EAWOP Small Group Meeting

Leadership and Health/Well-being

University of Exeter Business School, Exeter Centre for Leadership
20-21 June 2019

Conference report

Organizing committee

Organizer:
Ilke Inceoglu, Exeter Centre of Leadership, University of Exeter Business School

Advisory Board:
Kara Arnold, Faculty of Business Administration at Memorial University in St. John's
Jonas Lang, Work and Organizational Psychology, Ghent University, and University of Exeter Business School
Ute Stephan, King's College London
Geoff Thomas, Surrey Business School
Nick Turner, Haskayne School of Business, University of Calgary

EXECUTIVE SUMMARY

1. Meeting overview

This EAWOP Small Group Meeting was hosted by the Exeter Centre of Leadership and took place at the University of Exeter on 20-21 June 2019. Including the organizers, 41 participants from 11 countries (representing a good balance of early career researchers and senior academics) took part in this SGM.

Organizing committee - Organizer: **Ilke Inceoglu** (Exeter Centre of Leadership, University of Exeter Business School), Advisory Board: **Kara Arnold** (Faculty of Business Administration at Memorial University in St. John's), **Jonas Lang** (Work and Organizational Psychology, Ghent University, and University of Exeter Business School)**, Ute Stephan** (King's College London), **Geoff Thomas** (Surrey Business School), **Nick Turner** (Haskayne School of Business, University of Calgary)

Topic: The focus was on four themes (with keynotes/a panel discussion for each):

1. **Leadership behaviour and employee health/well-being:**
   Keynote: Karina Nielsen, University of Sheffield Management School
2. **Leaders' health/well-being, antecedents and outcomes**
   Keynote: Julian Barling, Smith School of Business
3. **Research design and methodological issues in research on leadership and health/well-being**
   Panel discussion with Andreas Schwab, Ivy College of Business at Iowa State University; Jonas Lang, Work and Organizational Psychology, Ghent University; Ilke Inceoglu, Exeter Centre of Leadership, University of Exeter Business School
4. **Leadership and the use of technology to improve employee and leader health/well-being**
   Discussion on Digital Health: Stijn Coolbrandt, Digital Health Technologist, Founder Health Endeavour and #BeHealth.

2. Key Highlights

Key highlights included the keynotes, a panel discussion, a "Research Designathon" (similar to a Hackathon) to collaboratively develop ideas for research projects, a drinks reception the evening before the SGM and a conference dinner.

3. Meeting Outcomes

This SGM sparked several research collaborations and helped establish a network of researchers in the area of Leadership and Health/Well-being research. Discussions continued at a Caucus meeting on *Leadership and Health/Well-being* at the 79th Academy of Management Conference in Boston in 2019. Another key outcome was the launch of a Special Issue on the topic at the *Journal of Occupational Health Psychology* in December 2021: Editorial (open access): https://psycnet.apa.org/fulltext/2022-20018-001.html, full special issue with published articles: https://psycnet.apa.org/fulltext/2022-20018-001.html).

ACTIVITY REPORT

1. Event General Information

This EAWOP Small Group Meeting was hosted by the Exeter Centre of Leadership and took place at the University of Exeter (Reed Hall) on 20-21 June 2019.

The **organizing committee** was made up as follows:

Organizer:
Ilke Inceoglu (Exeter Centre of Leadership, University of Exeter Business School)

Advisory Board:
Kara Arnold (Faculty of Business Administration at Memorial University in St. John's)

Jonas Lang (Work and Organizational Psychology, Ghent University, and University of Exeter Business School)

Ute Stephan (King's College London)

Geoff Thomas (Surrey Business School)

Nick Turner (Haskayne School of Business, University of Calgary)

Participants:
Including the organizers, 41 participants from 11 countries (Belgium, Canada, Denmark, Germany, Israel, Malta, the Netherlands, Spain, Switzerland, the UK and USA) attended and contributed to the SGM. There was a good balance of early career researchers and senior academics, and diversity in terms of institutions and gender.

2. Program Overview and Course of the meeting

General Topic and Specific Topics overview Meeting Format/organization

The general topic of leadership and health/well-being was split into four specific topic areas. For each of these, there was a keynote speaker or discussion panel which inspired discussions for reflecting on where the field is, where it is moving and how to address questions and develop ideas for future research:

- **Leadership behaviour and employee health/well-being:** The role of line managers in organisational interventions aimed at improving employee well-being
  Keynote: Karina Nielsen, University of Sheffield Management School;
- **Leaders' health/well-being, antecedents and outcomes**
  Keynote: Julian Barling, Smith School of Business;
- **Research design and methodological issues in research on leadership and health/well-being** Panel discussion with Andreas Schwab, Ivy College of Business at Iowa State University; Jonas Lang, Work and Organizational Psychology, Ghent University; Ilke Inceoglu, Exeter Centre of Leadership, University of Exeter Business School;
- **Leadership and the use of technology to improve employee and leader health/well-being**
  Discussion on Digital Health: Stijn Coolbrandt, Digital Health Technologist, Founder Health Endeavour and #BeHealth.

Participants presented 23 papers in two parallel sessions (three to four papers per session) which were followed by a debrief session, for which everyone joined the main meeting room again. In the debrief session two facilitators (one from each parallel session), shared key discussion points and themes from each paper session with the whole audience. This approach helped connect the two parallel paper sessions. Discussions continued at coffee breaks and dinners (please see Appendix for full programme).

In addition, to encourage research collaborations among participants following the paper sessions, a Research Designathon took place on Day 2, facilitated by Sawsan Khuri (Collaborative Capacities). To prepare the ground for running the Research Designathon and infuse the spirit of creative idea generation, a short brainstorm session took place on Day 1.

3. Short description of the SGM topic discussion

There were several conclusions and lessons learned related to the meeting topic. Some of the key discussion points were captured in videos which included short interviews with all the keynote speakers (links to the videos are included below).

Examples of these learning points are summarised below:

- Interventions to improve health and well-being in organisations cannot focus on individuals only but need to involve the organisation and psychosocial environment more widely. It's important to actively involve line managers in trainings and interventions (Karin Nielsen's keynote). **Interview with Karina Nielsen**: https://www.youtube.com/watch?v=56Nj6FD1xc0
- We need to also focus on the leaders' mental health in our research. The problem we currently have is that leaders are sent on trainings or interventions, but then return to the same work environment as before. Here we can learn from the organizational change literature to consider the wider changes that are necessary (Julian Barling's keynote). **Interview with Julian Barling**: https://www.youtube.com/watch?v=9kwdDhcISO4
- The way digital health technology is developing provides new opportunities to improve mental health at work and to also do research using digital measures of health while people are at work (Stijn Coolbrandt's talk).
- Challenges in the field include how to run experimental interventions to improve well-being in teams – these could be targeted at leaders' behaviour or mental health for example. Other points to consider are multilevel designs and how beliefs form and emerge in teams (Jonas Lang, panel discussion).
  Interview with Jonas Lang: https://www.youtube.com/watch?v=uMLqfkBAbU8
- How do we improve our evidence base in research on leadership and health? Applications of methods that help us learn more from the data that we have. We are paying too much attention to whether there is an effect or not in our research, rather than asking how big the effect is (Andreas Schwab, panel discussion).
  Interview with Andreas Schwab: https://www.youtube.com/watch?v=xJIpO-1GGyk

- Leader resilience and the importance of role modelling as a leader – leaders have the dual challenge of taking care of themselves and their teams.
  Interview with Ronit Kark: https://www.youtube.com/watch?v=ULatUetuOcI

Contributes for a Research Agenda

A key take away from this SGM is that research on Leadership and Health/Well-being requires us to consider multiple perspectives which include those of the leaders and followers, but also the wider organisational and societal context. This needs to be reflected in theory and methods (e.g. multilevel models). To make a difference in the world of work, we need more intervention studies, and those can only be effective in the longer term, if they consider the wider organisational context too.

These issues and suggestions for a research agenda are discussed in the editorial (Open Access) of the *Journal of Occupational Health Psychology*'s special issue on Leadership and Health/Well-being (Inceoglu, Arnold, Leroy, Lang & Stephan, 2021), which was inspired by the SGM:

https://psycnet.apa.org/fulltext/2022-20018-001.html

4. Meeting outcomes

This SGM sparked several research collaborations and helped establish a network of researchers in the area of Leadership and Health/Well-being research. Discussions continued at a Caucus meeting on *Leadership and Health/Well-being* at the 79th Academy of Management Conference in Boston in 2019. Another key outcome was the launch of a Special Issue on the topic at the *Journal of Occupational Health Psychology* in December 2021: Editorial (Open Access): https://psycnet.apa.org/fulltext/2022-20018-001.html, full special issue with published articles - several of which were (co-)authored by EAWOP SGM participants: https://psycnet.apa.org/fulltext/2022-20018-001.html).

5. SGM Evaluation

5.1 Self-assessment of the SGM: The SGM was a productive and enjoyable conference that was well received. Lessons taken from the organizational side include that it is important to plan for time and room for informal interactions between participants so they can network with each other and continue research discussions and connect outside of paper sessions The drinks reception, dinners and coffee breaks and Research Designathon all served this purpose. The keynotes and panel discussion gave new perspectives and charted directions for future research. Because of the small conference format, participants were also able to connect with the keynote speakers more easily compared to a larger conference.

5.2 Participants' assessment of the SGM: Participants (including early career researchers) specifically mentioned the supportive and collaborative atmosphere, which was helpful for discussing new research ideas and research in progress, and the opportunity to connect with other researchers in the field of leadership and health/well-being. Some of the participant feedback is captured in this video: https://www.youtube.com/watch?v=Se18_vD4w5Q

6. References

Inceoglu, I., Arnold, K. A., Leroy, H., Lang, J. W. B., & Stephan, U. (2021). From microscopic to macroscopic perspectives and back: The study of leadership and health/well-being. *Journal of Occupational Health Psychology, 26*(6), 459–468. https://doi.org/10.1037/ocp0000316

ANNEXES

EAWOP Small Group Meeting 20-21 June 2019: Leadership and Health/Well-being

PROGRAMME

Venue: Reed Hall, University of Exeter, Streatham Drive, Exeter EX4 4QR

Conference theme and aim

The aim of this Small Group Meeting (SGM) is to bring together leadership and health/well-being researchers to share recent developments in the field and develop research ideas for future collaborations.

Themes, related keynotes and discussion sessions:

5. **Leadership behaviour and employee health/well-being: The role of line managers in organisational interventions aimed at improving employee well-being** –
   Keynote: Karina Nielsen, Professor of Work Psychology, University of Sheffield Management School;
6. **Leaders' health/well-being, antecedents and outcomes** -
   Keynote: Julian Barling, Professor of Organizational Behaviour and Borden Chair of Leadership at Smith School of Business;
7. **Research design and methodological issues in research on leadership and health/well-being** –
   Panel discussion with Andreas Schwab, Associate Professor of Management/Dean's Faculty Fellow in Management, Ivy College of Business at Iowa State University; Jonas Lang, Associate Professor in the Department of Personnel Management, Work and Organizational Psychology, Ghent University; Ilke Inceoglu, Professor of Organizational Behaviour and HR Management, Exeter Centre of Leadership, University of Exeter Business School, University of Exeter;
8. **Leadership and the use of technology to improve employee and leader health/well-being** –
   Discussion on Digital Health: Stijn Coolbrandt, Digital Health Technologist, Founder Health Endeavour and #BeHealth.

DRINKS RECEPTION WITH FINGER BUFFET DINNER ON WEDNESDAY 19TH JUNE (PRE-CONFERENCE DAY) AT 18:30 IN REED HALL

DAY 1 (THURSDAY 20TH JUNE)

Time	Event/session
08:45	Registration
09:00	Welcome: Ilke Inceoglu, David Allen, Pro-Vice Chancellor and Executive Dean, University of Exeter Business School
09:30	**Keynote:** Karina Nielsen
10:15	*Coffee break*
10:30	**Parallel Sessions** (2 sessions, 5 papers per session, 15min talk, 5min Q&A):

Room: Upper Lounge, Chair: Jonas Lang	**Room: Ibrahim Ahmed, Chair: Kara Arnold**
Relationships between supervisor behavior and employees' recovery during leisure time *Carmen Binnewies & Lena Herdt*	The Power of Positive Leadership: How Positive Leaders Enhance Employee Well-being through Identification *Christie Marsh*
The Paradox of Manager Support for Employee Well-being *Janet A. Boekhorst, Rebecca Hewett & Amanda Shantz*	The influence of team and leadership stressors and resources on employee well-being *Katharina F. Pfaffinger, Julia A. M. Reif, Erika Spieß, Rita Berger & Jan Philipp Czakert*
Leadership and Employee Health: Meta-analysis on the moderating role of socio-economic status *Sofija Pajic, Claudia Buengeler & Deanne den Hartog [via Zoom]*	Generalized and Safety-Specific Transformational Leadership: Examining Incremental Validity of Competing Leadership Behaviors *Quan Nguyen, Nick Turner, Julian Barling, Carolyn M. Axtell & Simon Davies*
Leadership and Employee Well-being in the NHS: What about Context? *Kevin Teoh & Almuth McDowall*	Leadership behaviour as well-being resource in organisational change *Birgit Thomson & Corinna Steidelmüller*
Leader behavior and employee absenteeism *Ann-Kristina Løkke [via Skype/Zoom]*	

12:15	Debrief (summary exchange across sessions) by Jonas Lang and Kara Arnold
12:30	*Lunch*
13:15	**Panel discussion on research design and method:** Andreas Schwab, Jonas Lang, Ilke Inceoglu
14:00	*Coffee break*
14:15	Research Designathon – Part I: Facilitator: Sawsan Khuri
15:15	Parallel Sessions (2 sessions, 4 papers per session, 15min talk, 5min Q&A)

Room: Upper Lounge, Chair: Ilke Inceoglu	**Room: Ibrahim Ahmed, Chair: Ronit Kark**
Role Stressors Mediate the Stressor-Strain Relationship in Two Countries *Sharon Glazer, David Leiva & Rita Berger* *[via Skype/Zoom]*	Bad influence? Investigating the role of leader-presenteeism in predicting employee-presenteeism: The moderating role of leader-centrality in social networks *Cécile Emery & Charmi Patel*
The cultural context of well-being of necessity and opportunity entrepreneurs *Przemysław Zbierowski & Ute Stephan*	Leaders' Self-Determined Motivation and its Relationships with Psychological Strain and Transformational Leadership *Stephanie Gilbert*
A Theoretical Model Describing How and When Leader Stress in Middle Managers Predicts Destructive Leadership Behavior *Kara A. Arnold, Catherine E. Connelly, Ian R. Gellatly, Amanda J. Hancock & Megan M. Walsh*	Building blocks of effective leadership practice - The role of personal resilience *Caroline Rook*
If you're deeply unhappy and you show it: A conceptual model of mental illness, mental health stigma and perception of leadership effectiveness *Kristin Hildenbrand, Pascale Daher & Anna Topakas*	The Seven Key Competencies: An Evaluation of Leadership in Medical Trainees *Samantha K. Jones, Joshua Bourdage, Aleem Bharwani & Casey Chan*

16:30	Debrief (summary exchange across sessions) by Ilke Inceoglu and Ronit Kark
16:30	Wrap Up Day 1
19:00	**Dinner at Reed Hall**

DAY 2 (FRIDAY 21ST JUNE)

Time	Event/session
08:45	Registration
09:00	Introductions and Welcome
09:15	**Keynote:** Julian Barling
10:00	*Coffee break*
10:15	Parallel Sessions (2 sessions, 3 papers per session, 15min talk, 5min Q&A)

Room: Upper Lounge, Chair: Ronit Kark	**Room: Ibrahim Ahmed, Chair: Jonas Lang**
Women's leadership aspirations and stereotype threat: Investigating sleep as a buffer *Megan M. Walsh, Erica L. Carleton, Amanda J. Hancock & Kara A. Arnold*	Comparing leaders and followers' health: a literature review and empirical evidence *Anja Wittmers, Tim Schröder & Corinna Steidelmüller*
The 5R Program: Social identity-based leadership development to promote engagement and health in organisations *Niklas K. Steffens, S. Alexander Haslam, Kim Peters & Blake McMillan*	A Daily Diary Study on Emotional Dissonance in Leader-Follower Interactions and its Impact on Leaders' Well-being *Stefanie Richter & Judith Volmer*
Digital coach empowering leaders for health-oriented team development *Luisa A. Grimm*	Under the shadow of looming change: Linking employees' appraisals of organizational change and transformational leadership to engagement and burnout *Sandra Catherine Buttigieg, Pascale Daher, Vincent Cassar & Yves R.F. Guillaume*

11:30	Debrief (summary exchange across sessions) by Ronit Kark and Jonas Lang
12:00	**Discussion on Digital Health:** Stijn Coolbrandt [via Skype/Zoom]
12:30	*Lunch*
13:15	Research Designathon – Part II: Facilitator: Sawsan Khuri
15:00	*Coffee break*
15:15	Research Designathon – Part III: Facilitator: Sawsan Khuri
16:00	Debrief (sharing of Designathon results)

16:30 **EAWOP SGM closes**

Support (planning, organising, running the SGM) kindly provided by:

Alex Reichardt, Tara Eadie, Amy Hall and Siobhan Renshaw, University of Exeter Business School

Session Chairs: Organizing Committee and Ronit Kark, Bar Ilan University, Israel, University of Exeter Business School, UK

Research Designathon facilitator: Sawsan Khuri, Collaborative Capacities

This EAWOP Small Group Meeting is funded by the European Association of Work and Organizational Psychology and the Exeter Centre of Leadership, University of Exeter Business School.

Access to conference abstracts:
https://www.dropbox.com/sh/veh8u0qg1ff92qm/AAC0LX3QWz04alnKyowTqxY-a?dl=0

Join our **Caucus** on *Leadership and Health: Driving Theory and Empirical Researc*h at the Academy of Management Annual Meeting in Boston on Tuesday, August 13th 2019
8:00AM - 9:30AM (The Fairmont Copley Plaza Hotel, Room: Forum Room).

List of Participants and Contributors (includes contributors who were not able to attend in person)

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Abstract
EAWOP Small Group Meeting

Leadership and Health/Well-Being
June 20-21, 2019

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A Theoretical Model Describing How and When Leader Stress in Middle Managers Predicts Destructive Leadership Behavior

Introduction

Despite significant investment in developing effective leaders (Hedges, 2014), leaders frequently exhibit harmful behaviors, and create 'toxic' workplaces (Harms, Credé, Tynan, Leon & Jeung, 2017). Destructive leadership, or "systematic and repeated behavior by a leader, supervisor or manager that violates the legitimate interest of the organization" (Einarsen, Aasland & Skogstad, 2007, p.208), is prevalent in today's workplaces. A Gallup (2015) poll of 2.5 million globally found that one in two employees have left a job because of a destructive boss. Why might leaders behave this way?

It has been proposed that the rise of destructive leadership can be traced to stress (Zhang & Bednall, 2016). Leading others is inherently stressful (Campbell et al., 2007), particularly for middle managers who must balance expectations from both followers and bosses (Anicich & Hirsh, 2017; Lam, 2015). Our theoretical model describes how stress relates to three types of destructive leadership: passive/laissez-faire (covert; absence of decision making/avoiding responsibility); abusive supervision (overt; derailed leadership); and dysfunctional knowledge sharing or hiding (covert; disloyal leadership: Einarsen, et al., 2007). Our argument linking stress and these destructive behaviors draws upon Conservation of Resources (Hobfoll, 1989, 2001) theory, which suggests that stress leads to lower self-efficacy and self-control (both personal resources). In turn, these mechanisms manifest as overt and covert destructive leader behavior. If middle managers are using destructive leadership behavior as coping responses, how might we intervene?

Our model proposes that increasing leader mindfulness, defined as "an awareness that arises through paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 1994, p. 4), is a promising intervention. Mindful awareness can be cultivated through practices such as meditation that have been shown to improve leader resiliency and performance (Walsh & Arnold, 2018). There are compelling theoretical reasons for expecting that middle managers who are able to develop mindful awareness might react differently to stress in terms of self-efficacy and self-control. If so, mindfulness could serve as a potent personal resource to disrupt the processes that lead to destructive leadership behaviors.

Theoretical Background

Destructive leadership encompasses a broad range of behaviors that span from overt to covert acts. Our model (see Figure 1) includes three types of destructive leadership behaviors, responding to the call to situate abusive supervision within “more comprehensive models of leadership behaviour” (Bennett, et al., 2017, p. 135). A key antecedent to destructive leadership is stress, defined as “the individual’s [psychological] responses to environmental demands, threats, and challenges” (Ganster & Rosen, 2013, p. 1088).

Conservation of resources (COR) theory (Hobfoll, 1989) suggests that people “strive to obtain, retain, foster, and protect [resources] they centrally value” (Hobfoll, Halbesleben,

Neveu, & Westman, 2018, p. 104). The principle of COR theory, that people need to invest resources in order to protect against resource loss, is key to the development of this model. We hypothesize that the experience of stress depletes a managers' cognitive resources (i.e. selfefficacy and self-control), which results in negative behaviors that are aimed at protecting remaining resources. The COR desperation principle states that when individuals' resources are depleted, they "enter a defensive mode to preserve the self which is often defensive, aggressive, and may become irrational" (Hobfoll et al., 2018, p. 106). Irrational negative acts (i.e., destructive leadership) result when a leader's resources are overtaxed.

Past empirical research has demonstrated that depleted leaders enact negative behaviors (e.g., Byrne et al., 2014). Leader stress has been found to reduce self-control and in turn, predict abusive supervision (Liang, Lian, Brown, Ferris, Hanig & Keeping, 2016). Other research on abusive supervision suggests that various sources of stress (such as poorly performing subordinates) reduce a leaders' self-control (Zhang & Bednall, 2016). In turn, managers are likely to engage in abusive behavior as they are less able to control negative impulses toward followers.

Research on the intervening mechanisms that explain how felt stress manifests as covert destructive behaviors (passivity and dysfunctional knowledge sharing/hiding) has been more limited. We propose that impaired self-efficacy (Bandura, 1977; 1986; 1997), defined as one's belief in one's ability to succeed in the leadership situation, explains the relationship between middle manager stress and passivity. Stress leads to a loss of self-efficacy and as managers lose confidence in their ability, they are less likely to act. Dysfunctional knowledge sharing/hiding could result from both lower self-efficacy and control. Lower self-control could result in sharing knowledge when it should not be shared. Lower self-efficacy could also result in knowledge hiding, when sharing would be more helpful. Nascent empirical literature finds associations between stress and knowledge sharing (Connelly et al., 2014) and passive/laissezfaire management (Courtright et al., 2014). Overall, we hypothesize that stress predicts overt and covert destructive middle manager behavior through impaired self-efficacy and selfcontrol.

