# **Practitioner and Academic review – Leadership Behaviours that Promote Health and Wellbeing in the Workplace.**

## **Introduction**

Employee health and wellbeing are important concerns for organisations and it has long been known that a range of factors can influence this. There is a significant body of research available in relation to leadership and management style and behaviour, some of which explore the impact on employee health and wellbeing. However, it is often difficult to distil what styles and behaviours leaders and managers need to embody to create cultures and climates for positive health and wellbeing at work. This desk top review examines the evidence base within the constraint of the scope for the commission for NHS North West Leadership Academy. The primary purpose is to focus on the leadership and management behaviours that are likely to have a positive and negative impact on employee health and wellbeing at work.

We reviewed evidence from both the academic and practitioner literature linking leadership and management to employee health and wellbeing at work from a range of sources which used a range of methodologies. Where available, we highlight evidence from the health and care sector.

The following desk top review is organised in the following way:

* Definitions and terminology
* Context and background
* The relationship between ‘healthy leadership’ and employee wellbeing at work
* Healthy leadership/management behaviours
* Healthy leadership/management style
* Leaders / managers own health and wellbeing
* Leaders / managers role in supporting a healthy work environment
* Individuals own role in workplace wellbeing
* Practical recommendations to develop leaders and managers in supporting cultures of health and wellbeing
* Existing leadership / health and wellbeing frameworks and standards
* Conclusion

## **Definitions and Terminology**

The review of the practitioner and academic literature highlighted that the terms leadership and management were used interchangeably. As a result it was difficult to distinguish one from the other in a clearly defined way. We have therefore decided to use the term ‘healthy leadership’, which has been used specifically by scholars over the past decade (Rudoph, Murphy, & Zacher, 2019) to encompass:

“*Physical, mental and social wellbeing, not just the absence of disease where the leader/manager behaviours and competencies are associated with positively (or negatively) influencing employees’ health and wellbeing outcomes at work*” (p.3)

Healthy leadership includes ways in which a leader’s behaviour, leadership style and their own health and wellbeing can positively influence the health and wellbeing of their followers and individuals who they manage. Conversely, damaging leadership would include ways which leader’s behaviours and styles influence employee health and wellbeing in a negative manner which can have detrimental outcomes for the employee (Affinity Healthy at Work, 2019). We believe ‘healthy leadership’ is a useful term for the purpose of this review.

## **Context and background**

Developing positive health and wellbeing cultures at work which enable employees to flourish is important for moral, ethical and economic reasons. In 2018, work-related stress, anxiety and depression equated to 12.8 million working days lost in Great Britain (Health and Safety Executive, 2019).

* The health and social work sector reported higher than average rates of stress, depression and anxiety (averaged across 2016-2017/2018-2019), with an average of 2500 cases per 100,000 workers, compared to an average across all industries of 1380 cases per 100,000 workers.

Although Chartered Institute of Personnel and Development (CIPD) most recent annual Health and Wellbeing at work survey (CIPD, 2020) reported the lowest ever average absence rate (5.8 days) with mental ill health the most common cause of long term absence, they acknowledge this could partly be the result of a strong framework to support peoples wellbeing and that “*a low sickness absence level is not always the sign of a healthy workplace*” (p.2). The survey also found:

* 89% of respondents have observed presenteeism over the last 12months
* 73% observed some form of leaveism over the past 12 months (such as taking annual leave to work or working on sick leave)
* 37% have seen an increase in stress related absence with management style and heavy workloads being the top two causes of stress at work
* Technology is also having an impact on inability to switch off after work hours.

Similarly, Business in the Community (BITC) In their Mental Health at Work 2019: Time to Take Ownership report (Community, Mental Health at Work 2019: Time to Take Ownership , 2019) found that whilst progress is being made around awareness and positive action, there has been an increase from last year’s survey of the percentage of people experiencing poor mental health due to work or where work was a contributing factor (36% in 2017 and 2018 to 39% in 2019). The three main causes include too much pressure, workload impacting on ability to take leave (leavism) and a lack of support. They also found employee mental health is also affected by

* people not feeling able to trust their manager
* a disconnect between what senior leaders believe about the support they provide and reality of employee’s experiences, with the number of employees who believe their organisation does well in supporting those with poor mental health falling to 40% from 45% over the past year (2018 to 2019).

This reinforces the importance of leaders and managers in supporting cultures of health and wellbeing at work:

“*It also means placing good people management at the heart of well-being, ensuring that managers build healthy relationships with their teams and have the courage and competence to support people’s well-being*” (CIPD, 2020) (p.3).

