8

Leadership and Employee Well-being

Emma Donaldson-Feilder, Fehmidah Munir, and Rachel Lewis

8.1   Introduction

Until relatively recently, the literatures relating to leadership on the one hand and employee well-being on the other were quite separate. While it was obvious to many in the workplace that leadership behavior is a key determinant of employee well-being, the relationships between the two constructs had received very little research or theoretical attention. However, this situation has changed significantly over the last 10 years: the number of researchers interested in the impact of leadership on employee well-being has exploded and the literature has grown dramatically. The consistent message coming from this new and growing body of work is that leadership and the way employees are managed are key determinants of employee health, well-being, and engagement (e.g. Alfes et al., 2010; Skakon et al., 2010).

Leadership/people management can impact on employee well-being in multiple ways, from causing stress to enhancing positive well-being and engagement, modeling healthy behavior, and supporting those suffering ill health, to name but a few. This chapter will focus particularly on three aspects of the leadership–employee well-being relationship: how leadership affects employee stress levels and exposure to psychosocial hazards; the relevance of leadership for sickness absence and facilitation of employee return to work following long-term sickness absence; and the role of leadership in engendering employee engagement. It will also review the literature regarding leadership development as a mechanism for improving employee well-being.

8.2   Leadership and Employee Stress/Psychosocial Risk

8.2.1   Impact of leadership on employee stress and exposure to psychosocial risk

There is an increasing body of literature linking leadership and people management with stress-related outcomes in employees. This may be a direct impact, through leadership behavior either causing or preventing stress in employees: for example, Hogan et al. (1994) found that the "worst or most stressful aspect of their job is their immediate supervisor" (p. 494) for between 60 and 75% of employees; and Tepper (2000) found the supervisor–employee relationship to be the most commonly reported sources of stress in the workplace. The most recent CIPD absence-management report (CIPD, 2011), which found stress to be a common cause of both short- and -long term sickness absence, suggests that management style is one of the top causes of stress at work. Research has shown effects on stress-related outcomes of manager support (e.g. Rooney & Gottlieb, 2007), transformational leadership (e.g. Nielsen et al., 2008), and leader–member exchange (LMX) (e.g. Harris & Kacmar, 2005). A recent systematic review of 3 decades of research (Skakon et al., 2010) concluded that "leader behaviours, the relationship between leaders and their employees and specific leadership styles were all associated with employee stress and affective wellbeing" (p. 107). A review of specific leadership behaviors linked to employee stress is provided in Section 8.2.2.

Another way that leadership can be linked to employee stress is through an impact on the presence or absence of psychosocial hazards in employees' working environment (e.g. Cherniss, 1995; van Dierendonck et al., 2004). Leaders and managers may buffer, or exacerbate, the impact of the psychosocial environment on employees (e.g. Nielsen et al., 2006). They can also influence the way an employee perceives their working environment, and consequently its impact upon them. Leaders and managers are in a position to affect most, if not all, aspects of work design (Offerman & Hellman, 1996).

When it comes to work redesign and organizational-development (OD)/change initiatives, leadership is a vital element of how they are implemented (e.g. Parker & Williams, 2001; Parker et al., 1997; Saksvik et al., 2002) and therefore their effectiveness in preventing or reducing employee stress and exposure to psychosocial hazards. Senior managers and line managers are likely to be responsible for implementation, or for allowing and enabling implementation, of interventions, and their support of an intervention is likely to be important for its success (French & Bell, 1995; Nielsen & Randall, 2009). Identifying employee stress and exposure to psychosocial hazards is also a part of the people-management role, for example through team meetings, one-to-ones, and appraisals or performance reviews. Where stress or psychosocial risk is identified, managers are likely to be involved in designing and implementing solutions such as risk assessments (Thomson et al., 2004).

8.2.2   Aspects of leadership relevant to employee stress and psychosocial risk

Over recent years, there has been a growing interest in the specific leadership behaviors that are linked to stress-related outcomes. The research emerging can be categorized according to four different leadership theories or approaches: transactional, transformational, and laissez-faire leadership behaviors; negative leadership behaviors; supportive leadership

behaviors; and task- and relationship-focused leadership behaviors. There is also a group of studies using other leadership and management indices.

8.2.2.1 Transformational, transactional, and laissez-faire leadership According to Bass (1985, 1998, 1999), transformational leaders generate enthusiasm for a "vision," show individualized consideration, create opportunities for employees' development, set high expectations for performance, and act as role models to gain the respect, admiration, and trust of employees. Bass (1985, 1998) argued that leaders also need to display transactional behaviors, which involve a more straightforward exchange between the leader and their direct report, in which the employee is suitably rewarded for good performance; and he specified a third category of leader behavior, called laissez-faire leadership, which is characterized by a passive leadership style, an avoidance of action, a lack of feedback and communication, and a general indifference to employee performance (Sosik & Godshalk, 2000).

Research suggests that there are positive effects of transformational leadership and negative effects of laissez-faire leadership on a variety of employee stress-related outcomes (e.g. Alimo-Metcalfe & Alban-Metcalfe, 2001; Hetland et al., 2007; Kuoppala et al., 2008; Nielsen et al., 2008; Sosik & Godshalk, 2000). There are also studies linking these forms of leadership to other relevant employee outcomes, such as retention (McDaniel & Wolf, 1992), empowerment and self-efficacy (e.g. Brossoit, 2001; Hetland et al., 2007), meaningfulness (Arnold et al., 2007), optimism and happiness (Bono et al., 2007), and conflict (e.g. Hauge et al., 2007; Skogstad et al., 2007).

Laissez-faire leadership has also been linked to employee experiences of bullying, which can be a psychosocial hazard. For example, Skogstad et al. (2007) found that laissez-faire leadership was associated with role conflict and role ambiguity in employees, and also with increased numbers of employee conflicts and employee experiences of bullying; while Hauge et al. (2007) found a link between laissez-faire leadership and bullying, and that bullying was more likely to occur when supervisors avoided intervening in and managing stressful situations.

Further information on the links between transformational leadership and employee well-being are provided in Chapter 9.

8.2.2.2 Negative leadership While laissez-faire leadership largely seems to have a negative impact due to lack of action, there is a growing body of literature that suggests leadership can also contribute specific negative behaviors, which can be characerized as bullying (Rayner & McIvor, 2006), undermining (Duffy et al., 2002), "health-endangering" (Kile, 2000), tyrannical (Einarsen et al., 2007), destructive (Einarsen et al., 2007), hostile (Schaubroeck et al., 2007), and abusive (Tepper, 2000). Evidence suggests that the effect of negative leadership on well-being and stress-related outcomes is independent of the effect of the absence of positive leadership. Yagil (2006) found that, although correlated, negative leadership behaviors formed separate factors in exploratory factor analyses to positive leadership behaviors and demonstrated independent effects on well-being and stress-related outcomes. Interestingly, Duffy et al. (2002) found that managers who combined both positive and negative behaviors produced more deleterious outcomes than those who showed negative behaviors alone, perhaps due to their inconsistency.