We further suggest that mindfulness reduces middle managers' destructive leader behaviors by disrupting the relationship between stress and reduced self-efficacy and selfcontrol. Studies show that mindfulness allows individuals to maintain self-efficacy despite experiencing significant life stress (e.g., Sanaei et al., 2014) and mindfulness improves selfdetermination and persistence (Keng et al., 2011) which are associated with self-efficacy. In relation to self-control, mindfulness has been shown to improve regulation of behavior by reducing automatic thinking (Glomb et al., 2011; Good et al., 2016). Research in clinical psychology finds that mindfulness promotes resiliency to stress by improving self-control (Keng et al., 2011), which suggests that mindfulness could similarly promote self-control for managers and subsequently reduce destructive behavior. Overall, we hypothesize that mindfulness buffers the relationship between stress and self-efficacy and self-control to ultimately reduce the likelihood of overt and covert destructive leader behaviors.

Discussion and Conclusion

Leadership research has traditionally focused on how destructive leader behaviors affect others. Much less is known about why leaders behave in destructive ways, whether the level of leadership influences this behavior, or how to intervene to curtail this behavior. Our model describes how and why the experience of stress in middle managers can result in destructive leader behavior, and what can be done to intervene and disrupt this process.

We would welcome collaboration/discussion with scholars interested in destructive leadership, mindfulness, and/or leader well-being. Some possibilities (in addition to organizers and keynotes): Bennett Tepper, Brigit Schyns, Jan Schilling, Peter Harms, Maree Roche, Christopher Reina, Ute Hulsheger, Jochen Reb, Theresa Glomb.

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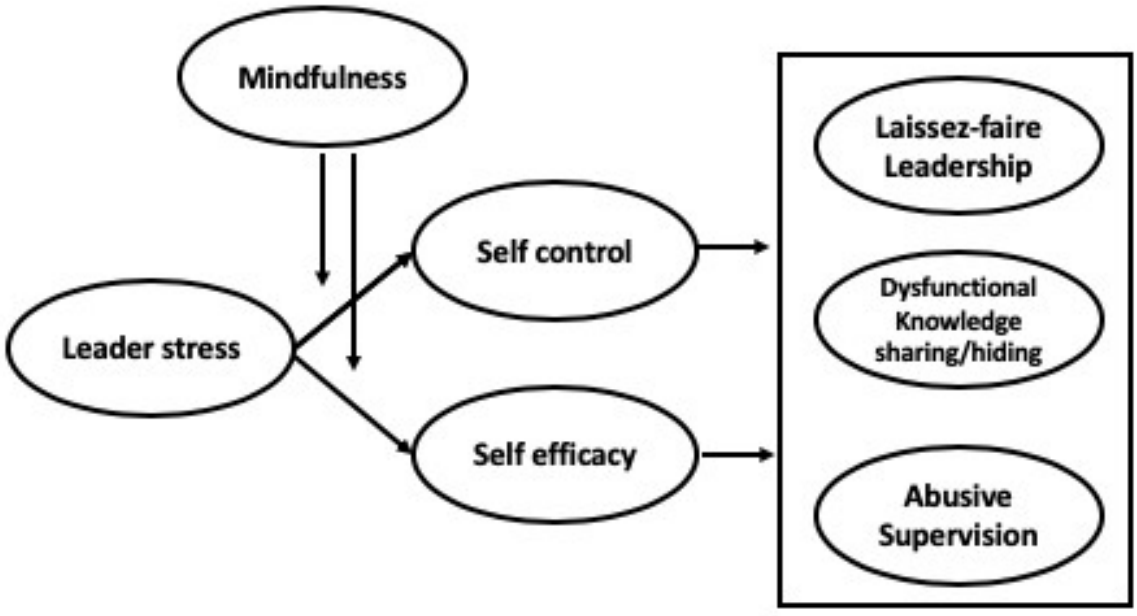
Figure 1: Model linking leader stress to destructive leadership



Relationships between supervisor behavior and employees' recovery during leisure time

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Over the last years, research showed that employees' recovery during leisure time is important for employees' well-being and performance (e.g., Binnewies, Sonnentag, & Mojza, 2010; Sonnentag, Binnewies, & Mojza, 2008). Although research acknowledged the important role of recovery, until today research on the predictors of recovery, particularly on organizational predictors is scarce. The goal of the current study was to examine the relationship between supervisor behavior and employees' recovery during leisure time, as supervisors have already been identified to play a key role for employees' work-related well-being.

Building on prior work examining the influence of supervisor behavior on work-family conflict (Hammer, Kossek, Yragui, Bodner, & Hanson, 2009; Heinen, 2009), we focused on four different leadership behaviors: a) emotional support regarding work-family issues, b) creative work-family management (e.g., finding individual family-friendly work-time arrangements), c) setting high performance expectations as a facet of transformational leadership, and d) setting boundaries between work and private life at home (e.g., not working home). We expected positive relationships between supervisors' emotional support, creative work-family conflict and boundary setting at home and employees' recovery (psychological detachment, relaxation, control over leisure time, and boundary strength at home). For setting performance expectations, we expected a curvilinear relationship meaning that we expected a medium level of performance expectations to be most beneficial for employees' recovery.

We tested our hypotheses in a sample of 90 matched supervisor-employee dyads from diverse occupations. Most of the participants worked in a health insurance company. The level of performance expectations and supervisors' boundary strength at home were assessed from the supervisor. The levels of emotional support and creative work-family management as well as employees' recovery were assessed from the employee.

Results showed that high levels of creative work-family management were associated with increased levels of psychological detachment and relaxation. Supervisors' boundary setting at home was positively related to employees' boundary setting at home. Concerning supervisors' performance expectations, we found support for curvilinear relationships with psychological detachment and relaxation (i.e., a medium level of performance expectations was most beneficial). Surprisingly, supervisors' emotional support showed no relationships with employee recovery. In sum, our study is among the first to show that supervisor behavior, including behavior unintended to affect employee's recovery, is directly linked to employees' recovery during leisure time, namely to

psychological detachment, relaxation and their boundary setting at home. Due to the cross-sectional design of our study, we cannot clarify if the relationships are due to selection effects (supervisors selecting employees with similar behavior) or socialization effects. In addition, examining further supervisor behaviors and employees' outcomes as well as contrasting performance-oriented and health-oriented supervisor behavior (e.g. prioritizing) would advance our knowledge in this area.

Potential Collaboration partners:

Business leaders and supervisors to develop a model of how leadership behaviour (unintentionally) affects employees' health and recovery and develop interventions (e.g. leadership trainings) to promote health-oriented leadership behavior.

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Because I Want To, or Because I Have To?:

The Paradox of Manager Support for Employee Wellbeing

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Theoretical Background and Research Objectives

Until recently, the extant literature has devoted limited insight towards understanding how managers shape employee wellbeing (Harms, Credé, Tynan, Leon, & Jeung, 2017; Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018; Kelloway, Turner, Barling, & Loughlin, 2012). The research has thus far suggested that positive manager behaviors (e.g., manager support, leader-member exchange) are instrumental in shaping employee wellbeing (Skakon, Nielsen, Borg, & Guzman, 2010), but very few insights have been provided into specifically *how* managers most effectively support employee wellbeing. Moreover, we know very little about the potential emotional toll experienced by managers who do support employee wellbeing (Barling & Cloutier, 2017). The importance of addressing these gaps is underscored by research that demonstrates HR devolution has resulted in a greater workload for managers (Evans, 2017), and by studies that suggest employees in caring professions (e.g., nurses, psychotherapists, physicians) experience emotional strain as a result of their support of others (Adams, Boscarino, & Figley, 2006; Figley, 2002). Therefore, the main purpose of this research is to examine a potential critical paradox: What are the implications of manager wellbeing behaviors on managers' own wellbeing?

To address this unanswered question, our research is focused on addressing two research objectives. First, we are working towards developing a comprehensive measure of manager

wellbeing behaviors to capture the range of ways in which managers support employee wellbeing. Second, we are developing and testing a conceptual framework (Figure 1) that examines the processes and conditions that define the relationship between manager wellbeing behaviors and manager wellbeing. Based on a preliminary analysis of our qualitative data, we expect that managers engage in two primary types of wellbeing behaviors, namely, emotional (e.g., demonstrating genuine care for employees) and task (e.g., providing flexible work schedules to accommodate non-work issues) behaviors, which positively support employee wellbeing (H1).

The relationship between manager wellbeing behaviors (i.e., emotional and task) and wellbeing outcomes is not straightforward, but rather this relationship depends on the reasons that managers undertake these behaviors. Based on insights from our qualitative data, we focus on the moderating effect of moral attributions (e.g., Ellen, Webb, & Mohr, 2006) and performance (or, "tick-box") attributions (e.g., Nishii, Lepak, & Schneider, 2008; Shantz, Arevshatian, Alfes, & Bailey, 2016). We posit there is a positive relationship between manager wellbeing behaviors and manager wellbeing when managers make a moral attribution because they feel positive for doing the "right thing" (H2). Moreover, there is a negative relationship between manager wellbeing behaviors and manager wellbeing when managers make a "tickbox" attribution (i.e., "I support the wellbeing of my employees because I am required to do so by my organization and/or legislation") not because they want to, but because they are required to do so (H3).

Interestingly, emotional contagion research (Hatfield, Cacioppo, & Rapson, 1993) suggests there is an unexpected outcome associated with manager wellbeing behaviors.

Specifically, employees may "catch" negative emotions (e.g., guilt) as a result of observing their manager's efforts, thereby leading to limited (if not, negative) employee wellbeing gains (H4). Through exploratory analysis, we also intend to examine whether the type and intensity (frequency and variety) of manager wellbeing behaviors informs the relationship between these behaviors and wellbeing outcomes.

Methodology and Results

This program of research is currently in progress. We are using a two-phased research design to test the proposed conceptual model. Phase 1 focuses on the development of the manager wellbeing behaviors scale. In accordance with the inductive approach to scale development (Hinkin, 1995, 1998), a qualitative survey was administrated to 100 MBA students to understand how they (as managers) support employee wellbeing and what support they (as employees) receive from their managers. Data were transcribed and content analysis was conducted to code common manager wellbeing behaviors (Braun & Clarke, 2006). Several emotional (e.g., caring, social, fairness) and task (e.g., career, work-life balance, health, financial) dimensions were identified.

This newly created manager wellbeing behaviors scale will be administered to managers using a third-party panel survey agency (Prolific; https://prolific.ac/) to explore the factor structure of the proposed scale (Henson & Roberts, 2006). The revised scale will be administered to approximately 140 MBA students to confirm the scale structure in March 2019. To test for convergent, discriminant, and predictive validity, the scale will be tested on two further samples (i.e., employees and managers), collected via Prolific, using a three-wave research design. If this abstract is accepted, the scale development results will be shared at the SGM.

Phase 2 will test the proposed conceptual model in an automotive manufacturer in Canada that are in the process of implementing a formal wellness program. Data will be collected from matched managers and employees, before, during, and after (i.e., three waves) the implementation of the wellness program. If accepted, this proposed research design will be the primary point of discussion during the "Research Design-athon".

Discussion and Conclusion

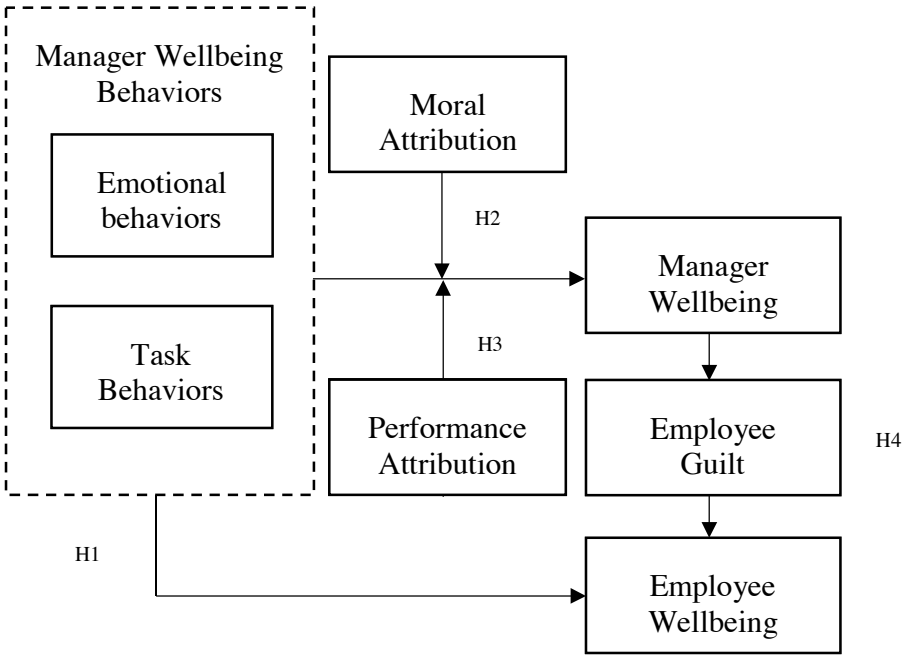
First, building on the literature that has started to examine the antecedents of manager wellbeing from a task demands perspective (Li, Schaubroeck, Xie, & Keller, 2018), this research examines the relationship between different types of manager wellbeing behaviors (i.e., emotional and task) and manager wellbeing. We also draw on literature on causal attribution to suggest that the attributions that managers make about their own behaviors is a boundary condition to explain the wellbeing implications of managers' wellbeing behaviors. In suggesting that attributions moderate the nature of this relationship, we provide insight into the expected paradox. Second, this research also points to an unintended outcome associated with manager wellbeing behaviors. As alluded, emotional contagion research suggests that there may be consequent (negative) implications for employee wellbeing. Third, the development of a manager wellbeing behaviors scale is intended to inspire future research to advance our understanding of the antecedents and outcomes of manager wellbeing behaviors.

Collaborators

We are interested in receiving feedback from several researchers, such as Julian Barling and Karina Neilson.

Appendix

Figure 1: Proposed Conceptual Framework



Note: This abstract rests within Research Theme 2 (i.e., leaders' health/well-being, antecedents and outcomes).

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Under the shadow of looming change: Linking employees' appraisals of organizational change and transformational leadership to engagement and burnout

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Abstract

Little is known about how organizational change affects employee burnout and engagement, which surely play an important role in driving sustainable organizational change. We extend the refined version of the job demands-resources (JD-R) model to the domain of organizational change. We argue that people appraise organizational change as a job demand, which is positioned on a challenge-hindrance stressor continuum. This leads to more burnout and less engagement. We further posit that transformational leadership is a resource that moderates these effects, thereby buffering employees against burnout and facilitating their work engagement. We tested our model with a time-lagged design and collected data at two time points (six months interval) from 647 employees in a hospital in Malta that was facing a major change. Results support our theoretical model. Appraising organizational change more in terms of a hindrance rather than a challenge stressor leads to more burnout and less engagement, which is less pronounced under high than low levels of transformational leadership. Theoretical and practical implications, as well as avenues for future research are discussed.

Keywords: Organizational change job demands-resource model; burnout; engagement; transformational leadership; hospital

Bad influence? Investigating the role of leader-presenteeism in predicting employee-presenteeism: The moderating role of leader-centrality in social networks

(Work in Progress)

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Presenteeism, the act of showing up to work despite being physically or mentally sick (Aronsson, Gustafsson, & Dallner, 2000; Johns, 2010), engenders a series of unseen costs for organizations. Unhealthy employees who come to work lack the necessary concentration and motivation to achieve their daily task leading to significant productivity lost (Aronsson et al., 2000; Johns, 2010). Healthy employees who witness coworkers presenteeism are more likely to physically disengage and intentionally perform at less than peak levels (Luksyte, Avery, & Yeo, 2015) which negatively affects work group productivity (Aronsson & Gustafsson, 2005). Taken together, presenteeism has serious financial costs for organizations: recent studies have estimated the annual cost of presenteeism to be more £16 billion (Green & Black; Hemp, 2004).

Research revealed that features in the work contexts (e.g. type of occupation, need for teamwork, interdependence levels, ease of job replacement, organizational policies) and individual factors (e.g. personality traits such as neuroticism, internal health locus of control) were related to the act of presenteeism (Johns, 2010; Lőve et al., 2010). While the literature shed light unto a variety of antecedents of employee preseenteism, only a handful of studies discussed the role of leadership in predicting employee preseenteism. As it stands, those studies examined how specific leadership behaviors, such as failing to properly manage group dynamics, making decisions that affect their employees without asking their opinion and remaining distant, are positively associated with employee presenteeism (Gilbreath & Karimi, 2012; Nybert, Westerlund, Magnusson Hanson, & Theorell, 2008).

Surprisingly, no study has examined the role of leader presenteeism, that is, the leader's own tendency to come to work despite being physically or mentally sick, in influencing employee presenteeism. There is a strong assumption that leaders, who acts as role models for their team, positively impact followers' attitudes and behaviors. By setting the example, leaders play an essential role in group dynamics: they act as role models whose behaviours tend to be mirrored by the rest of the team. Hence, we argue that team leader preseenteism will have a direct impact on employee presenteeism.

Hypothesis 1: Leader presenteeism predicts employee presenteeism.

Yet, the impact of leader presenteeism on employee presenteeism might be dependent on the position of the leader in informal within-team social networks. A growing literature has considered a leader's social capital in determining leader effectiveness (e.g., Balkundi & Kilduff, 2006; Carter, DeChurch, Braun, & Contractor, 2015). In this study, we focus on the leader's central position in the team's informal leadership network, and explore the influence of leader centrality in moderating the relationship between leader and employee presenteeism. Leader centrality can be defined as the extent to which the leader is connected to his or her team members. Leader who occupy a central position in informal networks enjoy more influence among other members. Hence, being central in the team's informal leadership networks can enhance or weaken a leader's influence over subordinates thereby impacting the leader's ability to set the example in terms of presenteeism.

Hypothesis 2: Leader centrality in informal social networks will moderate the relationship between leader and employee presenteeism.

METHOD

Sample

A social network analysis survey was conducted with the R&D department of a pharmaceutical company in 2018 (note: we are currently coding the second round of data

collection which took place in December 2018). Participation was on a voluntary basis with confidentiality and anonymity assured. We collected 152 valid questionnaires, nested in 19 work groups (eight members per team). The final sample is comprised of individuals whose ages ranged from 26 to 55 years old (M = 37.63, SD = 5.11), and organizational tenure ranged from 1 to 15 years (M = 5.43, SD = 2.82). All participants had a master's degree or some other higher education qualification.

Measures

Presenteeism. Each participant (team leaders and employees) completed the presenteeism scale. This scale consists of two-items that are answered on a 5-point frequency Likert scale. An example item is: "Despite being ill//sick, you still forced yourself to go to work?" (α = .83).

Leader Centrality. To compute leader centrality, we started by collecting informal social networks within each work group. Participants were presented with the roster of employees in the same work group and asked to "Leadership is the act of influencing the activities of an organized group in its efforts towards goal setting and goal achievement. Who provides leadership for your team?" Participants rated each of his/her peer using a 5-point Likert scale (1, "not at all," to 5, "to a very great extent"). This roster method of data collection was used because it has been shown to result in more accurate and reliable data (Marsden, 1990). Consistent with previous work (Carson et al., 2006), the leadership network ratings were first dichotomized: values of 4 (to a great extent) or 5 (to a very great extent) were assigned a value of 1, and values of 3 or less were assigned a 0. Finally, we computed leader centrality using the indegree centrality.

Controls. We control for job complexity, perceived team-performance orientation, gender, age, and organizational tenure.

RESULTS

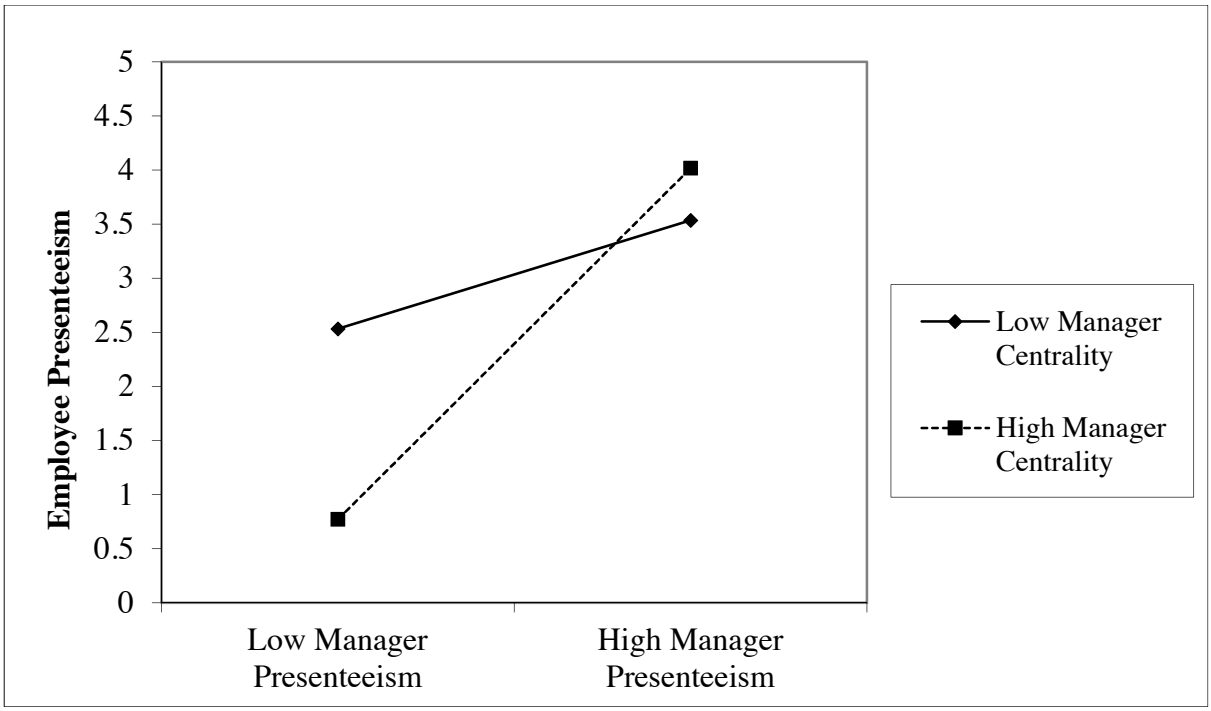
Following the logical procedures to test the hypotheses as recommended by Baron and Kenny (1986), a hierarchical linear modelling analysis was performed to test for the moderating effect of leader centrality on the relationship between leader presenteeism and employee presenteeism. We entered control variables (perceived team-performance orientation and organizational tenure – Level 1), main effects (leader presenteeism- Level 2), and finally the interaction effect into different steps of the equation to observe incremental variance in each step. Note that all variables were standardized (grand-mean centered) to ease the interpretation of the coefficients. Our findings illustrated in the graph below suggest that when leaders come to work sick, employees enact such role model behavior and make also act of presenteeism. On the other hand, when leader presenteeism is low, we only note lower employee presenteeism when the leader is central in the informal social networks.

