

Healthy leadership - summary of evidence

Summary of healthy Leadership

For this summary topic we are defining healthy leadership as *'the leader/manager behaviours and competencies which are associated with positively (or negatively) influencing employees' health and wellbeing outcomes at work.'* Therefore, we are considering the leadership behaviours which have a direct impact on employees' health and wellbeing at work.

Not only can managers have a direct impact on employee health and wellbeing, but they are also best placed to spot the signs of employee health and distress early. Further, managers can act as a 'gatekeeper' to employees to protect them from psychosocial hazards such as job demands; managers can be a champion and support health promotion activities such as providing resources and access to training and development; and finally managers can act as role models to role model positive healthy behaviours to their employees.

The vast majority of literature around healthy leadership and management behaviour derives from academia, and tends, in the main, to focus on transformational leadership as 'healthy leadership'. There are however specific examples in the practitioner literature (see Yarker, Lewis & Donaldson-Feilder, 2008; Donaldson-Feilder, Lewis & Yarker, 2009) that have focused on identifying the behaviours associated with healthy leadership, and as a result have produced a range of tools to support managers in supporting employee wellbeing.

To explore these studies in further detail please click on [\[Explore the Evidence\]](#).

What is healthy Leadership?

We are defining healthy leadership as *'the leader/manager behaviours and competencies which are associated with positively (or negatively) influencing employees' health and wellbeing outcomes at work.'* Healthy leadership includes ways in which a leader's behaviour, leadership style and their own health and wellbeing can positively influence the health and wellbeing of their followers and individuals who they manage. Conversely, damaging leadership would include ways which leader's

behaviours and styles and influence employee health and wellbeing in a negative manner which can have detrimental outcomes for the employee.

Given that a leader can have a profound effect on their followers, much research has focused on identifying which leadership styles (Arnold, 2017; Bono & Ilies, 2006) and behaviours (Yarker et al., 2008) can impact on employees' health outcomes at work. Fewer studies have considered the specific behaviours which are associated with employee stress and wellbeing. Research by Yarker et al. (2008), sought to develop a definitive list of management behaviours and skills that can support the stress and wellbeing of employees. They developed a framework of 'management competencies for preventing and reducing stress at work'. This research identified both positive and negative behavioural indicators for managers relating to the effective management of stress at work. The final framework, updated by Donaldson-Feilder, et al. (2009) includes four competencies, which include positive and negative examples of manager behaviour in each. These competencies are; 1) Respectful and responsible: Managing emotions and having integrity; 2) Managing and Communicating Existing and Future work, 3) Reasoning/Managing difficult situations and 4) Managing the Individual within the team.

There is also a body of research which explores the ways in which leadership can negatively impact on employees' health (e.g. increased sickness absence (Nyberg, 2008)). In addition, a 2010 review of empirical research found leader behaviours, specific leadership styles and the relationship between a leader and their employees were all associated with employee stress and affective wellbeing (Skakon et al., 2010). Wong & Kelloway (2016) also found that negatively perceived manager interactions have been shown to negatively impact employee's physiological health, whilst at work and also after work (due to higher cardiovascular activity and slower cardiovascular recovery).

Why is healthy leadership important?

Many of us are now aware that mental ill- health is the most common reason for short and long term sickness absence (CIPD, 2018). The Stevenson- Farmer review (2017), cited that costs to employers are between £1,205 and £1,560 per employee, per year. These figures highlight the importance of supporting employee health and wellbeing is critical but also a challenge for businesses. As research has highlighted, line managers play a key role in support employee's health and wellbeing. In fact, a recently published CIPD report (2019), cited research conducted with Simply Health, found that 43% of those who had stress related absence gave the reason for their absence as poor management. Worryingly, in a new survey, 62% of line managers reported feeling like they don't receive enough help from their organisation to support employees' mental wellbeing and 57% also noted that their organisation offers no mental health and wellbeing training and/or support for their managers (IOSH, 2019). A further 80% of respondents said they were reluctant discuss their mental health with their line manager, concerned that they would be seen as incapable of fulfilling their role (IOSH, 2019).

Therefore, it is vital that managers and organisations understand the factors of healthy leadership which can influence employee health and wellbeing- it is a pivotal component of good management and leadership. This quote from Kelloway and Barling (2010) highlights why leaders are key to influencing employee health and wellbeing:

"First, formal leaders in organizations serve as models for others in the organization. Leaders, for example, model safe or unsafe working procedures with consequences for followers' willingness to engage in safe work practices (Cree & Kelloway, 1997). Second, as individuals who possess formal power within the organization, formal leaders are in a position to reward or punish followers. As a result, the way in which leaders interact with their subordinates assumes a greater importance for follower well-being. Third, and relatedly, formal leaders often make decisions that create additional stressors for their followers. For example, leaders assign tasks to others and can do so in a way that increases or diminishes the followers' experience of role overload. In this sense formal leaders can be a "root cause" of organizational stress (Kelloway, Sivanathan, Francis, & Barling, 2005)." (Kelloway & Barling, 2010, p.262).