Amongst the range of conceptualizations of negative leadership behaviors, abusive supervision is probably the best studied. Defined as "the sustained display of hostile verbal

and non-verbal behaviours, excluding physical contact" (Tepper, 2000, p. 178), it may include using derogatory names and explosive outbursts, intimidating by use of threats (including of job loss), withholding needed information, making aggressive eye contact, giving the silent treatment, and humiliating, ridiculing, or belittling employees in front of others (Tepper, 2000). It involves prolonged emotional and psychological mistreatment (Harvey et al., 2007), rather than isolated instances of abusive behaviors. Research has demonstrated links between abusive supervision and a range of stress- and well-being-related outcomes, including: anxiety (Harris & Kacmar, 2005; Tepper, 2000), depression (Tepper, 2000), burnout (Tepper, 2000; Yagil, 2006), and somatic health complaints (Duffy et al., 2002). For a full review of the concepts, causes, and consequences of bullying and abusive leadership behaviors, see Chapter 7.

8.2.2.3 Supportive leadership Much of the research investigating the link between leadership/management and employee stress/well-being has been focused upon the level of support provided by leaders and managers. Numerous studies have shown positive consequences of supportive leadership, with higher levels of support being associated with reductions in employee stress and burnout (e.g. Lee & Ashforth, 1996; Schaufeli & Enzmann, 1998), increases in employee well-being and job satisfaction (e.g. Amick & Celantano, 1991; Baker et al., 1996; Moyle & Parkes, 1999; Offerman & Hellman, 1996), and reductions in turnover intentions (e.g. Thomas & Ganster, 1995). However, the majority of this research has been cross-sectional, with only a few longitudinal studies: despite the positive findings from the former, the latter show limited and inconclusive evidence of these positive links (van Dierendonck et al., 2004). A small number have explored manager support as a moderator of the stressor–strain relationship (e.g. Dekker & Schaufeli, 1995; Moyles & Parkes, 1999; Stephens & Long, 2000), though with mixed results.

8.2.2.4 Task- and relationship-focused leadership Relationship (or consideration)-based leader behaviors include supporting employees, showing respect for employees' ideas, increasing cohesiveness, developing and mentoring, looking out for employees' welfare, managing conflict, and team-building (e.g. Arnold et al. 1995; Levy, 2003; Nyberg et al., 2005; Seltzer & Numerof, 1988; Sosik & Godshalk, 2000). In contrast, task (or initiating-structure)-based leader behaviors include planning and organizing, assigning people to tasks, communicating information, monitoring performance, defining and solving work-related problems, and clarifying roles and objectives. A number of studies have investigated the relationships between these two distinct types of leadership behavior and employee stress/well-being (e.g. Duxbury et al., 1984; Seltzer & Numerof, 1988; Sheridan & Vredenburgh, 1978). Overall, this research suggests that consideration/relationship behaviors have a positive impact on employee well-being but that the impact of leaders' initiating-structure/task behaviors on employees' health may be more complex (e.g. Duxbury et al., 1984; Landweerd & Boumans, 1994; Kuoppala et al., 2008). High levels of initiating-structure behaviors can have a detrimental effect on employee well-being, but this negative impact may be reduced if the manager displaying them also exhibits a range of more consideration-based behaviors.

8.2.2.5 Other leadership and management indices Some occupational-stress researchers have highlighted the limitations of simply adopting prominent leadership theories and measures (e.g. Gilbreath, 2004; Gilbreath & Benson, 2004; Nyberg et al., 2005;

Offerman & Hellmann, 1996) and have developed and/or employed other specific leadership behavior scales to more clearly reflect the wider research into work design and occupational health. For example, Offerman & Hellmann (1996) explored the relationship between leadership and employee strain from the perspective of a population of managers, their bosses, and their direct reports using the "survey of management practices" measure, which comprises three factors: communication, leader control, and delegation. Analyses revealed that high levels of delegation and communication and low levels of leader control predicted lower employee strain and that emotional support behavior (approachability, team-building, interest in growth and building trust) related to lower levels of strain. Van Dierendonck et al. (2004) used a multidimensional leader-behavior scale and found that leadership behavior and employee well-being were linked in a "feedback" loop: effective leader behavior was associated with higher employee well-being at one time point, and higher levels of employee well-being led to more favorable perceptions of leader behavior at another.

Gilbreath & Benson (2004) developed a supervisory-behavior scale using interviews with managers and employees in health-care and retail organizations. This scale measured a range of behaviors relating to job control, communication, consideration, social support, group maintenance, organization, and looking out for employee well-being; these behaviors were found to be significantly related to employees' mental health even after accounting for nonsupervisory behavior factors.

Our work in this area (Donaldson-Feilder et al., 2009; Yarker et al., 2007, 2008) has specifically developed a framework of "management competencies for preventing and reducing stress at work," together with a 66-item measure that can be used to assess the degree to which a particular manager shows the relevant behaviors. Analysis of upward-feedback data showed that those employees who rated their managers as high on the positive manager behaviors and low on the negative manager behaviors included in the framework also had higher levels of well-being (Yarker et al., 2012).

In summary, the research considered here leads to the conclusion that leadership behavior plays a vital role in determining employee stress and exposure to psychosocial risks and that a wide array of positive and negative behaviors are relevant in this context.

8.3   Leadership and Sickness Absence/Return to Work

8.3.1   Relevance of leadership to sickness absence

There is growing recognition of the importance of leadership, and particularly the role of the line manager, in managing employee sickness absence and facilitating employee return to work following sickness absence. A number of studies have been published on the relationship between leadership behaviors, the psychosocial work environment, and sickness absence, and these are reviewed below. Most of these studies have used supervisor support as a measure of leadership behavior, and in some support is measured as part of the demand–support–control model. Although data on leadership and support are collected from self-report questionnaires, the majority of these studies have used robust methodology such as drawing sickness-absence data from either national or occupational registers.

Stansfeld and colleagues (1997) published one of the earliest studies on the relationship between supervisor support and both long and short spells of psychiatric sickness absence: using an occupational cohort from the Whitehall II study ($n = 4202$ employees), a

longitudinal design (5-year follow-up), and sickness-absence data from occupational registers, they found that high levels of support from supervisors were related to a lower risk of short spells of psychiatric sickness absence among British civil servants. Using a similar longitudinal study design and organizational sickness-absence records with 530 employees, Vahtera et al. (2000) found that where job control was low, high, or improving, supervisory support was associated with a decreased risk of long spells of sickness absence. In contrast, Clumeck and colleagues (2009) found no evidence in their longitudinal study for supervisor support being associated with long-term sickness absence related to depression among 9396 employees. Kuoppala et al. (2008) reviewed seven studies on the effect of leadership on sick leave, of which five were based on the effect of support from a supervisor, measured mainly by the job-content questionnaire. Out of these five studies, three provided moderate evidence that good leadership was associated with a decreased risk of sickness absence (rate ratio = 0.73; range 0.70–0.89) (Ariens et al., 2002; Hoogendoorn et al., 2002; Vahtera et al., 2000). Two of these studies (Ariens et al., 2002; Hoogendoorn et al., 2002) focused on the onset of back pain as the main ill-health outcome and reason for the subsequent sickness absence, whilst Vahtera and colleagues (2000) did not identify the specific ill-health associated with sickness absence in their study.

