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Leading well:

Challenges to researching leadership in occupational health psychology – and some ways forward

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Abstract

Studies on the effects of leadership in occupational health psychology build on the assumption that leaders influence their followers' health and well-being. Although this assumption has received support, this introductory paper to a special issue of *Work & Stress* on leadership argues that a number of questions regarding leadership and follower health and well-being remain unanswered. We identify four issues that we argue warrant further attention. First, what is "good" leadership? Particular leadership types are associated with increases in employee performance, but since this will involve higher effort expenditure, adverse outcomes for employee health are to be expected. Although many types of leadership are associated with favourable outcomes, we still need to identify the leadership characteristics can be identified that account for these positive outcomes. Second, how can good leadership be promoted? There is a need to develop interventions that are effective in promoting desirable leadership styles. Third, what are the inter-mediate and long-term effects of leadership on follower health? Finally, we need to understand the boundary conditions for good leadership, including the resources available to leaders. Based on these considerations, we conclude that further research is needed to fully understand the effects of leadership on employee health and well-being.

Key words: leadership, occupational health, review, research agenda, editorial

Leading well:

Challenges to researching leadership in occupational health psychology and ways forward

Autocratic, bureaucratic, charismatic, democratic, laissez-faire, instrumental, servant, situational, transactional or transformational leadership: pick any leadership style or behaviour you like, and you will find a copious amount of research on its effects on outcomes such as the performance and motivation of so-called "subordinates" or "followers". This also applies to the area of occupational health psychology: here, too, is leadership frequently studied as a factor that potentially affects employees' health and well-being. For example, one's leader (or more commonly, one's supervisor or manager) is often considered a possible source of social support (e.g., Kristensen, Hannerz, Hogh, & Borg, 2006; Van Veldhoven, Prins, Van der Laken & Dijkstra, 2014). Similarly, the presence of "good" leadership (referring to favourable scores on instruments tapping all sorts of leadership behaviours) is considered a resource in the well-known Job Demands-Resources model (Schaufeli & Taris, 2014, for an overview).

Studies on the effects of leadership in occupational health psychology often assume that leaders can influence their followers' functioning and physical and mental health and well-being by affecting different aspects of the latter's jobs. First, leaders may affect the way *work is organized*, encompassing among others the structure of the organization, the way different departments are interconnected and cooperate (or not), the procedures that should be attended to (do these help in performing efficiently and effectively, or are they just red tape?), the overall strategy of the organization, and the communication within the organization.

Second, leaders may affect their followers' *work content*, referring to the specific tasks to be conducted in the job and their characteristics. These include commonly studied job resources such as complexity, variety, autonomy, and qualitative and quantitative job

demands. Since leaders may both assign tasks to employees (*what* they do) and decide about the way these tasks must be conducted (*how* employees must work), for occupational health psychologists this is a natural starting point to study the effects of leadership.

Third, *work requirements* may also be determined by the leader. These requirements include working hours, rest periods, formal training and development opportunities, remuneration and rewards, evaluation procedures, et cetera – features that are often decided about by the leader.

Fourth, *working conditions* refer to the circumstances while doing the job. Think of temperature, noise, the materials and tools used, posture, and so forth. The effects of these job characteristics are not often considered within occupational health psychology, but are rather studied from the vantage point of occupational medicine and ergonomics.

Finally, *work relationships* refer to the quality of the relationships employees maintain with colleagues and supervisors (e.g., bullying and aggression in the workplace, but also social support given and received and perhaps even the crossover of moods from leader to follower) and the relations between teams and other groups, et cetera. Work psychologists often consider this category as part of the work content (e.g., in the Job demands-Control-Support model, Karasek & Theorell, 1990), but since the quality of work relationships may vary from organization to organization even if the content of the job remains the same (e.g. when an employee takes on a very similar job in a different organization), it makes sense to distinguish between these two categories. Of course, note that what and how leaders can influence their followers' jobs depends on their hierarchical level: an organization's CEO will affect a low-level employee's job in a different way than his/her immediate supervisor.

