically.<sup>26,37,44</sup> Thus, some have combined *idealized influence* and *inspirational motivation* into one sub-factor.<sup>20,29,37,44,45</sup>

Another dimension of active leadership is *contingent reward*.<sup>26,28</sup> This sub-factor is the most active form of transactional leadership and involves an exchange relationship between manager and employees, for instance setting mutually agreed-upon goals, and follow-up and linking them to rewards. Contingent reward behaviours have been linked to employees' performance outcomes<sup>30</sup> and satisfaction.<sup>26</sup> Current suggestions are that a combination of transformational leadership and contingent reward is most effective in producing positive organizational outcomes.<sup>23,30,37,43,46</sup> Based on this, contingent reward is likely to be an important component of active implementation leadership.

Passive leadership includes two dimensions.<sup>25,27,28</sup> One of these is *passive management-by-exception*, a sub-factor of transactional leadership.<sup>27,47</sup> This refers to managerial behaviours related to acting first when something has gone wrong, or correcting employee actions when these have been brought to their attention. This sub-factor has been shown to be ineffective in achieving organizational outcomes, such as safety at work,<sup>27</sup> and to negatively impact performance.<sup>30</sup> The other passive leadership dimension is *laissez-faire leadership*, where leaders abdicate responsibility and avoid taking initiative,<sup>25</sup> which has also shown to be ineffective for achieving positive outcomes,<sup>23,27</sup> and is an overall destructive leader behaviour.<sup>48</sup> *Passive management-by-exception* and *laissez-faire leadership* have been combined in previous studies to represent a generalized passive leadership construct.<sup>25,27,34,47</sup>

These behaviours are typically highly correlated with each other and related to negative employee and organizational outcomes, and negatively associated with active leadership.

An additional sub-factor of the transactional leadership construct is *active management-by-exception*.<sup>47</sup> This type of leader behaviour is characterized in terms of monitoring for and detecting mistakes that deviate from the norm, and taking corrective action when errors occur.<sup>20,25</sup> There is an ongoing discussion as to whether *active management-by-exception* fits into the passive or the active categories of leadership<sup>47</sup> or should be represented separately. <sup>46</sup> Some have shown that *active* and *passive management-by-exception* are separate constructs that are either uncorrelated, or somewhat negatively correlated.<sup>25,47</sup> Comparing *active management-by-exception* to the active leadership dimensions, it is more reactive than proactive and cannot be considered an effective leadership style. Therefore, *active management-by-exception* was not included in this study.

To date, leadership research has mostly focused on measuring active leader behaviours to identify which ones are effective and positively influence organizational outcomes. However, capturing passive leader behaviours that negatively influence employees is also of great importance, as these can have disastrous consequences<sup>27,48,49</sup> and will most likely influence the implementation process. The research on implementation leadership has hitherto emphasized behaviours that are effective for implementing change, naturally, since these are needed to achieve implementation success. However, it is also important to consider and measure leader behaviours that may be disruptive to, and hinder, an implementation process. This is important, since the way managers lead an implementation climate involves employees' shared perceptions of an implementation initiative's practical value.<sup>51</sup> Research has demonstrated the relevance of implementation climate for the association between transformational leadership and employees' commitment to change.<sup>35</sup> Moreover, active leadership may also promote a positive implementation climate, <sup>52,53</sup> and thus influence implementation success. This highlights the importance of capturing both the active and passive aspects of leadership.<sup>25,27</sup>

#### **Implementation-Specific Leadership**

Recent research on leadership has indicated that leader behaviours directed at a particular initiative or objective, often referred to as domain-specific leadership,<sup>27,54,55</sup> appear to be more effective than general leader behaviours for reaching the goals of this initiative. Consequently, general active leader behaviours do not seem to be sufficient for affecting a specific domain. In the areas of occupational safety,<sup>56</sup> employee health and well-being<sup>57</sup> and service climate,<sup>55</sup> this has led to the development of domain-specific FRLM-scales. Several of these scales build on the theory of the FRLM, however specifically ask the rater to consider leader behaviours in relation to a specific domain. When implementing changes in the healthcare context, this might mean that leader behaviours directed at a specific implementation initiative might be necessary for the success of the implementation process, rather than expecting general active leadership to have an impact. Hence, general leadership may foster a good work environment and performance overall, but may be insufficient for fostering implementation success for a specific evidence-based method to improve the delivery of healthcare. It is therefore necessary to measure leader behaviours specific to an implementation process. This also means that although there is a variety of theory-based scales that measure general leadership,<sup>21</sup> these may not effectively predict the outcomes of an implementation process.

To date, there is one implementation-specific leadership scale: the Implementation Leadership Scale (ILS)<sup>60</sup> measures strategic leadership in the implementation of evidence-based practices (EBPs), and assesses active leader behaviours that promote implementation of EBPs.<sup>60</sup> We argue for three main reasons to construct a new scale to measure implementation leadership. First, no scale currently exists that measures active and passive leader behaviours in relation to implementation. This is an important aspect to be included in an implementation leadership scale since passive leader behaviours can have detrimental effects on employees,<sup>27,30</sup> and consequently also for an implementation process. Second, although Aarons et al. (2014) considered the active leader behaviours of the FRLM when developing

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the ILS,<sup>60</sup> the aim was to assess independent and different aspects of implementation leadership. Thus, at present, no implementation leadership scale exists that operationalize the FRLM theory. We suggest that a scale measuring implementation leadership and maintains the FRLM structure is important for obtaining more detailed information about leader behaviours.<sup>41</sup> Third, the ILS focuses on what managers do when leading implementation (e.g. developing a plan to facilitate the process) rather than how it is done (e.g. whether these tasks have been performed in a way that inspires employees). We suggest that an implementation leadership scale that, in addition to measuring what, measures how managers lead implementation is valuable for managers in their development as an implementation leader.

In conclusion, the aim of this study is to adapt previous domain-specific scales <sup>27,61</sup> to create and validate a scale that captures managers active and passive implementation-specific leadership behaviours, which follows the factor structure of the FRLM. The objective of the iLead scale is to complement a previous implementation leadership scale (ILS) by capturing both effective and disruptive implementation leader behaviours by basing the scale on the active and passive dimensions of the FRLM, and to capture what leaders do in addition to how they perform these behaviours. Four subscales are predicted for active implementation leadership and one subscale for passive implementation leadership.

