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DOCTORADO EN PSICOLOGÍA DE LOS RECURSOS HUMANOS

**Transformational leadership development to
reduce employee sickness absence: A randomized
controlled trial**

Tesis Doctoral

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Dedication

I dedicate this dissertation to my parents, Inge and Siegbert, who with their unconditional support and love gave me the confidence to pursue this challenge.

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Abstract

Purpose – As many organizations are facing increases in sickness absence among their employees, the potential of transformational leadership for enhancing employee health and more effectively managing sick leave has been highlighted in the literature. However, the existing empirical evidence on that association is inconclusive and ambiguous, based on non-experimental research methods and subjective outcome measures. Moreover, it remains unclear whether a transformational leader might actually improve employee health or rather increase motivation to attend work. In addition, there is a limited knowledge of relevant boundary conditions in that association. Finally, previous research pointed out a lack of understanding regarding the specific behaviors with which a transformational leader might influence employee sickness absence. The present dissertation contributes to addressing these ambiguities and gaps by first identifying specific leadership behaviors with implications for sickness absence and subsequently developing as well as testing the effectiveness of a transformational leadership intervention for reducing employee sick leave. Furthermore, it analyses the underlying mechanism in that association and the role of leader's perceived organizational support as a potentially relevant boundary condition.

Design/Methodology – For addressing these objectives a mixed method research was applied. First, 79 Spanish occupational health professionals participated in 11 focus group sessions on the wider theme of employee sickness absence. Applying the principles of content analysis and aided by the software NVivo 12, a series of leader behaviors with implications for employee sick leave were identified. Second, in order to test the effectiveness of a transformational leadership intervention for reducing employee sick leave, a randomized controlled trial was carried out among 117 managers of two companies based in Spain. Transformational leadership and perceived organizational support were measured through self-evaluation by the participating leaders, while the measure of employee sickness absence was based on objectively recorded social security data.

Results – The qualitative study produced 18 specific leadership behaviors that might impact employee sickness absence. Fourteen of these could be associated to the framework of transformational leadership, mainly to the dimensions of idealized influence ($n = 4$) and individual consideration ($n = 6$), and 3 to transactional leadership. Regarding the field experiment, the results of an ANCOVA carried out in SPSS

suggested that the intervention was effective in reducing overall follower sickness absence days. Moreover, a multigroup linear regression in MPlus provided evidence for the moderation effect of leader's perceived organizational support in the association of transformational leadership and employee short-term sickness absence. However, results regarding the underlying mechanism in that association were inconclusive.

Conclusion – Addressing the so far mixed results on the association of transformational leadership and employee sickness absence, the present dissertation provides evidence for a causal link between both constructs based on a randomized controlled trial. Moreover, it highlights the importance of leader's perceived organizational support as a relevant boundary condition in that association. Further research is warranted for understanding whether a transformational leader actually improves employee health or rather enhances motivation to attend work. Finally, the dissertation offers an evidence-based, actionable intervention for practitioners seeking to better manage sickness absence in their organizations

Introduction

Since the harsh and in many ways detrimental living and working conditions during the industrial revolution public health in western countries has seen an unparalleled improvement in recent decades. A series of indicators published by the European Commission (2021) illustrate this evolution. For example, the infant mortality rate among the EU-27 countries has decreased from 26.5 (per 1.000 live births) in 1970 to only 3.4 in 2019. Life expectancy at birth increased from 75.1 (1985) to 81.3 years (2019) in Germany and in the case of Spain, from 73.5 years (1975) to 84 (2019). Furthermore, the incidence of work accidents in the EU-27 countries fell by 12.5% between 2010 and 2018. Also access to health care was greatly expanded in many countries. According to the European Commission (2021), the proportion of people with self-declared unmet needs for health care services decreased in the EU-27 countries from 3.4% in 2010 to 1.7% in 2019. Based on this evolution, it appears reasonable to assume that public health was and still is constantly improving, if there was not another indicator drawing a considerably divergent picture and raising question marks: employee sickness absence. During recent years this indicator showed a contrary trend, constantly rising in many developed countries. In the case of Germany, employees were on average 15.9 days on sick leave during 2010, which increased by 12.1% to 18.3 days per employee in 2017 (World Health Organization, 2020). During the same period, average annual sick leave days in Spain augmented by 8.4% from 10.7 to 11.6 (World Health Organization, 2020). Such an increase is worrisome as it potentially entails detrimental consequences for employees, organizations and society as whole. On the employee level, sickness absence was associated to a higher risk of unemployment (Amilion & Walette, 2009; Hesselius, 2007). As to organizations, increasing sickness absences entail both the cost of sick pay and of potential productivity loss (Herrmann & Rockoff, 2012). The Spanish association of mutual insurance companies for accidents at work (AMAT) estimated the direct cost (e.g. sick pay) of sickness absence for Spanish companies in 2017 at 6,274 million Euros and the indirect cost (e.g. productivity loss) at 63,863 million Euros (AMAT, 2018). Regarding to potential cost for society as a whole, the Spanish Economic and Social Council situated public sick pay expenditures at 7,592 million Euros in 2017 with a 25.7% increase up to 9,545 million in 2019 (Consejo Económico y Social España, 2018, 2020). Taking into consideration the human and

economic cost that this evolution implies, identifying potential antecedents and ways of intervening to both improve employee health and reduce potentially illegitimate absences appear an important and worthwhile challenge for our discipline.