Given the multitude of ways in which leaders can affect their followers' jobs and the possible impact of their decisions om these jobs and their incumbents, it can be expected that leadership has a major impact on employees' performance, health and well-being. Review

studies have generally supported this idea. For example, in a review of 49 studies published between 1990 and 2007, Skakon, K. Nielsen, Borg and Guzman (2010) found that (a) a leader's level of stress and (lack of) well-being tend to "crossover" to their subordinates; (b) positive leader behaviours, such as showing consideration and support, relate positively to affective well-being and negatively to levels of stress among employees; and (c) transactional and transformational leadership styles tend to be associated with positive employee outcomes like (low) levels of burnout and job satisfaction, although the evidence for positive effects is considerably stronger for transformational than for transactional leadership. Similarly, in a review of 40 studies on the association between transformational leadership and employee psychological well-being, Arnold (2017) found that this association was overall positive, and that it was mediated by factors such as having meaningful work, self-efficacy, motivation, justice, support, empowerment and need satisfaction, underlining our notion that leadership may affect employee health and well-being through a wide range of aspects of the job.

Although the evidence collected so far could suggest that the case for the effects of leadership on employee functioning, health and well-being is largely closed (with the overall conclusion being that good leadership results in beneficial outcomes and that bad leadership does not), perhaps it is too soon to draw that conclusion. Specifically, although the reviews mentioned above may suggest otherwise, the research in this area is somewhat scattered and leaves a number of important issues largely uncovered. We believe that research on leadership as studied within occupational health psychology should address at least the following four questions: (1) What is "good" leadership? (2) How can "good" leadership be promoted? (3) What are the effects of leadership on employee health? And (4) What are the boundary conditions for "good" leadership to achieve its desired effects?

What is "good" leadership?

There are two major challenges in current research on the complex interrelationships between leadership and follower health and well-being. First, the main dominant leadership frameworks have been developed with a view to increasing performance (K. Nielsen, Daniels, Nayani, Donaldson-Feilder, & Lewis, 2019). For example, the most researched leadership concept, transformational leadership, aims to make followers perform above and beyond the call of duty (Bass & Riggio, 2006). Potentially, such over-performance may be related to poor well-being. Despite the vast majority of studies showing a positive relationship between transformational leadership and health and well-being (Arnold, 2017; Harms, Credé, Tynan, Leon, & Jeung, 2017; Inceoglu,,Thomas, Chu, Plans, & Gerbasi, 2018; Montano, Reeske, Franke, & Hüffmeier, 2017; Skakon et al., 2010), there are some voices as to the dark side of transformational leadership (Tourish, 2013). For example, K. Nielsen and Daniels (2016) found that employees working in groups whose leader scored high on transformational leadership and where employees showed up for work while ill, over time had higher levels of sickness absence. The issue of whether these "constructive" leadership styles (the umbrella term for leadership styles believed to have positive outcomes, DeRue, Nahrgang, Wellman, & Humphrey, 2011) are in fact good for follower health and well-being has led to the development of health-promoting leadership (Eriksson, Axelsson, & Bihari Axelsson, 2010, Franke, Felfe, & Pundt, 2014; Jiménez, Winkler, & Dunkl, 2017) and safety-specific transformational leadership (Barling, Loughlin, & Kelloway, 2002), with the explicit focus on behaviours that improve these outcomes. A second challenge is that all these types of leadership are highly correlated and so it becomes difficult to determine whether one is better than the other (Dunkl, Jiménez, Žižek, Milfelner, & Kallus, 2015; Hoch, Bommer, Dulebohn, & Wu, 2018). In a further attempt to determine the behaviours important for employee health and well-being, research has been carried out to identify the competencies required to manage follower health and well-being. Examples of such frameworks are the UK

Management Competency Framework (Donaldson-Feilder, Yarker, & Lewis, 2008), which identifies 18 competencies, and St-Hilaire, Gilbert, and Lefebvre (2018), who identified seven leadership practices consisting of 22 competencies. An issue with these competency frameworks is that they are lengthy and for the most part near impossible to apply in research and practice due to their length and complexity. We therefore still need to define what is at the core of "good" leadership, i.e. what are the most prominent characteristics a leader should possess and which behaviours are most important to promote follower health and well-being.

How can good leadership be promoted?