#### Methods

#### Adapting previous domain-specific scales to construct the iLead scale

As a first step, a literature search was performed to identify key research relating to implementation leadership, including previously validated scales. This informed the decision that the scale should follow the factor structure of the FRLM, thus including both active and passive leader behaviours, and be adapted from existing scales. The basis for the construction of the iLead scale was two validated

domain-specific leadership scales.<sup>27,54</sup> We adapted the items from the scale developed by Kelloway et al. (2006),<sup>27</sup> which measures transformational and passive safety leadership and follows the factor structure of the FRLM, to be implementation specific. For instance, the original item 'My manager shows determination to maintain a safe work environment' was adapted to 'My manager has shown determination to maintain the implementation of *the new working method*'. We complemented this with the subscale 'line managers' attitudes and actions' from the Intervention Process Measure (IPM) by Randall et al. (2009).<sup>61</sup> This scale specifically focuses on managerial behaviours in relation to occupational health interventions and is one of the few widely used scales attempting to tap into leader behaviours that occur in conjunction with a specific health intervention. The items were adapted slightly to be applicable to the implementation area. This process resulted in a 20-item scale assessing implementation-specific leadership.

The iLead scale was developed as a tool to provide feedback for managers on their leader behaviours. This scale was applied in an implementation leadership training intervention that aims to train healthcare managers implementation leadership (the iLead intervention – please see the study protocol for further details of this intervention<sup>62</sup>), referred to as the 'intervention' throughout this study. It was therefore important that the scale could distinguish between different types of active and passive leader behaviours, as previously suggested.<sup>38,41</sup> Hence, a differentiation between the factors was sought. Although idealized influence and inspirational motivation may be argued to be conceptually different,<sup>37,43</sup> studies have not been able to consistently empirically separate these sub-factors.<sup>37,45</sup> Therefore, idealized influence and inspirational motivation were combined and called *exemplary behaviours*, which is in line with previous studies using the FRLM.<sup>20,42,44</sup> Consequently, the iLead scale measures active implementation leadership, from here on referred to as active leadership, *intellectual stimulation* (5 items) and *contingent reward* (2 items). Passive implementation leadership, from here on referred to as passive leadership, comprises elements from both *passive management-by*-

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*exception* and *laissez-faire* leader behaviours (3 items), in line with a previous scale measuring domain-specific leadership<sup>19</sup>.

#### Assurance of content validity

In addition to basing the iLead items on existing scales, two additional approaches were used to assure content validity.<sup>63</sup> National experts in the field of leadership and implementation (n=5) and managers in a healthcare organization (n=40) were invited to a workshop to identify crucial implementation leader behaviours. This was performed using a structured and interactive process – the Co-created program logic (COP).<sup>64</sup> The first step was to individually brainstorm leader behaviours perceived as important in implementation, which were written on post-it notes. Thereafter, these notes with different leader behaviours were attached to a whiteboard and the participants discussed these behaviours together in groups and categorized them into overall themes. Examples of themes were: 'inspire and motivate employees' and 'be responsive to employees' needs'. The themes that emerged during this process were in line with scientific literature on effective leader behaviours when implementing change. Third, to test the face validity of the scale,<sup>63</sup> employees and senior managers (n=11) representing the healthcare organizations completed a draft of the questionnaire and were asked for oral feedback on whether the items were clearly formulated, relevant and understandable, and if they perceived that the scale measured the construct it aimed to measure. This did not lead to any major changes to the items.

#### Participants

The data for the present study was collected as part of an implementation leadership training intervention that was developed and evaluated in the Stockholm regional healthcare organization.<sup>62</sup> This organization offers primary, psychiatric, rehabilitation, and acute hospital care, among other areas. The data used in the present study originates from the baseline measurement (Time 1), conducted in November/December 2015, with the exception of one scale collected from the first

follow-up (Time 2) in May/June 2016 to assess predictive criterion validity. All employees whose managers were taking part in the iLead intervention and who were not on leave of absence, parental leave, had quit their job, etc. were invited to participate in the study. Employee data was used since managers' self-ratings are often inflated due to leniency bias,<sup>65,66</sup> and previous studies have demonstrated the validity of using employees' assessments of leader behaviours.<sup>67,68</sup> Out of 1,084 eligible healthcare professionals, 815 responded (75% response rate) to the baseline measurement (Time 1). Of these, 336 respondents (41%) answered the iLead scale. This was because a filter was included at the beginning of the questionnaire to ensure that only respondents who could remember a specific implementation responded to questions about their manager's implementation leadership. They were instructed to replace the phrase '*the new working method*' in each question of the iLead scale with the implementation they had identified in the filter question.

The follow-up measurement was performed immediately after the implementation leadership training intervention (Time 2),<sup>62</sup> six months after the baseline measurement. The purpose of using data at Time 2 was to assess the predictive type of criterion validity (i.e. using a criterion that occurs in the future).<sup>63</sup> Thus, data on implementation climate was used since active leadership is an important predictor of a positive implementation climate.<sup>51,53</sup> A total of 490 respondents answered the questionnaire at Time 2, and 443 (90%) of these answered all the implementation climate items.

The majority of respondents were female (90%) and had worked at their current job for two to five years (26.8 %). All the managers were female. This is representative of the healthcare context in Sweden.<sup>69</sup> The participants' mean age was 47 years (SD=11.8; Range: 22 - 65). Most participants, 79.6%, had obtained a university degree; 18.7% had finished high school; and 1.7% had no further education, i.e. lower than a high school education.

#### Procedure

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The respondents received a secured link to an electronic questionnaire through their work e-mail, including information about the study and the purpose of the questionnaire. Two reminders were sent, with a two-week time interval. All participants provided informed consent that their data could be used in research, and confirmed that they understood that participation was voluntary and that they could withdraw their participation at any time. The local ethics committee in Stockholm (ref no. 2015/857-31/5) approved the data collection for the project.

#### Patient and public involvement

Important stakeholders (national experts, line managers and employees) were involved in this study as described above (see Assurance of content validity). Patient's involvement was not applicable in this study. C.

#### Measures

Implementation-specific active and passive leadership was measured through the iLead scale (described above). All 20 items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale.

#### Convergent and discriminant validity measures

General transformational leadership was measured through the Global Transformational Leadership (GTL) scale<sup>39</sup> using seven items. An example item is: 'My closest manager communicates a clear and positive vision of the future'. Items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale. Cronbach's alpha was .95.

General transactional leadership was measured through two items used in previous research that are based on the Multifactor Leadership Questionnaire (MLQ), modified to be implementationspecific.<sup>25,27</sup> The items focus on contingent reward behaviours, for example: "My manager shows

satisfaction when employees meet expectations". Items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale. Cronbach's alpha was .81.

#### Criterion-related validity measure

*Implementation climate* was measured with three items derived from the subscale 'Focus on EBP' of the Implementation Climate Scale (ICS)<sup>51</sup> (collected at Time 2). These items were deemed relevant for assessing implementation climate due to their specific nature, and were therefore adapted to the present study. For example, "Using evidence-based practices is a top priority in this team/agency" was changed to "At my workplace it is a top priority to change our working methods in order to achieve the best possible quality". Items were scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale. Cronbach's alpha was .86.