As there are various ways in which leadership can affect employee health and wellbeing, we have summarised the current research into three aspects; leadership styles and behaviours, factors supporting healthy leadership and leadership development.

Leadership styles & behaviours

There is a substantial body of research which focuses on specific constructs and models of leadership and how leadership styles influences employee health and wellbeing. In particular, transformational leadership is the leadership style which is most associated to healthy leadership (for example, see Arnold, 2017 for a review on transformational leadership behaviours which positively affect employee wellbeing and reduce negative employee outcomes). Meta-analytic research also indicates how different leadership constructs, specifically, transformational leadership, high quality relations-oriented and task-oriented leadership behaviour (as well as high quality leader-follower interactions), are positively associated with mental health (Montano, Reeske, Franke & Hußffmeier, 2017). Other research has also echoed support for particular leadership styles influencing employee outcomes. For example, Skanon et al. (2010) found specific leadership styles (transformational leadership) to be strongly linked to positive employee outcomes. Whilst Bono and Ilies (2006) considered the influence of a charismatic leadership style on followers and found that leader's positive emotional expressions had a direct effect on their followers' mood.

Transformational leadership has been found to foster a positive work climate, which then decreases psychosomatic symptoms reported by employees (HSE, 2009). Transformational leadership behaviours, specifically those which include individualised consideration (see Arnold, 2017), can have a positive impact on employees' wellbeing (Alimo-Metcalfe and Alban-Metcalfe, 2001; Sosik & Godshalk, 2000). Literature has also found Transformational Leadership to be associated with; employee wellbeing (Arnold et al., 2007; Jacob et al., 2013; Liu et al., 2010; McKee et al., 2011; Munir et al., 2012; Zineldin & Hytter, 2012; Zwingmann et al., 2014), affective wellbeing (Bono et al., 2007; McMurray et al., 2010; Nielsen & Munir, 2009; Nielsen et al., 2008a; Nielsen et al., 2008b; Nielsen & Munir, 2009), burnout (Leithwood et al., 1996; Seltzer et al., 1989), emotional exhaustion (Corrigan et al., 2002; Densten, 2005; Gregersen et al., 2014; Kanste, 2008), depersonalisation (Kanste et al., 2007; Kanste, 2008) higher resources and lower demands (Fernet et al., 2015), strain (Franke & Felfe, 2011; Gregersen et al., 2014), stress (Gill et al., 2006; Seltzer et al., 1989; Sosik & Godshalk; Harms et al., 2017), personal accomplishment (Green et al., 2014; Kanste, 2008), professional efficacy (Hetland et al., 2007), cynicism (Hetland et al., 2007), quality of working life (Kara et al., 2013), depression (Munir et al., 2010; Perko et al., 2014) and job satisfaction (Munir et al., 2012).

Research by Selzer and Numerof (1988), and Sheridan and Vredenburgh (1978) indicates that relationship-focused behaviours of managers can positively impact employee wellbeing, although high levels of task-focused behaviours can have a negative impact on employee wellbeing. Similarly, high quality leader-member exchange (LMX) relationships have been found to be associated with higher levels of employee wellbeing (Epitropaki and Martin, 1999; 2005). High quality LMX has also been shown to 'buffer' the effect of negative work environments on work and health outcomes (Harris & Kacmar, 2005). Additionally, Scandura and Graen (1984) reported that an LMX intervention was effective in increasing both productivity and employee satisfaction.

Conversely, destructive leadership, is defined as acts (i.e. physical or verbal, active or passive and direct or indirect) committed by a leader which are perceived to be harmful and detrimental towards their followers and/or the organisation (Thoroughgood et al., 2012, see Schyns & Schilling, 2013 for a review on destructive leadership). Montano et al. (2017) found that destructive leadership had a strong, negative association with mental health related outcomes. Leadership behaviours and leader-follower relationships have also been found to be significant predictors of stress and burnout out in employees (Harms Credé, Tynan, Leon & Jeung, 2017). It should be noted that research indicates the relationship between leadership (e.g. transformational leadership) and employee wellbeing is a complex one, particularly when considering the various dimensions of transformational leadership and followers' wellbeing. For example, some dimensions of transformational leadership (such as vision and high performance expectations) may be counter-productive for employee wellbeing (Diebig, Bormann, & Rowold, 2016 as cited in Arnold, 2017). Additionally, direction of causality may also be questionable as employees with greater wellbeing, may have more positive views towards their leader (instead of the leadership behaviours impacting on employee wellbeing). Interestingly, employees' perceptions of supervisory behaviour has also been found to be a statistically significant

predictor of psychological wellbeing, more so than any other independent variables included within the study (i.e. age, social support, stressful life events, stressful work events and health practices) (Gillbreath and Benson, 2004).