Assuming that particular "good" leadership styles can be identified, a natural follow-up question is how these leadership styles can be promoted. This is the area of leadership training and intervention. Despite the interest in the links between leadership and employee well-being, few studies have examined the extent to which leadership training has positive effects on employee well-being. In a previous special issue on organizational interventions (Cox, Taris, & K. Nielsen, 2010), Kelloway and Barling (2010) called for research on how leadership training may improve employee health and well-being. Despite this call, there has been limited published research on how leadership may improve employee health and well-being. A few studies have been conducted. Biggs, Brough, and Barbour (2014) described a leadership intervention that successfully improved employees' work culture of support, strategic alignment, work engagement, and job satisfaction. No significant effects were detected for job demands, psychological strain or turnover intentions, nor, surprisingly, for supportive leadership. Other have found positive effects of safety climate (Clarke & Taylor, 2018; von Thiele Schwarz, Hasson & Tafvelin, 2016) and Barrech, Seubert, Glaser, and Gündel (2018) found that a leadership training led to reduced emotional exhaustion among leaders, as compared to their followers who experienced no improvements.

Despite these encouraging findings, other studies have failed to find any positive effects of leadership training on working conditions (Hansen, Landstad, Gunderse, & Vinberg, 2016) and well-being (Elo, Ervasti, Kuosma, & Mattila-Holappa, 2014; Hansen et al., 2016). Nylén, Lindfors, Le Blanc, Aronsson, and Sverke (2018) found that unreasonable tasks increased in the control group, but not in the group of employees whose leaders received the intervention. No improvements were detected in other job demands, nor in personal or job resources. Tafvelin, Hasson, Holmström, and von Thiele Schwarz (2018) found that although informal and formal leaders increased their transformational leadership behaviours post-training, only the followers of formal leaders experienced better well-being while informal leaders' followers reported becoming more efficient.

These studies all used traditional quasi-experimental or simple pre-posttest designs to explore whether a training had an effect. A major limitation of such designs is that they tell us little about the mechanisms by which leadership training has an effect. Thus, we cannot know whether it was in fact the leadership intervention that led to the outcome, or what contextual factors may have resulted in certain mechanisms not being activated. We need to understand the mechanisms of leadership interventions and the contexts within which they may or may not be triggered to understand the contradictory results (Pawson, 2013; K. Nielsen & Miraglia, 2017). There has been some progress in more sophisticated evaluations of leadership training. In a qualitative study, Larsson, Stier, Åkerlind, and Sandmark (2015) identified a range of barriers to transferring training, such a lack of senior management support and high workloads. In their mixed methods study, Nielsen, Randall and Christensen (2010) combined their cluster randomized study with qualitative data to evaluate effects at multiple levels (Kirkpatrick, 1994) and understand how the context influenced leadership training outcomes, however, an underpinning framework for how to evaluate leadership training is still missing. Hammer, Truxillo, Bodner, Pytlovany and Richman (2019) explored

the contextual factors influencing a health and safety leadership programme and found that only when there was a need for change, i.e. where there was a poor quality relationship with the leader and team cohesion was low, did employees benefit form training.

In related disciplines such as Human Resources and Management (Baldwin, Ford & Blume, 2017; Blume, Ford, Baldwin, & Huang, 2010; Blume, Ford, Surface, & Olenick, 2017), it is generally acknowledged that the answer to whether training is effective in improving intended outcomes is not straightforward; there is no guarantee that the skills and knowledge acquired during training will translate into actual changes in behaviours in the workplace or that such changes are maintained over time. The generalization and maintenance of skills and knowledge have been termed *training transfer* (Baldwin & Ford, 1988). Most training in occupational health psychology can be characterized as open skills training, meaning that there is more than one way of applying the skills and knowledge acquired during training into changes in behaviour (Yelon & Ford, 1999). This implies that the transfer of these newly learned skills and knowledge is not straightforward. Consequently, we need to develop our understanding of the context that leaders return to after their training, i.e. whether the surroundings are supportive of their changes in behaviour: Do followers appreciate leaders' attempts to change behaviour, or would they rather keep the status quo? In a context where followers are unsupportive of changes to leadership behaviours, leaders will most likely be less intending to transfer and less attempting to change their leadership behaviours. We need to know about the mechanisms by which training has an effect, for example, do characteristics of the training methods (such as the resemblance of the exercises to actual situations in the leaders' work role), the opportunities to practice behaviours during training, and goal setting and action planning (Saks & Belcourt, 2006) support training transfer? We also need to know more about the long-term dynamics of how transfer attempts develop over time (Blume et al., 2017). If leaders meet resistance when trying to change

behaviours, do they give up? What influences whether they give up or not? We propose that the training transfer framework may help us better understand whether leadership training works or not, and in which circumstances training may be effective.

What are the effects of leadership on employee health?