#### Statistical analyses

Two major approaches were used to validate the scale.<sup>63</sup> Its dimensionality was evaluated through confirmatory factor analysis (CFA) using AMOS 23. CFA was chosen over an exploratory factor analysis (EFA) since the factor structure of the implementation-specific scale (i.e. FRLM) is well established in the literature and has prior validity evidence.<sup>20,26,70,71</sup> This is also in line with previous studies of domain-specific scales based on the FRLM.<sup>27</sup> Thus, CFA is used to deductively confirm that the data in the present study fits into the already proposed factor structure, whereas an EFA is more inductive in its approach and should be used when developing new scales with items that have not been tested in terms of reliability and validity.<sup>72</sup> The maximum likelihood estimation (ML) approach was used to address missing data values.<sup>73</sup> One path indicator for each latent variable was fixed to set the scale of the latent variable. Model fit was assessed using several fit indices, including the chi-square ( $\chi^2$ ), the comparative fit index (CFI), the Tucker-Lewis index (TLI), and the root mean square error residual (RMSEA).<sup>73,74</sup> The following approximate cut-off criteria were used, whereby CFI and TLI around .90<sup>73</sup> and a RMSEA value of  $\leq .06^{74}$  indicate a good fit to the data.<sup>75</sup> Information criteria

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such as the Akaike information criterion (AIC) and the chi-square difference test were used for model comparison, whereby a model with a lower value indicates a more acceptable model fit.<sup>73</sup>

First, item characteristics, such as comments from participants or factor loadings, were considered to identify items for exclusion. Following this, five competing models were compared to test the hypothesized factor structure of the scale.<sup>73,76</sup> In line with previous research, a second-order factor model is proposed for the active implementation leadership factors due to high factor correlations.<sup>25,39,44</sup> The chi-square difference test was used to identify the best fitting model. Moreover, additional rigorous tests were performed by analysing a bifactor model to partion the variance of the multidimensional scales. Findings from the bifactor model were in line with the results from the CFA.

Second, the reliability of each subscale was assessed via internal consistency (Cronbach's alpha).<sup>63</sup> Convergent validity of implementation leadership was then analysed. Here, our scale was correlated with theoretically similar instruments,<sup>63,76</sup> such as general transformational<sup>39</sup> and transactional leadership.<sup>25,27</sup> Correlations should be higher than .40.<sup>77</sup> Discriminant validity was tested through the correlation of passive implementation leadership with general transformational and transactional leadership. For this, passive leadership was correlated with two constructs to which it should be negatively related.<sup>63</sup> Lastly, the criterion-related validity<sup>63,76</sup> was examined by performing regression models with implementation climate at Time 2 as the outcome, which is a theoretical outcome of implementation leadership.<sup>52,53</sup> Multilevel modelling was used to account for the nestedness of the data (employees nested in workgroups) using Mplus 7.2 and maximum-likelihood estimation.<sup>78</sup> All predicators were grand-mean centred before being entered in the model.<sup>79</sup> We expect a positive relation between active leadership at Time 1 and implementation climate at Time 2 when age, gender and education are controlled for. These relations were modelled on the individual level (Level 1).

#### Results

#### Examination of items and dimensionality

Initial examination of the items when conducting the CFA resulted in the removal of four of the 20 items. These items either did not capture the intended construct (factor loading < .4) or had low correlations (r=<.3) with other items of the same construct,<sup>80</sup> and one of them was excluded due to participants commenting that it was difficult to understand, and thus to answer. Consequently, 16 items were included for all further calculations.

To investigate the dimensionality of the scale (i.e. whether the subscales can be separated from each other), five competing models were compared. Description of the models and findings from these model comparisons are presented in Table 1. The results from the CFA showed that Model 1, our hypothesized model with four active implementation leadership subscales, was the best fitting model. That is, Models 2, 3, 4 and 5 fit the data significantly worse than Model 1, which had an acceptable model fit ( $\chi^2_{(99)}$ =382.864<sup>\*\*</sup>, CFI=.935, TLI=.911, RMSEA=.059). Figure 1 displays the standardized factor loadings of this model. 64.0

Table	1.1	Model	comparisons.

If $\Delta \chi^2$
6.04*
63.81**
48.44**
1154.73**

Notes: N=336; \*\* p < 0.01; \* p < 0.05.

Model 1: exemplary behaviours (EB), individualized consideration (IC), intellectual stimulation (IS), and contingent reward (CR) were included as four first-order factors under one second-order factor for active leadership (AL), and passive leadership (PL) was intercorrelated with AL; Model 2: IC and IS were collapsed into one factor, resulting in three first-order factors for the AL second-order factor, and PL was intercorrelated with AL; Model 3: EB, IC and IS were collapsed into one factor, resulting in two first-order factors for the AL second-order factor, and PL was intercorrelated with AL; Model 4: all the active factors (transformational leadership sub-factors and CR) were collapsed into one first-order factor, and PL was intercorrelated with AL; Model 5: all items loaded on one single factor.

--- Figure 1 about here ---

1	
2 3	Hence, the final scale
4 5	behaviours (6 items),
6 7	contingent reward (2
8 9	satisfactory for all su
10 11 12	consistency of the sul
12 13 14	
15 16	Table 2. The iLead s
17	Scales and constituent
18 19	1. Active implementation
20         21         22         23         24         25         26         27         28         29         30         31         32         33         34         35         36         37         38         39         40         41         42	<ul> <li>Ia. Exemplary behaviou My closest manager has shown determination has talked about his/her has continuously encou has continuously encou has behaved in a way th has been positive towar Ib. Individualized conside My closest manager has spent time showing has given me the oppor method will have for me Ic. Intellectual stimulati My closest manager has done a lot to involv has encouraged me to e has shared whatever infi Id. Contingent reward My closest manager has shown satisfaction has shown appreciation 2. Passive implementation My closest manager has avoided to interven has avoided to making deter has avoided making deter has avoide</li></ul>
43 44 45 46 47	Notes: N=324–336, due to m
48 49	
50 51	Bivariate correlations
52 53	Table 3. To assess co
54 55	transformational and

56 57 58

59

60

e includes 16 items representing four active leadership subscales (i.e., *exemplary* individualized consideration (2 items), intellectual stimulation (3 items), and items) and passive leadership (3 items). Internal consistency was considered bscales ( $\alpha > .70^{63}$ ). The final iLead scale, its constituent items, and internal bscales are presented in Table 2.