Table 1: Hierarchical Linear Modelling

	Model 1 Est. SE	**Model 2** Coeff. (SD)	**Model 3** Coeff. (SD)
Controls			
Job Complexity	-.032 (.09)	-.068 (.09)	-.069 (.09)
Perc. Team Performance	.222* (.09)	.160† (.09)	.118* (.09)
Gender	.029 (.09)	0134 (.09)	.034 (.09)
Age	-.017† (.01)	-.0178† (.01)	-.016 (.10)
Org. Tenure	.025 (.02)	.014 (.02)	.016 (.02)
Main Effects			
Leader Presenteeism		.348** (.11)	-.328* (.38)
Leader Centrality		-.37† (.05)	-.548* (.28)
Interaction Effect			
Leader Present*Centrality			.149* (.08)

** p<.01, * p<.05, † p<.10

Figure 1: Moderating Effects of Leader Centrality on the Leader Presenteeism to Employee Presenteeism Relationship



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Leaders' Self-Determined Motivation and its Relationships with Psychological Strain and Transformational Leadership

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Although much is known about how leaders can motivate their staff (see Gilbert & Kelloway, 2014), little is known about the nature of leaders' own motivation. Does the leaders' own type of motivation influence their leadership style? To examine leaders' self-determined motivation to enact transformational leadership behaviours, Gilbert and Kelloway (2014) proposed a new construct called motivation for transformational leadership. The theory distinguishes between three basic levels of motivation that each influence leadership behavior differently: amotivation (no intent to lead well), controlled (leading effectively to receive perks or out of a sense of duty), and autonomous (leading well because of its importance or because of the fulfillment and joy it brings). Early work on the construct has linked autonomous leader motivation to transformational leadership behaviours and controlled motivation to more passive and avoidant styles (Gilbert, Horsman, & Kelloway 2016; Gilbert & Kelloway, 2018). Amotivation has been related positively to laissez-faire leadership and negatively to transformational leadership (Gilbert, 2015; Gilbert & Kelloway, 2018; Gilbert et al., 2016). This study examines one mechanism through which motivation may influence leadership style, specifically psychological strain.

Leaders' own psychological health is an important resource for leader effectiveness and for coping with the demands of a leadership role (for a review, see Barling & Cloutier, 2016). Type of motivation may either enhance or reduce psychological well-being. Evidence from the self-determination theory literature suggests that autonomous motivation may enhance well-being because motivation is driven by the enjoyment and fulfillment brought by doing the task itself (Ilardi et al., 1993; Sheldon & Kasser, 1998). Controlled regulations may reduce psychological well-being, especially for jobs requiring creativity and cognitive flexibility, by reducing control over and enjoyment in the job (Gagne & Deci, 2005; Shirom, Westman, and Melamed, 1999). Finally, amotivation may result in the lowest levels of psychological well-being due to feelings of detachment from one's actions and lack of control, resulting in low performance levels (Howard et al., 2016). Amotivation at work has also been related to negative outcomes such as emotional exhaustion, burnout and to lower affective commitment, job effort, and job satisfaction (Gagné et al., 2015; Tremblay et al., 2009).

Leaders' psychological health may in turn influence their leadership behaviours. Leaders experiencing psychological strain may have divert resources away from their work and towards self-care in response to a lower resistance to stress (McDermott, 2008). This transfer of resources may result in less effective leadership as the leader tries to repair their own health and pays less attention to their leadership responsibilities. In support of this theory, Byrne et al. (2014) found that the depletion of resources interfered with leaders' ability to enact transformational leadership. Based on this rationale, I hypothesized that leaders who were autonomously motivated would have less strain and greater resources, then, to enact more transformational leadership. Also, leaders motivated by controlled or amotivation would have greater strain and exhibit less transformational leadership.

Organizational leaders in the U.S. who worked full-time and had at least one subordinate were recruited using Qualtrics, a market research firm. Leaders were surveyed at three time

points four months apart using an online survey, and 111 leaders responded at all three time points. Leaders were eligible if they had at least one subordinate. Leaders were 55% male and 45% female, had a mean age of 49, mean organizational tenure of 13.5 years, and mainly worked in for-profit (94.6%) organizations. Leaders completed measures of their own self-determined leader motivation (Gilbert et al., 2016), psychological strain (Goldberg & Williams, 1988), transformational leadership (Carless et al., 2000), and demographic variables.

Mediated regression analyses were conducted using Hayes (2017) process macro. Autonomous motivation assessed at time one predicted psychological strain assessed at time two as the mediator, and self-rated transformational leadership assessed at time three as the outcome variable. I controlled for transformational leadership assessed at time one by including it as a covariate in the model. Level of education and organization tenure were also controlled for, as both were significantly correlated with the criterion. Two additional analyses were conducted, with controlled regulation and amotivation as predictors.

In the first analysis, autonomous motivation predicted psychological strain ($B = -.30$, $SE = .12$, $p < .05$), and psychological strain was a significant predictor of transformational leadership ($B = -.23$, $SE = .06$, $p < .001$). Autonomous motivation was no longer a significant predictor of transformational leadership after controlling for the mediator ($B = .12$, $SE = .08$, $p =$ *ns*), consistent with full mediation. Approximately 46% of the variance in transformational leadership was accounted for by the predictors ($R^2 = .460$). The indirect coefficient was significant ($B = .07$, $SE = .04$, 95% CI = .003- .15). The relationships tested in the second model where psychological strain mediated the relationship between controlled motivation and transformational leadership were not significant. In the third model, amotivation predicted psychological strain ($B = .28$, $SE = .07$, $p < .001$), and psychological strain in turn predicted transformational leadership ($B = -.23$, $SE = .06$, $p < .001$). Approximately 44.8% of the variance in transformational leadership was accounted for by the predictors and the indirect coefficient was significant ($B = -.06$, $SE = .03$, 95% CI = -.15 -.02). Further, amotivation was no longer a significant predictor of transformational leadership after controlling for the mediator ($B = -.03$, $SE = .04$, $p =$ ns) which is consistent with full mediation.

The results suggest that autonomous motivation may act as a resource for reducing psychological strain and promote more transformational leader behaviours as a result. Amotivation may deplete leaders of psychological resources to cope with stress, leading to greater strain and to lower transformational leadership. Leaders who are psychologically depleted may not have the energy and interest to put in effort in their roles, perhaps as a result of diverting attention towards their own health and attempting to conserve their remaining resources (McDermott, 2008). The effect of controlled motivation on well-being and leadership is unclear, as the relationships tested were not significant. The findings highlight the importance of leaders' own motivation for their own psychological health, which may, in turn, influence performance.

I am interested in working with leaders in any organizational context, but primarily in healthcare. I would also like to work with entrepreneurs to design a motivation for entrepreneurship scale. Further, I'm very interested in the work of the key speakers, primarily Julian Barling and Karina Nielsen. I look forward to meeting the other speakers and attendees and getting to know their work. I am also interested in developing international collaborations in preparation for a sabbatical over the next few years.

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Role Stressors Mediate the Stressor-Strain Relationship in Two Countries

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Theoretical Background and Research Objectives

Social-cognitive and motivational theories (Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018), on which the social environment model (Katz & Kahn, 1978) is based, suggest that perceptions of a leader frame an employee's perceptions of experienced work characteristics, which in turn relate to outcomes and in case of demanding work characteristics to strains. As part of the work environment (Oc, 2018), leaders are the first in line to promote healthy work practices and worker well-being (Chu et al., 2000; Inceoglu et al., 2018; Poland, Green, & Rootman, 2000). Dozens of studies link transformational leadership (TFL) style to well-being, however most have skipped mediating factors (see Arnold's, 2017; Harms et al., 2017; Inceoglu et al., 2018) and no studies have examined laissez-faire (LF) leadership style as a contextual leadership factor.

This study examines supervisor leadership style as a factor that sets the tone for a subordinate's perception of role overload and conflict (ROC) and subsequent anxiety and turnover intention. The study presents novel contributions by 1) comparing LF and TFL styles, 2) introducing perception of role stressors as mediating the leadership style-strain relationship, rather than a test between leadership and positive outcomes (e.g., innovation and motivation), 3) implementing a proximal longitudinal design linking leadership to stressors and strains, and 4) demonstrating model invariance in a two-country study. Thus, regardless of cultural context, we expect:

H_1: LF leadership style (T1) will positively relate with (a) anxiety and (b) turnover intention (T2).
H_2: ROC (T1) will mediate the effect of LF style on (a) anxiety and (b) turnover intention (T2).
H_3: TFL style (T1) will negatively relate with anxiety and turnover intentions (T2).
H_4: ROC (T1) will mediate the relationship between TFL style (at T1) and both (a) anxiety and (b) turnover intention (T2).

Methodology

Paper-pencil questionnaires were administered twice with a five to eight week separation. Responses were obtained from 428 nurses working at two nursing homes for elderly care in Spain (in Spanish) and one hospital in the USA (in English). Respondents are fairly well representative of the nursing population in terms of sex and age. We included measures on TFL style (8 items; Berger, Yepes, Gómez-Benito, Quijano, & Brodbeck, 2011), LF leadership style (4 items; Bass & Avolio, 1997), anxiety (4 items; Parker & DeCotiis, 1983), turnover intention (3 items) and ROC (7 items; Glazer & Beehr, 2005).

Results

H_1 and H_3 were supported in the overall and Spanish samples and mostly not supported in the U.S. sample (see Table 1). H_2 and H_4 were also supported. Tables 2 and 3 summarize all the

SEM models including the scores for LF and TFL, respectively as the main predictor for the overall (a), U.S.-only (b), and Spanish-only (c) samples. For each of the models presented, the full mediation models, in which ROC mediates the LF leadership style with turnover intention and with anxiety were better fitting than the direct models. Similarly, the full or partial mediation models relating TFL to turnover intention and anxiety were better fitting than the direct models (see Figures 1 & 2). LF and TFL leadership style (independently) via ROC accounted 15% to 25% of variance in turnover intention across the three samples, and accounted for 27% to 46% of variance in anxiety across the samples.

Discussion and Conclusion

LF leadership style (H_1) positively and TFL (H_3) style negatively correlated with nurses' higher levels of anxiety and turnover intention in the Spanish sample. TFL style also negatively correlated with turnover intention in the U.S. sample. However, per H_2, LF leadership related to greater perceived ROC, which mediated the relationship between LF leadership and both anxiety and turnover intention in both countries. Similar results were found between LF style and role stressors in a sample of Norwegian employees (Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). Thus, LF leadership creates a noxious work environment that can lead to perception of ROC, increased anxiety, and greater turnover intention.

Supporting H_4, TFL related to lower ROC in both countries, which further related to lower anxiety and turnover intention. In other words, ROC mediated the relationship between TFL and strains. The supportive part of a transformational leader may help to reduce perceived ROC, which has an immediate effect on mitigating feelings of anxiety and turnover intention (Lyons & Schneider, 2009). Thus, TFL stimulates a healthy work environment.

Like in this study, job demands mediated the relationship between TFL and each of (1) burnout among French Canadian workers and (2) well-being among Danish workers (2), but TFL did not directly relate to either (1) burnout or (2) well-being (1. Fernet, Trépanier, Austin, Gagné, & Forest, 2015 and 2. Nielsen, Randall, Yarker, & Brenner, 2008). Finally, that there was no direct link between leadership style and anxiety was also found in Lyons and Schneider's (2009) U.S. sample.

We surmise, *post hoc*, that there was no direct link between leadership style and anxiety due to the U.S. cultural press of Mastery values. Mastery cultures expect that individuals are responsible for their own responses to environmental conditions (Schwartz, 1999) and feel, because of the high internal locus of control (Glazer, Stetz, & Izso, 2004), personally responsible for mitigating anxiety without the guidance of a transformational leader. In contrast, in Spain, as an Egalitarian culture that emphasizes others' welfare, as well as an Intellectually Autonomous culture, that reinforces individuals pursuits of "their own ideas and intellectual directions" (Schwartz, 1999, p. 27), leaders may be directly responsible for employee well-being.

This study demonstrates that leaders are a part of the work environment and that in some cultures leadership style may directly influence subordinates' strains, whereas in other cultures leadership style only relates to strains through other psychological processes. Future research should examine if TFL directly relates to well-being in Egalitarianism and Intellectually Autonomous cultures, but only indirectly through role stressors in Mastery cultures.

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Table 1. Means and standard deviations, correlations (upper diagonal), sample sizes (lower diagonal) and Cronbach's alpha coefficients diagonal) for the overall (1a), the U.S. (1b), and the Spanish (1c) samples.

	Time	*M*	SD	1	2	3	4	5
1a. Overall sample								
1. Laissez-Faire	1	1.91	0.96	(.75)	-.61**	.36**	.26**	.25**
2.Transformational	1	5.20	1.62	337	(.97)	-.33**	-.27**	-.29**
3. ROC	1	4.28	1.14	340	360	(.72)	.48**	.33**
4. Anxiety	2	3.26	1.64	286	298	302	(.86)	.49**
5. Turnover intention	2	2.25	1.54	286	298	302	352	(.91)
1b. US sample								
1. Laissez-Faire	1	2.21	0.98	(.76)	-.66**	.45**	.32*	.28
2.Transformational	1	4.89	1.67	117	(.98)	-.34**	-.12	-.22
3. ROC	1	4.36	1.25	120	140	(.83)	.52**	.40**
4. Anxiety	2	3.39	1.66	66	78	82	(.91)	.49**
5. Turnover intention	2	2.65	1.52	66	78	82	132	(.88)
1c. Spanish sample								
1. Laissez-Faire	1	1.74	0.91	(.73)	-.57**	.29**	.23**	.21**
2.Transformational	1	5.40	1.57	220	(.97)	-.31**	-.31**	-.29**
3. ROC	1	4.23	1.05	220	220	(.63)	.47**	.29**
4. Anxiety	2	3.18	1.62	220	220	220	(.85)	.49**
5. Turnover intention	2	2.00	1.50	220	220	220	220	(.92)

Note. *$p < .05$; **$p < .01$. Laissez-Faire and Transformational refer to leadership styles. ROC = Role Overload and Conflict.

Table 2. Results for the structural models studied using the laissez-faire Leadership variable as the predictor in the overall (2a), the American (2b), and the Spanish samples (2c). Role Overload and Conflict (mediator) was included in Models 2 and 3.

	2a. Overall Sample			2b. U.S. Sample			2c. Spanish Sample		
	Response: Turnover Intention			Response: Turnover Intention			Response: Turnover Intention		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Chi-square	176.72	157.76	156.13	176.30	166.92	166.59	104.35	93.73	92.47
Df	75	75	74	75	75	74	75	75	74
p-value	<.001	<.001	<.001	<.001	<.001	<.001	.01	.07	.07
CFI	.94	.95	.95	.88	.89	.89	.97	.98	.98
TLI	.92	.94	.94	.85	.86	.86	.96	.97	.97
RMSEA	.06 (.05.07)	.05 (.04-.06)	.05 (.04-.06)	.08 (.07-.1)	.08 (.06-.09)	.08 (.06-.09)	.04 (.02-.06)	.03 (.0-.05)	.03 (.0-.05)
saBIC	17964.61	17945.66	1946.90	6873.04	6863.67	6865.47	10866.1	10855.48	10856.44
	Response: Anxiety			Response: Anxiety			Response: Anxiety		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Chi-square	284.04	218.66	218.66	227.92	216.14	215.80	187.96	140.14	140.13
Df	88	88	87	88	88	87	88	88	87
p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
CFI	.88	.92	.92	.86	.87	.87	.88	.94	.93
TLI	.85	.9	.9	.83	.85	.84	.85	.92	.92
RMSEA	.07 (.06-.08)	.06 (.05-.07)	.06 (.05-.07)	.09 (.07-.1)	.08 (.07-.1)	.09 (.07-.1)	.07 (.06-.09)	.05 (.04-.07)	.05 (.04-.07)
saBIC	19857.64	19792.26	19795.13	7365.26	7353.48	7355.28	12207.64	12159.82	12162.03

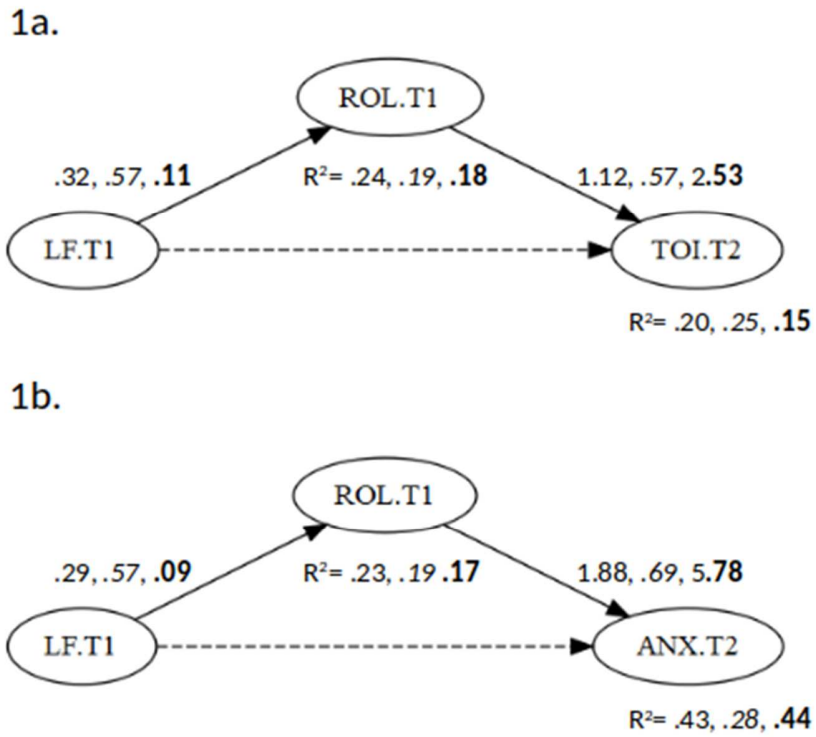
Note. Model 1: direct effect only; Model 2: full mediation model; Model 3: Partial mediation model. CFI = Comparative Fit Index. TLI = Tuker Lewis Index. RMSEA = Root Mean Square Error of Approximation. saBIC = Sample adjusted Bayesian Index Criterion.

Table 3. Results for the structural models studied using the Transformational Leadership variable as the predictor in the overall (3a), the US (3b), and the Spanish samples (3c). Role Overload and Conflict (mediator) was included in Models 2 and 3.

	3a. Overall Sample			3b. U.S. Sample			3c. Spanish sample		
	Response: Turnover Intention			Response: Turnover Intention			Response: Turnover Intention		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Chi-square	413.72	395.54	390.32	340.9	327.25	327.07	299.29	294.07	288.73
Df	133	133	132	133	133	132	133	133	132
p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
CFI	.95	.95	.95	.91	.92	.92	.94	.95	.95
TLI	.94	.94	.94	.90	.90	.90	.94	.94	.94
RMSEA (90%CI)	.07 (.06-.08)	.07 (.06-.08)	.07 (.06-.08)	.09 (.08-.1)	.09 (.07-.1)	.09 (.07-.1)	.08 (.06-.09)	.07 (.06-.09)	.07 (.06-.08)
saBIC	21553.13	21534.95	21532.61	8339.31	8325.66	8327.62	12989.05	12983.82	12980.7
	Response: Anxiety			Response: Anxiety			Response: Anxiety		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Chi-square	522.54	449.28	448.96	423.27	405.40	405.17	372.33	326.69	325.37
Df	150	150	149	150	150	149	150	150	149
p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
CFI	.93	.94	.94	.89	.9	.9	.92	.94	.94
TLI	.92	.93	.93	.88	.89	.88	.91	.93	.93
RMSEA (90%CI)	.08 (.07-.08)	.07 (.06-.08)	.07 (.06-.08)	.09 (.08-.11)	.09 (.08-.09)	.09 (.08-.09)	.08 (.07-.09)	.07 (.06-.08)	.07 (.06-.08)
saBIC	23455.08	23381.82	23384.37	8833.85	8815.97	8817.88	14332.1	14286.46	14287.36

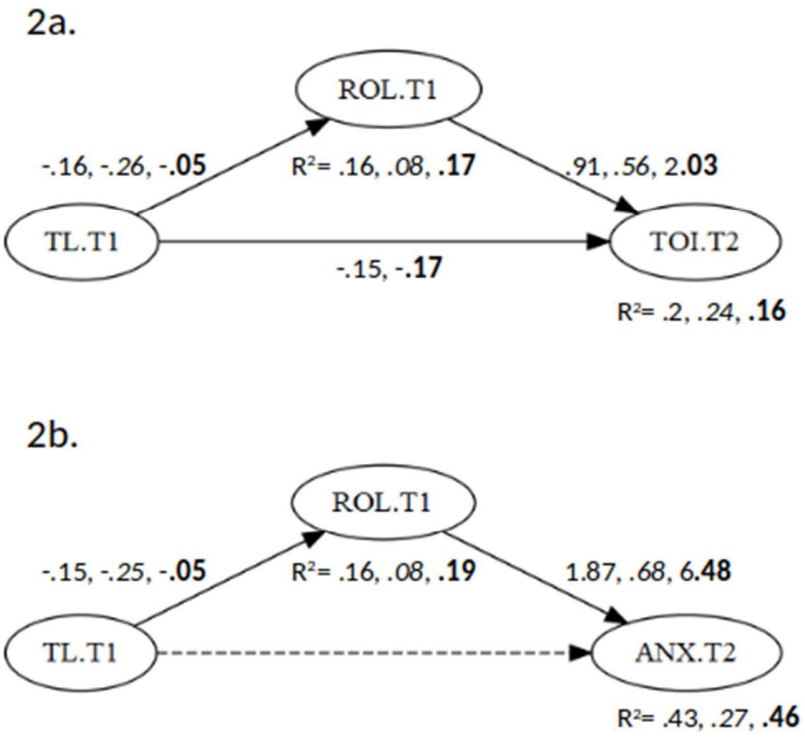
Note. Model 1: direct effect only; Model 2: full mediation model; Model 3: Partial mediation model. CFI = Comparative Fit Index. TLI = Tuker Lewis Index. RMSEA = Root Mean Square Error of Approximation. saBIC = Sample adjusted Bayesian Index Criterion.