Other studies looking at specific psychosocial work environments or work characteristics have also reported a relationship between low supervisor support and long-term sickness absence (Labriola et al., 2006; Lund et al., 2005; Nielsen et al., 2006). For example, Labriola et al. (2006) examined the psychosocial and physical work-environment factors predicting long-term sickness absence and found that the risk of long-term sick leave increased with lower support from the manager and poorer management quality. This was consistent with Väänänen et al.'s (2003) findings that a lack of manager support to women and a lack of co-worker support to men increased the frequency of long sickness absence. Nielsen et al. (2006) also reported gender differences in sickness absence: they found that high levels of supervisor support predicted fewer short- and long-term sickness-absence spells in men but not in women. Gender differences in social support and sickness absence have also been reported in other studies, such as those by Stansfeld et al. (1997) and Vahtera et al. (2000) already discussed. These studies adopt gender-specific approaches to examining sick leave due to evidence suggesting that sources of stress vary between men and women (Hendrix et al., 1994), and that the relationship between social support and sickness absence is influenced by factors such as demand–control interaction, other psychosocial factors (Vahtera et al., 1996), and personal factors such as number of dependents. Although these studies used longitudinal designs (at least 18-month follow-up) and either national-register data or organizational data for sickness absence, most did not examine the relationship between social support and sickness absence by different types of ill-health (e.g. psychological versus physical ill-health), which makes it difficult to establish the impact of social support on specific types of ill-health and on both short- and long-term sick leave.

A small number of studies have examined the association between overall quality of leadership and sickness absence. Using a national register for sickness-absence data and a 2-year follow-up, Munir et al. (2011) found that quality of leadership (the extent to which a supervisor or leader provided development opportunities, gave high priority to job satisfaction, showed good work planning, and was good at solving conflicts) was related to levels of long-term sickness absence for those with moderate depressive symptoms in a Danish working population—higher-quality leadership being associated with lower levels of absence. In a study on the effect of job demands and resources on long-term sickness

absence (using national-register data) by Clausen et al. (2011), job resources such as influence, quality of leadership, and team climate were associated with a reduced risk for long-term sickness absence. However, Clausen and colleagues did not examine these relationships by types of ill-health. Moreover, neither Munir et al. (2011) nor Clausen et al. (2011) specified the specific leadership behaviors (e.g. transformational leadership) that influence health and well-being and subsequently sickness absence.

Some studies have examined specific aspects of leadership in relation to sickness absence. A longitudinal study conducted by Dellve et al. (2007) examined leadership qualities and leadership-related psychosocial workplace conditions for workplace health promotion and work attendance. The authors used organizational sickness-absence data and survey data with 3275 employees and qualitative interviews with 23 workplace health-promotion leaders. They found that leaders with multifocused intervention strategies had the strongest long-term effect on employee work attendance; high-quality leadership that used rewards, recognition, and respect was also associated with work attendance. Further evidence for the effects of different leadership styles is reported by Schreuder et al. (2011), who studied the effects of two leadership styles on registered short-term sickness absence among a predominantly female Dutch nursing staff: they found that relationship-oriented leadership style was related to lower short-term sickness absence and that task-oriented behaviors were related to higher short-term sickness absence. In another study of 5141 nationally-represented Swedish employees, Nyberg and colleagues (2008) measured five leadership dimensions using subscales from a standardized leadership questionnaire (Global Leadership and Organizational Behavior Effectiveness (GLOBE) Research Project) that were known to be associated with employee stress and health. They found that inspirational leadership (a component of transformational leadership) was associated with a lower rate of short sickness-absence spells among men, and autocratic leadership was associated with a greater amount of total sick-leave days taken by men, while "team-integrating" leadership was associated with lower spells of short- and long-term sickness absence among women. In line with the studies on supervisor support and gender differences in sickness absence, findings from this study suggest that different aspects of leadership may affect men and women differently in terms of sick leave. However, both these studies are cross-sectional and the study by Nyberg and colleagues used self-report sickness-absence data. Further research is required that is longitudinal in design and that uses employer-registered sickness-absence data, in order to determine the leadership behaviors associated with both short-term and long-term sickness absence, and to explore the gender differences associated with leadership behaviors and sickness absence.

This brief review of the literature suggests there are links between leadership and sickness absence but reveals that there is still much to be explored. The differential effects of leadership behaviors on long- and short-term sickness absence require much more research. For example, how leadership behavior affects absence through an impact on health levels (i.e. through poor leadership leading to stress-related common health problems leading to absence) is not yet fully understood.

8.3.2   Relevance of leadership to return to work

Research has started to examine aspects of leadership associated with effective return-to-work processes and outcomes (e.g. Aas et al., 2008; Munir et al., 2011; Yarker et al., 2010). Rick & Thompson's (2004) research found that line managers have a crucial role to play in the rehabilitation of employees following work-related stress, and the authors

suggest that this may hold true for rehabilitation following other types of ill health. Yarker et al. (2010) suggest that line managers are important in the return-to-work process for a number of reasons: they are often the first contact point when the employee is unwell and does not attend work; they are responsible for the day-to-day management of the employee on their return; and they may be the first person called upon by the employee when they need to meet human resources (HR)/occupational health (OH) for advice on their condition and their return to work. This is supported by the findings from Holmgren & Ivanoff's (2007) study: using a qualitative approach with focus groups, they examined 23 managers' views on responsibility for the return-to-work process and support of sick-listed employees. Their results suggested that managers defined themselves as the key individuals responsible for the rehabilitation of employees returning from sickness absence and for creating a good working environment in order to prevent ill-health and sickness absence in the first place. However, in a review by Black (2008) on the health of Britain's working-age population, the importance of line managers feeling confident about approaching sensitive and difficult areas of conversation regarding an employee's absence and return to work was recognized. In a report by the Work Foundation, Bevan (2003) suggests that even well-designed and -managed return-to-work systems are likely to fall short where line managers are not equipped to deal with the absent and returning employee.

A number of studies have focused on identifying the leadership qualities valued in the return-to-work process. Using a qualitative case-study approach with 30 employees on long-term sick leave and 28 of their supervisors, Aas et al. (2008) found that the leadership qualities valued by employees on long-term sick leave were: ability to make contact, being considerate, being understanding, being empathic, and being appreciative. Interestingly, the leadership qualities that were valued by the employee were different to those which managers believed the employees would prefer, which highlights the difficulties and potential confusions that managers face when facilitating the return to work of employees. Blackman & Chiveralls (2011) used a cross-sectional survey with 270 supervisors and identified four key aspects related to a supervisor's readiness to engage with vocational rehabilitation processes and self-efficacy for doing so: perceived financial role and liaison role associated with vocational rehabilitation; compliance with legal aspects of the process; and capacity to interact (i.e. communicate) with others within the organization. Nieuwenhuijsen and colleagues (2004) used a longitudinal survey design with 277 employees (data collected across four time points) and interviews with supervisors ($n = 85$). They identified the following supervisor behaviors associated with return to work for those with depression: communication with the employee, promoting a gradual return to work, and consulting with professionals. Our own research (Munir et al., 2011; Yarker et al., 2010) developed a framework of manager behaviors to support return to work following long-term sickness absence, together with a measure to explore whether a particular manager shows the relevant behaviors. We also used a longitudinal survey design with 359 employees and 186 managers, as well as interviews with 20 managers and focus-group discussions with 142 key stakeholders (HR and OH professionals). The research identified four categories of behavior displayed by supervisors relevant to an employee's return-to-work process: communication and support during sick leave; inclusive behavior upon initial return of the employee; negative behaviors; and general proactive support following return to work (e.g. managing the team; an open and sensitive approach; and legal and procedural knowledge). Analysis showed that for employees with stress, depression, and anxiety, receiving high levels of supervisor communication and support during sick leave was associated with shorter long-term sickness absence (i.e. earlier return to work).