#### cale and internal consistency of subscales.

Scales and constituent items	α	Item
1. Active implementation leadership	.95	no.
1a. Exemplary behaviours	.92	
<i>My closest manager      has shown determination to maintain the new working method</i>		1
has talked about his/her values and beliefs of why it is important to work according to the new working method		2
has actively worked towards implementing the new working method		2 3
has continuously encouraged us in the implementation of the new working method		4
has behaved in a way that explicitly displays commitment to working according to the new working method		5
has been positive towards the implementation of the new working method		6
1b. Individualized consideration	.80	
My closest manager		
has spent time showing me how I can work according to the new working method		7
has given me the opportunity to speak to him/her about what consequences the implementation of the new working		8
method will have for me		
1c. Intellectual stimulation	.83	
My closest manager		
has done a lot to involve us in the implementation of the new working method		9
has encouraged me to express my ideas and opinions about implementing the new working method		10
has shared whatever information he/she has about the implementation of the new working method		11
1d. Contingent reward	.85	
My closest manager	.00	
has shown satisfaction when I work according to the new working method		12
has shown appreciation when we have achieved our goals to implement the new working method at our workplace		13
2 Dessing implementation log doublin	.91	
2. Passive implementation leadership My closest manager	.91	
has avoided to intervene until major problems with the implementation of the new working method have arisen		14
has waited for things to go wrong with the implementation of the new working method have arisen		14
has avoided making decisions that affect the implementation of the new working method		16

issing data on some items (pairwise deletion).

#### riminant validity

s of all the measures in the present study and descriptive statistics are presented in

onvergent validity, the correlations between active leadership and general

transactional leadership were calculated. Correlations between the sub-factors of

active and general transformational leadership  $(r=.70 - .78^{**})$  and transactional leadership  $(r=.61 - .78^{**})$ 

 $.70^{**}$ ) were high, supporting convergent validity. To assess discriminant validity, the correlations between passive leadership and general transformational and transactional leadership were calculated, showing a correlation of r=-.22<sup>\*\*</sup> with general transformational leadership and a correlation of r=-.18<sup>\*\*</sup> with transactional leadership. These results support discriminant validity.

Scales	Mean	SD	1a	1b	1c	1d	2	3	4	5
1. Active implementation leadership	3.84	0.88								
1a. Exemplary behaviours	4.06	0.86								
1b. Individualized consideration	3.60	1.10	.73**							
1c. Intellectual stimulation	3.87	0.93	.87**	.84**						
1d. Contingent reward	3.84	0.97	.75**	.71**	.76**					
2. Passive implementation leadership	2.01	1.17	20**	12*	20**	17**				
3. General transformational leadership	3.87	0.93	.77**	.70**	.78**	.70**	22**			
4. General transactional leadership	3.79	0.97	.68**	.64**	.70**	.61**	18**	.86**		
5. Implementation climate	3.92	0.92	.34**	.37**	.27**	.45**	<b>-</b> .17 <sup>*</sup>	.44**	.44**	

Table 3. Bivariate correlations of study measures.

Notes: N=158–649, due to missing data on some items (pairwise deletion); \*\* p < 0.01. \* p < 0.05. Data was collected at Time 1 for all measures, except for Implementation climate, which was collected at Time 2.

#### Criterion-related validity

Criterion-related validity was tested by examining the relationship between implementation climate (measured at Time 2) and active and passive leadership at Time 1. In line with expectations, findings show that when age, gender and education were controlled for, active leadership significantly predicted implementation climate ( $B=.40^*$ ). A slight negative relation that was not statistically significant (B=-.07) was observed between passive leadership and implementation climate (Table 4).

**Table 4.** Multilevel regressions: Implementation climate regressed on age, gender, education, and active and passive implementation leadership.

	Model 1	Model 2
Predictor variables	<i>B</i> (SE)	<i>B</i> (SE)
Age	.009*(.004)	01*(.01)
Gender (women)	.14 (.15)	.07 (.16)
University education	10 (.15)	.06 (.17)
Active implementation leadership		$.40^{*}(.08)$
Passive implementation leadership		07 (.05)
$N_{1} + \dots + $		

Notes:\* p < 0.05; ICC=.15

#### Discussion

The aim of the present study was to adapt previous domain-specific scales to create and validate an active and passive implementation-specific leadership scale that follows the factor structure of the FRLM – the iLead scale. The analyses supported good psychometric properties for the scale. Thus, the iLead scale can be used to assess how managers lead an implementation. This scale complements the knowledge about what leaders do and meets the need for a scale linking implementation leadership with theory. This is essential for uncovering how day-to-day leadership affects the implementation process.

The predicted four subscales for active leadership and the scale for passive leadership were confirmed through CFA. Thus, analysis supports the existence of two distinct dimensions: active and passive leadership. As specified, active leadership was differentiated into four sub-factors: exemplary behaviours, intellectual stimulation, individualized consideration and contingent reward with a common second-order factor representing active leadership. This indicates that even though different sub-factors could be distinguished, they were all highly related, as captured in the second-order factor (i.e. active leadership). This is in line with previous studies in which a second-order factor has been used to capture the correlation between the sub-factors.<sup>26,39,44</sup> These findings were also confirmed by the bifactor model. This analysis showed that the common factor of active leadership explained a large part of the variance, with a unique contribution of each of the four subscales. Similar to other theoretical constructs (e.g., intelligence or self-rated productivity), this means that each subscale reflects the common factor of active leadership to a larger extent than it reflects the subscales and should not be analysed independently without the common factor (see Supplementary appendix). Nevertheless, since each sub-factor contributes with unique variance, they should still be distinguished in the model, and they can be used in the context of providing actionable feedback to managers in leadership training.<sup>25,34,41</sup> In this context, the level of detail provided through the subscales help distinguish which specific sub-type of leader behaviours that need to improve. Thus, the iLead scale can be used in implementation training, for example to provide leaders with feedback and to evaluate the training, in addition to the research context.

As anticipated, findings demonstrated that the passive leadership dimension is empirically distinct from, although correlated with, the active one. This indicates that having a scale that represents the continuum of leader behaviours in the same structural model is feasible for capturing both effective and ineffective leader behaviours. In the present study, passive management-by-exception and laissez*faire* items represent the passive domain, considering their ineffective styles.<sup>25,27</sup> To date, most research has focused on active leader behaviours,<sup>22,23</sup> despite the fact that both active and passive leader behaviours influence employees and organizational outcomes.<sup>25,27,30</sup> However, the importance of also considering passive leader behaviours is receiving more research attention.<sup>27,28</sup> For instance, a study investigating the impact of safety-specific transformational and passive leadership on safety outcomes demonstrated that the safety-specific passive leader behaviours had a negative effect on outcomes (i.e. increased injury).<sup>27</sup> Thus far, implementation research has not focused on assessing ineffective leader behaviours or investigated their influence on an implementation process. Through the creation of the iLead scale, there is now an approach to assess not only active, but also passive leadership within the implementation context. This is an important next step, since passive behaviours may actually have a negative impact when implementing change. The present study thereby adds to existing knowledge of the overall effect of leadership on the implementation process. Consequently, the iLead scale complements the existing Implementation Leadership Scale (ILS), which focuses on measuring active implementation leadership.