Figure 1. Path diagram of estimated coefficients in the Overall, the American (italic), and the Spanish samples (bold), taking into account the full mediation model (Model 2) for the laissez-faire effect over perceived strains.



Note. LF.T1 = Laissez-faire scores at T1; ROL.T1 = Role overload and conflict at T1; TOI.T2 = Turnover intention at T2; Anxiety.T2 = Anxiety scores at T2.

Figure 2. Path diagram of estimated coefficients in the Overall, the American (italic), and the Spanish samples (bold), taking into account the full (Model 2) or the partial mediation (Model 3) model for the Transformational Leadership effect over perceived strains.



Note. *T*L.T1 = Transformational leadership scores at T1; ROL.T1 = Role overload and conflict at T1; TOI.T2 = Turnover intention at T2; Anxiety.T2 = Anxiety scores at T2.

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EAWOP Small Group Meeting: Leadership and Health/Well-being

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«wecoach»: Digital coach empowering leaders for health-oriented team development

(1) Theoretical background and research objectives

The working world is being altered digitalization and the application of artificial intelligence to the world of knowledge work. This affects work and health and is therefore being discussed in its context. Flexibilization of work place and time can be observed, along with a removal of boundaries between work and private life. In addition, organizations experience a breaking up of traditional hierarchical management structures into vertical networks. This is gaining in importance, since one of the major consequences of these developments are increasing work-related stress and illnesses.

Regarding the intervention research in occupational health psychology, there are two developments that aim to achieve better health of employees: First, the level of interventions moves from bottom-up individual health behaviour and top-down health management strategies to the middle level of leaders and teams who are enabled to continuously improve their working conditions. Process research of organizational-level interventions has shown that leaders play an important role for successful implementation of such interventions. As a consequence, it has been proposed to build capacities of leaders and of their teams to sustainably optimize their working conditions. Secondly, intervention methods are supplemented by online tools as addition or substitute of face-to-face consulting. So far, there is a lack of systematic research as well as appropriate evaluation methods for digital team-level interventions.

We developed a digital solution for organizational health promotion and aims to improve working conditions and team climate. The "wecoach" empowers leaders through a health-oriented team development process, and enables them to conduct surveys and workshops together with the team. The novelty of our approach lies in the inherent data collection of such an intervention; this method of collecting of the within the wecoach generates rich data which flows into evaluation.

(2) Methodology

The wecoach is based on evidence from individual capacity building and organisational change approaches, combined with specific knowledge from worksite health promotion. It functions as a digitally supported coaching with a high degree of automatization. While the interaction with the wecoach and the surveys are highly automatized in the course of the process, other steps such as the workshop, are carried out independently by the leader. The evaluation design is based on a schematic examination within the wecoach, since the data collections happens automatically during the usage.

(2.1) Tool development

The wecoach was developed in three steps. First, a prototype was developed together with end users. 15 leaders were recruited who were willing to participate in four focus groups which took place every two to three months. In the forefront the participants were delivered specific tasks and questions to ensure that their requirements are considered in every step of the development of the e-coach. This prototype version 1.0 then underwent a pilot testing phase in organizations as well as with individual leaders. A heterogeneous group of 37 users tested the wecoach and were then questioned on users' satisfaction and acceptance (Wixom & Todd, 2005). With these results, the version 2.0 was released with a redesign and bug fixings. This wecoach version is now being analysed in a randomized controlled trial, combined

with context, process and outcome evaluation. Probands are randomly allocated to two groups, one starting with the wecoach and the other one starting with a baseline survey and, while waiting, are provided with information on individual stress management. Through the RCT, two aims shall be attained. First, the evaluation of process and outcome of training team leaders to implement a healthoriented development in their teams. Second, the evaluation of process and outcome of the following team development. In both steps, on leader and on team level, objective and subjective data is inherently collected.

(2.2) Data collection

All measures are collected during the implementation process. Regarding team leader training, different scales are being used. First, the iLead scale (Mosson, Von Thiele Schwarz, Hasson, Lundmark, & Richter, 2018) to measure leader behavior during implementation. Next, the self-efficacy scale (Bandura, 2006) regarding team development. Furthermore, the Health-oriented Leadership scale (Franke, Felfe, & Pundt, 2014) to measure leaders' health-specific orientation towards followers. Moreover, the Team Optimisation Climate Scale (TOSCA), which was developed at the University of Zurich, will measure the team climate from the perspective of the leader. The TOSCA scale measures inclusion and diversity of opinions, strength- and solution-orientation and awareness of engagement and stress. Next, a scale by Wixom and Todd (2005) will subjectively assess the team leader's system satisfaction and acceptance. Moreover, the duration of adherence (exposure) as an objective process factor will be automatically logged by the system.

Multiple scales are used on leader level and on team level: First, to measure the team members' assessment of the leaders' health-specific orientation, the Health-oriented Leadership scale is used again. Moreover, the TOSCA scale is used again on team level to measure the team climate. Furthermore, job demands and job resources are assessed at three times of measurement (baseline, 6- and 12-months follow-up). A broad set of job demands and job resources valid for a general working population are being used: The Management Standards Indicator Tool established by the British Health and Safety Executive (HSE) with the subscales "demands", "control", "support" (from leader and colleagues), (negative) "relationships", "role" (clarity), (communication and transparency during) "change" and, additionally 3 scales of the SALSA (= Salutogenetische Subjektive Arbeitsanalyse, (Udris & Rimann, 1999) assessing the possibilities for professional development and qualitative overload. Next, the PANAVA short scale (Schallberger, 2005) is being used to assess engagement and stress at work. Wellbeing at work is measured through the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWEBS, (Clarke et al., 2011)). Exhaustion is assessed with the Copenhagen Psychosocial Questionnaire (COPSOQ, (Pejtersen, Kristensen, Borg, & Bjorner, 2010)). On team level, to assess the subjective process factors self-developed scales and items are used (quality appraisal, outcome expectancy). Objective process factors are collected when the team is performing the team development process (Team-Workshop). Finally, to examine the confounding influence of the context, items regarding structure (team size, company size, branch of business, tenure of team, leadership tenure) and culture (supportiveness for change projects from leader, team and company) are deployed.

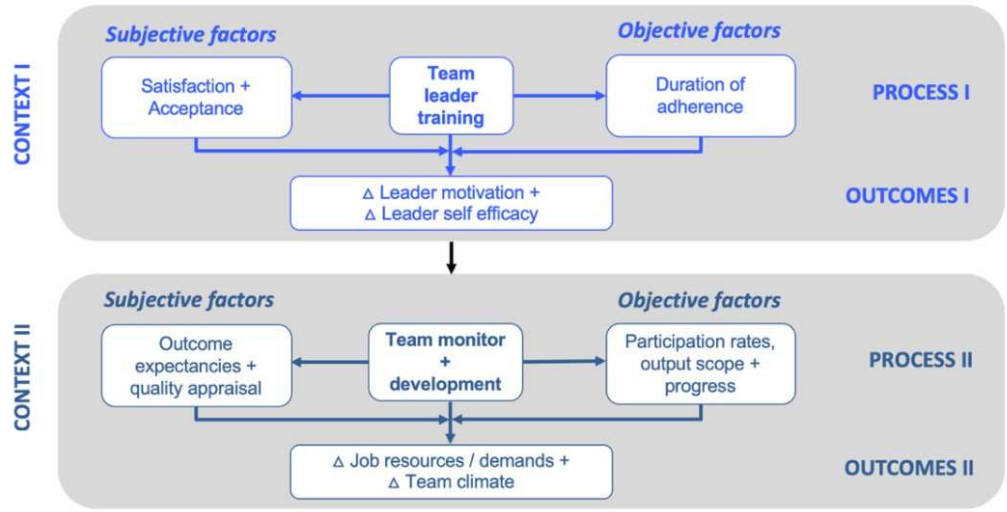

Figure 1: Intervention and evaluation design of the wecoach

(3) Results

The prototype and pilot testing showed that the leaders in diverse organisational contexts and with a range of leadership experience like to interact with the chatbot and perceive the usefulness of the system. However, similar to experiences of other researchers, users need to be very well-guided through the process. The system has to exhibit high attractiveness in terms of variety, information, usefulness of tools and the graphical interface. Further, interacting with IT partners and being realistic about the IT costs to ensure an attractive and reliable IT system are new challenges for researchers in this field. Based on the results of the prototype and pilot testing, we can conclude the following: The data collection is inherent to the coaching process. The nature of this data collection allows to collect big and cheap data on context, process and outcome of the wecoach. The wecoach has a high dissemination potential at low intervention costs. Since the digitalization of work, digital worksite health promotion seems to be reasonable. As a researcher in public health, you get to be part of agile software programming.

(4) Discussion and conclusion

The wecoach version 2.0 is now subject of a randomized controlled trial (RCT), to test the effectiveness of a digitally supported team development process. We will present the development of the wecoach as well as the design of the RCT. We will discuss the challenges and benefits of developing online intervention tools, where many parties are involved (such as University researchers, IT partners, a Spinoff, line managers).

(5) Who would you like to ideally collaborate with?

I would like to collaborate with anybody who is interested in developing and testing new approaches on leadership and team development, as well as anybody who has knowledge on how to sell such a product to the target group. Ideally, this would be a marketing expert, as well as a digital designer or computer architect. This would be of particular interest for me and my work, since I noticed how important it is to have a deepened knowledge and understanding of these topics, their characteristics and nuances. This is necessary in order to be able to bring the product of such a research project on the market and make it valuable and accessible for the working world.

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IF YOU'RE DEEPLY UNHAPPY AND YOU SHOW IT: A CONCEPTUAL MODEL OF MENTAL ILLNESS, MENTAL HEALTH STIGMA AND PERCEPTION OF LEADERSHIP EFFECTIVENESS

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It has recently been highlighted that occupational research on mental health/illness has in its majority focused on employees instead of leaders (Barling & Cloutier, 2017). While this oversight might be explained through various reasons, one of the most compelling is that leaders are generally regarded as strong, resilient and driven (Epitropaki & Martin, 2005; Meindl, Ehrich, & Dukerich, 1985), and hence not prone to stress, strain, and illness (Barling & Cloutier, 2017). However, gaining a better understanding of leader mental health is particularly pertinent, not only because high-quality leadership is very demanding (e.g., dealing with uncertainty; Frost & Robinson, 1995) and hence straining, but also as leaders whose mental health is compromised show poorer leadership (e.g., low transformational and high abusive leadership; Harms, Credé, Tynan, Leon, & Jeung, 2017), which might trickle down and translate into poorer employee well-being (Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018). In light of this and as organisations depend on healthy leaders to devote their full attention to making important business decisions (McDermott, 2008) and drive performance, it is pivotal to better understand the relationship between leader mental illness and followers' perception of leaders' effectiveness. We seek to shed light on these matters through drawing on implicit leadership theories (ILT; Epitropaki & Maring, 2005; Lord, Foti, & Phillips, 1982; Offermann & Coats, 2018) as a theoretical framework to explore stigma against mental illnesses (referred to as mental health stigma; Corrigan, 2004; Follmer & Jones, 2018) as an underlying mechanism of this link.

While we do by no means suggest that all aspects of mental health conditions negatively affect work (e.g., Johnson, Madole & Freeman, 2018) and acknowledge that successfully managing mental health problems can contribute towards individuals' resources and leadership practices (Ghaemi, 2011), mental illnesses are a serious problem for both organisations and individuals suffering from them (Greenberg, Fournier, Sisitsky, & Keeler, 2015). Mental illnesses, such as anxiety and depression, which can be defined as diagnosable psychological disorders "characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others" (WHO, 2019) are extremely common (affect 1 in 3 people across life time; Ipsos, 2014) and on the rise (Follmer & Jones, 2018; Weissman, Russell, Jay, Beasley, Malaspia, & Pegus, 2017). Sadly, more often than not, those suffering from mental illnesses also fall victim to negative treatment and workplace discrimination (Corrigan, Markowitz, & Watson, 2004). Stigmatization occurs when membership in one group, such as 'suffering from a mental illness', dominates all interactions with the person (Jones et al., 1984), with mental health stigma generally being endorsed by the public (Corrigan, Watson, & Barr, 2006). Stigmas are commonly associated with specific stereotypes, which are generalized beliefs held about a group (Dovidio & Hebl, 2005), and expressed through discriminatory attributions (e.g., being labelled unstable, incompetent, or crazy; Corrigan, Kerr, & Knudsen, 2005) and/or behaviours, such as social distancing (Hebl, Madera & King, 2008). Leaders often serve as role models and are considered strong and mentally healthy by followers (Cloutier & Barling, 2016), which is why they should be particularly affected by mental health stigma and exposed to discriminatory behaviours, bearing a negative impact on perceptions and assessments of their leadership effectiveness.

According to ILT (Epitropaki & Marin, 2005; Lord et al., 1982; Offermann & Coats, 2018), individuals use schemas of the traits and attributes they expect their leaders to have (i.e. leadership schema; Weick, 1995) as a benchmark against which they evaluate them and

determine whether the leader is accepted or not: If there is match between a follower's leadership schema and the target, then the target is categorized as a leader and is evaluated favourably (Eagly & Karau, 2002; Ensari & Murphy, 2003; Epitropaki & Martin, 2005). Leadership schemas are socially shared and include characteristics often associated with good health, such as being strong, bold and powerful (Offermann, Kennedy, & Wirtz, 1994), indicating that followers might reject a leader who suffers from a mental illness due to the lack of fit with their leadership schemas. Such negative assessment of mentally ill leaders and expected devaluation of their leadership effectiveness is further supported by the stigma-by-association effect (Kulik, Bainbridge, & Cregan, 2008), which shows negative consequences for individuals associated with a stigmatized person. We hence assume that leaders suffering from mental illnesses are subject to mental health stigmatisation and their leadership effectiveness negatively evaluated as being mentally ill signals ineffective leadership (e.g., unstable, weak, incompetent, low performer, unpredictable; Corrigan et al., 2005; DeRue, Nargang, Hollenbeck, & Workman, 2012; Ren, Paetzold, & Colella, 2008).

To this end, and accounting for potential mental health self-stigmatisation (Corrigan & Rao, 2012), leaders may be reluctant to disclose their mental illness to their organisations for fear of 'covert reprisal', not only due to misattributions and stereotypes regarding productivity (Hovey, Tyson, & MacDonald, 2010), competence (Follmer & Jones, 2017), and rewards (Baldwin & Marcus, 2007), but also because of the interpersonal discrimination and stigmatisation individuals with mental illnesses face, which should affect perceptions of their leadership effectiveness. The conceptual model that we propose is then extended to discuss consequences of the mismatch between followers' leadership schemas and mentally ill leaders, such as avoidance and social distancing behaviours (Hebl, Madera, & King, 2008), which are likely to close this vicious cycle that should exacerbate leaders' mental illness. We also propose a series of follower (e.g., prior experience with mental illnesses) and structural

(e.g., organisational policies and practices) factors that might serve as boundary conditions that enable leaders to escape said vicious cycle and return to being their normal selves, while also encouraging leaders to seek mental health support sooner through an organizational normalisation of mental illnesses, contributing to leader and follower mental health.

We would ideally like to collaborate with someone who is interested in leader mental health/illness (e.g., Julian Barling), the topic and/or highly familiar with our underlying theoretical framework (ILTs; stigma).

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The Seven Key Competencies: An Evaluation of Leadership in Medical Trainees.

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Theoretical Background

Leadership has been associated with health and well-being outcomes for both leaders (Barling & Cloutier, 2017; Harms et al, 2017) and followers (Inceoglu et al., 2018), and in the context of healthcare, can be influential to the health and safety of patients (Wong & Cummings, 2007). Despite these important links, many medical training programs focus largely on technical skills and overlook the role that soft skills such as leadership can play in developing effective medical practitioners (see Steinert, Naismith, & Mann, 2012; Webb et al., 2014). While the use of leadership competency frameworks has emerged in the medical field (e.g., Clark & Armit, 2007), many authors continue to encourage researchers and practitioners to implement stronger empirically and theoretically derived frameworks of leadership in the training and evaluation of medical trainees (e.g., Webb et al., 2014). While many traditional leadership frameworks have migrated into the medical training and management field (e.g., Xirasagar, 2008), in isolation, many only target *elements* of good medical leadership without acknowledging the diversity of traits and behaviours that may be required of a healthcare provider. In order to best identify areas of strength and weakness in medical training and future medical leaders, it is essential to consider, evaluate, and foster a *holistic* set of leadership qualities that define medical leadership.

Research Objectives

Despite the acknowledged importance of leadership for medical trainees, there exists a scarcity of knowledge on the traits and behaviours that define leadership in this context, particularly in relation to existing frameworks. Further, we lack a clear connection between how

leadership competencies can contribute to outcomes such as medical school performance. Therefore, the objectives of our study are to determine key leadership competencies in the medical context, and to what extent we can evaluate these competencies using a combination of validated trait and behavioural measures, to determine how these features manifest in medical trainees, and identify what factors are driving the emergence of these leadership competencies.

Phase 1: Developing Our Model

Stemming from the results of an extensive needs assessment involving interviews with stakeholders (see Bharwani et al., 2017), we identified 14 potentially relevant leadership competencies. Then, we surveyed 33 participants asking them to rate the importance of each competency, as well as rank their top 3 most important leadership competencies. On the basis of these results, we identified seven competencies essential to the success of a medical leader: Ethical and Social Responsibility, Civility, Self-leadership, Team Management, Vision and Strategy, Creativity and Innovation, and Communication and Interpersonal Influence. These competencies tap into how medical trainees interact with patients, colleagues, and supervisors and how they perceive their current and future role in the medical field beyond the application of technical skill.

Phase 2: Investigating Leadership Competencies

Method. In pursuit of evaluating the seven leadership competencies we identified, we composed a self-report, leadership evaluation survey from previously validated scales to assess both the traits and behaviours that define each competency. To evaluate traits, we used personality measures such as honesty-humility, agreeableness, and conscientiousness (Lee & Ashton, 2018), in addition to characteristics such as political skill (Ahearn et al., 2004) and learning goal orientation (Button, Mathieu, & Zajac, 1996). To tap into relevant behaviours

associated with each competency, we used ethical (Brown, Treviño, & Harrison, 2005), transformational (Bass & Avolio, 1989), and strategic leadership (Shoemaker, Krupp, & Howland, 2013) scales as well as measures of initiating and consideration behaviours (Stogdill, 1963). Further, we were interested in the validity of single-item visual analog scales (VSA) to address each of the competencies for use in rapid-assessment scenarios (e.g., following patient interactions). Therefore, we also included numerical rating scales from 1 to 100 for each competency definition.

We collected data from 181 undergraduate and post-graduate medical trainees from a major medical school in Western Canada. In addition to the self-report measure, we administered seven VSA items to supervisor(s) and a colleague(s) for each participant. Lastly, we are currently in the process of compiling the last round of participants' standardized performance ratings Given our current limited sample for objective performance ratings, our results focus on general trends in our data.

Results.

Our preliminary results demonstrated good convergent validity between the single-item VSA measures and the behavioural (r = .18 -.45) and trait (r = .15 - .53) measures for each competency providing support for their use in rapid leadership assessment. When considering specific leadership behaviours and performance (i.e., sum of performance measures over three time points), participants who reported engaging in more consideration and strategic leadership were poorer performers but those that were conscientious, politically skilled, and had a high learning goal orientation were perceived as better performers. For leadership perceptions, peers were more likely to view honest, civil, conscientious, socially bold, and those higher in strategic leadership as leaders. On the other hand, they were less likely to perceive those who rated

themselves as high in ethical leadership, initiating structure behaviours, politically skilled, and high propensity to innovate as leaders. Regarding supervisors, surprisingly, we found that medical trainees who perceived themselves as more ethical and socially responsible, better at team management, and more creative and innovative were evaluated as being poorer leaders by their supervisors.

Discussion

Overall, our findings lay out a seven-factor competency model of medical leadership. Further, we suggest that despite the value of leadership for individuals, their followers, and those they affect, engaging in what we consider "traditionally" effective leadership strategies is not being rewarded in medical training institutions, while individuals that are learning goal oriented, conscientious, and political savvy are. Further, there may be distinctions in what a good medical leader looks like to peers and supervisors and how those characteristics are translated into performance ratings. We aim to further support these findings through our final stages of data collection to provide a thorough overview of the factors that drive leadership in medical trainees, address areas of strength and weakness in leadership ability, and to better understand their relationship to medical school performance.

Collaboration

Nick Turner.

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Leader behavior and employee absenteeism

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Theoretical background and research objectives

From extant literature we know that leaders have a bearing on defining a good work environment in which employees may experience well-being (Arnold, 2017; Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018; Montano, Reeske, Franke, & Hüffmeier, 2017; Nielsen, Yarker, Brenner, Randall, & Borg, 2008; Schyns & Schilling, 2013; Skakon, Nielsen, Borg, & Guzman, 2010). Yet how leader behavior influences outcomes of well-being such as employee absenteeism is poorly understood.

Although theoretical absence models support a relationship between leaders' behavior and their employees' job satisfaction, motivation and health (Miraglia & Johns, 2016; Steers & Rhodes, 1978), the literature still needs to be more explicit on how this influence more specifically is realized. Even though there has been a growing interest in leaders' role in managing employee health and well-being, more research is needed to identify the boundary conditions of leadership, i.e. what negative or positive impact do leaders have on their employees' health and in what contexts (call for Work & Stress, 2018). Scholars and practitioners agree that leaders can influence employee sickness absence, however, there is no consensus on how.