Longitudinal research on leadership. The vast majority of leadership and well-being research has used survey methods, and most of this research has been cross-sectional (Arnold, 2017; Harms, Credé, Tynan, Leon, & Jeung, 2017; Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018; Montano, Reeske, Franke, & Hüffmeier, 2017; Skakon, K. Nielsen, Borg, & Guzman, 2010). A well-known limitation of this type of research is that the causal direction of the relations under study cannot be established unambiguously. While it is usually assumed that leadership causally affects follower health and well-being, cross-sectional evidence for that idea can often also be interpreted as showing that follower health and well-being influences leadership. E.g., it would seem possible that undesirable follower behaviour (such as high levels of sickness absence) triggers more autocratic and less empowering leadership styles, rather than the reverse. Cross-sectional studies cannot unambiguously distinguish the possible effects of leadership on follower well-being from those of follower well-being on leadership; longitudinal and panel studies are much better suited for this purpose. An additional challenge of cross-sectional designs is that they do not allow for causal testing of mediators. Despite this challenge, cross-sectional studies are frequently used to test mediation (Arnold, 2017). Cross-sectional studies have found inconclusive results as to whether transformational leadership is related to burnout, however, in the present issue, Tafvelin, K. Nielsen, von Thiele Schwarz, and Stenling (2019) studied this relationship over a four-month period and found that over time, transformational leadership was related to higher levels of lower levels of burnout.

Daily variations in leadership. Another major limitation of this cross-sectional research is that it fails to capture the complexity of leadership. That is, leaders do not consistently behave in one way or another, but engage in different leadership styles at different times. Novel approaches to capturing daily variations are needed in the form of diary methods. A few such studies exist. Wong and Kelloway (2015) in their diary study asked followers to rate whether their interactions with their leader were negative or positive and found that negative interactions were related to increased blood pressure, also after work. In the current issue, Ellis, Bauer, Erdogan, and Truxillo (2019) found that on days where followers reported a good relationship with their leader they also felt a sense and belongingness which in turn was related to vigor and lower levels of emotional exhaustion on the same day and emotional exhaustion remained low on the day after.

We see much potential in diary studies. For instance, diary studies focusing on different types of leadership styles would give us invaluable information about why and how leaders engage in different styles over the duration of the working day and how such variations and inconsistencies affect immediate and short-term follower health and well-being.

What are the boundary conditions for good leadership to have its desired effects?

As noted by K. Nielsen (2017), leaders do not operate in a vacuum. How leaders lead depends on the conditions they experience. To date, limited attention has been paid to the boundary conditions of leaders that may either enable or hinder them in enacting "good" leadership. Boundary conditions relate to the conditions that leaders themselves face, such as the support and resources that are available to them, leaders' individual resources such as their own health and well-being and the characteristics of their followers. All these boundary conditions may influence a leader's ability to lead. As yet only few studies have focused on

these conditions but the evidence for their importance is growing. For example, Kanste, Kyngäs, and Nikkilä (2007) found that temporary workers experienced a stronger relationship between transformational leadership and depersonalisation than permanently employed workers. At a country level, Zwingmann, Wegge, Wolf, Rudolf, Schmidt, and Richter (2014) found that the positive relationship between transformational leadership and well-being was stronger in high power distance countries. In the present issue, two studies focus on boundary conditions at the workplace level. Tafvelin et al. (2019) found that for leaders who experienced good support from their peers, the negative relationship between transformational leadership and burnout was even stronger. K. Nielsen et al. (2019) found that distributed workers who felt included in their workplace reported stringer relationships between health-and-safety-specific leadership and employee self-rated health, safety compliance and safety proactivity. K. Nielsen et al. (2019) also found that knowledge sharing protected against poor health-and-safety-specific leadership when safety compliance was the outcome.

Crossover effect of leaders' health and well-being to followers. As outlined earlier, in occupational health psychology, the emphasis has primarily been on the effects of leadership on their followers. The health and well-being of leaders requires more attention to understand the crossover effects of leaders' own working conditions to the conditions, health and well-being of their employees. Only few studies have explored this crossover mechanism. In their comprehensive review of leaders' mental health, Barling and Cloutier (2017) examined the relationship between leader's mental health and their ability to lead but stopped short of exploring how mental health of leaders influenced followers' mental health.