The validity of the iLead scale was evaluated by investigating how it relates to other measurements.<sup>63,76</sup> Findings confirmed expected negative relations between the passive leadership and general transformational<sup>39</sup> and transactional leadership.<sup>25,27</sup> Moreover, the expected positive relations between active implementation leadership with the general leadership scales were confirmed with moderate to high correlations. This indicates that these measures belong to a similar latent construct, but that the iLead scale also captures certain unique aspects of leadership. Furthermore, active leadership predicted a higher implementation climate over time, whereas passive leadership was not

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significantly associated with implementation climate. This finding contradicts previous research that has found a negative correlation with passive leadership and specific climate.<sup>27</sup> Thus, this should be further explored in future studies. That active leadership predicts implementation climate is in line with implementation frameworks summarizing the process of implementation, for instance the Exploration, Preparation, Implementation and Sustainment (EPIS) model.<sup>81</sup> According to EPIS, active leadership should ultimately result in a favourable climate at the workplace, with employees perceiving implementation as part of the daily routine. These predictions have been confirmed in several empirical studies.<sup>50,82</sup>

A methodological aspect worth mentioning is that only those employees who could remember a specific implementation effort conducted at their workplace during the past six months were asked to respond to the iLead scale. Therefore, only 41% of the 815 eligible respondents answered the iLead scale. This aspect is perceived as informative, since leadership research has previously been criticized for assuming that employees have actually witnessed, and can therefore rate, the behaviour of their manager, which is not always the case.<sup>83</sup> Thus, to be particularly restrictive in evaluating this new measure, a filter variable was included in the questionnaire to ensure that employees actually had valid knowledge of their manager's implementation leader behaviour. It may be argued that those who answered these questions were those who could make a proper judgement about their manager's implementation leadership. The sample size was nonetheless still sufficient, as there were at least ten times more raters than questionnaire items in the analyses.<sup>73</sup>

The scale did not include *active management-by-exception* from the FRLM, which is described as the leader looking for mistakes and enforcing rules to avoid these mistakes.<sup>25</sup> This was a result of certain problems associated with this construct. For instance, the operationalization of *active management-by-exception* is specifically troublesome since it often focuses only on negative control behaviours, such as stopping behaviours.<sup>56</sup> This is despite the fact that it theoretically also includes positive control

behaviours, such as monitoring and enforcing policies and routines, which show that the specific objective (e.g. implementation or safety) is an enacted priority.<sup>56</sup> Moreover, the reliability of subscales aiming to capture *active management-by-exception* has been problematic.<sup>30</sup> Research has also indicated that it is primarily transformational leadership and contingent reward that result in positive effects.<sup>25,30</sup> Consequently, the *active management-by-exception* factor was excluded from the iLead scale, which only incorporates the FRLM leadership dimensions that can be clearly distinguished into an overall active or passive implementation leadership category. This is in line with previously developed scales.<sup>27,54</sup>

Only three items were included to measure passive leadership. Although it is crucial to capture leader behaviours that may hinder an implementation process (passive leadership), it is even more valuable to capture those that have a positive effect on, and promote successful, implementation (active leadership), especially when using the scale in a leadership intervention as a source of feedback. Moreover, some sub-factors are represented by fewer than the recommended three items for new scales.<sup>84</sup> However, the iLead scale is based on the FRLM and previous domain-specific scales. In addition, there are examples of brief and even single-items scales that have good psychometric properties.<sup>63</sup> With the healthcare setting in mind when tailoring and creating the iLead scale, the ambition was to make it as pragmatic and feasible as possible to use in practice.<sup>85</sup> Thus, the iLead scale is a brief, concise, and broadly applicable scale that may be used in the daily practice were continuous implementations are performed to improve patient outcomes.

#### Conclusions

This study describes a scale with good psychometric properties for measuring active and passive implementation leadership – the iLead scale. Including these aspects is relevant since both active and passive leader behaviours may influence employees' performance throughout an implementation process. More explicitly, the scale measures both what leaders do as well as how they perform these

actions, through exemplary behaviour, individualized consideration, intellectual stimulation and contingent reward, and passive behaviours. The iLead scale is based on the most widely applied leadership model, the FRLM, which makes the results relatable to a vast amount of research based on this theory. It also measures implementation-specific leadership in contrast to general leadership. Domain-specific leadership is associated with being more predictive for specific outcomes, such as implementation success, than general leadership. Thus, the iLead scale is a valid tool that can be used en.. erstand how lead.. ble to apply in training impleme.. **bbreviations** CFA: Confirmatory Factor Analysis COP: Co-created program theory ~P Evidence-Based Practice ~e Leadership Model to understand how leader behaviours influence implementation success, and may be particularly

CFA	Confirmatory	Factor	Analysis
$\mathbf{C}\mathbf{I}$ I.I.	commutory	1 actor	1 mai y 515

Ethical approval for the data collection was obtained from the local ethics committee in Stockholm, Sweden (ref no. 2015/857-31/5). Informed consent has been obtained from all participants included in the present study.

#### **Consent for publication**

Not applicable.

Data sharing statement

This study presents all the items used to measure implementation leadership. Please contact the corresponding author for data requests.

#### **Competing interests**

The authors declare that they have no competing interests.

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#### Authors' contributions

RM, AR, UvTS, HH and RL contributed to the theoretical background and study design. RM, AR, UvTS and HH contributed to the item development. RM performed the data analysis, with contributions from AR. For the present article, RM drafted the first version. All other authors contributed to writing and editing all parts of the article. All authors have approved the final version.

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#### References

- Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research findings. *Implement Sci.* 2012;7:50.
- Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care. *Lancet*. 2003;362(9391):1225-30.
- Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander Ja, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci.* 2009;4:50.
- Squires JE, Graham ID, Hutchinson AM, Michie S, Francis JJ, Sales A, et al. Identifying the domains of context important to implementation science: a study protocol. *Implement Sci.* 2015;10:135.
- Rycroft-Malone J. The PARIHS framework--a framework for guiding the implementation of evidence-based practice. *J Nurs Care Qual.* 2004;19(4):297-304.
- 6. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Q.* 2004;82(4):581-629.
- Ovretveit J. Improvement leaders: what do they and should they do? A summary of a review of research. *Qual Saf Health Care*. 2010;19(6):490-2.
- Stetler C, Ritchie J, Rycroft-Malone J, Schultz A, Charns M. Institutionalizing evidence-based practice: an organizational case study using a model of strategic change. *Implement Sci.* 2009;4(1):78.
- Birken SA, Lee SY, Weiner BJ. Uncovering middle managers' role in healthcare innovation implementation. *Implement Sci.* 2012;7:28.