## **The relationship between ‘healthy leadership’ and employee wellbeing at work**

The relationship between ‘healthy leadership’ and employee wellbeing is a widely researched and documented, for example:

“*Leadership behaviour has a significant impact on employee behaviour, performance and well-being*” (Inceoglu, Thomas, & Chu, 2017) (p.179)

“*The way employees are managed is a key determinant of employee health, wellbeing and engagement*” (Donaldson-Feilder & Lewis, 2014) (p.18)

‘Healthy leadership’ can impact on employee’s wellbeing in a number of ways (Donaldson-Feilder & Lewis, 2014):

* ***Leadership styles*** – some research has found a relationship between leadership style and employee wellbeing e.g. (Arnold, 2017); (Nielsen, Kristensen, Schnohr, & Gronbaek, 2008)
* ***Management behaviour*** - managers acting as gatekeepers between the organisational causes of ill health or wellbeing and individuals and teams – for instance by stopping additional workload being passed on to employees which can impact on how the employee perceives the work environment
* ***People management processes* -** identifying wellbeing issues through people management
* ***Support for wellbeing interventions -*** through leaders and managers own support and buy in to wellbeing interventions

A recent report by NHS Employers on Leading a Healthy Workforce (NHS Employers, 2017) suggests that leaders play a role in prioritising health and wellbeing and embedding it into organisational culture. They suggest board leads and other leaders can start to make tangible differences immediately by focussing on a number of key elements including:

* Providing a clear vision and leadership from the top,
* Making wellbeing of staff central to the organisations work,
* Training in effective leadership behaviours with a focus on staff wellbeing,
* Embedding wellbeing into the culture as well as using data to inform interventions that are accessible

In demonstrating a clear vision board leaders will, ‘Walk the Talk’, engage staff in the vision and ask about their needs, actively lead conversations that focus on the impact of decisions and actions on staff wellbeing and speak with confidence about the impact of positive management behaviours on the wellbeing of staff amongst other things.

The current desk top review focuses on leadership and management styles and behaviours. We recognise that for organisations to build positive cultures of health and wellbeing they also need to attend to people management process, health and wellbeing interventions and job design.

## **Healthy leadership/management behaviours**

Research indicates a link between healthy leadership behaviours and employee wellbeing. For example, (Gilbreath & Benson, 2004) investigated the effect of supervisory behaviour on employee well-being. They defined positive supervisory behaviour in terms of:

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| Allow employee control | Communicating well | Organising well | Considering employee wellbeing |

Positive supervisory behaviour was found to make a statistically significant contribution to employee well-being over and above the effects of age, lifestyle, social support from co-workers and at home, and stressful work and life events.

Other research (Milner, Greyling, & Goetzel, 2013) has explored the relationship between leadership support, workplace health promotion and employee wellbeing and found it was important for leaders to demonstrate their commitment to employee health and wellbeing by ensuring that policies and procedures are acted upon in the workplace.

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| Demonstrate commitment to employee health and wellbeing by acting on policies and procedures |

There are several existing frameworks which outline healthy leadership behaviours that impact on employee wellbeing:

* Chartered Institute of Management Development / Health and Safety Executive - Line manager stress management competency indicator tool (CIPD, 2009)
* National Institute for Health and Care Excellence (NICE, 2016)
* Investors in People – Health and Wellbeing Framework (Investors in People, 2020)

Line manager stress management competency indicator tool (CIPD, 2009) identifies both positive and negative behavioural indicators. The competencies include:

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| ***Respectful and responsible***   * Managing emotions * Having integrity * Considerate approach | ***Managing and communicating existing and future work***   * Proactive work management * Problem solving, * Participative /empowering | **Reasoning/managing difficult situations**   * Managing conflict * Use of organisational resources * Taking responsibility for resolving issues | **Managing the individual within the team**   * Personally assessable * Sociable * Empathetic * engagement |

Studies from different sectors also support these findings (Skakon, Nilesen, Borg, & Guzman, 2010) (Downey, Roberts, & Stough, 2011) (Morris, et al., 2019) suggesting that healthy leadership behaviours that focus on support, empowerment, demonstrating emotional intelligence and consideration are associated with a low degree of employee stress and with high employee affective well-being.

Working Health Management Practices (NICE, 2016) recommend recruiting managers who have positive leadership traits associated with improved health and wellbeing which include:

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| ***Encouraging creativity*** new ideas and exploring new ways of doing things and opportunities to learn |
| ***Offering help and encouragement*** to each employee to build a supportive relationship acting as a coach or mentor being open and approachable to ensure that employees feel free to share ideas recognised the contributions of each employee |
| ***Having a clear vision*** which can be explained and made relevant to employees at all levels ensuring employees share the same motivation to fulfil their goals |
| ***Becoming role models*** who are trusted and respected by employees |
| ***Providing a sense of meaning*** and challenge and building a spirit of teamwork and commitments |

NICE suggest that this can be done through regular consultation on procedures and problems, promotion of engagement and communication, praise good performance, work with employees to develop personal development plans and be proactive in addressing issues and concerns.