A key finding from the studies reviewed above suggests that communication with the employee and with the organization in the return to work and rehabilitation of an employee is an important leadership skill. Blackman & Chiveralls (2011) suggest that the importance of effective communication in the return-to-work process is supported by evidence from systematic literature reviews. Moreover, Friesen et al. (2001) reported that one of the perceived barriers to return to work in their qualitative study with 55 stakeholders was ineffective communication among stakeholders. Yarker et al. (2010) further demonstrated that support and communication during sick leave was significantly associated with increased job performance and psychological well-being in employees who had recently returned to work. Thus, communication seems important not just in facilitating return to work but also in achieving better work performance and well-being following return; this may be because it enables the supervisor and the employee to negotiate work tasks, work hours, and other possible work adjustments prior to or during initial return to work.

Overall, differences in study design and in the measures of leadership or behaviors used mean that there is not yet a clear picture of which aspects of leadership are the most important in influencing return to work. The research exploring which leadership qualities contribute to sickness absence has so far looked at different sets of skills and behaviors to those that have been examined for return to work. For example, transformational and situational leadership have been considered in relation to sickness absence, whereas situation-specific skills and competencies have been examined when looking at return to work. Research exploring both sickness absence and return to work could be an important step forward—leadership seems relevant to both, as the two are closely associated. For example, a leader who, through poor management, has been part of the cause of their employee's sickness absence will also be responsible for supporting (or obstructing) that individual's return to work: this will clearly have implications for well-being over time and also for subsequent patterns of long-term sick leave.

In addition, there is a need for more nuanced research around leadership and different health conditions. Much of the evidence around leadership and sickness absence/return to work has focused on employees with poor mental health, particularly mental-health conditions associated with work-related stress. However, some studies have also included other health conditions, such as musculoskeletal disorders, coronary heart disease, and cancer; it is possible that the leadership qualities associated with sickness absence and return to work in these cases may be different. Although one study (Yarker et al., 2010) attempted to examine the similarities and differences in line-manager behavior for a range of health problems, much more needs to be done in this area to identify the differences.

8.4   Leadership and Employee Engagement

8.4.1   Evidence that leadership has an impact on employee engagement

Definitions of employee engagement are many and varied (see Lewis et al., 2011 for an exploration). A broad-based definition might be "Being focused in what you do (thinking), feeling good about yourself in your role and the organisation (feeling), and acting in a way that demonstrates commitment to the organisational values and objectives (acting)" (Lewis et al., 2011, p. 4). A number of practitioner studies have concluded that organizations with higher levels of employee engagement perform better than those with lower levels of engagement (e.g. Towers Watson, 2008).

While there is only limited academic research on the link between leadership and employee engagement, the practitioner literature places a significant emphasis on the importance of leadership to employee engagement. David MacLeod and Nita Clarke were commissioned by the UK government to review the concept of employee engagement and its potential benefits. Their report (MacLeod & Clarke, 2009) suggests that both leadership and people management are key drivers of employee engagement. A number of other practitioner papers (e.g. Alfes et al., 2010; Robinson & Hayday, 2009; Robinson et al., 2004) also cite senior-leadership communication and visibility and good-quality line management as drivers of employee engagement.

It is also plausible to suggest that leadership will have an impact on the drivers of employee engagement. For example, Maslach et al. (2001) suggest six key areas of work that drive both burnout and engagement: workload, control, reward and recognition, support, fairness, and shared values. It seems likely that leadership and management will influence all of these factors, as leaders and managers determine the amount of work and autonomy employees receive, provide reward, recognition, and support to those who work for them, behave in ways that are perceived as fair or unfair, and establish the values and culture of the workplace. Supervisor support has been found to be positively related to employee engagement (Hakanen et al., 2006), and involving employees in decision-making, as well as in day-to-day control over tasks and schedules, has been related both directly and indirectly to employee engagement (Bakker et al., 2003; Demerouti et al., 2000, 2001; Hakanen et al., 2006). However, there is still very little academic research exploring the links between leadership and employee engagement (Lewis et al., 2011); this is perhaps partly due to the diversity of definitions and conceptualizations of the employee-engagement construct.

8.4.2   Aspects of leadership that impact on employee engagement

Based on their review of the field, MacLeod & Clarke (2009) describe employee engagement-enhancing leadership as: expressing the organization's vision clearly; providing a clear line of sight; and developing an open and transparent culture. They also suggest that in order to enhance employee engagement, line managers need to: provide autonomy and empowerment to their employees; provide development opportunities; clarify expectations; treat employees fairly and with respect; offer coaching, feedback, and training; and ensure that work is effectively and efficiently designed. Research by Alfes et al. (2010) explored the leadership behaviors needed to engender employee engagement and highlighted the impact of perceptions of line management and senior leadership on this. Positive perceptions of line management were significantly related to employee engagement. In order to foster employee engagement, the research suggested that line managers should ensure that: the right people were in the right jobs; goals and objectives were clearly communicated; effort was appropriately rewarded; and opportunities for development and promotion were provided. At the senior-leadership level, it was important that senior management effectively communicated the organization's vision and adopted an open, transparent, and approachable style.

Macey & Schneider (2008) suggested that transformational leadership behaviors would be a key driver of employee engagement. Although not measuring employee engagement directly, Shamir et al. (1993) showed that transformational leadership enhanced employee feelings of involvement, cohesiveness, commitment, potency, and performance, which would suggest a link to engagement. A diary study by Tims et al. (2011) showed that daily perceptions of transformational leadership related positively to employees' daily engagement

levels. Babcock-Roberson & Strickland (2010) explored the links between charismatic elements of leadership, employee engagement, and organizational citizenship behavior (OCB): using Schaufeli et al.'s (2002) measure of engagement, these authors found that charismatic leadership behaviors were linked to both engagement and OCB and that engagement fully mediated the relationship between charismatic leadership and OCB. Walumbwa et al. (2010) also looked at the impact of leadership on OCB and engagement, using a measure of authentic leadership; they found that authentic leadership behaviors, made up of balanced processing, internalized moral perspective, relational transparency, and self-awareness, were positively related to both engagement and OCB. In this latter study, these relationships were found to be mediated by followers' identification with their supervisor and their feelings of empowerment. Thus transformational, charismatic, and authentic elements of leadership appear to be linked to employee engagement; other models of leadership may also be relevant, such as empowering leadership (Bakker et al., 2011).