A structured overview of the complete extant literature on leaders' influence on employee absence has yet to be offered. Thus, the aim of this review is to provide an answer to the following overall research objective: *What is the empirical evidence on the relationship between leaders' behavior and employee sickness absence?*

To organize the literature, a taxonomy of various leader behaviors has been applied. Yukl et al. (2002) propose a hierarchical taxonomy based on three meta-categories of leader behavior: task, relational and change behavior. DeRue et al. (2011) extend Yukl's taxonomy by adding Passive Leadership, e.g. management by exception-passive and laissez-faire.

Methodology

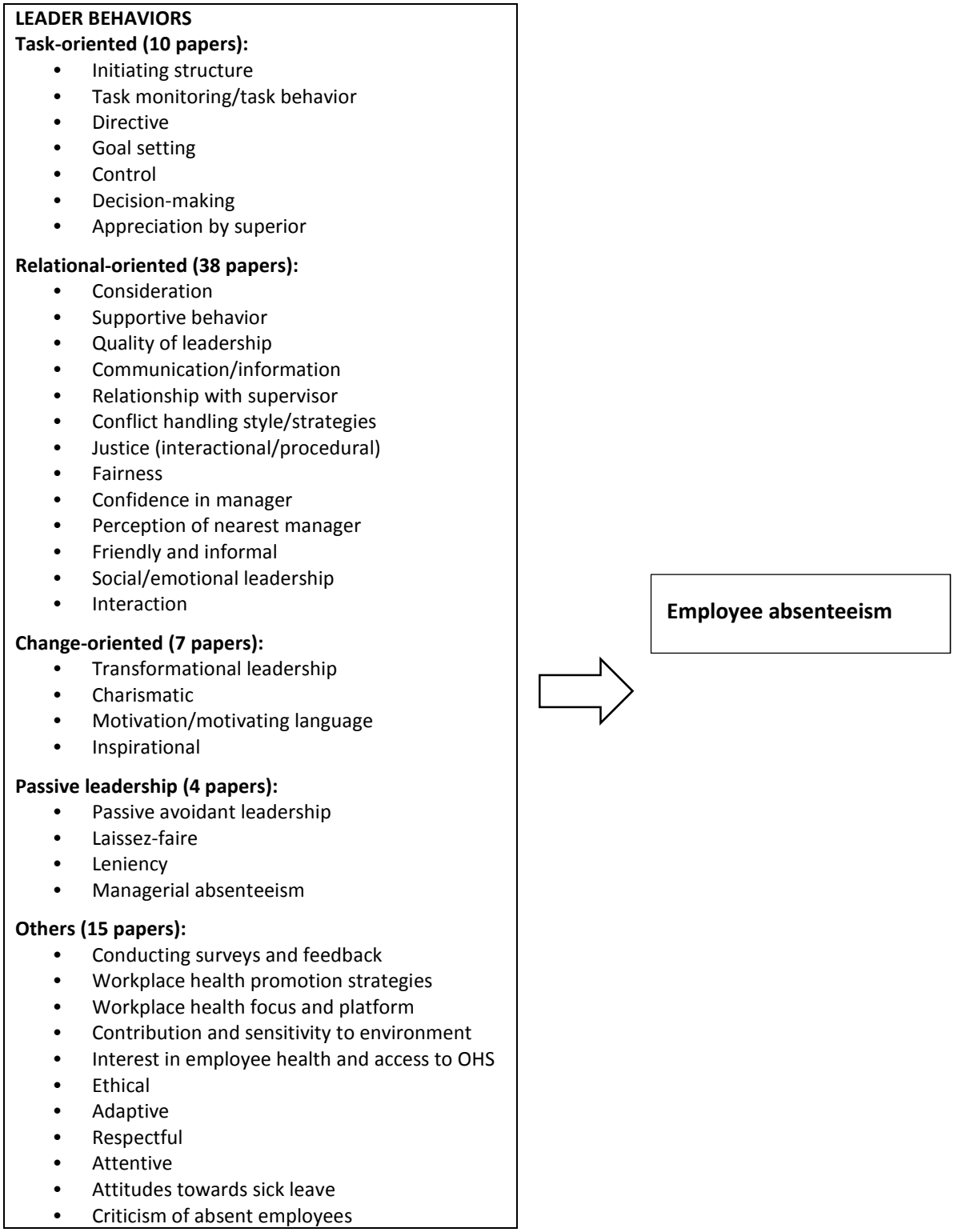
A search for articles in 16 online databases in the areas of managerial, organizational, economic, psychological, and occupational health literature was performed. The number of records identified by the initial database search is 2401 articles, which was reduced to 1841 after removing duplicates. Based on a review of these papers, a total of 58 relevant articles were identified and included in this systematic review.

As the literature on leader behavior and absenteeism is still emergent and characterized by heterogeneity in terms of operationalization of sickness absence and leader behavior as well as types of analyses, it was best suited to a narrative form. Such a narrative systematic review synthesizes words (text) rather than numbers (Gough, Oliver, & Thomas, 2013) and is not uncommon in this field (cf. Bernstrøm & Houkes, 2018; Inceoglu et al., 2018; Skakon et al., 2010).

Result

Most of the studies confirm that leaders have a significant role in shaping employee absenteeism. In the figure below, the findings are summarized in a conceptual model.

Figure 1: Conceptual model of examined leader behaviors



- Intervention – calling in sick to leader
- Supervisor cyber incivility
- Team integration
- Autocratic
- Integrity
- Flexibility
- Effectiveness

Discussion and conclusion

To my knowledge, this is the first systematic review of studies of the relationship between leaders' behavior and employees' absence based on an interdisciplinary literature search in organizational behavior, management, medicine, psychology, and economy. I believe that this review adds knowledge to leaders' role in shaping employee absenteeism, as it provides an overview of the current literature and also identifies the gaps where knowledge is still scarce, also as a consequence of methodological limitations.

Until now, the underlying assumption has been that leaders have an impact on their employee absence. This review provides the evidence that leaders in many ways (task, relational, change, and passive) can have a positive as well as a negative influence on their employees' absence.

Collaboration: Karina Nielsen and Ilke Inceoglu

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Christie Marsh

Abstract for EAWOP Small Group Meeting in Exeter

Title: The Power of Positive Leadership: How Positive Leaders Enhance Employee Wellbeing through Identification

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Theoretical Background and Research Objectives

According to a report from the Health and Safety Executive (2017), the number of reported cases of workplace stress, depression or anxiety in Great Britain has risen to 526,000 in 2016-2017. This is an increase of 38,000 reported cases from the previous year (Health & Safety Executive, 2016). This problem is not specific to the UK. In 2013, 83% of US workers reported being stressed at work (Everest College, 2013). Similarly, in 2016, a Gallup poll of German employees showed that 31% reported being stressed, and 24% felt tired or burnt out.

Workplace stress is a problem for people in the workplace - employees and employers. As a result of workplace stress, employees suffer from poorer physical and psychological health (Cohen, Janicki-Deverts, & Miller, 2007; Kalimo, Tenkanen, Härmä, Poppius, & Heinsalmi, 2000; Melamed, Shirom, Toker, Berliner, & Shapira, 2006) and increased workplace accidents (Murphy, DuBois, & Hurreu, 1986). Moreover, according to UK statistics, 12.5 million working days were lost because of workplace stress in 2016-17 (Health & Safety Executive, 2017). This is in line with organizational research showing the link between stress and reduced performance (e.g., Gilboa, Shirom, Fried, & Cooper, 2008) and increased turnover (Griffeth, Hom, & Gaertner, 2000). The negative implications of workplace stress are clear and solutions need to be sought.

In accordance with the principles of Positive Psychology, reducing workplace stress should not be the only focus (Seligman & Csikszentmihalyi, 2000). In addition to addressing the negative implications of workplace stress, research needs to focus on enhancing the positive. Consequently, there is a need to research ways in which not only workplace stress can be eliminated but employee wellbeing can be enhanced. How can employee wellbeing be enhanced?

Leadership is likely to play a pivotal role in the enhancement of workplace wellbeing. Research has shown the link of poor leadership to stress. For example, negative leadership styles (i.e. abusive supervision) have been shown to be associated with increased stress and emotional exhaustion (Mackey, Frieder, Brees, & Martinko, 2017; Schyns & Schilling, 2013). Moreover, positive leadership has been found to be linked with increased employee wellbeing (Kelloway, Weigand, McKee, & Das, 2013). This association was still significant when controlling for other leadership styles (i.e. transformational leadership). These results have highlighted the potential of, and the unique effects of, positive leadership to promote employee wellbeing. However, less is known about how positive leaders influence wellbeing and there is no research which experimentally tests this association.

There is research which has shown that there are links between leadership and identification within the workplace (Hogg, van Knippenberg, & Rast, 2012; Steffens et al., 2014). Moreover, employee wellbeing has been associated with both organizational identification (Wegge, van Dick, Fisher, Wecking, & Moltzen, 2006) and identification with the leader (Slater, Turner, Evans, & Jones, 2017). However, there is no research examining whether organizational identification and identification with the leader might mediate the relationship between positive leadership and employee wellbeing. Therefore, expanding on previous research, our current research examined these as potential mediators in the relationship between positive leadership and employee wellbeing.

Similarly, addressing another gap in the literature, an experimental design was used to examine the causal effects of positive leadership on employee wellbeing.

Methodology

For our first study, 87 participants were recruited using Prolific. This was an experimental study where participants were shown a list of either positive or negative leader traits and asked to recall a time when they worked for a leader like this. They then completed measures of positive leadership, identification with the leader, organizational identification and employee wellbeing (i.e. self-reported mental health and job satisfaction).

Study 2 used a cross-sectional design to investigate the relationship between positive leadership, organisational identification, identification with the leader, and employee wellbeing (job satisfaction and mental health). We recruited 205 participants using MTurk to complete a survey assessing perceptions of leadership style, identification and wellbeing. Additionally, 195 participants were recruited using Prolific for Study 3. This was a partial replication but also included workplace stress as an outcome variable.

Results

The results of Study 1 demonstrated that participants who recalled a time when they worked for a positive leader reported better mental health, higher job satisfaction and greater identification with the leader and the organization.

In Study 2 and 3, positive leadership was associated with better mental health, job satisfaction, and workplace stress (Study 3 only). The indirect effects showed that positive leadership was significantly associated with better self-reported mental health (Studies 2 & 3), job satisfaction (significant in Study 2 only), and workplace stress (Study 3 only) through identification with the leader and organizational identification in sequence. These results demonstrate that positive leadership leads to stronger identification and trust in the leader, which then leads to stronger organizational identification and then improved employee wellbeing and reduced workplace stress.

Discussion and Conclusion

The results provided novel evidence for the importance of using a Positive Leadership style as a way of enhancing employee wellbeing using both experimental and cross-sectional design. Importantly, this research also uncovered important psychological mechanisms that play a role in the association of positive leadership and employee well-being. Specifically, our research shows that identification variables are valuable mechanisms through which positive leaders foster wellbeing amongst employees.

Furthermore, even though overall our conceptual model was replicated in two different contexts, there were specificities in the different wellbeing indicators used across samples. In particular, we did not find that identification variables mediated the association between positive leadership and job satisfaction in the USA sample – which is often used to measure wellbeing at work. This highlights the need to (1) examine cross-cultural differences in the understanding of the distal and proximal predictors of employee wellbeing, and (2) to use multiple indicators when measuring wellbeing at work.

Who to collaborate with?

Dominic Packer

Christie Marsh

A business leader (e.g. Mary Barra or Karren Brady)

Martin Edwards

EAWOP Small Group Meeting: Leadership and Health/Well being

University of Exeter Business School, University of Exeter, June 20-21, 2019

Transformational leadership:

A weekly diary study on the role of human resource practices, leaders' engagement and prosocial motivation

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University of Lucerne

Arnold B. Bakker
Erasmus University Rotterdam

Theoretical background and research objectives

A large body of evidence supports the proposition that transformational leadership behavior is favorably related to follower' outcomes, including follower well-being (Arnold, 2017, Skakon, Nielsen, Borg, & Guzman, 2010) and performance (e.g. Wang, Oh, Courtright, & Colbert, 2011). Consequently, a growing body of literature explores how transformational leadership emerges and can be increased. To date, studies have identified personal traits, personal resources or training as factors that explain why some leaders show more transformational leadership behavior than others (e.g. Judge, & Bono, 2000; Kelloway, Barling, & Helleur, 2000). However, leadership behavior is also subject to within-person variations (Barnes, Lucianetti, Bhave, & Christian, 2015; Breevaart, Bakker, Hetland,

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Demerouti, Olsen, & Espevik, 2014). In their daily work, leaders can face fluctuations in the job resources such as the quality of cooperation with peers and higher managers. Such fluctuations are likely to affect the leaders' well-being and thus may finally influence leadership behavior.

Consequently, our first aim is to test the idea of whether variation in transformational leadership can be linked to variation in job resources through leaders' engagement. Specifically, in line with job design literature, including the job characteristics model (Hackman & Oldham, 1976) and the affectivity event theory (Weiss & Cropanzano, 1996), we propose that weekly job resources such as task variety, task significance, and cooperation are positively related to weekly leaders' engagement. Drawing on engagement theory (e.g. Bakker & Demerouti, 2007; Kahn, 1990), we argue that a higher level of weekly well-being will predict higher levels of leaders' transformational behavior.

Our second aim is to explore whether enabling human resource (HR) practices moderates the relationship between weekly job resources and leaders' weekly engagement. Enabling HR practices reflect the degree of discretion and flexibility a leader has in applying HR practices such as promotion or employee development. Whereas numerous job resources may vary across weeks, enabling HR practices reflect stable organizational practices. Because such practices provide leaders with a sense of overall control and responsibility (Kuvaas, Dysvik, & Buch, 2014), they are likely to foster engagement, especially in times when weekly job resources are low.

Our third aim is to investigate whether the prosocial motivation of leaders strengthens the relationship between leader engagement and transformational leadership. We use arguments of self-actualization and value congruent theory (e.g., Bass & Steidlmeier, 1999; Grant, 2008) to propose that highly prosocial motivated leaders are more likely to channel their engagement toward transformational leadership behavior.

Methodology

We conducted a weekly diary study (Ohly, Sonnentag, Niessen, & Zapf, 2010). and collected data of leaders from various organizations in Switzerland over five weeks using a convenience sampling method. First, we invited the leaders to complete in a general questionnaire in which we assessed stable factors such as organizational human resource practice, prosocial motivation, and demographics (level 2 variables). Subsequently, over a period of five weeks, the leaders received a questionnaire at the end of each week. In these weekly questionnaires, we asked about their job resources (i.e., task variety, task significance, and cooperation), engagement, and their leadership behavior during the previous week. Questionnaires were issued in German and we used validated scales to measure our key variables.

The leaders in our sample (k=106, n = 530) had on average 16.6 years (SD=10.17) of experience in a leadership role. A total of 29% indicated belonging to the top management, 33% to the middle management, and 38% belonged to lower management. About 76% were male, and 61% worked in the service sector, 25% in industry, and 14% in the public or nonprofit sector.

Results

We conducted multi-level analysis and followed the recommendation of Aguinis, Gottfredson, and Culpepper (2013). Our first results suggest that leaders are more engaged in weeks during which their job resources are high. In weeks in which leaders feel highly engaged, they also show leadership that is more transformational. Furthermore, in weeks with low job resources, enabling HR practices appears to help leaders remain engaged. In addition, the relationship between engagement and transformational leadership was stronger for leaders with high prosocial motivation. However, data analysis is currently still ongoing, as we plan to also explore lagged-effects in more detail.

Discussion and conclusions

We identify job resources and enabling HR practices as factors that jointly contribute to leader well-being and thereby to transformational leadership behavior. In addition, our results suggest that work engagement is a larger driver for transformational leadership behavior for prosocial motivated individuals. The findings can explain within-person and between-persons variations in the behavioral patterns of leaders and further the knowledge on the dynamic nature of leadership well-being and behaviors – a dynamic that is thus also likely to explain dynamics in follower well-being (Inceoglu, Thomas, Chu, Plans, and Gerbasi, 2018). Overall, our results contribute to the sparse literature on leaders' well-being and its correlates (Barling & Cloutier, 2017) and to a better understanding of in which organizational contexts transformational leadership behavior is more likely to unfold. Thus, the findings allow for practical recommendations that go beyond leadership selection and development.

Who I would like ideally to collaborate with

I would be very interested in sharing thoughts about methodical issues and challenges as well as discussing ideas regarding how a more sophisticated research design can offer value added for theory building. In addition, I am currently conducting research with an international non-profit organization and collecting data on leader-follower-dyads. This data allows the interrelation of leader and follower well-being to be explored in more in detail. Thus, I also consider the workshop to be a great opportunity to discuss the potential to advance this study and further develop my idea of a follow-up study with the organization. Given their research focus, I think that collaboration with Kara Arnold, Ilke Inceoglu, Karina Nielsen, could be fruitful. However, I am also very open to sharing experiences, and becoming inspired and collaborating with other researchers.

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Generalized and Safety-Specific Transformational Leadership: Examining Incremental Validity of Competing Leadership Behaviors

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Generalized and Safety-Specific Transformational Leadership: Examining Incremental Validity of Competing Leadership Behaviors

Among the most critical determinants of employee safety at work is leadership, with the body of research on the relationship between leadership and safety outcomes having grown significantly in the last thirty years (Hofmann, Burke, & Zohar, 2017). The leadership model that has received the most attention in the safety domain is full-range leadership theory (Avolio, Bass, & Jung, 1999), specifically the transformational leadership dimensions. Several researchers (e.g., (Barling, Loughlin, & Kelloway, 2002; Inness, Turner, Barling, & Stride, 2010) have argued that transformational leadership provides the proper behavioral strategies for leaders to promote workplace safety among their subordinates. Barling et al. (2002) proposed a safety-focused operationalization of transformational leadership – safety-specific transformational leadership – contending that the domain-specific approach would be better than a generalized approach (generalized transformational leadership) to explain the influence of leadership behaviors on safety outcomes at work.

While the idea is appealing and has generated empirical interest, it is not without its limitations. We argue that safety-specific transformational leadership research to date has failed to demonstrate the advantage of focusing on the domain-specific approach over the generalized approach. The fundamental limitations of a domain-specific approach are that it lacks an explicit theoretical foundation and robust validation of the safety-specific transformational leadership construct, as well as the assumption that 'safety-specific transformational leadership' and 'transformational leadership' are conceptually and operationally interchangeable (e.g., Clarke, 2013). Our goal in the current paper is to examine whether treating generalized transformational leadership and safety-specific transformational leadership in tandem is theoretically meaningful

and empirically valuable. We do this by examining the measurement models of the two constructs and investigating the incremental validity of generalized transformational leadership and safety-specific leadership in predicting a safety-related outcome.

Study 1

Method

Study 1 uses cross-sectional data from 149 employees working on a construction project in the United Kingdom. Participants reported on their supervisor's generalized transformational leadership (Global Transformational Leadership scale; Carless, Wearing, & Mann, 2000), safety-specific transformational leadership (safety-specific transformational leadership scale; Barling et al., 2002), and safety participation (safety participation scale; Neal & Griffin, 2006).

Results

We carried out confirmatory factor analysis in Mplus (Muthén & Muthén, 1998-2017). The hypothesized three-factor model demonstrated excellent fit to the data, χ^2 (24) = 35.35, p = .06, CFI = .99, TLI = .98, RMSEA = .06, SRMR = .04. Even though generalized and safety-specific transformational leadership were strongly related, r = .89, p < .001, the hypothesized model demonstrated significantly better fit relative to the alternate models tested (see Table 1).

We next tested three structural models. In the base model, we allowed both leadership constructs to predict safety participation. In Model 2, we constrained the path from safety-specific transformational leadership to safety participation to zero and let generalized transformational leadership be the sole predictor of safety participation. In Model 3, we constrained the path from generalized transformational leadership to zero and allowed only safety-specific transformational leadership to predict safety participation. All three models demonstrated excellent fit to the data and none of the models offered superior fit (see Table 2).

Study 2

Method

Study 2 improves on the limitations of Study 1. First, we measured generalized transformational leadership using the Multifactor Leadership Questionnaire (MLQ; Bass & Avolio, 1995) from which the safety-specific transformational leadership scale was developed. This allowed a fairer comparison (Cooper & Richardson, 1986) between generalized and safety-specific transformational leadership rather than comparing, as we did in Study 1, the Carless et al. (2000) generalized transformational leadership scale with Barling et al. (2002) MLQ-based safety-specific transformational leadership scale. Second, Study 2 used time-lagged data; safety participation was measured 18 months after the leadership constructs were. We used data collected over two time points from 176 employees working in a family-owned molding company in Ontario, Canada.

Results

Similar to Study 1, the three-factor model demonstrated the best fit to the data compared to the alternate models tested, χ^2 (24) = 34.45, p = .08, CFI = .997, TLI = .995, RMSEA = .03, SRMR = .01, (see Table 1). Still, the two leadership constructs were very highly correlated, r = .90, p < .001.

In Study 2, we tested three structural models as in Study 1. The model fit was equivalent for the base model and the model in which the path from safety-specific transformational leadership was constrained to zero (see Table 2). However, the model in which the path between generalized transformational leadership was constrained to zero and only safety-specific transformational leadership predicted safety participation demonstrated significantly worse fit than the base model, $\Delta\chi^2(1) = 5.14$, $p < .05$.

General Discussion

In the current paper, our goals were to test the measurement structure of generalized transformational leadership and safety-specific transformational leadership, as well as to examine whether either leadership construct provides incremental validity over-and-above the other. Generalized and safety-specific transformational leadership were strongly related in both studies. Still, the measurement models suggested that the two leadership constructs should be considered separate, which was consistent with Mullen and Kelloway's (2009) treatment of the constructs. Since multicollinearity existed in our data, we refrained from interpreting the parameter estimates and relied instead on model fit indices (see Grewal, Cote, & Baumgartner, 2004).

Unlike Study 1, model fit differences emerged in Study 2 as we used more equivalent measures and a time-lagged design. To our surprise, the model containing safety-specific transformational leadership as a sole predictor of safety participation did not fit well to the data as compared to the model containing both generalized and safety-specific transformational leadership as predictors of safety participation. While acknowledging that our data do not allow direct conclusions about the relative validity of the leadership constructs, the results seem to suggest that the domain-specific approach may not be as beneficial as we previously thought.