In 2014, NICE was asked by the Department of Health to develop guidance on management practices to improve the health of employees, with a particular emphasis on the role of line managers and organisational context. They published three reviews of the literature highlighting the following leadership and management behaviours associated with employee wellbeing (Hillage, et al., 2014):

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| **Relationship between manager and employee**   * A positive reciprocal relationship between supervisor and supervisee enhances employee wellbeing (negatively perceived supervisory style can have a detrimental effect on the wellbeing of the people they manage) | **Leader behaviour associated with employee well-being**   * Regularly consulting with staff on daily problems and procedures * Flexible or modified work scheduling * Highly visible and accessible senior management * Providing praise and recognition for a job well done * Giving the information to employees that they need * Pushing through and carrying out changes * Explaining workforce goals and sub-goals thoroughly * Giving employees sufficient power in relation to their responsibilities * Taking time to be involved in employees’ personal development * Ethical and relational behaviours * Professional commitment * Creating an emotionally supportive environment * Critical thinking * Task assistance * Social and emotional support * Supervisory interpersonal interaction * Providing support * Feedback * Trust * Confidence * Integrity * Hands-on accessibility * Professional expertise in nurturing respect * Recognition * Team building, * Effective communication * Flexibility * Humour * Prioritising safety issues, * Correcting unsafe working practices * Empowering employees to raise safety concerns |
| **Support from manager**   * Supervisory support is linked to sickness absence * Managerial support in helping employees handle conflicts between work and family life is positively associated with employee well-being * Support from both line and senior management which is consistently offered, is associated with employee work satisfaction and lower intention to quit |
| **Style of manager**   * Positive relationship between transformational leadership styles and employee well-being (some studies found the link dependent on trust in one’s supervisor, affinity with the organisation and the existence of work-life conflict) * Authentic leadership style (involving acting in a way consistent with espoused organisational values) is positively associated with job satisfaction and well-being * Self- centred leadership style is negatively associated with employee well-being |
| **Leadership behaviour impacts on presenteeism / wellbeing**   * Failing to properly monitor and manage group dynamics, * Making decisions that affect employees without seeking their input * Showing no interest in employees’ ideas and projects * Being easily threatened by competent employees * Remaining aloof from employees * Ignoring employees’ suggestions * Tending to be guarded in communications * supervisor aggression * Lack of control * Low support * Abuse |  |

Health and Wellbeing Framework (Investors in People, 2020) identified 4 key leadership behaviours that increase wellbeing. These include:

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| ***Helping staff stop leaking energy***  Leaders can help by focussing role clarity, predictability and meaningfulness of work | ***Offer constructive feedback and praise*** Adopting a strength’s based approach to orient individuals toward productive behaviours and a healthier self-image | ***Reinforce relevant company messages*** Through reinforcing wellbeing related messages | ***Reduce uncertainty and increase certainty***  Allowing employees to job craft to reduce uncertainty in their roles linked to their own personalities and strengths is another positive leadership behaviour |

## **Healthy leadership/management style**

There is a significant amount of research on the impact of leadership style on wellbeing, which focuses on

* Transformational leadership
* Authentic leadership
* Leader member exchange
* Management style
* Compassionate leadership

### Transformational leadership

Hetland and colleagues (Hetland, Hetland, Bakker, & Demerouti, 2015) state that a large amount of existing research shows that transformational leaders influence important employee outcomes like motivation (Hetland & Sandal, 2003), job attitudes (Podsakoff, MacKenzie, & Bommer, 1996) and well-being (Nielsen, Kristensen, Schnohr, & Gronbaek, 2008).

Transformational leadership is composed of four dimensions (Avolio, 1999) (Bass, 1990):

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| ***idealized influence*** - the leader does the ‘right thing’ and thereby engenders the trust and respect of his or her follower | ***inspirational motivation*** - the leader holds high expectations and encourages followers to achieve more than they thought possible | ***intellectual stimulation*** – the leader encourages followers to challenge the status quo and to answer their own questions | ***individualized consideration*** - the leader treats each employee as a person, spends time coaching them and demonstrates appreciation of their achievements |

(Arnold, 2017)

Transformational leadership may also reduce stress experienced by individuals through its impact on mentoring functions (Sosik & Godshalk , 2000). Perceiving work as meaningful appears to play a role in explaining this positive relationship. Skakon et al (Skakon, Nilesen, Borg, & Guzman, 2010) found transformational leadership to be strongly linked to positive outcomes. A recent study (Tsey, et al., 2018) explored the impact of “soft skill” development as part of a wellbeing programme for health managers. The study reinforced the importance of developing soft skills (behaviours) in relation to three areas. The study cited transformational leadership as being a central style to enable a model of distributed leadership with the implication being that leaders and followers worked together to progress change. The characteristics included:

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| Providing a compelling vision of the future | Motivating people to deliver on the vision | Being a good role model | Managing performance effectively | Providing support and stimulation |

The study also highlights (Gabriel-Petit, 2014) that unlike “hard skills” (technical specifications of the job) “soft skills” (the mindset and human qualities) are generic and independent of job role or industry, harder to define, therefore harder to teach.