Rather than relying on existing measures of leadership, which may not capture all the behaviors relevant to employee engagement, our own work (Lewis et al., 2011) has developed a framework of management competencies specifically for enhancing employee engagement. We conducted 48 semistructured interviews with employees and managers using the critical-incident technique; these explored the manager behaviors that enhanced or reduced particular aspects of employee engagement (thinking, feeling, and acting, as outlined in the definition of employee engagement given above). The interview data were analyzed to extract specific behavioral indicators and group them into themes. The resulting framework consisted of 11 competencies, including areas such as "autonomy and empowerment," "individual interest," and "reviewing and guiding."

In summary, the literature around employee engagement and leadership is sparse, but there is evidence that further exploration of the link between these two factors would be valuable. The literature that does exist suggests that there is a link between how an individual is led and managed and how engaged they are (e.g. MacLeod & Clarke, 2009); however, this still needs empirical testing, and the mechanisms through which any link operates also need exploration.

8.5   Leadership Development As An Employee-Well-Being Intervention

Given the now-substantial body of literature showing links between leadership and a range of employee-well-being outcomes, it is not surprising that a number of authors have commented on the potential to use leadership development as an intervention for improving employee well-being (e.g. Nyberg et al., 2009). Indeed, Kelloway & Barling (2010), reviewing the literature on the association between leadership and occupational health and safety, conclude that "leadership development should be a main target for research on interventions in occupational health psychology" (p. 260).

There is now a small but growing body of research that supports these suggestions. For example, Theorell et al. (2001) evaluated the effects of a training program that aimed to improve the "psychosocial competence" of managers through biweekly training sessions spread over the course of a year (60 hours in total). The training content included information on individual functioning (from a medical and psychological perspective) and the social psychology of groups, as well as process and work redesign elements regarding practical applications and how to initiate psychosocial improvements at work. Managers

were also encouraged to discuss the content of the course with their teams between sessions. Measures taken at the end of the training program showed that employees whose managers had participated in the training reported an increase in decision authority (or job control) and experienced a significant reduction in serum cortisol levels (a stress hormone), whereas those whose managers had not participated reported a decrease in decision authority and no change in serum cortisol levels.

In a study by Tsutsumi et al. (2005), the effects of a single-session supervisory education program were evaluated using a quasi-experimental design. Levels of employee strain in a department in which more than one-third of the supervisors had attended the training were compared with those in a second department in which less than one-third of the supervisors had attended the training. The training session lasted approximately 2¼ hours and included lectures, case studies, and group discussion. Despite being a relatively brief training program, the study showed that this intervention had a beneficial effect on employee strain: psychological strain decreased significantly in the 3 months following the intervention for employees working in the department in which more than one-third of the supervisors had attended the program, while the strain levels remained the same in the comparison department.

Research by Kawakami et al. (2005) evaluated the effect of a Web-based management training program on employee strain. Managers were randomly allocated to receive the training or to a control group. The training content included knowledge about mental health, information on the role of supervisors in occupational health, and awareness of stress and how to cope with it. Managers took 3–5 hours to complete the training, and were advised to spend 2–4 weeks on the entire program. The training did not have a significant impact on employee strain; however, it did appear to have a protective effect on employees' perceptions of supervisory support, in that supervisory support reduced significantly amongst those employees whose managers did not receive the training, but remained the same for those employees whose managers completed the program. The researchers report that the period following the training was an extremely busy time for the company and suggest that the training may have encouraged managers to maintain their levels of support even during the busy periods.

In a study of the impact of supervisor training on employee insomnia, Greenberg (2006) found that the negative impact of a pay cut on employees' sleep patterns was reduced for those whose supervisors had been trained in interactional justice. "Interactional justice" refers to employees' perceptions of the fairness of the interpersonal treatment they receive from organizational authority figures (such as supervisors). The supervisor training intervention was delivered over two consecutive days and included both interpersonal and informational aspects of interactional justice. Measures of self-reported insomnia showed that employees who had experienced a pay cut reported significantly higher levels of insomnia than those whose pay remained unchanged, but that this effect was reduced considerably for those whose supervisors had received training. The difference was still present 6 months after the training.

Barling et al. (1996) examined the effects of a program designed to develop transformational leadership styles. Managers were randomly assigned either to participate in the development or to be part of a control group. The program consisted of a workshop, employee feedback on the individual leaders' leadership styles, and follow-up coaching. Follow-up evaluation showed that those who worked for managers that had participated in the program (but not those who worked for control-group managers) had enhanced perceptions of their managers' transformational leadership and enhanced affective

commitment to the organization; measures of financial performance were also improved for the participant group. McKee & Kelloway (2009) evaluated a similar leadership development program and found that employees working for leaders who participated in the program had enhanced perceptions of their supervisors' transformational leadership style and that this was associated with improved psychological well-being.

Our own research (Donaldson-Feilder et al., 2009) has shown that participation in a program designed around "management competencies for preventing and reducing stress at work" enabled managers to develop the relevant competencies. In particular, managers who were initially rated by their employees as not showing these competencies received higher employee ratings 3 months after participating in a program consisting of upward feedback and a development workshop.

This review of research investigating the impact of leadership development programs on employee well-being provides good evidence that such interventions can have a beneficial impact on employee well-being. It also suggests that leadership development can influence work-design characteristics (e.g. job control and workplace support) and has the potential to reduce the detrimental impact of organizational stressors, such as workplace injustice. However, the number of research studies is still relatively small, and the format and content of the programs studied thus far has been diverse. Considerable further research is needed to understand the best form of leadership development in the context of aiming to improve employee well-being: this should explore issues such as the length, content, and logistics of these programs. It would also be valuable to develop an understanding of how these interventions impact on employee-well-being outcomes: training one person (the leader) in order to affect the well-being of others (that leader's employees) implicates a range of intervening, mediating variables, including actual and perceived changes in the leader's behavior, shifts in employee attitudes, and ultimately changes in well-being outcomes. It will be necessary to understand and measure all the intervening variables, including time lags and durations of impact, in order to map these mechanisms and pathways.

8.6   Conclusion

This chapter has emphasized the importance of leadership for employee well-being. Diverse literatures relating to stress and psychosocial hazards, sickness absence and return to work, employee engagement, and leadership development have been explored. Although there are differences in the quantity and quality of studies available in these domains, the majority suggest that better leadership and management is associated with higher levels of employee well-being. Understanding of which aspects of leadership are important has been developed to a limited extent. Exploration of leadership development as a well-being intervention is in its infancy, but is showing great promise.

In the domain of leadership and employee stress, which is probably the best-researched of those considered here, there is still considerable work to be done in exploring the relevant leadership behaviors and their interactions and mechanisms. Links between leadership and employee sickness absence and return to work have received rather less research attention: more research is needed regarding what aspects of leadership are relevant and the mediating factors through which line managers in particular influence outcomes. The impact of leadership on employee engagement, while receiving a high profile in the practitioner and national-policy literature, is an extremely under-researched area: academic research could usefully explore whether and through what mechanisms leadership impacts

on engagement. Further research into leadership development looking at well-being outcomes is another potentially rich field, particularly in exploring the complexity of mediating variables and how different formats of development intervention impact on all elements of the picture. In addition, individual and organizational performance outcomes need to be brought into study designs in order to develop a more complete picture.