We believe that further research is warranted to re-examine how a domain-specific approach influences our understanding of the leadership-safety relationship. This also has implications for the broader field of leadership, in which domain-specific operationalizations (e.g., environmental-specific transformational leadership; Robertson & Barling, 2013) and facet-specific operationalizations (e.g., Brown, Treviño, & Harrison's (2005) Ethical Leadership Scale

correlates at almost unity when reliability is corrected for with the idealized influence sub-scale of transformational leadership) of leadership have proliferated.

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Tables

Table 1

Results of confirmatory factor analyses of study measures (Study 1 and 2)

	χ^2	*df*	$\Delta\chi^2$	Δdf	RMSEA	CFI	TLI	SRMR
	Study 1							
Model 1 (3-factor model)	35.35	24	-	-	.06	.99	.98	.04
Model 2 (2-factor model: combines generalized and safety-specific transformational leadership)	71.73***	26	36.38***	2	.11	.95	.93	.04
Model 3 (1-factor model)	153.49***	27	118.14***	3	.18	.86	.81	.10
	Study 2							
Model 1 (3-factor model)	34.45	24	-	-	.03	.997	.995	.01
Model 2 (2-factor model: combines generalized and safety-specific transformational leadership)	437.40**	26	402.95***	2	.20	.87	.82	.04
Model 3 (1-factor model)	603.62**	27	569.17***	3	.23	.82	.76	.11

*** $p < .001$.

Table 2

Results of structural equation modeling (Study 1 and 2)

	χ^2	*df*	$\Delta\chi^2$	Δdf	RMSEA	CFI	TLI	SRMR
Study 1								
Model 1 (Dual-predictor model)	35.35	24	-	-	.06	.99	.98	.04
Model 2 (Path from safety-specific transformational leadership to safety participation is constrained to zero)	37.78*	25	2.43	1	.06	.99	.98	.04
Model 3 (Path from generalized transformational leadership to safety participation is constrained to zero)	35.39	25	.04	1	.05	.99	.98	.04
Study 2								
Model 1 (Dual-predictor model)	34.45	24	-	-	.03	.997	.995	.01
Model 2 (Path from safety-specific transformational leadership to safety participation is constrained to zero)	35.55	25	1.10	1	.03	.997	.995	.02
Model 3 (Path from generalized transformational leadership to safety participation is constrained to zero)	39.59*	25	5.14*	1	.04	.995	.993	.03

* $p < .05$.

Leadership and Employee Health: Meta-analysis on the moderating role of socio-economic status

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Employee stress, burnout, and poor health are at an all-time high, which is not only bad for employees themselves but also costly for organizations and society (Fischer & Boer, 2011; OECD, 2015). One key workplace determinant of well-being and health is leadership, or the direct supervisor's behaviors toward a worker. Leadership can form a source of worker well-being, protection and social support, but leaders can also contribute to burnout and ill-being by being destructive, aggressive, or passive (e.g., Buengeler & Boer, 2015; Den Hartog & Belschak, 2012; De Hoogh & Den Hartog, 2009; Kalshoven & Den Hartog, 2013; Schyns & Schilling, 2013; Skogstad, Hetland, Glasø, & Einarsen, 2014; Tepper, 2000). However, we lack systematic knowledge which leadership behaviors affect employee health and when and how they do. Although scholars and practitioners recognize the importance of leadership for worker health, and many primary studies report on empirical associations between some form of leadership (e.g., transformational or ethical) and a single indicator of employee health (e.g., emotional exhaustion), the overall literature is scattered and lacks integration.

Recently, some reviews have started working towards this much-needed integration. However, these first attempts were either qualitative in nature (e.g., Gregersen, Kuhnert, Zimber, & Nienhaus, 2011; Skakon, Nielsen, Borg, & Guzman, 2010), or were limited in scope, addressing only specific forms of leadership or health outcomes (e.g., Schyns & Schilling, 2013). To the best of our knowledge, no studies have provided a more comprehensive quantitative integration showing which leader behaviors are most impactful in terms of employee health, both positively and negatively.

Moreover, the existing work has not zoomed in on specific group(s) of workers whose health is particularly likely to be affected by leadership: those with low socioeconomic status. For these groups, encompassing employees with low education, low pay, flexible work arrangements, job uncertainty, and otherwise precarious jobs, negative consequences of work-related stressors are likely to be amplified (Leana, Mittal, & Stiehl, 2012; ZonMw, 2016). Workers with low socioeconomic status often do precarious work under stressful conditions with less autonomy and control in their job than more advantaged workers and they are particularly vulnerable for developing chronic health conditions. Hence, they tend to be more dependent on leaders and may both particularly benefit from constructive leadership and suffer extra from destructive leadership. Therefore, we argue that overlooking this group of workers is problematic. Optimizing the leadership behaviors that these workers' supervisors show could thus help prevent socioeconomically disadvantaged workers' health from further deteriorating through avoiding destructive or passive leadership and improve it through the beneficial effects of constructive forms of leadership. Lamentably, we lack systematic knowledge on the leadership-health link for this group that could feed into evidence-based practices.

In overall, the current study sets a twofold goal. First, we aim to provide quantitative integration of the findings on the relationships between different leadership styles and health outcomes through meta-analysis. By this, we hope to offer further insights for synthesis and development of the nomological network of the relationships between leadership styles and health outcomes. Second, we aim to test if the heterogeneity in the relationships between leadership and health can be explained by several dimensions of socioeconomic status of the study participants (e.g., age, gender, education, occupation). We hope that this would aid not only in explaining how leadership affects health among more vulnerable employees but would also contribute to generation of more tailored practical recommendations.

Method

We conducted systematic and comprehensive search for published and unpublished studies presenting quantitative data on the association between number of leadership and health related outcomes, through April, 2017 and performed a search update in February, 2019. We searched for relevant publications across different databases (e.g. PsycINFO PsycINFO, PsycARTICLES, Business Source Premier). Moreover, we performed manual and electronic searches of selected journals and conference programs. The following leadership-related keywords were used: *leader*, *leadership*, *leadership style*. Well-being-related keywords were: *well-being, happiness, life satisfaction, positive/negative affect/mood, burnout, emotional exhaustion, work engagement, anxiety, depression, stress, strain, symptoms, ill-being, health*; including several variations of all keywords.

First, we scanned the studies against the set of inclusion criteria. Second, we coded the that satisfied the inclusion criteria in a standardize coding scheme. We coded information about general study characteristics (e.g, year and type of publication), sample characteristics (e.g., sample size; SES variables: average age of participants, percentage of men, percentage of participants across different levels of education, percentage of participants per types of employment contract; occupation); characteristics of the measures used to assess leadership and health; effect sizes.

Results and Discussion

Metafor Package in R was used to calculate meta-analytic estimates. Effect sizes were calculated as sample-size-weighted correlations based on the random-effects model. Additionally, when possible, we applied correction for the reliability of the measures of leadership and health. Finally, we tested the influence of possible SES variables as moderators via meta-regression. Although the analyses are in progress, the initial results

begin to answer several requests for synthesis and point out the issues in need for further empirical elaboration. The full results will be available by the time of SGM.

Conclusions

Although several narrative reviews on the relationship between leadership and employee health have been published to date, to our knowledge, the current study is the first attempt to systematically include and quantitatively summarize the existing findings. Moreover, by striving to systematically explore the moderating role of socio-economic status we strive to explain substantial heterogeneity across effect sizes. The proposed study will enable us to provide more conclusive insights about whether, as we would expect, the health risks of destructive leadership and the health benefits of constructive leadership are stronger for socioeconomically disadvantaged workers.

Who you would like to ideally collaborate with

Our study fits best within the topic Leadership behaviour and employee health/well-being. Hence, we would be happy to talk to keynote for that topic Karina Nielsen. Ideally, we would love to collaborate with researchers and organizations who have unpublished data on leadership and health, that could be included in the study. Finally, we are making extensive effort to include data from organizational and large surveys. Hence, we would love to talk to someone who is experienced with gaining access and using data from Integrated Establishment and Individual Data at the FDZ (Germany), The Swedish Longitudinal Occupational Survey of Health, or similar surveys elsewhere.

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The influence of team and leadership stressors and resources on employee well-being

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Theoretical background and research objectives

In times of digitalisation, increasing economic competition, and war for talent, organizations more and more have to mind employee well-being. Well-being is a multi-dimensional construct which includes psychological, physical, as well as social aspects (e.g. Grant, Christianson, & Price, 2007). Leader behaviour (Avolio, Walumbwa, & Weber, 2009) as well as team aspects such as team climate (Albrecht, 2012) are two exemplary aspects which can influence well-being.

However, organizational research often has been criticized for focussing on work performance while neglecting employee well-being as important outcome (Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018). Nevertheless, there are models which describe employee well-being and its work-related antecedents and consequences. The Job-Demands-Resources-Model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), for example, explains the emergence of negative well-being, i.e., burnout. According to the model, job resources (e.g., supervisor support, feedback, rewards) are negatively related to disengagement whereas job demands (e.g., physical workload, time pressure) are positively related to exhaustion. In their four-level model of health-promoting leadership Spieß and Stadler (2016) also suggest ways of how well-being can be influenced by management and organizational structures (e.g. leadership behaviours or teamwork).

In this study, we examine how team stressors, team resources, leadership stressors, and leadership resources are related to stress and employee well-being. We propose that team resources (Hypothesis 1a) and leadership resources (Hypothesis 1b) are positively related to well-being, that team resources (Hypothesis 2a) and leadership resources (Hypothesis 2b) are negatively related to stress and strain, that team stressors (Hypothesis 3a) and leadership stressors

(Hypothesis 3b) are negatively related to well-being, and that team stressors (Hypothesis 4a) and leadership stressors (Hypothesis 4b) are positively related to stress and strain.

Method

We conducted an online survey, in which 979 participants took part. The majority of the sample was female (60.6%) and the mean age was close to 40 years (M_{age} = 40.81 years, SD = 13.17 years). The questionnaire was distributed in German (29.3%), English (9.0%), Spanish (20.9%) and Latvian (23.6%).

In the questionnaire, we measured 6 leadership stressor items (e.g., "Supervisor who tries to keep out of critical matters.", following Bass, 1985 and Bass & Avolio, 1997), 10 leadership resource items (e.g., "My supervisor encourages me at work.", following Edwards et al., 2008 and Berger et al., 2012), 3 team stressor items (e.g., "Colleagues not doing their job.", following Vagg & Spielberger, 1998, Usdaw, 2014 and Morrison & Phelps, 1999), and 5 team resource items (e.g., "I get help and support I need from colleagues.", following Edwards et al., 2008 and Navarro et al., 2015).

As dependent variables we included 12 items on the negative outcomes stress (Elo et al., 2003), strain (Parker & DeCotiis, 1983), physical strain (Frese, 1985), general health (Goldberg, 1972 as cited in Banks et al., 1980), burnout (Haslam & Reicher, 2006), turnover intentions (Schaubroeck et al., 1989) and 6 items on the positive outcomes engagement (Schaufeli & Bakker, 2003), performance (Hoegl et al., 2004), and job satisfaction (Cammann et al., 1979 as cited in Bowling, & Hammond, 2008). Cronbach's alpha was very good for all scales ($r_{\text{Stress and strain}}$ = .91, $r_{\text{Engagement and satisfaction}}$ = .87, $r_{\text{Team resources}}$ = .90, $r_{\text{Team stressors}}$ = .94, $r_{\text{Leadership resources}}$ = .97, $r_{\text{Leadership stressors}}$ = .85).

Results

We calculated a structural equation model (SEM) to examine the relationships between the variables (Figure 1). The fit indices for the robust model were χ^2 (804) = 3246.25, p<.001; CFI = .89, RMSEA = .06 and SRMR = .05 which generally indicates a medium fit for the model. Team resources were positively related to engagement and satisfaction (B = .27, p < .001) and negatively related to stress and strain (B = -.20, p < .001), which supports Hypotheses 1a and 2a. Leadership resources were positively related to engagement and satisfaction (B = .22, p < .001)

and negatively related to stress and strain (B = -.12, p = .023), which supports Hypotheses 1b and 2b. Regarding the stressors, only team stressors had a significant positive relationship with stress and strain (B = .27, p = .001), which supports Hypothesis 4a. Leadership stressors were not significantly related to stress and well-being. Hypotheses 3b and 4b were thus not supported.

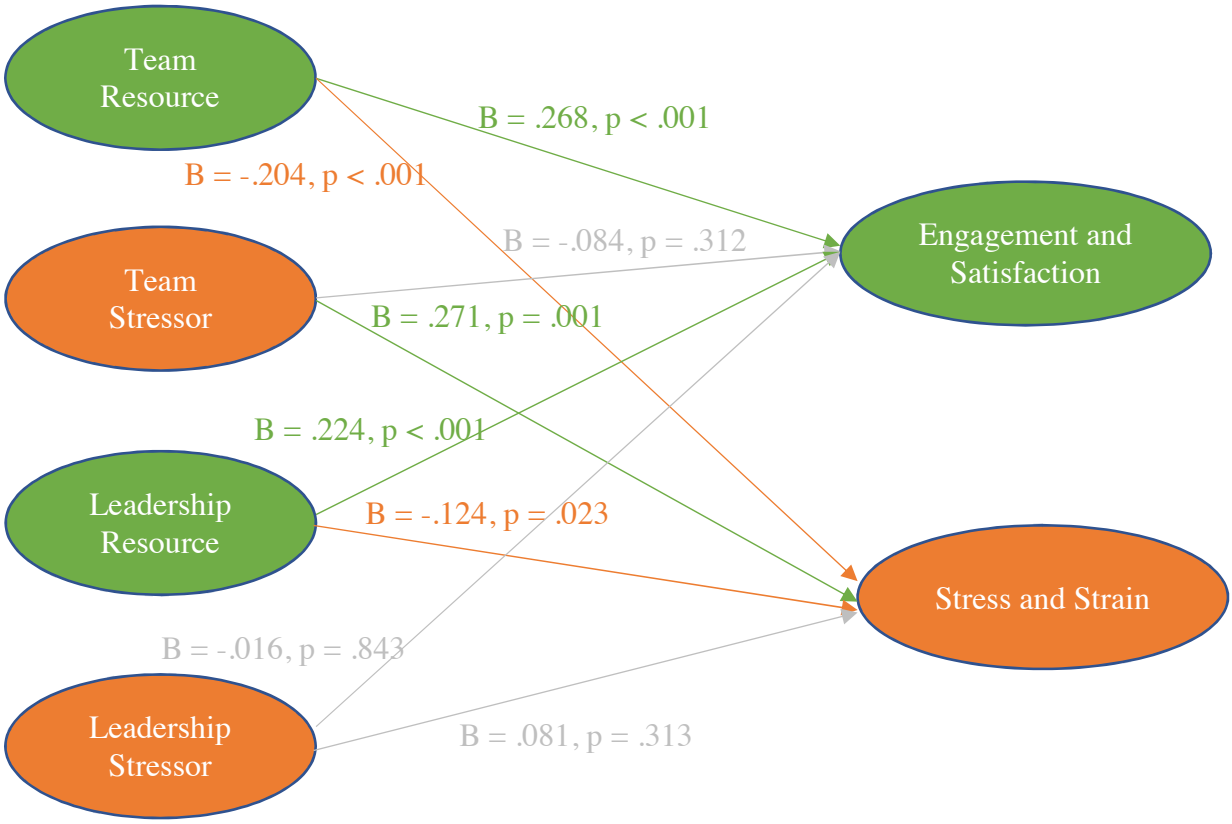

Figure 1. Structural Equation Model of employee well-being and team and leadership stressors and resources. Numbers show the standardized regression coefficients for the fully standardized model (N = 979).

Discussion and conclusion

The results showed that team resources (e.g., social support) and positive leadership behaviours (e.g., motivation, encouragement) can increase engagement and satisfaction and decrease the level of perceived stress and strain. Negative task-oriented leadership behaviours, included as leadership stressors, did not significantly influence engagement and stress. Task-oriented leadership behaviours might be more strongly related to performance outcomes than to

well-being outcomes. Future research should investigate the effects of both task-related and relationship-oriented leadership stressors and resources on stress and well-being.

Our results are in line with the model of health-promoting leadership (Spieß & Stadler, 2016) which proposes (among others) task-oriented management, staff-oriented management and support as possible managerial ways to increase employee well-being. The results also support the conclusions of the Job-Demands-Resources-Model (Demerouti et al., 2001) according to which job resources such as supervisor support are negatively related to negative well-being aspects such as stress and strain.

Our results offer hints for interventions that can be used to support people to cope with stressful situations and to increase their well-being e.g., by providing team events to enhance the level of social support or by establishing leadership trainings to encourage positive leadership behaviours such as the use of motivation techniques.

Ideas for collaborations

Alexandra Jankovich

- Author of the book "Make Disruption Work: a CEO handbook for digital transformation"
- Managing partner of SparkOptimus (consultancy focusing on how technology can be used in a positive way and how organizations can be supported in this challenge and change

Roger Maull, Professor of Digital Economy and Academic Director of Initiative for the Digital Economy at Exeter (INDEX) (Keynote Speaker)

- Joint focus on digitalization and impact on society and work
- Possible research questions: How can new forms of trust be established in a digitalized work environment? How can the risks of digitalization for employees be handled in a positive and effective way? What can future forms of work look like?

Karina Nielsen, Chair in Work Psychology, University of Sheffield Management School (Keynote Speaker)

- Digitalization also entails the need for organizations to change and it can also be seen as restructuring.
- Possible research questions: How can the change be structured and processed by the organisations in order to ensure employee well-being and occupational health? How can employees participate in the digital transformation in organisations?

Nick Turner, Distinguished Research Chair in Advanced Business, Haskayne School of Business, University of Calgary (Advisory Board)

- Joint focus on healthy work
- Possible research question: How is work changing as a result of digitalization and how can the work be designed to ensure occupational health also in times of digitalized work?

Kara Arnold, Professor in Organizational Behaviour and human resource management at the Faculty of Business Administration at Memorial University in St. John's. (Advisory Board)

- Joint focus on employee well-being
- Possible research question: How can leadership be used to handle the stressors emerging through digitalization?

Geoff Thomas, Professor of Organisational Psychology, Surrey Business School, University of Surrey (Advisory Board)

- Erika also has focused on cooperation in her research and could imagine to adapt those concepts with regard to the digitalization developments. As Professor Thomas is doing research in the area of empathy, emotional intelligence and emotions in decision making there could be possibilities for collaborations.

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A Daily Diary Study on Emotional Dissonance in Leader-Follower Interactions and its Impact on Leaders' Well-being

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Theoretical Background and Research Objectives

Considering leaders' crucial role for organizations' functioning and success, scholars as well as practitioners aim at gaining a better understanding of demands that leaders are facing in their everyday work. Thus, research on leadership and well-being has increasingly become aware of the need to address the impact of leadership and associated demands, e.g., regulation of emotions in interaction with others, on leader themselves, instead of only highlighting the employee perspective (Barling & Cloutier, 2017; Gooty, Connelly, Griffith, & Gupta, 2010). In this regard, literature has emphasized emotional demands, such as emotional labour, as important aspects of leaders' work. Leaders are expected to efficiently regulate and appropriately express their emotions while facing different stakeholders, particularly towards their followers. In these situations, leaders may wish to be authentic and show their true emotions, but may also feel the necessity to express or suppress emotions in accordance with emotional display rules that are related to their position or common in their organizations. Therefore, we intend to investigate leaders' emotional dissonance, referring to a discrepancy between felt and expressed emotions (Zapf & Holz, 2006), that may emerge from daily interactions with their followers. More precisely, we are interested in the impact of emotional dissonance on leaders' well-being at work and non-work experiences at home. Based on and extending previous evidence on the link between emotional labour and wellbeing (e.g., Hülsheger, & Schewe, 2011), we propose that emotional dissonance in interactions with their followers is related to a higher depletion of leaders' self-regulatory resources at work. Furthermore, we assume that the shortage of resources in turn is positively associated with negative work reflection and work-life interference.

Methodology

We collected data from 96 German persons in leading functions based on an onlinebased daily diary study over the course of five consecutive work days. Participants answered a general survey that was administered before a self-selected working week during which they filled out two short questionnaires per day. We gathered data on leaders' emotional dissonance and self-regulatory resources at the end of each workday in the afternoon. Measures of non-work experiences (i.e. negative work reflection and work-life

interference) were measured in the evening before going to bed. We only included participants in the data analyses who completed daily questionnaires on at least two days, resulting in a final sample of 85 leaders. The participants worked in different industries and held a leading position for on average 11.32 years (*SD* = 8.06). The sample was mainly male (75.6%) with age ranging between 25 to 64 years (*M* = 45.14, *SD* = 8.95). We assessed emotional dissonance (Zapf, Vogt, Seifert, Mertini, & Isic, 1999), self-regulatory resources (Bertrams, Unger, & Dickhäuser, 2011), negative work reflection (Fritz & Sonnentag, 2006) and work-life interference (Fisher, Bulger, & Smith, 2009) based on scales that we had adapted to the daily level. Moreover, we controlled for age, gender and trait negative affect. Due to the hierarchical structure of the data, with daily reports nested within persons, we used multilevel path analyses in Mplus 7.4 (Muthén & Muthén, 2015) to test our hypotheses. We followed the recommendations by Preacher and colleagues for testing multilevel mediation (Preacher, Zhang, & Zyphur, 2011; Preacher, Zyphur, & Zhang, 2010).

Results

Results provided support for our assumptions. A stronger dissonance of actual and displayed emotions in interactions with their followers was related to a higher depletion of leaders' self-regulatory resources at work, which in turn was positively related to non-work experiences (i.e., negative work reflection and work-life interference) on the same day. Analyses confirmed significant indirect effects of emotional dissonance on negative work reflection and work-life interference via self-regulatory resources.

Discussion and Conclusion

Emotional dissonance was found to impair leaders' well-being by reducing selfregulatory resources that seem to be vital in helping leaders to mentally detach from work and to devote their resources to the non-work domain. These findings are in line with previous research on the association between emotional labour and work-life interface (e.g., Yanchus, Eby, Lance, & Drollinger, 2010). This study advances current research on leaders' well-being on several ways. First, we gain further insights in processes evolving from emotional work demands experienced by leaders. Secondly, we emphasize that emotional processes in leaderfollower interactions are worth and important to be investigated also from a leader's perspective. Especially, as we could show that these interactions do not only impact leaders' resources at work, but may also elicit spillover effects. Thirdly, we apply experience-sampling methodology to capture dynamic, intraindividual processes.