One factor that can impact on the link between healthy leadership style and employee health and wellbeing at work is the degree to which employees interact with leaders and managers. Higher flexibility in work hours and workspaces (e.g., working from home; (Baarne, Houtkamp, & Knotter, 2010), are becoming increasingly common for employees, which means less direct supervision. Research suggests that under these circumstances, the generally positive effects of transformational leadership behaviours are reduced (e.g., (Mullen, Kelloway, & Teed, 2011). It is therefore important to focus not only on how leaders motivate their employees to perform their work but also on how employees motivate themselves. Some authors (Breevart & Bakker, 2017) refer to this as self-leadership, which is a self-influence process that people use to guide and motivate themselves to behave and perform in desirable ways (Manz, 1986); (Manz & Neck, 2004). Self-leaders are said to experience more self-determination, purpose, and a sense of ownership over their work, which may be linked to positive outcomes such as self-efficacy, job satisfaction, and productivity (for reviews, see (Neck & Houghton, 2006); (Stewart, Courtright, & Manz, 2011). They propose that transformational leadership behaviours may be more effective in those weeks that employees have a high need for leadership, whereas self-leadership may be more effective in those weeks that employees have a low need for leadership. Both self-leadership and transformational leadership can be learned.

### Authentic leadership

Hillage and colleagues (Hillage, et al., 2014) found moderate evidence that an authentic leadership style involving acting in a way consistent with espoused organisational values is positively associated with employee job satisfaction and well-being.

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| Acting in a way consistent with espoused organisational values |

### Leader member exchange (LMX)

Research also highlights the importance of the quality of the relationship at work between leaders and employees to employee wellbeing (Hooper & Martin, 2007).  The theory suggests that line managers tend to develop close relationships with only a subgroup of direct reports and engage in higher quality exchanges with that subgroup of individuals. These high quality exchange relationships may manifest in greater levels of mutual trust, respect, liking, support, and reciprocal influence e.g. (Graen & Uhi-Bien, 1995). Significant associations have been found between better quality LMX relationships and higher levels of employee psychological well­being (Epitropaki & Martin, 2005). High quality LMX has also been found to ‘buffer’ the effect of negative work environments on work and health outcomes (Harris, Kacmar, & Witt, 2005). Training supervisors in active listening, exchanging mutual expectations and resources has also been linked to employee’s psychological health (Scandura & Graen, 1984).

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| Active listening | Exchanging mutual expectations | Exchanging resources |

### Management style

CIPD (CIPD, 2020) suggests that management style impacts on the number of good days people have at work and small changes can make a big difference to peoples wellbeing including getting to know your team better, lead by example to promote healthy work habits, review workload duties and responsibilities, reflect on management style, discourage presenteeism and manage the mental health of the team while remote working.

Robertson and Cooper (Robertson & Cooper, 2020) considered in their report “How leaders set the tone for good days at work” whether managers can create a culture of wellbeing? They suggest there are four key factors to experiencing good days at work which include meaningful work, task achievement, positive experiences and social relationships. They suggest there is no simple answer to creating the conditions where employees can routinely experience all four factors however manager style impacts on workplace culture

“*The behaviours that managers exhibit can make or break the job satisfaction and performance levels of their team*” (p.3).

They suggest everyone needs a mix of challenge and support from their managers. They identify 4 natural leadership styles that fall under two motivations of challenge and support.

* Challenge led pace drive (fast moving environment, flexible responding, change, creativity)
* Challenge led results focused (results and goals, high standards, follow through to completion and delivery)
* Support led co-operative (co-operation and teamwork, collaborative work groups)
* Support led confident (people have confidence in their capability and that of the groups and its leaders).

Robertson and Copper suggest that an awareness of style is important at times of high pressure where leaders can revert to natural styles which can lead to burnout or rust out.

“*Paying attention to the mix and diversity of personalities in leadership teams is a powerful way to ensure your culture establishes a healthy balance of challenge and support*” (p.4).