 Aarons GA, Ehrhart MG, Farahnak LR, Hurlburt MS. Leadership and organizational change for implementation (LOCI): a randomized mixed method pilot study of a leadership and organization development intervention for evidence-based practice implementation. *Implement Sci.* 2015;10(1):11.

- 11. Fixsen DL, Naoom, SF, Blase, KA, Friedman, RM, Wallace, F. Implementation Research: A Synthesis of the Literature. *Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).* 2005.
- Gifford W, Davies B, Edwards N, Griffin P, Lybanon V. Managerial leadership for nurses' use of research evidence: an integrative review of the literature. *Worldv Evid-Based Nu*. 2007;4(3):126-45.
- Reichenpfader U, Carlfjord S, Nilsen P. Leadership in evidence-based practice: a systematic review. *Leadersh Health Serv.* 2015;28(4):298-316.
- Avolio BJ, Walumbwa FO, Weber TJ. Leadership: current theories, research, and future directions. *Annu Rev Psychol.* 2009;60:421-49.
- 15. Battilana J, Gilmartin M, Sengul M, Pache A-C, Alexander JA. Leadership competencies for implementing planned organizational change. *Leadership Q.* 2010;21(3):422-438.
- Bass BM. From transactional to transformational leadership: Learning to share the vision. Organ Dyn. 1990;18(3):19-31.
- 17. Nadler DA, Tushman ML. The organization of the future: Strategic imperatives and core competencies for the 21st century. *Organ Dyn.* 1999;28(1):45-60.
- 18. Kotter JP. What leaders really do. Harvard Business Review. 1990;79(11):103-111.
- Zaccaro SJ, Horn ZNJ. Leadership theory and practice: Fostering an effective symbiosis. Leadership Q. 2003;14(6):769-806.
- 20. Yukl G. Leadership in Organizations. 6<sup>th</sup> ed. New Jersey: Pearson Higher Education; 2005.
- 21. Northouse P. Leadership: Theory and Practice. 5<sup>th</sup> ed: SAGE Publications, Inc; 2010.
- 22. Lowe KB, Gardner WL. Ten years of The leadership quarterly: contributions and challenges for the future. *Leadersh Q.* 2000;11(4):459-514.

#### **BMJ** Open

23	. Judge TA, Piccolo RF. Transformational and transactional leadership: a meta-analytic test of their
	relative validity. Journal Appl Psychol. 2004;89(5):755-68.
24	. Antonakis J, House RJ. Instrumental leadership: measurement and extension of transformational-
	transactional leadership theory. Leadership Q. 2014;25(4):746-71.
25	. Avolio J, Bass B, Jung D. Re-examining the components of transformational and transactional
	leadership using the multifactor leadership questionnaire. J Occup Organ Psychol. 1999;72:441 -
	62.
26	. Bycio P, Hackett RD, Allen JS. Further assessments of Bass's (1985) conceptualization of
	transactional and transformational leadership. Journal Appl Psychol. 1995;80(4):468-78.
27	. Kelloway EK, Mullen J, Francis L. Divergent effects of transformational and passive leadership
	on employee safety. J Occup Health Psychol. 2006;11(1):76-86.
28	. Bass BM. Leadership and Performance Beyond Expectations. New York: Free Press; 1985.
29	. Barling J, Weber T, Kelloway EK. Effects of transformational leadership training on attitudinal
	and financial outcomes: a field experiment. Journal Appl Psychol. 1996;81(6):827-32.
30	. Bass BM, Avolio BJ, Jung DI, Berson Y. Predicting unit performance by assessing
	transformational and transactional leadership. Journal Appl Psychol. 2003;88(2):207-18.
31	. Eisenbach R, Watson K, Pillai R. Transformational leadership in the context of organizational
	change. J Organ Chang Manag. 1999;12(2):80-9.
32	. Holten A-L, Brenner SO. Leadership style and the process of organizational change. Leadership
	<i>Org Dev J.</i> 2015;36(1):2-16.
33	. Jung DI, Chow C, Wu A. The role of transformational leadership in enhancing organizational
	innovation: Hypotheses and some preliminary findings. Leadership Q. 2003;14(4-5):525-44.
34	. Den Hartog DN, House RJ, Hanges PJ, Ruiz-Quintanilla SA, Dorfman PW. Culture specific and
	cross-culturally generalizable implicit leadership theories: Are attributes of
	charismatic/transformational leadership universally endorsed? Leadership Q. 1999;10(2):219-56.
35	. Michaelis B, Stegmaier R, Sonntag K. Shedding light on followers' innovation implementation
	behavior. J Manage Psychol. 2010;25(4):408-29.

- 36. Herold DM, Fedor DB, Caldwell S, Liu Y. The effects of transformational and change leadership on employees' commitment to a change: a multilevel study. *J Appl Psychol.* 2008;93(2):346-57.
- Barbuto JE. Motivation and transactional, charismatic, and transformational leadership: a test of antecedents. *JLOS*. 2005;11(4):26-40.
- 38. Hardy L, Arthur CA, Jones G, Shariff A, Munnoch K, Isaacs I, et al. The relationship between transformational leadership behaviors, psychological, and training outcomes in elite military recruits. *Leadership Q*. 2010;21(1):20-32.
- Carless S, Wearing A, Mann L. A short measure of transformational leadership. *JBP*. 2000;14(3):389-405.
- Podsakoff PM, MacKenzie SB, Bommer WH. Transformational Leader Behaviors and Substitutes for Leadership as Determinants of Employee Satisfaction, Commitment, Trust, and Organizational Citizenship Behaviors. *JOM*. 1996;22(2):259-98.
- Antonakis J, Avolio BJ, Sivasubramaniam N. Context and leadership: an examination of the ninefactor full-range leadership theory using the Multifactor Leadership Questionnaire. *Leadership Q*. 2003;14(3):261-95.
- Larsson G. The Developmental Leadership Questionnaire (DLQ): some psychometric properties. Scand J Psychol. 2006;47(4):253-62.
- 43. Rafferty AE, Griffin MA. Dimensions of transformational leadership: Conceptual and empirical extensions. *Leadership Q*. 2004;15(3):329-54.
- Tepper BJ, Percy PM. Structural Validity of the Multifactor Leadership Questionnaire. *Educ Psychol Meas.* 1994;54(3):734-44.
- 45. Hinkin TR, Tracey JB. The relevance of charisma for transformational leadership in stable organizations. *JOCM*. 1999;12(2):105-19
- 46. Clarke S. Safety leadership: A meta-analytic review of transformational and transactional leadership styles as antecedents of safety behaviours. *J Occup Organ Psychol.* 2013;86(1):22-49.
- 47. Garman AN, Davis-Lenane D, Corrigan PW. Factor structure of the transformational leadership model in human service teams. *J Organ Behav*. 2003;24(6):803-12.