There is potential, moving forward, for research in this field to create a much clearer understanding of the complexity of the relationships that exist between leadership, employee well-being, and performance. Importantly, this would provide an evidence base for practice and interventions in these domains and present opportunities for enhancing employee well-being and performance outcomes by improving leadership and management skills.

References

Aas, R.W., Ellingsen, K.I., Lindøe P., & Möller A. (2008). Leadership qualities in the return to work process: a content analysis. Journal of Occupational Rehabilitation, 18, 335–346.

Alfes, K., Truss, C., Soane, E.C., Rees, C., & Gatenby, M. (2010). Creating an engaged workforce, CIPD, London. http://www.cipd.co.uk/subjects/empreltns/general/_creating_engaged_workforce.htm.

Alimo-Metcalfe, B. & Alban-Metcalfe, R.J. (2001). The development of a new transformational leadership questionnaire. Journal of Occupational and Organizational Psychology, 74, 1–27.

Amick, B.C., & Celantano, D.D. (1991). Structural determinants of the psychosocial work environment: introducing technology in the work stress framework. Ergonomics, 34, 625–646.

Ariens, G.A., Bongers, P.M., Hoogendoorn, W.E., van der Wal, G., & van Mechelen, W. (2002). High physical and psychosocial load at work due to neck pain. Scandinavian Journal of Work, Environment & Health, 28, 222–231.

Arnold, J., Cooper, C.L., & Robertson, I.T. (1995). Work Psychology: Understanding Human Behaviour in the Workplace. London: Pitman.

Arnold, K.A., Turner, N., Barling, J., Kelloway, E.K., & McKee, M.C. (2007). Transformational leadership and psychological well-being: the mediating role of meaningful work. Journal of Occupational Health Psychology, 12, 193–203.

Avolio, B.J. & Gardner, W.L. (2005). Authentic leadership development: getting to the root of positive forms of leadership. Leadership Quarterly, 16, 315–338.

Babcock-Roberson, M.E. & Strickland, O.J. (2010). The relationship between Charismatic Leadership, Work Engagement and Organisational Citizenship Behaviours. Journal of Psychology, 144, 313–326.

Baker, E., Israel, B., & Schurman, S. (1996). Role of control and support in occupational stress: an integrated model. Social Science and Medicine, 43, 1145–1159.

Bakker, A.B., Albrecht, S.L., & Leiter, M.P. (2011) Key questions regarding work engagement. European Journal of Work and Organisational Psychology, 20, 4–28.

Bakker, A.B., Demerouti, E., De Boer, E., & Schaufeli, W.B. (2003). Job demands and job resources as predictors of absence duration and frequency. Journal of Vocational Behavior, 62, 341–356.

Barling, J., Weber, T., & Kelloway, K. (1996). Effects of transformational leadership training on attitudinal and financial outcomes: a field experiment. Journal of Applied Psychology, 81, 827–832.

Bass, B. (1985). Leadership and Performance beyond Expectations. New York: Free Press.

Bass, B.M. (1990). From transactional to transformational leadership: learning to share the vision. Organizational Dynamics, 18, 19–31.

Bass, B.M. (1998). Transformational leadership: industrial, military, and educational impact. Hillsdale, NJ: Erlbaum.

Bass, B.M. (1999). Two decades of research and development in transformational leadership. European Journal of Work and Organizational Psychology, 8, 9–32.

Bass, B.M. & Avolio, B.J. (1994). Improving organisational effectiveness through transformational leadership. Thousand Oaks, CA: Sage.

Beehr, T.A., King, L.A., & King, D.W. (1990). Social support, occupational stress: talking to supervisors. Journal of Vocational Behavior, 36, 61–81.

Bevan S. (2003). Attendance Management. The Work Foundation.

Black, C. (2008). Working for a healthier tomorrow: review of the health of Britain's working age population. London: TSO.

Blackman I. & Chiveralls K. (in press).Factors influencing workplace supervisor readiness to engage in workplace-based vocational rehabilitation. Journal of Occupational Rehabilitation. doi:10.1007/s10926-011-9297-1.

Bono, J.E., Foldes, H.J., Vinson, G., & Muros, J.P. (2007). Workplace emotions: the role of supervision and leadership. Journal of Applied Psychology, 92, 1357–1367.

Brossoit, K.B. (2001). Understanding employee empowerment in the workplace: exploring the relationships between transformational leadership, employee perceptions of employment and key work outcomes. Unpublished doctoral dissertation. The Claremont Graduate University.

Cherniss, C. (1995). Beyond Burnout: Helping Teachers, Nurses, Therapists & Lawyers Recover from Stress and Disillusionment. New York: Routledge.

CIPD (2011). Annual Survey Report 2011: Absence Management. http://www.cipd.co.uk/hr-resources/survey-reports/absence-management-2011.aspx.

Clausen, T., Nielsen, K., Carneiro, I.G., & Vilhelm, B. (2011). Job demands, job resources and long-term sickness absence in the Danish eldercare services: a prospective analysis of register-based outcomes. Journal of Advanced Nursing. doi:10.1111/j.1365-2648.2011.05724.x.

Clumeck, N., Kempenaers, C., Godin, I., Dramaix, M., Kornitzer, M., Linkowski, P., & Kittel, F. (2009). Working conditions predict incidence of long-term spells of sick leave due to depression: results from the Belstress I prospective study. Journal of Epidemiology and Community Health, 63, 286–292.

Dekker, S.W.A. & Schaufeli, W.B. (1995). The effects of job insecurity on psychological health and withdrawal: a longitudinal study. Australian Psychologist, 30, 57–63.

Dellve, L., Skagert, K., & Vilhelmsson, R. (2007). Leadership in workplace health promotion projects: 1- and 2-year effects on long-term work attendance. European Journal of Public Health, 17, 471–476.

Demerouti, E., Bakker, A.B., Nachreiner, F. & Schaufeli, W.B. (2000). A model of burnout and life satisfaction amongst nurses. Journal of Advanced Nursing, 32, 454–464.

Demerouti, E., Bakker, A.B., Nachreiner, F., & Schaufeli, W.B. (2001). The job demands-resources model of burnout. Journal of Applied Psychology, 86, 499–512.

Donaldson-Feilder, E.J., Lewis, R., & Yarker, J. (2009). Preventing Stress: Promoting Positive Manager Behaviour. CIPD Insight Report.

Duffy, M.K., Ganster, D.C., & Pagon, M. (2002) Social undermining in the workplace. Academy of Management Journal, 45, 331–351.

Duxbury, M.L., Armstrong, G.D., Drew, D.J., & Henly, S.J. (1984). Head nurse leadership style with staff nurse burnout and job satisfaction in neonatal intensive care units. Nursing Research, 33, 97–101.

Einarsen, S., Aasland, M.S., & Skogstad, A. (2007). Destructive leadership behaviour: a definition and conceptual model. Leadership Quarterly, 18, 207–216.

Fenalson, K.J. & Beehr, T.A. (1994). Social support and occupational stress: effects of talking to others. Journal of Organizational Behavior, 15, 157–175.