### NHS Leadership

The Royal College of Nurses highlight guidance from World Health Organisation that says that by protecting staff from chronic stress and poor mental health managers can help ensure employees are better equipt to undertake their role (Royal College of Nursing, 2020). A key leadership quality for the NHS is compassion, which is essential to deliver the highest quality of care for patients and more recently has been cited as being critical to support employee wellbeing through the Covid-19 pandemic. The interim NHS People plan (NHS, Interim NHS People Plan , 2019) says:

“*We need to promote positive cultures, build a pipeline of compassionate and engaging leaders and make the NHS an agile inclusive modern employer*” (p.2).

West and Bailey (West & Bailey, 2020) re-emphasised the importance of compassionate leadership through the Covid-19 Pandemic, they suggest:

“*Compassionate leadership is the most potent way people can deal with what feels frightening and overwhelming and leaders need to focus compassion on all those who provide health and care services whatever their role or grade*”

Compassionate leadership involves listening, understanding, empathising and helping. Compassion should also be guided by appreciating and meeting the core ‘ABC’ of human needs at work (autonomy, belonging and control) (West, 2020). Leaders and managers have a role to play in addressing employees’ human needs:

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| Being present | Understanding the challenges individuals face | Empathising and appreciating individuals’ circumstances |
| **Promoting Autonomy and Control**   * Listening to staff * Taking account of their knowledge, skills and experience to make crucial decisions * Removing obstacles to getting breaks / food / time to care for their health and wellbeing. | **Promoting Belonging**   * Ensure a positive, caring and supportive climate * Encourage and enable sustained multidisciplinary team-working where everyone is clear about each other’s roles. | **Competence**   * Ensure that workloads are manageable * Help staff to meet with their fellow team members regularly to review, to share learning, to develop innovative responses to the crisis and recover together * Supportive supervision for all teams and individuals is needed so that their work can be sustained |

In addition a report Caring for Doctors Caring for Patients, West and Coia (West & Coia , 2019) also reviewed the factors which impact on mental health and wellbeing of medical students and doctors. The report emphasises the importance of compassionate leaders who promote wellbeing and the need to meet three core needs of autonomy, belonging and competence to minimise workplace stress.

Employee health and wellbeing is a central theme running through the recently published NHS People Plan for 2020/2021 (NHS, 2020):

“*Ensuring high standards of leadership in the NHS is crucial – well-led organisations and better-led teams with strong teamwork, translates into greater staff wellbeing and clinical care*” (p.30)

The plan along with “Our People Promise” sets out what NHS staff can expect from leaders and each other. In response to the Kark Review the plan outlines how ‘healthy leadership’ is critical to employee wellbeing and outlines specific health and wellbeing support for staff including:

* **Wellbeing guardian -** “*Appointing a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation’s activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for people’s health and wellbeing lies with chief executive officers or other accountable officers*” (p.17).
* **All staff supported to get to work**
* **Safe spaces for staff to rest and recuperate**
* **Psychological support and treatment**
* **Support for people through sickness**
* **Physically healthy work environments**
* **Support to switch off from work –** *“Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour”* (p.18)
* **Health and wellbeing personalised plans – “***From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually…As part of this conversation, line managers will be expected to discuss the individual’s health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion…to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress”.* (p.19&25)
* **Health and wellbeing induction for new starters**

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| Actively encourage wellbeing by encouraging staff to take breaks, manager demands, take time away from work (role model this behaviour) | Hold HWB conversations with staff and develop personalised HWB plans, discuss flexible arrangements, listen to lived experience and offer support | Have process in place for senior leader to provide assurance to NED WB Guardian that they are taking actions to support staff wellbeing |

Steve Andrews Associate Director Leadership and Change at East and North Hertfordshire NHS Trust regularly reviews research and good practice to promote healthy leadership across the NHS and recently wrote about “A healthy leadership rhythm in challenging times” (Andrews, 2020). He suggests five questions that should become a leadership rhythm that is used every day by every leader with every person which include:

* How are you doing?
* How are your team doing?
* How are your colleagues?
* What can you do to help them?
* What can I/We do to help them?

## **Leaders and managers own health and wellbeing**

Leader stress and affective wellbeing are associated with employee stress and affective wellbeing (most studies base this on the assumption that leaders stress spills over to employees) (Skakon, Nilesen, Borg, & Guzman, 2010). Green and Wright (Green & Wright, 2014) also stress that leadership is essentially about awareness and responsibility “*it places an awareness on leaders to be aware of what’s happening both inside themselves and to their staff*” (p.1). A recent study (Walton , Murray , & Christian, 2020), reinforced this premise and identified a set of leadership qualities that needed to be adopted during the COVID19 pandemic to support health and wellbeing. Bono & Ilies (Bono & Ilies, 2006) focused on the effect of charismatic leaders on the mood of followers and showed that “*charismatic leaders enable their followers to experience positive emotions*” (p.331). The potential mechanism accounting for this finding may be that charismatic leaders express more positive emotions themselves and these positive emotions are “caught” by their followers (the contagion hypothesis).