A possible explanation for this oversight could be the lack of evidence. The few studies that do exist suggest a crossover effect. It has been found that leaders who are under strain exert fewer transformational leadership behaviours and that such leadership behaviours

could protect against follower burnout, in other words, it appears that beneficial leadership behaviours are not activated in leaders who are under strain (Diebig, Poethke, & Rowold, 2017). In the present issue, M. Nielsen, Skogstad, Gjerstad, and Einarsen (2019) found that anxious leaders exerted lower levels of transformational leadership and higher levels of laissez faire leadership over time. Negative crossover has also been found, in that distressed leaders make their followers distressed, partly because they become more abusive towards followers. However, leaders were more likely to be abusive when they felt that followers performed poorly, and followers tended to be less distressed if they possessed higher levels of psychological capital (Li, Wang, Yang, & Liu, 2016). Exploring leaders' perceptions, Giorgi, Mancuso, Perez, Montani, Courcy, and Arcangeli (2015) found that leaders who were stressed also perceived their followers to suffer from stress. We need to develop our understanding of the complex crossover from leaders to their followers. We need to understand how we can create resource caravans (Hobfoll, 1989) where the positive mood and well-being of leaders enrich followers, rather than creating loss spirals where burned-out leaders deplete the well-being of their followers. We also need to understand the nature of crossover. Is crossover direct, e.g. are emotional states transferred through empathy, or indirectly, through moderating variables such as social support or because of common stressors, e.g. lack of resources (Westman, 2001)? As a first attempt to address these issues Tafvelin et al. (2019) found that for vigorous leaders, the negative relationship between transformational leadership and burnout was stronger, possibly because leaders have the energy to engage in these challenging leadership behaviours.

Followers are not just following. In the large majority of leadership studies, followers are seen as just that, i.e. as passive recipients of their leader's leadership behaviours. However, followers interact and develop unique relationships with their leaders (e.g., see the seminal work of Graen & Uhl-Bien, 1995) and this implies that leadership can be construed

as a two-way process. That is, on the one hand leaders will affect their subordinates' work life and well-being. For example, K. Nielsen, Yarker, Randall, and Brenner (2008) found that the well-being of followers over time was positively related to their leader's transformational leadership style. However, on the other hand it would seem that followers can also influence their leaders' health and well-being and their opportunities to function in their leadership role. For instance, K. Nielsen and Munir (2009) reported that followers' self-efficacy influenced leaders' transformational leadership style over time, and more recently, Wirtz, Rigotti, Otto, and Loeb (2017) found that followers' work engagement predicted leaders' work engagement – but exhausted followers did not make their leaders more exhausted. In other words, while positive crossover from follower-to-leader could be identified, no negative follower-to-leader crossover was observed. Together, these quantitative studies suggest that followers' resources can influence a leader's ability to exert certain leadership behaviours. As with the crossover from leaders-to-followers, we also need to understand the nature of crossover from followers to leaders.

In an interesting mixed-methods study, St-Hilaire, Gilbert, and Brun (2017) explored the role of followers in creating a good work environment for their leader. Key elements to creating a good work environment for followers were *supportive practices* where followers help out with getting the work done, take on tasks, and take responsibility for getting certain tasks completed; *affiliation practices* such as keeping the leader updated on team issues and showing solidarity with the leader; *contributing practices* such as being proactive and taking initiative; *relational practices,* including showing concern for the leader and developing a good relationship with the leader; *informational practices* such as keeping the leader informed and asking for input before making important decisions; and finally *ethical practices* through being honest and open. This study provides important initial information of the ways in which followers may create heaven or hell for their leaders. Given the importance

of leadership for employee and organizational functioning, we urgently need to develop our understanding of these processes and develop quantitative methods to capture these complex interrelationships.

In the present position paper, we argued that future research on leadership and employee health should address four main issues. First, the issue of what is good leadership when it comes to promoting not only performance, but also employee health and well-being and how we can extract what such good leadership looks like. A second issue is the "how to" of ensuring how we can ensure that leadership training does in fact have positive outcomes for follower health and well-being. We argue that much more research is needed to understand how knowledge, skills and abilities are transferred to the workplace and come to the benefit of followers. The third issue is that of the effect of leadership over time. Much research in the leadership domain has been cross-sectional which makes it challenging to draw conclusions about causality. Finally, the issue surrounding the boundary conditions of leadership requires further exploration. Leaders operate in a specific context, and the conditions under which they lead (including the resources made available to them as well as their inherent resources) will influence the extent to which they are able to provide "good" leadership. While the papers in the present issue addresses some of these issues, more research in the area is encouraged to advance our understanding of "leading well" and how leaders can promote good health and well-being.

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