#### BMJ Open

48. Skogstad A, Einarsen S, Torsheim T, Aasland MS, Hetland H. The destructiveness of laissez-faire
leadership behavior. J Occup Health Psychol. 2007;12(1):80-92.
49. Dóci E, Stouten J, Hofmans J. The cognitive-behavioral system of leadership: cognitive
antecedents of active and passive leadership behaviors. Front Psychol. 2015;6:1344.
50. Aarons GA, Ehrhart MG, Farahnak LR, Sklar M. Aligning leadership across systems and
organizations to develop a strategic climate for evidence-based practice implementation. Annu Rev
Public Health. 2014;35:255-74.
51. Ehrhart MG, Aarons GA, Farahnak LR. Assessing the organizational context for EBP
implementation: the development and validity testing of the Implementation Climate Scale (ICS).
Implement Sci. 2014;9(1):157.
52. Weiner BJ, Belden CM, Bergmire DM, Johnston M. The meaning and measurement of
implementation climate. Implement Sci. 2011;6:78.
53. Aarons GA, Sommerfeld DH. Leadership, innovation climate, and attitudes toward evidence-
based practice during a statewide implementation. J Am Acad Child Adolesc Psychiatry.
2012;51(4):423-31.
54. Barling J, Loughlin C, Kelloway EK. Development and test of a model linking safety-specific
transformational leadership and occupational safety. J Appl Psychol. 2002;87(3):488-96.
55. Hong Y, Liao H, Hu J, Jiang K. Missing link in the service profit chain: a meta-analytic review of
the antecedents, consequences, and moderators of service climate. J Appl Psychol.
2013;98(2):237-67.
56. von Thiele Schwarz U, Hasson H, Tafvelin S. Leadership training as an occupational health
intervention: improved safety and sustained productivity. Safety Sci. 2016;81:35-45.
57. Gurt J, Schwennen C, Elke G. Health-specific leadership: Is there an association between leader
consideration for the health of employees and their strain and well-being? Work Stress.
2011;25(2):108-27.
58. Lewis R, Donaldson-Fielder E. The vital role of line managers in managing psychosocial risks. In:
Biron C, Karanika-Murray M, Cooper C (Eds.), Improving Organizational Interventions for Stress
and Well-being: Addressing Process and Context. Oxford: Routledge; 2012.

- Lundmark R, Hasson H, von Thiele Schwarz U, Hasson D, Tafvelin S. Leading for change: line managers' influence on the outcomes of an occupational health intervention. *Work Stress*. 2017;31(3):276-96.
- 60. Aarons GA, Ehrhart MG, Farahnak LR. The Implementation Leadership Scale (ILS): development of a brief measure of unit level implementation leadership. *Implement Sci.* 2014;9(1):45.
- 61. Randall R, Nielsen K, Tvedt SD. The development of five scales to measure employees' appraisals of organizational-level stress management interventions. *Work Stress*. 2009;23(1):1-23.
- 62. Richter A, von Thiele Schwarz U, Lornudd C, Lundmark R, Mosson R, Hasson H. iLead—a transformational leadership intervention to train healthcare managers' implementation leadership. *Implement Sci.* 2016;11(1):1-13.
- Furr M. Scale Construction and Psychometrics for Social and Personality Psychology. London, United Kingdom: SAGE Publications Ltd; 2013.
- 64. Hasson H, von Thiele Schwarz U. How can research contribute to more useful evidence? Getting everyone on the same page: Co-created program logic (COP). In: Useful Evidence: Adherence and Adaptations (in Swedish: Användbar evidens: om följsamhet och anpassningar). Stockholm: Natur & Kultur; 2017. p. 210-211.
- Lee A, Carpenter NC. Seeing eye to eye: A meta-analysis of self-other agreement of leadership. Leadership Q. 2017: doi:https://doi.org/10.1016/j.leaqua.2017.06.002
- 66. Fleenor JW, Smither JW, Atwater LE, Braddy PW, Sturm RE. Self-other rating agreement in leadership: A review. *Leadership Q*. 2010;21(6):1005-34.
- Dvir T, Eden D, Avolio BJ, Shamir B. Impact of Transformational Leadership on Follower Development and Performance: A Field Experiment. *Acad Manage J.* 2002;45(4):735-44.
- Kelloway EK, Barling J, Helleur J. Enhancing transformational leadership: the roles of training and feedback. *LODJ*. 2000;21(3):145-9.
- 69. Statistics Sweden, Theme Labor market, report 2015:4, *Trained health and social care workers today and in the future*
- Bass BM, Yammarino FJ. Congruence of Self and Others' Leadership Ratings of Naval Officers for Understanding Successful Performance. *Appl Psychol.* 1991;40(4):437-454.

#### BMJ Open

- Bass BM. Two Decades of Research and Development in Transformational Leadership. *EJWOP*. 1999;8(1):9-32.
  - Hoyle RH. Confirmatory factor analysis. Handbook of applied multivariate statistics and mathematical modeling. 2000:465-497.
  - Byrne B. Structural Equation Modeling with AMOS: Basic Concepts, Applications, and Programming, 2<sup>nd</sup> ed. London: Routledge; 2010.
  - 74. Hu LT, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: conventional criteria versus new alternatives. *Struc Equ Modeling*. 1999;6(1):1-55.
  - 75. Marsh HW, Hau K-T, Wen Z. In Search of Golden Rules: Comment on Hypothesis-Testing Approaches to Setting Cutoff Values for Fit Indexes and Dangers in Overgeneralizing Hu and Bentler's (1999) Findings. *Struct Equ Modeling*. 2004;11(3):320-341.
  - Bollen KA. Structural Equations with Latent Variables. New York: John Wiley & Sons, Inc.; 1989.
  - 77. Clinton-McHarg T, Yoong SL, Tzelepis F, Regan T, Fielding A, Skelton E, Kingsland M, Ooi JY, Wolfenden L. Psychometric properties of implementation measures for public health and community settings and mapping of constructs against the Consolidated Framework for Implementation Research: a systematic review. *Implement Sci.* 2016;11(1):148.
  - 78. Hox JJ. Multilevel analysis: Techniques and applications. 2 ed. New York: Routledge; 2010.
  - 79. Enders CK, Tofighi D. Centering predictor variables in cross-sectional multilevel models: a new look at an old issue. *Psychol Methods*. 2007;12(2):121-38.
  - 80. Hair JF TR, Anderson RE, Black W. Multivariate data analysis. London: Prentice-Hall; 1998.
  - Aarons GA, Hurlburt M, Horwitz SM. Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Adm Policy Ment Health.* 2011;38(1):4-23.
  - Aarons GA. Transformational and transactional leadership: association with attitudes toward evidence-based practice. *Psychiatr Serv.* 2006;57(8):1162-9.
  - 83. Hunter ST, Bedell-Avers KE, Mumford MD. The typical leadership study: Assumptions, implications, and potential remedies. *Leadership Q*. 2007;18(5):435-46.