There are also some limitations to this study. Even though we were explicitly interested in leaders' experiences and separated the measurement of the independent and

dependent variables, the use of single source self-reports is still critical due to the risk of common method variance. Furthermore, our study design does not allow for inferring clear conclusions about causality. Future research could integrate this study and previous evidence to investigate the dynamic interplay between leader experiences in leader-follower interactions, leaders' resources and their behaviour in subsequent leader-follower interactions.

Collaboration

I would be very pleased to collaborate with researchers who are also explicitly interested in antecedents of leader well-being and health. In this regard, I highly appreciate, e.g., the work of Kara Arnold, Julian Barling, and France St-Hilaire.

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Theme 2: Leaders' health/well-being, antecedents and outcomes

Building Blocks of Effective Leadership Practice – The Role of Personal Resilience

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Theoretical background and research objectives

Stressful situations, performance pressure and setbacks are part of leaders' work experience, especially during organizational change processes, which occur frequently in today's business world. As this dynamic working environment is seemingly becoming the norm, resilience is a "strategically important organizational behaviour for success, growth, and even survival" (King, Newman, & Luthans, 2016, p. 782). In particular for leaders, being resilient seems crucial as their mental and physical health cannot only affect specific leadership behaviours, such as decision making (Ganster, 2005) but prolonged work pressures lead to fatigue and burnout (Schaufeli, Leiter & Maslach, 2009), which impacts on the performance of the organisation (Siren, Patel, Ortqvist, & Wincent, 2018).

Whereas previous studies explore factors of leader resilience (Foerster & Duchek, 2018), this study focuses on how executives experience adversity at work and how they experience their resilience response. This sheds light on the dynamic process of resilience and highlights the situational/contextual dynamics of being resilient at work, especially as a leader in comparison to being an employee.

Methodology

In order to explore real life experiences of leaders of being resilient at work, we conducted 31 interviews exploring what they understand as being resilient in the workplace and examining their accounts of what it takes to be resilient in the workplace. Through thematic content analysis (Krippendorff, 1980) a descriptive framework for leaders' personal workplace resilience, in terms of antecedents and resilience strategies, is developed.

To achieve a diverse sample in terms of gender, tenure, position, industry, and country of work, we used our existing network of executives (convenience sampling)

who also suggested further contacts (snowballing sampling). 12 women (37.50%) were part of the sample that consisted of leaders in middle to c-suite level positions such as from Director of Recruitment to CEO and independent consultants with own businesses, with employee numbers ranging from 3 to 4000.

Findings

What creates adversity?

Role complexity or the responsibility for various roles simultaneously, was stated as a main contributor towards relentless working with no down-time. Expectation management, managing various stakeholders and own expectations in terms of prioritizing and investment of own time was a major barometer in terms of personal energy levels.

Several interviewees stressed the importance of organizational support and employee engagement at a time when organizational change is unpredictable and constant. In cases where individuals felt necessary support was lacking, they mentioned a sense of reduced control over their activities, decision-making and outcomes.

Extensive business travel has been reported to affect sleep patterns leading to sleep deprivation and blurred work life boundaries due to changing time zones and selfinflicted or organizationally imposed increased workloads. Interviewees reported having to respond to additional job demands when they would have normally gone to bed. The difference in time zones also affected the natural circadian rhythm resulting in insomnia for some respondents but others had strategies in place to deal with these challenges.

It could be observed that critical adversity incidents of participants, either fell into the interpersonal conflict or organizational challenges category. Individuals who had experienced adversity in form of interpersonal conflict reported a much longer recovery time to overcome the emotions involved and build resilience. Some of the feelings mentioned were self-doubt, disappointment, loss of trust, and depression. On the average, it took individuals several months to bounce back.

Leader versus employee resilience

When asked about what differentiated leader resilience from resilience at all other organizational levels, the participants were in agreement, that their scope of responsibilities was much wider with decision-making processes at more strategic levels. They explained, that they were responsible for outcomes of their own as well as staff's decisions and the subsequent failures and successes of the organization. Another distinction mentioned by respondents was that role modeling their resilience behavior (as already mentioned above) and actions played an important part in building organizational resilience and protecting staff from or enabling them to cope with adversities. The capabilities required, as listed by executives, to make the above possible were for instance: high problem-solving capacity (possessing the tools to solve complex problems), strategic acumen (ability to prioritize problem-solving strategically), interpersonal skill set, and team resilience (enabling the resilience of the whole team).

Developing the capacity to bounce back

Key factors contributing to developing resilience were found to be (1) adversity exposure (exposure to extreme adversities creates pressure and enhances creativity to identify coping tools); (2) situational framing (framing a situation with as much objectivity as possible. "Cutting to the chase" were problems and solutions lie.); (3) reflection (learning from incidents through reflection and getting better at coping with them); (4) deep personal development (opening up to gaining deep personal insights and understanding higher meaning and purpose behind decisions, actions and goals); (5) professional coaching (professional support, sharing and direction); (6) widening ability for control (developing greater ability to cope with and tackle issues previously not encountered or confronted with); and (7) organizational support (individual resilience building requires all the necessary support from the organization such as: resources, healthy work environment, interpersonal support/teamwork, time out). These largely correspond with factors established in previous studies (Cooper et al., 2013; Sarkar & Fletcher, 2014; Bossman et al., 2016; Foerster & Duchek, 2018).

Conclusion

Leaders seem to experience adversity in the workplace in terms of key challenges and less profound daily strains and see resilience as a key capacity to be effective as a leader. Their resilience as a leader differs from employee resilience due to varying types of adversity and the need to role model resilience and show leadership. A variety of dynamic processes are engaged in by leaders supported by a healthy mind and body, an optimistic outlook, embracing change, a sense of control and solution-focus, and focus on learning seem key elements that influence the process of being resilient.

Who I would like to ideally collaborate with.

I have links with sports scientists to explore the physical aspects and recovery aspects of leader resilience more. I would like to collaborate with companies such as FirstBeat who provide technology and run programmes for large organisations such as Lloyd Banking Group.

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Conceptual Paper Submitted to

EAWOP Small Group Meeting on *Leadership and Health/Well-being*

The 5R Program: Social identity-based leadership development to promote engagement and health in organisations

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A growing body of research indicates that leaders have an important impact not only on employees' motivation and performance but also on their health and well-being (for recent reviews, see Arnold, 2017; Harms, Credé, Tynan, Leon, & Jeung, 2017; Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018; Montano, D., Reeske, Franke, & Hüffmeier, 2017). However, we know little about the activities and processes that develop leaders in ways that help them promote employee health. In this presentation, we outline the rationale of a novel leadership development program that seeks to help leaders manage shared (group) identity in ways that allow them to contribute to organizational functioning and members' health and well-being.

Social identity research shows that leadership is a process of group identity development that centres on a leader's ability to create, advance, represent, and embed a sense of shared identity within a group (Haslam, Reicher, & Platow, 2011; Steffens et al., 2014; van Dick, & Kerschreiter, 2016; van Dick et al., 2018). Yet despite clear evidence of the association between identity leadership and health in organizations (e.g., Cicero, Pierro, & van Knippenberg, 2007; Steffens, Yang, Jetten, Haslam, & Lipponen, 2018), we have limited understanding of how leaders can engage in identity leadership and what strategies they can use to develop group identities with the aim of enhancing engagement and health in the workplace. To address this issue, in the present presentation, we introduce the 5R leadership development program that is based on the new psychology of leadership (Haslam et al., 2011). This program consists of an iterative loop of five workshops focusing on (1) *Readying*, (2) *Reflecting*, (3) *Representing*, (4) *Realizing*, and (5) *Reporting*. Importantly, after each of the core workshops (2) to (4), participants (leaders) take the teams they have responsibility for through the various activities that they have learned about and trialled during the session. This provides participants with practical experience in

managing social identities on the ground. Following this, participants report back on their experience at the start of the following workshop and feed outcomes forward into the next stage of the process.

At the start of the program, participants take part in a *Readying* session in which they are informed about, and engage in activities, that highlight the importance of group and social identity processes for leadership, organizational behaviour, and health.

In the *Reflecting* session, participants are introduced to a tool that identifies individuals' important work-related social identifications: *social identity mapping* (Cruwys et al., 2016). This mapping process helps people to identify the groups that are important to them in their day-to-day work and to represent the relationship between these groups and others in the workplace. Rather than making assumptions about the identities that define people's activity in an organization (e.g., in ways that organizational charts and organograms typically do), this provides leaders with insight into followers' subjective representations of the key identity-based relations that impinge upon, and structure, their organizational behaviour (Peters, Haslam, Ryan, & Fonseca, 2013).

In the *Representing* session, participants are introduced to activities that allow them to work with the groups that have been identified in the previous session and to give members voice. The aim of these activities is to articulate what the group is about by uncovering group members' values, aspirations, and behaviours.

Next the *Realizing* session focuses on the role of participative group goal setting in organizational success and the importance of shared social identity for employee health and well-being. In this session, participants trial the use of activities that allow them to take their groups forward by identifying goals that are shared among group members, and then articulating strategies that help them to achieve these goals.

Finally, at the end of the program a *Reporting* session underlines the importance of obtaining feedback about progress toward subgroup and superordinate goals. This ensures that the ideas, activities, and objectives of the 5R program are embedded in the organizational culture and provides a platform for subsequent iterations of the program.

The 5R program has a number of distinctive features. Most particularly, where traditional approaches to leader training and development tend to focus on leaders in isolation and in contexts removed from their normal sphere of activity, 5R encourages leaders to engage directly with the groups they are attempting to lead. In this way, and in line with suggestions that leadership development should focus on the specific contexts in which leaders operate, the program is designed to include and mobilize followers (the team members for whom leaders have responsibility) rather than to exclude them from the leadership process and the broader dynamics of organizational development and change.

Over the last five years we have worked closely with a range of industry partners to develop and examine the 5R program. In particular, this has centred on ongoing collaboration with several organisations including (a) Metro North Hospital and Health Services in Brisbane, (b) Workplace Health and Safety Queensland, (c) The Sunshine Coast Hospital, and (d) South East Queensland Water. In total, over 100 leaders have completed the program and provided qualitative and quantitative reports of their experiences. Quantitative data indicates that participation in 5R leads to a significant increase in leaders' ability to engage in identity leadership and also to increases in leaders' sense of team goal clarity and team identification (see Haslam et al., 2017) — factors that in turn are predictive not only of productivity but also of mental health (Steffens et al., 2017).

We conclude by discussing (a) the strengths and limitations of 5R as a means of promoting better organizational functioning as well as health and well-being in the

workplace, and (b) the challenges and opportunities in conducting studies that seek to examine the processes and efficacy of 5R in applied contexts.

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Leadership and Employee Wellbeing in the NHS: What about Context?

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As one of the world's largest employers the National Health Service (NHS) is a complex organisation faced with increasing patient demands yet chronic under-resourcing (Dunn et al., 2016). We contend that the complexity of this environment makes it implausible that any leadership and employee wellbeing relationship could be considered independently of wider contextual factors. These include policies, funding and processes made at the organisational, regional or national level planning by various stakeholders including government, Royal Colleges, regulators and various NHS bodies. However, the extant literature has paid little attention to such context from a systems perspective. This paper provides a conceptual overview for wider contextual factors, their potential influence on the effectiveness of leadership behaviours, leader wellbeing, and the relationship between leader and employee wellbeing.

Leadership in the NHS is crucial for strategic governance and the delivery of patient care (West et al., 2015) enacted through a breadth of local and regional roles, in a top-down and bureaucratic environment (Frawley et al., 2018) where interdisciplinary working is purported to be key. Leadership is often reactive to external issues including conflicting demands and targets with little opportunity for strategic planning (Boyal & Hewison, 2016) yet subject to tight regulations and nationally-set performance targets. The strong professional identities, both within and across occupational groups (e.g., clinical and non-clinical roles; nurses and doctors; surgery and anaesthesiology), present a variety of sub-cultures, priorities, and interests that can be challenging to manage (Macfarlane 2011). The

NHS and its leadership have attracted widespread criticism, with the Francis report highlighting a culture marked by fear and lack of transparency. Although, various leadership and competency frameworks do exist (e.g., the national Clinical Leadership Competency Framework), concerns exist about their underpinning assumptions and purported lack of realism (Edmondstone, 2013). Clearly, any leadership model or training is no panacea on its own.

From a neo-institutionalism perspective, NHS leaders are embedded within the wider political and social environment (Di Maggio and Powell 1983) meaning that leadership styles executed have to be examined within such wider context (Currie et al., 2005). The tendency for centralisation, structure and processes in the NHS draws autonomy, power and influence away from leaders, potentially undermining change-orientated leadership behaviours (Currie et al., 2005). This is evidenced where increased organisational hierarchy and poor communication in the public sector were associated with lower transformational leadership (Wright & Pandey, 2009).

Contextual factors may also influence the type of leadership behaviours, with task-orientated (e.g., transactional) leadership possibly being more functional within this environment. The structure of the NHS may actually negate leadership and instead advocate more management roles instead or encourage leaders to adopt a passive (e.g., laissez-faire) stance. The background of leaders also influences their behaviours, for instance, those from a medical speciality being more likely to use authoritative types of leadership (Martin & Keogh, 2004). At more senior levels, medical and nursing leaders often struggle to balance their clinical duties with their leadership role (Boyal & Hewison, 2016; Berghout et al., 2017). Finally, the mental model of leaders may influence behaviours. Some senior healthcare staff still hold strong opinions advocating challenging working conditions as a rite

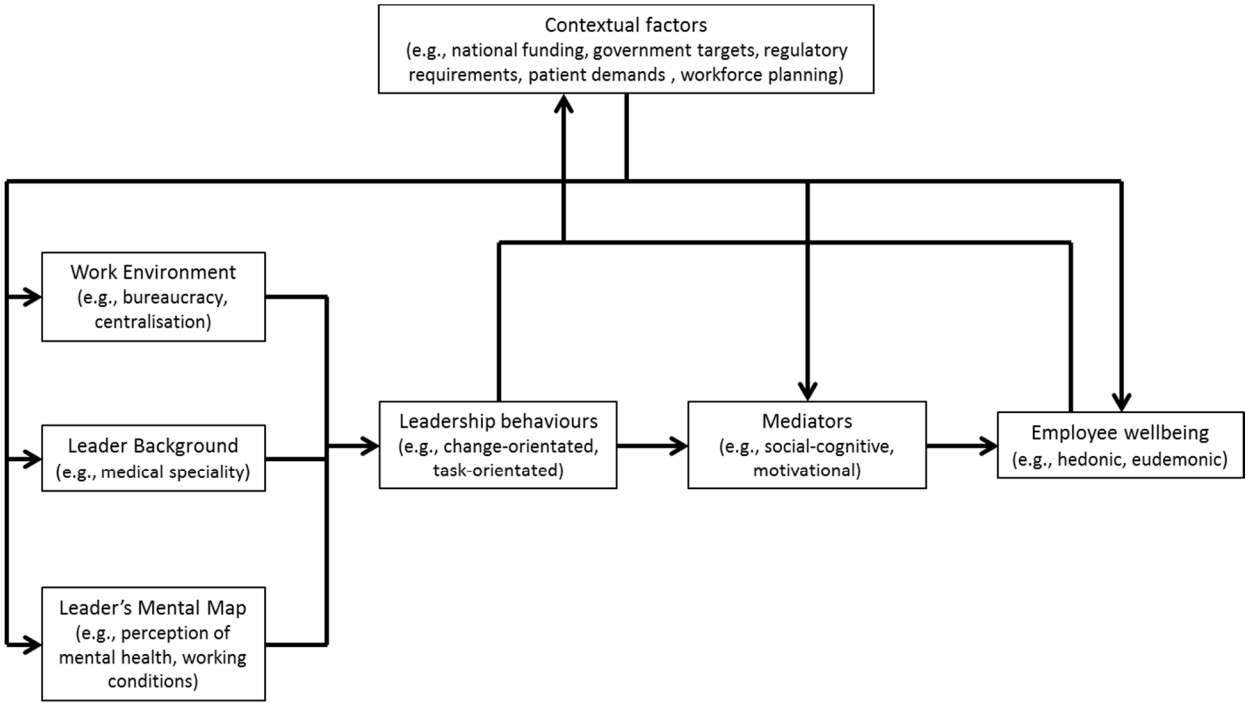
of passage where poor health is seen as a weakness (Riley et al., 2018), which may not only impair staff wellbeing but also diminish the likelihood of help-seeking behaviour.

These wider contextual system factors also function as an antecedent to the mediators within this relationship. The five groups of mediators identified in Inceoglu et al.'s (2018) review (social cognitive, motivational, affective, relationship, identification) are all influenced by contextual factors. For example, hospital-level demands (e.g., bed occupancy rates, number of emergency admissions) can influence motivational mediators such as doctors' perceived workload, control, and support (Teoh et al., 2018). Similarly, social-cognitive mediators such as perceptions of justice are detrimentally impacted by the target-driven culture in dentistry (Holden, 2013) or the *Agenda for Change*'s revised pay structure for radiography (Williamson & Williams, 2011). Crucially, this link between these contextual factors and wellbeing antecedents not only has implication for employee wellbeing but the wellbeing of leaders themselves.

Does leadership then influence these mediators above and beyond that impact of the wider system? Or are leaders able to mitigate some of these effects? While inconsistent or paradoxical leader behaviours are associated with poor employee outcomes (Teoh et al., 2016; Zhang et al., 2015), evidence from the performance literature indicates that effective leadership behaviour can compensate for a poor organisational climate (Hui et al., 2007) which may, however, come at personal cost and loss of resource and energy. Finally, the influence that the wider context has on leadership and employee wellbeing is certainly not unidimensional, as effective leadership can also influence some of the external policies, agenda, targets and resources. In the same way, employee wellbeing also affects their ability to influence their work environment, and also how they perceive the demands and resources upon them (McManus et al., 2004). All of this, in turn, influences leadership behaviour and employee wellbeing

Considering the lack of recognition for contextual factors in the leadership and employee wellbeing relationship, we draw on the discussion above to provide an initial conceptual map expanding Inceoglu et al.'s (2018) model (Figure 1). From a theoretical perspective, this provides a framework from which to formulate propositions about the nuances of this relationship, linking with Theme 1 and 2 of this small group meeting. In addition, employing some of these wider contextual factors would require multi-source and multilevel data, addressing some of the concerns raised under Theme 3. It is our intention to reflect on this conceptual framework during our presentation and would invite discussion on revising and operationalising it for further research. In terms of collaboration, potential partners are Ilke Inceoglu (Exeter) whose 2018 model forms the basis of our conceptual model, and/ or Michael West (King's Fund) based on his expertise with leadership in the NHS.

Figure 1. Conceptual model linking contextual factors with leadership and employee wellbeing



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Leadership behaviour as wellbeing resource in organisational change

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Background and theory

Little is known about the mechanisms which lead from change demands to potential wellbeing impact (Thomson & Michel, 2018). It is assumed that the resulting growth in pressure from changes at the individual workplace has an impact on social interactions. Organisational units´ leaders hold a responsible key position in implementing organisational change and are responsible for change-enabling social interactions. Montano et al., (2017) showed in their recent meta-analysis that in terms of maintaining their followers´ well-being and health leaders have to provide both clarity / initiating structure but more importantly employee consideration including support and appreciation. This is particularly important in times of change as was shown by Otto, Thomson and Rigotti (2018). The authors demonstrated that abusive leadership behaviour exacerbates the negative impact of change on employees' well-being and attitudinal outcomes. Hence the character and strength of restructuring effects on the individual will be influenced by the quality of leadership behaviour.

Against the described background the objective of our study is to investigate the combined effects of change impact and important leadership related resources (i.e. role clarity and interpersonal justice) on employee's well-being and health. Moreover we aim to contribute to the theory discussion about advancing the Job Demand Resources Model / JDR-M as regards the questions of the relationship between job demands and job resources and the interaction effects of different job demands. While the interaction of job demands and resources has often been addressed, the combined effect of different job demands has been scarcely examined (Bakker & Demerouti, 2017).

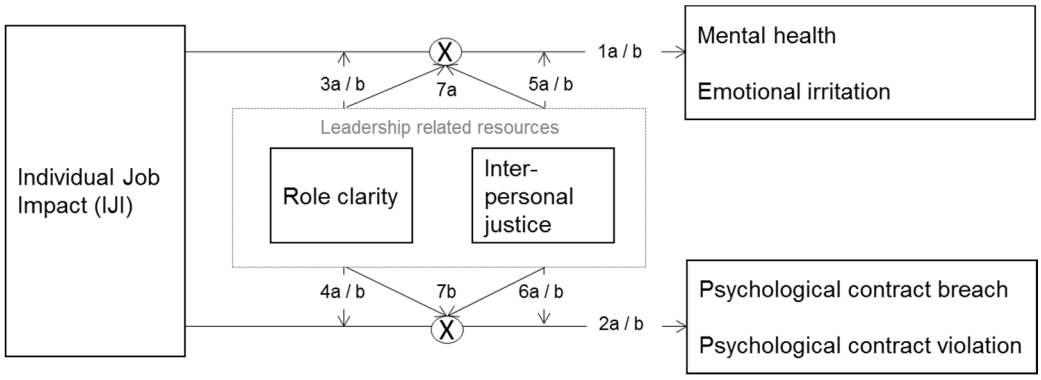
Design / Methodology

The sample consisted of 189 employees (129 female, mean age 48 years) from a group of German hospitals undergoing frequent and drastic organisational change measures.

The questionnaire included multiple-item scales from established rating scales. The Cronbach's alpha reliabilities were all greater than .70 and thus satisfactory. We measured change effects by *Individual job impact* (Caldwell et al. (2004; Richter, Nebel, & Wolf, 2010). As outcome variables we considered *psychological contract breach and violation* (Robinson & Morrison, 2000), *emotional irritation* (Mohr et al., 2006) and *mental health* (Ware, 1996). In order to analyse the moderating role of leadership behaviour we chose ***role clarity*** (Pejtersen et al., 2010) and interpersonal justice (Colquitt, 2001; Maier et al., 2007).

The following figure depicts our according research model.

Figure 1: Research model



We conducted confirmatory factor analyses (CFAs) to demonstrate that our variables reflected distinct constructs (Kline, 2011). We compared our theoretical seven factor model (IJI, role clarity and interpersonal justice, mental health, emotional irritation, PC breach, PC violation) with different alternative factor models. Results showed that the model fit of the seven factor model was just satisfactory (χ^2 (df) = 791.63 (413), p = .000, CFI =. 904, RMSEA = .070, SRMR = .063). The seven factor model fits the data better than a single-factor model (χ^2-Diff (df) = 1862.9 (21), $p < .01$) and a four factor model (χ^2-Diff (df) = 423.15 (15), $p < .01$) in which we combine PC breach and violation, mental health and irritation to one factor.