French, W.L. & Bell, C.H. (1995). Organization development: behavioral science interventions for organization development. Englewood Cliffs: Prentice Hall.

Friesen, M., Yassi, A., & Cooper, J. (2001). Return-to-work: the importance of human interactions and organizational structures. Work: A Journal of Prevention, Assessement and Rehabilitation, 17(1), 11–22.

Gilbreath, B. (2004). Creating healthy workplaces: the supervisor's role. International Review of Industrial and Organizational Psychology, 19, 93–118.

Gilbreath, B. & Benson, P.G. (2004). The contribution of supervisor behaviour to employee psychological well-being. Work & Stress, 18, 255–266.

Greenberg (2006). Losing sleep over organizational injustice: attenuating insomniac reactions to underpayment inequity with supervisory training in interactional justice. Journal of Applied Psychology, 91, 58–69.

Hakanen, J.J., Bakker, A.B., & Schaufeli, W.B. (2006). Burnout and work engagement among teachers. Journal of School Psychology, 43, 495–513.

Harris, K.J. & Kacmar, K.M. (2005). Easing the strain: the buffering role of supervisors in the perceptions of politics-strain relationship. Journal of Occupational and Organizational Psychology, 78, 337–354.

Harvey, P., Stoner, J., Hochwarter, W., & Kacmar, C. (2007). Coping with abusive supervision: the neutralising effects of ingratiation and positive affect on negative employee outcomes. Leadership Quarterly, 18, 264–280.

Hauge, L.J., Skogstad, A., & Einarsen, S. (2007). Relationships between stressful work environments and bullying: results of a large representative study. Work and Stress, 21, 220–242.

Hendrix, W.H., Spencer, B.A., & Gibson, G.S. (1994). Organizational and extraorganizational factors affecting stress, employee well-being and absenteeism for males and females. Journal of Business and Psychology, 9, 103–128.

Hetland, H., Sandal, G.M., & Johnsen, T.B. (2007). Burnout in the information technology sector: does leadership matter? European Journal of Work and Organisational Psychology, 16, 58–75.

Hogan, R., Curphy, G.J., & Hogan, J. (1994). What we know about leadership: effectiveness and personality. American Psychologist, 49, 493–504.

Holmgren, K. & Ivanoff, S.D. (2007). Supervisors views on employer responsibility in the return to work process. Journal of Occupational Rehabilitation, 17, 93–106.

Hoogendoorn, W.E., Bongers, P.M., de Vet, H.C., Ariens, G.A., van Mechelen, W., & Bouter, L.M. (2002). High physical work load and low job satisfaction increase the risk of sickness absence due to low back pain: results of a prospective cohort study. Occupational Environmental Medicine, 59, 323–328.

Kawakami, N., Kobayashi, Y., Takao, S., & Tsutsumi, A. (2005). Effects of web-based supervisor training on supervisor support and psychological distress among workers: a randomized controlled trial. Preventive Medicine, 471–478.

Kelloway, E.K. & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. Work & Stress, 24, 260–279.

Kile, S.M. (2000). Health Endangering Leadership. Unpublished doctoral dissertation. Bergen, Norway.

Kuoppala, J., Lamminpaa, A., Liira, J., & Vainio, H. (2008). Leadership, job well-being, and health effects—a systematic review and a meta-analysis. Journal of Occupational and Environmental Medicine, 50, 904–915.

Labriola, M., Christensen, K.B., Lund, T., Nielsen, M.L., & Diderichsen, F. (2006) Multilevel analysis of workplace and individual risk factors for longterm sickness absence. Journal of Occupational Environmental Medicine, 48(9), 923–929.

Landeweerd, J.A. & Boumans, N.P.G. (1994). The effect of work dimensions and need for autonomy on nurses' work satisfaction and health. Journal of Occupational and Organizational Psychology, 67, 207–217.

Lee, R.T. & Ashforth, B.E. (1996). A meta-analytic examination of the correlates of the three dimensions of burnout. Journal of Applied Psychology, 81, 123–133.

Levy, P.E. (2003). Industrial/organizational psychology: understanding the workplace. Boston, MA: Houghton Mifflin.

Lewis, R., Donaldson-Feilder, E., & Tharani, T. (2011). Management competencies for enhancing employee engagement. London: CIPD.

Lund, T., Labriola, M., Christensen, K.B., Bültmann, U., Villadsen, E., & Burr, H. (2005). Psychosocial work environment exposures as risk factors for long-term sickness absence among Danish employees: results from DWECS/DREAM. Journal of Occupational Environmental Medicine, 47, 1141–1147.

Macey, W.H. & Schneider, B. (2008). The meaning of employee engagement. Industrial and Organizational Psychology, 1, 3–30.

MacLeod, D. & Clarke, N. (2009) Engaging for success: enhancing performance through employee engagement. London: Office of Public Sector Information. Retrieved 09/20/10 from http://www.bis.gov.uk/files/file52215.pdf.

Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burnout. Annual Review of Psychology, 52, 397–422.

McDaniel, C., & Wolf, G.A. (1992). Transformational leadership in nursing service. Journal of Nursing Administration, 22, 60–65.

McKee, M., & Kelloway, K. (2009). Leading to wellbeing. Paper presented to the annual meeting of the European Academy of Work and Organizational Psychology, Santiago de Compostella, Spain.

Moyle, P. & Parkes, K. (1999). The effects of transition stress: a relocation study. Journal of Organizational Behavior, 20, 625–646.

Munir, F., Burr, H., Hansen, J.H., Rugulies, R., & Nielsen, K. (2011a). Do positive psychosocial work factors protect against 2-year incidence of long-term sickness absence among employees with and those without depressive symptoms? A prospective study. Journal of Psychosomatic Research, 70, 3–9.

Munir, F., Yarker, J., Hicks, B., & Donaldson-Feilder, E. (2011b). Returning employees back to work: developing a measure for supervisors to support return to work (SSRW). Journal of Occupational Rehabilitation. doi:10.1007/s10926-011-9331-3.

Nielsen, K. & Randall, R. (2009). Managers' active support when implementing teams: the impact on employee well-being. Applied Psychology: Health and Well-being, 1, 374–390.

Nielsen, M.L., Rugulies, R., Christiansen, K.B., Smith-Hansen, L., & Kristiansen, T.S. (2006). Psychosocial work environment predictors of short and long spells of sickness absence during a two year follow up. Journal of Occupational and Environmental Medicine, 48, 591–595.

Nielsen, K., Randall, R., Yarker, J., & Brenner, S.O. (2008). The effects of transformational leadership in followers perceived work characteristics and well-being: a longitudinal study. Work and Stress, 22, 16–32.

Nieuwenhuijsen, K., Verbeek, J.H.A.M., De Boer, A.G.E.M., Blonk, R.W.B., & Van Djik, F.J.H. (2004). Supervisory behaviour as a predictor of return to work in employee absent from work due mental health problems. Occupational Environmental Medicine, 61, 817–823.

Nyberg, A., Bernin, P., & Theorell, T. (2005). The impact of leadership on the health of subordinates. The National Institute for Working Life.