- Hinkin TR. A Brief Tutorial on the Development of Measures for Use in Survey Questionnaires. Organ Res Meth. 1998;1(1):104-121.
- 85. Glasgow RE, Riley WT. Pragmatic measures: what they are and why we need them. Am J Prev

*Med.* 2013;45(2):237-243.

#### Figure title and legend section

#### Figure 1. Standardized factor loadings for the iLead scale.

Notes: n=336; All confirmatory factor analysis factor loadings are for Model 1 ( $\chi^2_{(99)}$ =382.864<sup>\*\*</sup>, CFI=.935, TLI=.911, RMSEA=.059) with four first-order factors under one second-order factor for active implementation leadership, which is intercorrelated with a passive implementation leadership factor.

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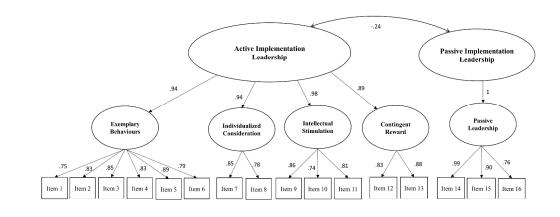


Figure 1. Standardized factor loadings for the iLead scale.  $_{\top}$   $_{\top}$  + +

Notes: n=336; All confirmatory factor analysis factor loadings are for Model 1 ( $\chi$ 2 (99)=382.864\*\*, CFI=.935, TLI=.911, RMSEA=.059) with four first-order factors under one second-order factor for active implementation leadership, which is intercorrelated with a passive implementation leadership factor.

338x190mm (300 x 300 DPI)

# Supplementary appendix 2: Bifactor analysis to partion the variance of the multidimensional scales

#### **Analysis procedure**

The 13 indicators of active leadership were further analysed and modelled as a bifactor model using Mplus 7.2 using maximum-likelihood estimation.<sup>1-3</sup> Bifactor models can be used to partition the variance of multidimensional scales, differentiating the variance of each indicator into a common and unique component. The unique component can then further differentiate an indicator-specific and random error component. The bifactor model was composed of one general active leadership factor (i.e., all 13 indicators loading on the same factor) and four factors signifying the implementation leadership-specific sub-factors (i.e., exemplary behaviour, individualized consideration, intellectual stimulation, and contingent reward). Thus, all items loaded on two separate factors: the general active leadership factor and one implementation leadership-specific sub-factor. These five factors were uncorrelated with each other.<sup>1</sup> Based on the standardized factor loadings, omega ( $\omega$ ), omega hierarchical ( $\omega$ H), and omega subscale ( $\omega$ S) were calculated. Omega ( $\omega$ ) estimates the amount of variance in the observed scores that is due to a common factor variance (i.e., all sources of common variance); it corresponds to coefficient alpha for the total score. Omega hierarchical ( $\omega$ H) estimates the amount of total score variance that can be attributed to a single common factor (i.e., active implementation leadership), whereas omega subscale ( $\omega S$ ) indicates the proportion of the reliable score variance of indictors measuring a specific factor (i.e., exemplary behaviour, individualized consideration, intellectual stimulation and contingent reward) after the general active implementation leadership factor is controlled for.<sup>1</sup> Hence, the Omega subscale ( $\omega$ S) is interpreted as the reliability of a specific sub-factor after the effect of other factors is controlled for. It is recommended that  $\omega S$  be at least .50 so that the specific sub-factor is sufficiently systematic to be interpreted separately.<sup>1</sup>

#### Findings

Results from the bifactor model specifying the different variance components are presented in Table 1, where the standardized factor loadings ( $\lambda$ ) for the common factor as well as the sub-factors are given.

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The model fit ( $\chi^2$ =25,922\*, df=55, RMSEA=.102, CFI=.945, SRMR=.033) indicates mixed results, with some values above the recommended cut-off points. However, when fitting bifactor models the traditional fit indices may not be applicable, due to the use of polytomous items.<sup>4</sup> Table 1 also presents the three omega ( $\omega$ ) coefficients, which are based on the standardized factor loadings ( $\lambda$ ) retrieved from the bifactor model (see formulas 3, 4, and 6 in Reise et al., 2010<sup>1</sup>). The general active implementation factor was reliable ( $\omega$  estimate of .96), which indicates 96% of the variance in the observed scores was due to all sources of the common variance. Hence, there is a common factor showing systematic differences between individuals in active implementation leadership. The general active implementation leadership factor alone accounted for 92% of the variance ( $\omega$ H=0.92), whereas the sub-dimensions of active implementation leadership show very low  $\omega$ H coefficients. Hence, the sub-factors are systematic but account for very small parts of the total variance of active implementation leadership. This interpretation is also strengthened by  $\omega$ S estimates, which indicate the proportion of reliable score variance of indictors measuring a specific sub-factor or perspective after the general active implementation leadership factor is controlled for. None of these  $\omega$ S values is near the cut-off value of 0.50, recommended by Reise et al., 2010.<sup>1</sup>

	λ Active implementation leadership	λ Exemplary behaviours	$\lambda$ Individualized consideration	$\lambda$ Intellectual stimulation	λ Contingen reward
Item 1	.67*	.37*			
Item 2	.79*	.20*			
Item 3	.76*	.45*			
Item 4	.85*	.06			
Item 5	.84*	.27*			
Item 6	.70*	.46*			
Item 7	.80*		.26*		
Item 8	.74*		.26*		
Item 9	.83*			.14*	
Item 10	.76*			07	
Item 11	.78*			.62*	
Item 12	.75*				.39*
Item 13	.79*				.37*
ω	.96				
ωH	.92	.02	.002	.004	.005
ωS		.12	.08	.06	.16

**Table 1**. CFA bifactor model of active implementation leadership in the iLead scale.

Model fit: χ<sup>2</sup>=25.922\*; df=55; RMSEA=.102; CFI=.945; SRMR=.033

### References

1. Reise SP, Moore TM, Haviland MG. Bifactor models and rotations: exploring the extent to which multidimensional data yield univocal scale scores. J Pers Assess. 2010;92(6):544-59.

2. Bollen KA. Structural Equations with Latent Variables. New York: John Wiley & Sons, Inc.; 1989.

3. Gustafsson JE. Measurement from a hierarchical point of view. In: Braun HI, Jackson DN, Wiles DE, eds. The Role of Constructs in Psychological and Educational Measurement. London: Lawrence

Erlbaum Associates; 2002. p. 73-95.

4. West SG, Taylor AB, Wu W. Model fit and model selection in structural equation modeling. In: Hoyle RH, editor. Handbook of structural equation modeling. New York: Guildford Press; 2012.