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| Leader stress and affective wellbeing are associated with employee stress and affective wellbeing | Leaders expression of positive emotions is associated with positive employee wellbeing | Leaders awareness of what’s happening both inside themselves and to their staff is associated with employee wellbeing |

## **Leaders and managers role in supporting a healthy work** **environment**

Employee wellbeing is influenced by a range of factors at work. Several models exist which focus on workplace enablers / barriers to wellbeing including:

* Cooper – six essentials of workplace wellbeing (Cooper, 2017)
* Health and Safety Executive – management standards (Health & Safety Executive, 2009)
* What Works Wellbeing – primary interventions (What Works Wellbeing, 2020)
* Chartered Institute of Personnel and Development – Key Domains of Wellbeing (CIPD, 2020)
* Hackman and Oldham (1980) – job characteristics model (Hackman & Oldham, 1980)
* Business in the Community – The Wellbeing Workwell Model (Community, The wellbeing workwell model , 2019)
* Business in the Community/Public Health England: Health and Wellbeing Toolkits (Community, BITC/Public Health England: Health and Wellbeing Toolkits , 2019) – a series of toolkits to help organisations support mental and physical health of employees.

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| ***Cooper – six essentials***   * Resources and communication * Control * Balanced workload * Job security and change * Work relationships * Job conditions | ***HSE – Management standards***   * Demands * Control * Support * Relationships * Role * Change | ***CIPD – Key Domains of Wellbeing***   * Health * Good work which includes Work demand (job design, role, quality)   Autonomy (control, innovation)  Change management (communication and involvement)   * Values/principles * Collective/social * Personal Growth * Good lifestyle choices * Financial wellbeing |
| ***Hackman & Oldham – job characteristics model***   * Skill variety * Identity * Significance * Autonomy * Feedback   (Parker, Wall, & Cordery, 2010)  **Additions**   * Opportunity for skill acquisition * Minimisation of role conflict * Cognitive characteristics * Emotional characteristics * Group level characteristics | ***What works wellbeing*** – ***primary interventions***   * Details of the job practices to support workers | ***The Wellbeing Workwell Model***  Better health and wellbeing   * Prevention * Promotion * Whole person approach   Better work   * Good work * Job design * Psychological Safety   Better specialist support   * Early intervention * Adjustments * Retaining staff   Better management   * Skills * Support * Accountability |

Evidence suggests that Job redesign can have a significant effect in reducing stress and enhancing wellbeing:

“*High quality jobs produce higher quality wellbeing. Improving how the job is carried out and other practices to support workers to do their jobs improves worker wellbeing and performance*” (What Works Wellbeing, 2020)

According to Torrington et al (2011) job design is *“the process of putting together a range of tasks, duties and responsibilities to create a composite for individuals to undertake in their work and to regard as their own. It is crucial: not only is it the basis of individual satisfaction and achievement at work, it is necessary to get the job done efficiently, economically, reliably and safely”* (p.84).

Line managers have a significant role to play in creating a healthy work environment, where workers can find their work engaging, through shaping job content, treatment of the role holder, and levels of trust (Clegg & Spencer, 2007). NICE (NICE, 2016) recommends leaders and managers involve employees in the design of their job to achieve a balance in the work demanded of them, allowing them to have a degree of control over when and how work is completed and flexibility around work scheduling as well as addressing any issues affecting health and wellbeing and ability to do their job.

Scholars have argued that bottom-up job redesign such as job crafting should be promoted by leaders or managers and combined with traditional top-down approaches to improve the working conditions of employees (Wang, Demerouti, & Bakker, 2016).

Evidence suggests the following leadership/management behaviours associated with crafting (see (Wang, Demerouti, & Bakker, 2016) for a review):

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| Raising follower self-confidence by providing positive feedback for follower performance. | Stimulating positive work-related effect of employees by expressing positive emotions (broaden and build). | Raising employees’ identification with the organization by explaining to employees what the organisation is trying to accomplish and why |
| Displaying openness and support behaviours, such as listening to employees’ individual needs, considering their new ideas, encouraging personal growth, and taking actions to address the matter raised. | Role model crafting behaviours - leaders can set challenging goals for their own work, seek and accept feedback, grow and improve continually, or may engage in more interactions with their employees. | Empowering leadership - enhancing the significance of the work, fostering participation in decision making, expressing confidence in high performance, and providing autonomy from bureaucratic constraints. |

## **Individuals own role in workplace wellbeing**

Robertson and Cooper (Robertson & Cooper, 2020) highlight the ‘lost skill’ of self-management and personal responsibility in the increasingly fast paced and complex world of work we find ourselves in.