Nyberg A., Westerlund H., Magnusson, Hansson L., & Theorell T. (2008). Managerial leadership is associated with self-reported sickness absence and sickness presenteeism among Swedish men and women. Scandinavian Journal of Public Health, 36, 803–811.

Nyberg, A., Alfredsson, L., Theorell, T., Westerlund, H., Vahtera, J., & Kivimaki, M., (2009). Managerial leadership and ischaemic heart disease among employees: the Swedish WOLF study. Occupational and Environmental Medicine, 66, 51–55.

Offerman, L.R. & Hellmann, P.S. (1996). Leadership behaviour and subordinate stress: a 360 view. Journal of Occupational Health Psychology, 1, 382–390.

Parker, S. & Williams, H. (2001). Effective teamworking: reducing the psychosocial risks. Norwich, UK: HSE Books.

Parker, S.K., Chmiel, N., & Wall, T.D. (1997). Work characteristics and employee well-being within a context of strategic downsizing. Journal of Occupational Health Psychology, 2, 289–303.

Rayner, C. & McIvor, K. (2006). Report to the Dignity at Work Project Steering Committee. Dignity at Work Report: Portsmouth University.

Robinson, D. & Hayday, S., (2009). The Engaging Manager. Report 470. Institute for Employment Studies.

Robinson, D., Perryman, S., & Hayday S. (2004). The Drivers of Employee Engagement. Institute of Employment Studies.

Rooney, J.A. & Gottlieb, B.H. (2007). Development and initial validation of a measure of supportive and unsupportive managerial behaviours. Journal of Vocational Behavior, 71, 186–203.

Saksvik, P.O., Nytro, K., Dahl-Jorgensen, C., & Mikkelsen, A. (2002). A process evaluation of individual and organisational occupational stress and health interventions. Work & Stress, 16, 37–57.

Schaubroeck, J., Walumbwa, F.O., Ganster, D.C., & Kepes, S. (2007). Destructive leadership traits and the neutralising influence of an "enriched" job. Leadership Quarterly, 18, 236–251.

Schaufeli, W.B. & Enzmann, D. (1998). The burnout companion to study and research. London: Taylor & Francis.

Schaufeli, W., Salanova, M., Gonzalez-Roma, V., & Bakker, A.B. (2002). The measurement of engagement and burnout: a two-sample confirmatory factor analytic approach. Journal of Happiness Studies, 3, 71–92.

Schreuder, J.A.H., Roelen, C.A.M., van Zweedon, N.F., Jongsma, D., van der Klink, J.C.L., & Groothoff, J.W. (2011). Leadership effectiveness and recorded sickness absence among nursing staff: a cross-sectional pilot study. Journal of Nursing Management, 19, 585–595.

Seltzer, J. & Numerof, R.E. (1988). Supervisory leadership and subordinate burnout. Academy of Management Journal, 31, 439–446.

Shamir, B., House, R.J., & Arthur, M.B. (1993). The motivational effect of charismatic leadership: a self-concept based theory. Organization Science, 4, 577–594.

Sheridan, J.E. & Vredenburgh, D.J. (1978). Usefulness of leadership behavior and social power variables in predicting job tension, performance, and turnover of nursing employees. Journal of Applied Psychology, 63, 89–95.

Skakon, J., Nielsen, K., Borg, V., & Guzman, J. (2010). Are leaders' well-being, behaviours and style associated with the affective well-being of their employees? A systematic review of three decades of research. Work & Stress, 24, 107–139.

Skogstad, A., Einarsen, S., Torsheim, T., Aasland, M.S., & Hetland, H. (2007). The destructiveness of laissez-faire leadership behaviour. Journal of Occupational Health Psychology, 12, 80–92.

Sosik, J.J. & Godshalk, V.M. (2000). Leadership styles, mentoring functions received, and job-related stress: a conceptual model and preliminary study. Journal of Organizational Behavior, 21, 365–390.

Stansfeld, S.A., Rael, E.G.S., Head, J., Shipley, M., & Marmot, M. (1997). Social support and psychiatric sickness absence: a prospective study of British Civil Servants. Psychological Medicine, 27, 35–48.

Stephens, C. & Long, N. (2000). Communication with police supervisors and peers as a buffer of work related traumatic stress. Journal of Organizational Behavior, 21, 407–424.

Tepper, B.J. (2000). Consequences of abusive supervision. Academy of Management Journal, 43, 178–190.

Tepper, B.J. (2007). Abusive supervision in work organizations: review, synthesis and research agenda. Journal of Management, 33, 261–289.

Theorell, T., Emdad, R., Arnetz, B., & Weingarten, A.-M. (2001). Employee effects of an educational program for managers at an insurance company. Psychosomatic Medicine, 63, 724–733.

Thomas, L.T. & Ganster, D.C. (1995). Impact of family-supportive work variables on work-family conflict and strain: a control perspective. Journal of Applied Psychology, 80, 6–15.

Thomson, L., Rick, J., & Neathey, F. (2004). Best practice in rehabilitating employees following absence due to work related stress. HSE Books.

Towers Watson (2008). Global Workforce Study 2007–2008: Closing the Engagement Gap: A Road Map for Driving Superior Business Performance. London: Towers Watson.

Tsutsumi, A., Takao, S., Mineyama, S., Nishiuchi, K., Komatsu, H., & Kawakami, N. (2005). Effects of a supervisory education for positive mental health in the workplace: a quasi-experimental study. Journal of Occupational Health, 47, 226–235.

Väänänen, A., Toppinen-Tanner, S., Kalimo, R., Mutanen, P., Vahtera, J., & Peiró J. (2003) Job characteristics, physical and psychological symptoms, and social support as antecedents of sickness absence among men and women in the private industrial sector. Social Science & Medicine, 57, 807–824.

Vahtera, J., Pentti, J., & Uutela, A. (1996). The effect of objective job demands on registered sickness absence spells: do personal, social and job-related resources act as moderators? Work and Stress, 10, 286–308.

Vahtera, J., Kivimäki, M., Pentti, J., & Theorell, T. (2000). Effect of change in the psychosocial work environment on sickness absence: a seven year follow-up of initially healthy employees. Journal of Epidemiology & Community Health, 54, 484–493.

Van Dierendonck, D., Haynes, C., Borrill, C., & Stride, C. (2004). Leadership behavior and subordinate well-being. Journal of Occupational Health Psychology, 9, 165–175.

Yagil, D. (2006). The relationship of abusive and supportive workplace supervision to employee burnout and upward influence tactics. Journal of Emotional Abuse, 6, 49–65.

Yarker, J., Donaldson-Feilder, E., Lewis, R., & Flaxman, P.E. (2007). Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards. London: HSE Books.

Yarker, J., Donaldson-Feilder, E., & Lewis, R. (2008). Management competencies for preventing and reducing stress at work: identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2. HSE Books: London.

Yarker, J., Munir, F., Donaldson-Feilder, E., & Hicks, B. (2010). Managing rehabilitation: a competency framework for manager to support return to work. London: British Occupational Health Research Foundation.

Yarker, J., Lewis, R., Donaldson-Feilder, E., & Nielsen, K. (2012). Stress Management Competence: The Development of a Measure. In preparation.