Factors supporting healthy leadership

Recent research on the link between leader behaviour and employee wellbeing has explored the mechanisms underpinning this relationship. Leadership behaviours impact on employee wellbeing through increasing; trust (Kelloway, Turner, Barling & Loughlin, 2012), work-family relationship (Hammond, Cleveland, O'Neill, Stawski & Tate, 2015), perceived meaningfulness of work (Perko, Kinnunen, & Feldt, 2014), willingness to be engaged (Chen et al., 2005), role clarity (Nielsen, Randall et al., 2008), opportunities for development (Nielsen, Randall et al., 2008), leader involvement and influence (Nielsen, Yarker et al., 2008), autonomous motivation (through job resources) (Fernet et al., 2015), organisational commitment (Frank & Felfe, 2011) and self-efficacy (Liu et al., 2010; Nielsen & Munir 2009), and decreasing work-life conflict (Munir, Nielsen, Gardem, Albertsen & Carneiro, 2012) and burnout (Gill et al., 2006; Kara et al., 2013). Additionally, there is also support for the impact of leadership on employee performance, being mediated by employee mental health (i.e. leadership affects employee mental health, which in turn affects employee performance) (Montano et al., 2017).

Research by Yarker et al (2008) produced a report detailing 'management competencies for preventing and reducing stress at work' which led the authors to produce a 'stress management competency indicator tool'. Led by the research findings within their report, the stress management competency tool is a validated questionnaire which aims to assess management behaviours, competencies and styles. The self-assessment process allows managers to improve how they effectively prevent and reduce stress at work, by identifying areas of development and highlighting whether they reach reasonable or effective levels for each of the assessment areas.

Jiménez, Winkler and Dunkl (2017) developed a health-promoting leadership measure which considers leadership behaviours and the working environment. The self-assessment questionnaire includes seven main aspects of health-promoting leadership: health awareness, low workload, control, reward, community, fairness and values. This validated measure suggests that leaders could use the tool to gain feedback on their leadership potential and areas for improvement when fostering a health-promoting environment.

There are also personal aspects of a leader which are not conducive to supporting employee health outcomes. Skakon, Nielsen, Borg and Guzman (2010) reviewed three decades of research to

investigate the impact of leaders and leadership styles on employees' stress and affective wellbeing. Their results found some support that leaders' emotional health impacts on that of their employees; specifically leaders' stress and affective wellbeing influences employees' stress and affective wellbeing. Similarly, a meta-analytic study by Harms et al. (2017), found that a leaders' stress influences the way that they behave towards employees, and those who are experiencing stress are less likely to show transformational leadership and more likely to display abusive supervisory behaviour.

Leadership development

There is a growing body of research investigating how leaders can be supported in their healthy leadership. For example, a meta-analysis conducted by Gayed et al. (2018) found that evidence based interventions (such as mental health awareness training for managers, job stress reduction programme for managers and programmes highlighting manager's responsibilities in promoting positive mental health), can improve managers' understanding, attitudes and behaviours towards employees who are experiencing mental health issues. Similarly, a review by Public Health England (2014) which considered workplace interventions to improve health and wellbeing, suggests that line manager training can induce a better psychosocial work environment.

Reviews of healthy leadership

The majority of review studies investigate whether leadership can influence employee health and work outcomes and more specifically, in what ways they influence this. From the academic literature, reviews demonstrate that the focus has predominantly been on transformational leadership as healthy leadership, demonstrating positive impact on employee psychological wellbeing (Arnold, 2017; Skakon et al., 2010), sickness absence (HSE, 2009), stress and burn out (Harms et al., 2017), followers' mental health and job performance (Montano et al., 2017), job satisfaction (Munir et al., 2012) and OSH of distributed workers (Nayani et al., 2017). Other leadership model which are found to be representative of 'healthy leadership' include visioning leadership (Densten, 2005), leader-member exchange (Mardanov et al., 2008- although this relationship is curvilinear, see Harris et al., 2006), supportive leadership (Gilbreath & Benson, 2004), situational leadership (Chen et al., 2005) Laissez faire leadership (negatively associated) (Kanste et al., 2007; Skogstad et al., 2007) and aspects of transactional leadership (Kanste et al., 2007).

Practitioner research also includes best practice or case study examples of leadership which promotes occupational safety and health (OSH) amongst the workforce. In a review by The European Agency for Safety and Health at Work (2012), they detail ways in which effective leadership can positively influence OSH behaviours of employees.

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