“*Wellbeing tends to be imposed in a top down, parental way. There are still few attempts to encourage employees to take personal ownership*” (p.6)

Robertson and Cooper suggest that as work changes so does the demands of workers. They suggest there are 3 substantive predictors of employee wellbeing:

* Job insecurity (the need to feel his/her role and skill set remain relevant to the organisations, purpose amid a constantly changing workplace),
* Overload (a sense of control over the influence and capacity to manage and the extent to which they can impact their wider quality of life)
* Unsupportive environment (feeling of being valued and trusted and a sense of social connection).

They suggest managers will need greater skills development to help them manage the dynamics of physically disconnected team and ***employees must be prepared to accept some of the strain*** themselves and the likelihood of them doing so is based on skills, knowledge and behaviour and also underlying personality.

“*Those who have a stronger propensity to experience positive emotions and who have self-discipline to motivate themselves combined with lower sensitivity to distress, are more likely to thrive in the new world of work”* (p.9).

This highlights the importance of developing:

* self leadership (self-influence process that people use to guide and motivate themselves to behave and perform in desirable ways) (Manz, 1986). Self-leaders are said to experience more self-determination, purpose, and a sense of ownership over their work, which may be linked to positive outcomes such as self-efficacy, job satisfaction, and productivity (for reviews, see (Neck & Houghton, 2006) (Stewart, Courtright, & Manz, 2011).
* self-compassion “*by attending to yourself, understanding the challenges you face in your own work (and life) empathising and caring for yourself and then taking wise action to help yourself you are able to stay close to the core values that give lives meaning – compassion, wisdom, courage, justice and are able to have deeper more authentic and effective interactions with those we work with and care for*” (West & Bailey, 2019). Studies have shown that training and development supporting compassionate care and a focus on compassionate leadership can have a positive impact if applied systemically /organisation wide (Curtis, et al., 2017) (Bauer-Wu & Fontaine, 2015).

## **Practical recommendations to develop leaders and managers in supporting cultures of health and wellbeing**

Several systematic reviews, (Petrie, et al., 2018) (Watson, Tregaskis, Gedikli, Semkina, & Vaughn, 2018) have reviewed workplace interventions that organisations can adopt to create more healthy workplaces. We provide a summary of findings below that relate to improved employee wellbeing:

***Individual level***

* Providing leadership and management training in transformational leadership style can impact employee wellbeing (Tsey, et al., 2018) – although there is some contradictory evidence (Brown & May, 2012).
* Training managers and leaders how to develop and foster team cohesion to foster a sense of belonging and meaning (Curtis, et al., 2017)
* Mindfulness training (Bauer-Wu & Fontaine, 2015)
* Encourage team leadership behaviour (Koeslag-Kreunen, Van den Bossche, Hoven, Van der Klink, & Gi, 2018)
* Interventions which focussed on improving or developing personal resources to enhance well-being or cope with stress are generally associated with positive wellbeing effects (training with a social element as opposed to online or self-directed has more impact on employee wellbeing) (Watson, Tregaskis, Gedikli, Semkina, & Vaughn, 2018)

***Team level***

* Team training to help teams develop new ways to co-ordinate tasks to pursue their objectives (Wang, Demerouti, & Bakker, 2016)
* Self correction team training to promote open dialogue with regard to the discussion of expectations, responsibilities, behaviour’s and responses (Wang, Demerouti, & Bakker, 2016)
* Team training to developing a psychological safe climate by creating a culture of trust (Kelloway , Turner , Barling, & Loughlin, 2012)
* Endorsing health and wellbeing performance measures/outcomes at individual and team level to promote health and wellbeing (Rudoph, Murphy, & Zacher, 2019)

***Organisational level***

* Effective change management by acknowledging the importance of open and realistic communications.
* Supporting inter-professional team working (Bauer-Wu & Fontaine, 2015)
* Creating a healthy work environment through implementation of the HSE management standards (Bauer-Wu & Fontaine, 2015)
* Positive workplace context where employees and management are supportive of wellbeing initiatives and delivery teams are competent (What Works Wellbeing, 2020)
* Appropriate and good quality systems combined with the capacity for the programmes to learn and adapt as they go (What Works Wellbeing, 2020)
* Tangible interventions with sustained wellbeing outcomes (What Works Wellbeing, 2020)

It’s worth noting that one review exploring approaches to developing more mentally healthy work places (Petrie, et al., 2018), argued that the strength of evidence in relation to effectiveness of different health and wellbeing interventions identified was limited and occasionally contradictory as research was often difficult to conduct when there were so many factors and variables that could impact on research findings in complex organisations.