Results

The individual job impact of change was unfavourably associated with various wellbeing outcomes. Leadership related behaviour considering both initiating structure (role clarity) and consideration (interpersonal justice) significantly moderated some of these relationships. Only the combination of low change impact and high leadership related parameter values were associated to favourable outcomes in terms of contract breach, irritation or mental health. In conditions of high job impact in organisational change the leadership related resources at hand could not buffer the negative impact. A significant three-way interaction revealed a weaker relationship between job impact and contract violation when both role clarity and interpersonal justice were high. Drawing on the JDR-M (Demerouti et al., 2001) this supports some of the core propositions of the model. The results also contribute also to the current discussion (Bakker & Demerouti, 2017) about some of the model´s open questions.

Discussion / conclusions

Our results show that leadership related resources in terms of both initiating structure (here role clarity) and consideration (here interpersonal justice) can have a positive influence on individual wellbeing outcomes in organisational change. However, if individual change impact is too severe, the buffering potential of leadership behaviour diminishes.

With these findings contribute to change and leadership literature on various counts: We contribute to the as yet insufficient evidence for the role of organisational change for employees´well-being (e.g., Kivimäki, Vahtera, Elovainio, Pentti, & Virtanen, 2003 Vahtera et al., 2004). In particular, the two constructs of mental health and psychological contract violation (De Jong, Clinton, Rigotti, & Bernhard-Oettel, 2015) have not been related to IJI in published studies yet, considering the interaction with important situational contingencies such as role clarity or organisational justice. By tackling this gap we eludicate the micro-effects of individual change-relevance. We also contribute to the general discussion about leadership as potential resource (cf. Montano et al., 2017). Drawing on the JDR-M (Demerouti et al., 2001) our findings support some of the core propositions of the model and

its open questions (Bakker & Demerouti, 2017). The model postulates that the availability of combined resources from different domains i.e. task related and social resources buffer the negative consequences of (increasing) demands, in our case IJI. We argue that in the specific change context withdrawal of resources and increase in demands create a specifically difficult scenario in which resources provided by the leader might not be sufficient to buffer negative well-being impact.

Collaboration options

We think this kind of research is highly relevant to organisations in their struggle with successful change. Our results hint at both the necessity to teach potential leaders in terms of their specific role as change agents with a responsibility for employees´wellbeing and health. Likewise our results address the strategic level of organisations as they imply that the changes´ health impact has to be considered more carefully. This might include monitoring the increase of change stressors systematically and restricting them if need be. Given these implications we would welcome the discussion with organisations´ strategic leaders.

(word count without heading and references: 999)

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Abstract
EAWOP Small Group Meeting

Leadership and Health/Well-being
June 20-21, 2019

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Women's leadership aspirations and stereotype threat: Investigating sleep as a buffer

Background and research objectives

Despite increasing levels of education and workforce participation, women remain underrepresented in top leadership positions (Catalyst, 2018). Research suggests that women are less motivated to lead than men, which raises questions about whether a lack of ambition partly explains this under-representation (Elprana et al., 2015). However, others argue that systemic barriers like stereotypes explain women's lack of leadership aspirations (Arnold & Loughlin, 2018).

Stereotype threat, "the concern of confirming or being reduced to a negative stereotype about one's group" (Kalokerinos et al., 2014, p. 381), can contribute to women' lower leadership aspirations (Hoyt & Murphy, 2016). Role congruity theory suggests that feminine stereotypes

typically associated with women (e.g. being warm or communal) are perceived as incompatible with leadership, which is more closely aligned with masculine stereotypes such as dominance and confidence (Eagly & Karau, 2002).

Stereotypes can be communicated through mainstream media, which could expose women who are not yet in leadership positions to stereotype threat (e.g., Simon & Hoyt, 2012). Studies have shown that simply viewing stereotypically feminine images, through television programming or news stories, can induce stereotype threat and ultimately limit women's leadership aspirations (Davies et al., 2002). To our knowledge, the negative impact of stereotypical image exposure has not yet been tested using social media, which are "internetbased platforms that allow the creation and exchange of user-generated content, usually using either mobile or web-based technologies" (Margetts et al., 2015, p. 5). In light of rising social media usage, the first goal of our study was to demonstrate that gendered social media images may reduce women's leadership aspirations.

A key mechanism through which stereotype threat may have this negative effect is through reducing leadership self-efficacy. Singer's (1989) model of leadership aspirations suggests that leadership self-efficacy predicts women's preferences for leadership positions. Furthermore, leadership self-efficacy is dynamic, and changes based on "events or barriers outside a woman's control" (Devnew et al., 2017, p. 171), which suggest that leadership selfefficacy is likely influenced by stereotype threat.

Hypothesis 1: Feminine stereotypes communicated through social media (through stereotypically feminine images) reduce leadership aspirations for women, which is mediated by reduced leadership self-efficacy.

Addressing stereotype threat. Positive affect is a known predictor of leadership selfefficacy. High positive affect reflects a state of full concentration, in which individuals are alert and engaged (Watson et al., 1988). Trait positive affect is a personal resource that is available to individuals when needed to help form judgements of their own self-efficacy (Hobfoll, 1989; Cozzarelli, 1993). However, positive affect tends to remain stable over time and is thus limited in terms of its ability to combat stereotype threat directly. Thus, it is critical to identify resources that can work together with positive affect to address stereotype threat (Hoyt & Murphy, 2016). Growing evidence suggests that sleep quality is a personal resource that has a positive relationship with positive affect (Ong et al., 2017), therefore, we propose that sleep quality may mitigate the negative impacts of stereotype threat on leadership aspirations. To our knowledge, no previous studies have linked sleep to leadership self-efficacy, but previous research does suggest a relationship between sleep and general self-efficacy in students such that poor sleep quality predicted lower self-efficacy (Schlarb et al., 2012). Thus, poor sleep quality limits one's beliefs about self-competence and self-efficacy (Bandura, 1997). This can be explained by the disproportionate negative effect that lack of sleep can have on functioning of the prefrontal cortex, which is essential for self-regulation (Altena et al., 2008; Nilsson et al., 2005). We propose that women with poor sleep quality will have less resources available to overcome the negative effects of stereotype threat and thus have lower leadership self-efficacy and lower leadership aspirations.

Hypothesis 2: Sleep quality moderates the indirect effect of positive affect on leadership aspirations through leadership self-efficacy for women who are exposed to gender stereotypic images, such that the indirect effects are stronger when sleep quality is higher.

Method and Results

A sample of 78 women (age = 30.9; *SD* = 12.33) recruited through both MTurk and students at a Canadian university participated in this experimental study. Participants completed measures of age, sleep quality (Akerstedt et al., 2002) and positive affect (Watson et al., 1988), and were randomly assigned to either a stereotype threat (n = 44) or control condition (n = 34). In both conditions, participants viewed a fictional Facebook timeline for 3 minutes; in the stereotype threat condition the timeline included a combination of stereotypically feminine ads and neutral advertisements. Consistent with previous stereotype manipulations (e.g., Davies et al., 2002), the feminine advertisements included women in stereotypically feminine roles, such as homemakers[1]. The control condition consisted of neutral ads only. After exposure to the timeline, participants completed measures of leadership self-efficacy (Murphy, 1992) and leadership aspirations (Simon & Hoyt, 2012).

Using Hayes' (2018) PROCESS 3.1 and controlling for age we found that women in the experimental condition who were exposed to stereotypically feminine media images through social media had reduced leadership aspirations, through reduced leadership self-efficacy compared to those who viewed neutral social media (*Hypothesis 1:* point estimate = -.52, SE = .27, CI [-1.09, -.04]). Secondly, for women in the stereotype threat condition (n=44), sleep quality moderated the relationship between positive affect and leadership self-efficacy (*Hypothesis 2:* $b = .26$, $t = 2.18$, $p < .05$), where the indirect effect between positive affect and leadership aspirations, as mediated by leadership self-efficacy, was stronger when sleep quality was higher. See (Figure 1).

Discussion and Conclusion

We found that stereotype threat induced implicitly via social media reduced women's leadership aspirations, as mediated by reduced leadership self-efficacy. Furthermore, we found that sleep quality buffered the relationship between positive affect and leadership self-efficacy for women who experienced stereotype threat. Sleep quality may act as a resource to help women retain leadership aspirations despite exposure to stereotype threat through social media.

Ideal collaborators: Chris Barnes, Crystal Hoyt, Stefanie Simon Figure 1: Moderating effect of sleep quality on the relationship between positive affect and leadership self-efficacy

[1] Images were pre-tested on a separate sample to ensure whether they were perceived as feminine, masculine, or neutral. Given space limitations, these results can be requested from the first author.

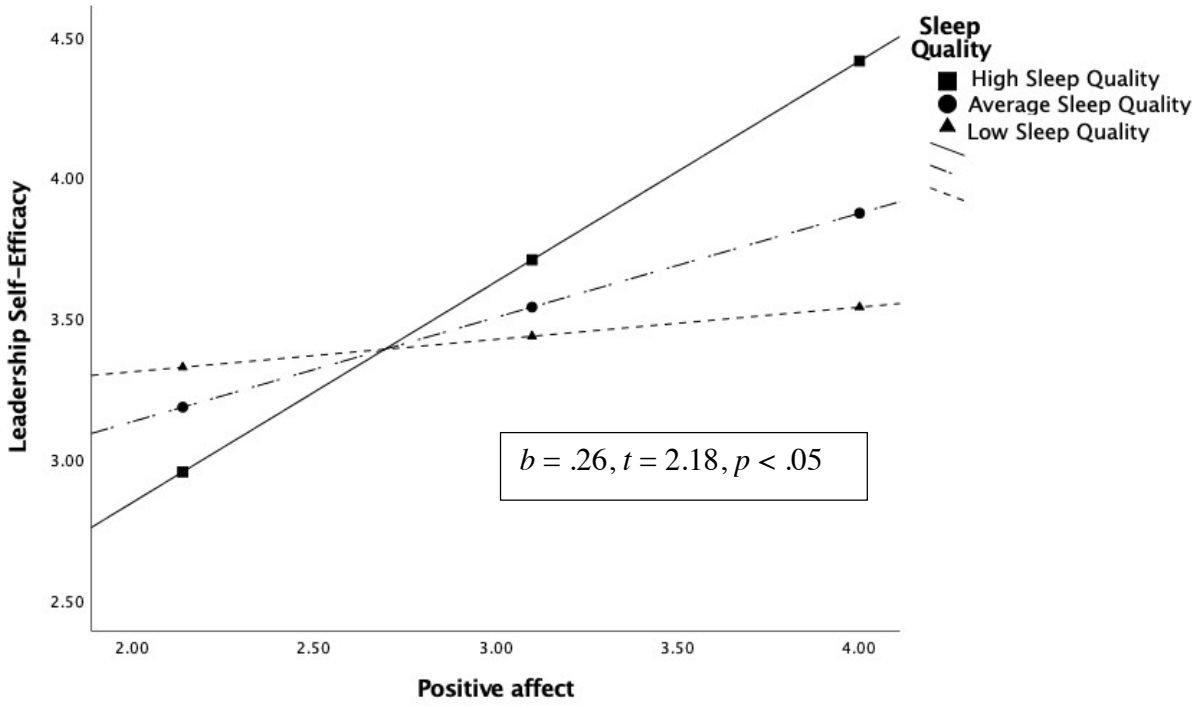

Table 1: Results for moderated mediation analysis

Consequent: Leadership aspirations (Y)				
Conditional indirect effect: Leadership self-efficacy (M)				
Variable	**Indirect effect**	**SE**	**LLCI**	**ULCI**
Low sleep quality	.12	.23	-.40	.57
Average sleep quality	.38	.19	.04	.79
High sleep quality	.79	.42	-.09	1.57

Note: Predictor (X) is positive affect. Y = outcome, M = Mediator

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EAWOP Small Group Meeting: Leadership and Health/ Well-being

Main theme: **Leaders' health/ well-being, antecedents and outcomes**

Comparing leaders and followers' health: a literature review and empirical evidence.

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Theoretical background and research objectives

In leadership research leaders are predominantly seen as active part influencing and being responsible for their followers. Accordingly, research indicates that leadership behaviour represents an important antecedent for performance, attitudes as well as health and well-being of employees (Avolio, Walumbwa, & Weber, 2009; Montano, Reeske, Franke, & Hüffmeier, 2017). Leadership behaviour can either act as a resource for employees' mental health (e.g. in case of relationsoriented leadership behaviour) or as a stressor (e.g. in case of destructive leadership; Montano et al., 2017).

Despite the importance of leadership for employees' outcomes, Barling and Cloutier (2017)point out that research mainly neglected examining leaders' own health and its potential implications for themselves and others. Moreover, in their literature review Zimber, Hentrich, Bockhoff, Wissing, and Petermann (2015) identified only a few studies with conflicting results regarding the prevalence of mental health problems of leaders. However, considering leaders' health is highly relevant as it may affect their leadership behaviour and leaders act as role models for employees (Franke, Felfe, & Pundt, 2014). Furthermore, they are confronted with specific demands e.g. resulting from modern leadership styles, which require extensive resource input (Barling & Cloutier, 2017; Zwingmann, Wolf, & Richter, 2016). At the same time, leaders possess specific resources, which might help them dealing with specific job demands.

Against this background and in line with the second research theme of the Small Group Meeting, we aim to achieve a better understanding of leaders' health situation. The following questions are addressed: Are leaders healthier than employees? Does the health state of leaders differ with regard to the hierarchical level in the organisation (top management, middle management, operative level)? What are the main work-related predictors of leaders' mental health? Are there any differences regarding the associations between predictors and health state compared to employees?

In order to answer our research questions, we conduct a literature review, updating the work by Zimber et al. (2015) and getting an overview about the recent research findings. Additionally, we examine our research question using a representative German employment survey. We thereby follow the implications of Zimber et al. (2015), who state that representative studies controlling for hierarchical levels and sectors are still necessary.

Methodology

Literature review:

In approaching these questions we scanned the databases Medline, PsycINFO, PsycARTICLES, PSYNDEX and EconLit using search terms concerning well-being and health (e.g. “stress”, “health”, “well-being”, “strain”, “disease”), leaders’ position (e.g. “leader”, “supervisor”, “manager”, “hierarchical”) and the work context (e.g. “work”, “job”, “occupation”). The search was focus on English and German articles published between 2013 and 2019, updating earlier review by Zimber et al. (2015). The scanning of the literature is still in progress.

Data-Analysis:

In order to examine our questions, we used data from the BiBB/BAuA employment survey 2018 and 2006, a repeated cross-sectional survey of more than 17.000 employees above the age of 15. The data allow to identify employees with managerial functions and to account for working conditions in terms of demands and (external) resources at the level of the job and the work environment, structural and climatic conditions at the organisational level (e.g. health promotion measures) as well as outcomes like job satisfaction and mental health.

Results

The literature review and the data-analysis of the BiBB/BAuA employment survey are still in progress. Preliminary descriptive results of our data-analysis using the BiBB/BAuA employment survey showed that leaders and followers reported more psychosomatic symptoms in 2018 than in 2006. Furthermore, they appraised their job characteristics as more demanding in 2018 than in 2006. With regard to our research question, leaders’ self-rated health was significantly better than employees’ state of health. Moreover, leaders faced higher general job demands and had higher resources (especially job control/autonomy) than employees. The associations between support by colleagues (as a resource) and working at the performance limit (as a stressor) with self-rated health were stronger for leaders than for employees. Further analyses are still ongoing (e.g. interaction effect of resources and demands and its association with self-rated health).

Discussion and conclusion

We aim to contribute to the research by examining the previously neglected health situation of leaders. Especially, the combination of the literature review and the analysis of the representative survey data may help to resolve inconsistencies/ conflicted findings regarding the comparison of leaders and followers’ health.

The ideal collaboration partner

We hope that the SGM gives us the opportunity to strengthen our international network and get valuable feedback for our research project from experts in this research field. The here presented work-in-progress is one part of a bigger research project named “Leadership and organisation in the changing world - organisational frame conditions, working conditions, interactions and health of leaders and followers”. In this project we plan to conduct a multi-level, a longitudinal, a leader-follower-dyad and a qualitative study. We therefore are highly interested in meeting methodological experts regarding these approaches.

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The cultural context of well-being of necessity and opportunity entrepreneurs

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Abstract

Theoretical background and research objectives

Entrepreneurs are a type of leader, the lead emerging organizations for which they are personally responsible and liable. This responsibility, the high level of uncertainty and intense work demands that entrepreneurs face lead to high levels of stress (Cardon & Patel, 2015) and can diminish entrepreneurs' well-being. At the same time, research pays increasing attention to entrepreneurs' well-being as an important outcome of entrepreneurship. Entrepreneurs view their personal happiness as closely tied to their venture (Gorgievski et al., 2011) and their well-being has been linked to enhanced opportunity recognition and firm performance (Stephan, 2018). Moreover, the well-being of entrepreneurs as leaders may also influence the well-being of their employees (Barling & Cloutier, 2017; Stephan, 2018).

Past research indicates that a key source of entrepreneurs' well-being is the autonomy and decision-making freedom that their work offers (e.g., Hundley, 2001; Stephan & Roesler, 2010). However, entrepreneurs are not a homogenous group (Binder & Coad, 2013). Well-being benefits are evident for those entrepreneurs who choose to create a business to pursue an idea or exploit a market opportunity that they have recognized (opportunity entrepreneurs) (Johansson Sevä et al., 2016; Binder & Coad, 2016). But what happens when one is not voluntarily 'pulled' into entrepreneurial activity but rather 'pushed' into it out of necessity and to make a living? And, might it matter in which cultural contexts these necessity entrepreneurs operate? In short, this research asks whether, how and when necessity entrepreneurs can achieve happiness.

We investigate the interplay of key features of entrepreneurial work (meaning, autonomy and stress) with national culture (cultural descriptive norms and average levels of character strengths at country level) on the well-being of opportunity and necessity entrepreneurs. We expect that autonomy has a stronger positive effect on well-being of opportunity compared to necessity entrepreneurs. Conversely, research on precarious work suggests that those who find meaning in this type of work can still thrive (Deery, Kolar, & Walsh, 2019). Thus, we expect that meaning may have a stronger positive effect on the well-being of necessity compared to opportunity entrepreneurs. At the same time, necessity entrepreneurs possess fewer personal resources that allow them to cope with stress (Block & Koellinger, 2009). Hence, work stress may harm their well-being more than that of opportunity entrepreneurs. Moreover, based on suggestions that social support is especially important for thriving of underdog (necessity) entrepreneurs (Miller & Le Breton-Miller, 2017), we expect that aspects of culture which facilitate and embody positive interpersonal relationships (socially supportive cultural norms (SSC) and kindness) have a stronger positive influence on the well-being of necessity compared to opportunity entrepreneurs. Conversely, 'individualistic' aspects of culture (performance orientation and curiosity) may have a stronger positive influence on the well-being of opportunity compared to necessity entrepreneurs. Opportunity entrepreneurs are likely seen as more legitimate in this kind of culture (Tung et al., 2007). Finally building on research that links culture with employee work characteristics (e.g. Peterson et al., 1995; Suddaby et al., 2010), we explore how culture may indirectly influence entrepreneurs' well-being through shaping entrepreneurs' work (autonomy, meaning and stress).

Methodology

We use population representative samples of 5,602 start-up entrepreneurs (1,672 necessity/ 3,930 opportunity entrepreneurs) from 29 countries collected through the 2013 from the Global Entrepreneurship Monitor (GEM). We use Satisfaction with Life Scale (5-item, Pavot & Diener, 2008) to measure well-being (Cronbach alpha .81). Opportunity/necessity entrepreneurs are identified by GEM through their founding motivations. For autonomy, meaning and stress GEM uses single-item measures. At individual level we control for gender, education, access to capital, employment other than business activity, and having a business partner. We combine GEM data with independent country-level data on culture (GLOBE, VIA Character Strengths survey) and for the control variables GDP (World Bank) and rule of law (Polity IV). We test our hypotheses through multilevel regressions, including multilevel mediation models.

Results

We find that necessity entrepreneurs' well-being is enhanced particularly by experiencing their work as meaningful, while autonomy contributes only to the well-being of opportunity entrepreneurs and not to that of necessity entrepreneurs. Work stress lowers the well-being of both types of entrepreneurs. In terms of context, the relational aspect of culture (SSC and kindness) foster entrepreneurs' well-being, especially for necessity entrepreneurs. For that group the effect of kindness is direct, while SSC has an indirect effect through reducing stress. Although the gap in well-being is narrower in these supportive contexts, necessity entrepreneurs still experience lower well-being than opportunity entrepreneurs. Out of 'individualistic' aspects of culture, only curiosity directly contributes to the well-being of opportunity entrepreneurs. For necessity entrepreneurs the effect is indirect – in high-curiosity cultures they experience their work as more meaningful which brings well-being benefits.

Discussion and conclusion

Our study contributes a deeper understanding of well-being and entrepreneurship. First, it reveals differences in the entrepreneurial work of opportunity and necessity entrepreneurs and their effect on well-being. Our findings challenge the taken-for granted central role of autonomy for the well-being of all entrepreneurs that is emphasized in the literature. We show that autonomy is important for opportunity entrepreneurs' well-being, but that necessity entrepreneurs especially derive well-being from experiencing their work as meaningful (while autonomy does not impact their well-being). Second, our study helps to understand the vast differences in entrepreneurs' well-being observed in past research by offering much needed contextualization. We unpack when – in which cultural contexts – what type of entrepreneurs reap well-being benefits. Whereas past research suggests no well-being returns to being a necessity entrepreneurs, we find that 'underdog' necessity entrepreneurs may be able to thrive in supportive cultures and when finding meaning in their work. Nearly half of the world's entrepreneurs are starting businesses out of necessity and their numbers are increasing in times of economic recession and uncertainty, yet when and how these entrepreneurs' can thrive in their often precarious work and life situation is hardly understood. Our study sought to offer first insight by moving beyond autonomy as the defining feature of entrepreneurs' work, offering meaningfulness an important lens and pointing to the embeddedness of these relationships in cultural contexts.

Collaboration opportunities

We would gladly collaborate with entrepreneurs to investigate the topic even further.

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