What Works Wellbeing (What Works Wellbeing, 2020) suggest considering the following 5 principles when implementing a health and wellbeing programmes:

1. Communication
2. Coherence
3. Commitment
4. Consistency
5. Creativity.

## **Existing Leadership / Health and Wellbeing Frameworks and Standards**

There are a wealth of existing NHS leadership frameworks and health and wellbeing frameworks in existence.

**NHS leadership frameworks**:

* Healthcare Leadership Model (NHS Leadership Academy, 2013)
* Leadership and Management Standards for Medical Professionals (Faculty of Medical Leadership and Management, 2016)
* Systems leadership behaviours (NHS North West Leadership Academy, 2019)

**Health and wellbeing frameworks:**

* Health and Wellbeing Inspiration – HWB Assessment Framework (HWBInspiration, 2019)
* NHS Employers – NHS Health and Wellbeing Framework (NHS Employers, 2019)
* National Institute for Health and Care Excellence - Healthy workplaces: improving employee mental and physical health and wellbeing standards (NICE, 2016)
* Investors in People – Health and Wellbeing Framework (Investors in People, 2019)
* Health at Work – Workplace Wellbeing Charter (Health at Work, 2019)
* Business in the Community – The Wellbeing Workwell Model (Community, The wellbeing workwell model , 2019)

**Management competency frameworks**:

* Chartered Institute for Personnel Development - Management competencies for preventing and reducing stress at work (CIPD, 2009)

**Mental health standards**:

* MIND – Thriving at Work Mental Health Standards for the Workplace (MIND, 2019)

We will draw on a selection of these frameworks and include any ‘healthy’ leadership behaviours from these frameworks into the current ‘Leadership Competencies for Promoting Wellbeing at Work Framework’.

## **Conclusion**

With regard to leadership, some authors have found clear links between leadership and employee wellbeing at work:

“*A recent review of evidence concluded that sufficient data have now accumulated to allow the unambiguous conclusion that organisational leadership is related to and predictive of health and safety relevant outcomes in employees*” (Donaldson-Feilder & Lewis, 2014) (p.18).

However, others cite methodological problems when evaluating the impact of different leadership models, styles and behaviours on employee health and wellbeing and that the range of leadership constructs and definitions make it difficult to in measure the impact of leadership (Rudoph, Murphy, & Zacher, 2019), citing for example that transformational leadership as “too vague” a construct.

With regards to management, general consensus is that management behaviours impact on employee wellbeing:

“*There is a clear and positive relationship between the degree and form of line management support and style and employee well-being…while the effect sizes are generally small the influence of the line manager on employee well-being may still be important, although as the studies in this review show, that influence is mediated and moderated to a greater or lesser extent by other workplace factors*” (Hillage, et al., 2014) (p.22).

This stronger evidence base for management behaviour and employee wellbeing may be because for many of us, one of the most important relationships we have at work is with our immediate line manager. Our line managers provide us with information, advice and help in getting things done and play a key role in supporting us when we are struggling with a health or other problem to stay at work and remain productive rather than taking long term sick leave (What Works Wellbeing, 2020).They are also crucial to job design which according to Goler (Goler, 2018) is a reason why people quit their jobs:

*“At Facebook, people don’t quit a boss, they quit a job. And who is responsible for what that job is like? Managers…The decision to exit was because of the work. They left when their job wasn’t enjoyable, their strengths weren’t being used, and they weren’t growing in their careers”*

It is also worth noting that while the focus of the current review is on leadership and management style and behaviour, we acknowledge that this is only one factor that contributes to employee health and wellbeing at work. Other workplace factors such as social relationships, health and wellbeing programmes, help for struggling workers and high quality jobs are also important for employee health and wellbeing (What Works Wellbeing, 2020) and also have an impact on employee wellbeing (see (Isham, Mair, & Jackson, 2020), for review) . For example workplace demands (aspects of the job that require physical or psychological effort) have been linked to poorer wellbeing and productivity, whilst workplace resources (aspects of the job that support the achievement of work goals and help protect against the costs of job demands e.g. autonomy) have been linked to greater productivity, while absence of resources have been linked to poorer wellbeing and productivity (Isham, Mair, & Jackson, 2020). Leaders and managers have a critical role to play in supporting employees to balance job demands and provide them with or support to access the resources needed to do their jobs.

Self-leadership and responsibility for wellbeing at work is also something to be encouraged.

Organisations and their Boards need to be strategic in their approach to create the culture and climate that leads to workplace health and wellbeing (Newton, Dorris, & Wills, 2016) (Rudoph, Murphy, & Zacher, 2019) (Chambers, et al., 2020). There are several health and wellbeing frameworks which outline the role of the Board in creating a healthy wellbeing culture. Whilst the wider organisational factors that impact on employee wellbeing are of interest, they are outside the scope of this particular piece of work.

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