In that pursuit, transformational leadership received attention as an important antecedent and potentially promising framework for the development of interventions (e.g. Frooman et al., 2012; Lee et al. 2011; Nielsen & Daniels, 2016). However, to date research has produced mixed conclusion and was exclusively based on survey methods. Therefore, a clear causal connection between transformational leadership and sickness absence could not be established and potential recommendations for practitioners in that respect are limited. In order to advance theoretical knowledge and practical capabilities in that sense, the global objective of the present dissertation is *to develop an intervention on transformational leadership and test its effectiveness via a randomized controlled trial in order to establish causality and provide practitioners with an actionable, evidence-based tool.*

The following *chapter 1* entitled “*Transformational leadership and sickness absence*” offers a description of both concepts, ways of measurement and the current empirical evidence regarding their antecedents and consequences or outcomes. Next, arguments will be presented for connecting transformational leadership and sickness absence by drawing a series of suitable theories. Lastly, the chapter points out the state of the art empirical evidence for the association of both concepts, as well as relevant gaps, ambiguities or contradictions that still require further investigation and clarification, which is the point of departure for the detailed formulation of the present dissertation’s objectives.

Chapter 2 describes the results of a qualitative study among occupational health professionals carried out in order to identify specific leadership behaviors that might influence sickness absence. These behaviors were then associated to different leadership styles as postulated by the full range leadership model (Avolio & Bass, 1991; Bass & Riggio, 2006). Finally, this study explores ways of intervening in order promote desirable leadership behavior in an organizational context and, thus, sets the stage for the subsequent development and test of such intervention.

Chapter 3 explores the effectiveness of an intervention on transformational leadership for influencing global sickness absence and different sub-dimensions (e.g. short- and long-term absence) based on a randomized controlled trial among 117 middle managers in two Spanish companies.

Chapter 4 analyses the potential moderation effect of leader's perceived organizational support in the link between transformational leadership and sickness absence, thereby contributing to the identification of relevant boundary conditions for leadership effectiveness.

Chapter 5 offers an integrated discussion of the dissertation's findings along its principle objectives and outlines the main theoretical and practical implications thereof.

Chapter 1:

Transformational leadership and sickness absence

The present chapter first describes the concepts of sickness absence and transformational leadership, their measurement and state of art empirical findings regarding their antecedents and consequences or outcomes. Then, both concepts are connected by applying a series of relevant theories. Finally, the last section of the chapter points out the existing empirical evidence for the association between transformational leadership and sickness absence, as well as relevant gaps, ambiguities or contradictions that still warrant further investigation, which constitutes the point of departure for the formulation of the present dissertation's objectives.

1.1. Sickness absence

1.1.1. Definition of sickness absence

The dictionary of Cambridge University Press (2021a) defined sick leave as “time away from work because of illness”, while absenteeism was defined as “a situation in which people are not at school or work when they should be” (Cambridge University Press, 2021b). Thus, absenteeism is a wider concept that can include a range of different absence types, for example due to sickness, maternity or vacations (Čikeš et al., 2018). For describing specifically the absenteeism due to sickness, the term “sickness absence” is widely used in published studies. However, referring the same phenomenon, some authors also use the alternative terms of “sick leave”, “absenteeism” or “sickness absenteeism” interchangeably (e. g. Markussen et al., 2011; Nielsen & Daniels, 2016). In the Spanish context, where the present studies were carried out, sickness absence (“*incapacidad temporal*”) and the corresponding sick pay are legally defined. According to this definition, for an absence to be considered sickness absence it needs to satisfy the following four criteria (article 169, Texto Refundido de la Ley General de la Seguridad Social, 2015): First, the employee is experiencing a health impediment due to either sickness or an accident, and, secondly, is receiving medical assistance by the public health system. Third, such pathology is impeding that the

employee performs their work tasks and, finally, the sick leave spell might not exceed 365 days (expandable by 180 days). Thus, sickness absence is the situation where an employee does not attend work due to a temporal health impediment that does not allow them to carry out their tasks. The origin of such health problem might stem from either the private context (e.g. sport accident on the weekend, flu) and is thus called common pathology (“*contingencia común*”), or it might be work-related (e.g. work accident) and labelled as professional pathology (“*contingencia profesional*”). The present thesis does not differentiate between both types and refers to their entirety as “sickness absence”. If a health impediment is not temporal, but permanent in the sense that it is not expected that an employee will recover their workability, it would not be considered sickness absence under Spanish legislation, but rather permanent work disability (“*incapacidad permanente*”).

1.1.2 Measurement of sickness absence

Research has applied a large variety of different measures of sickness absence, which on one hand might be necessary due to varying study objectives, but on the other hand could complicate comparing and aggregating results on the topic (Hensing et al., 1998). A first level of differentiation is the measurement of either self-reported (i. e. employee questionnaires) or objective sickness absence (i. e. social security or company records). While John and Miraglia (2015) in their meta-analysis on the subject concluded that self-reported sickness absence had a satisfying correlation with objective records, they also found a general tendency of underreporting absences by employees. Thus, drawing on the objective sickness absence records would be the preferred approach whenever possible. Adding further levels of differentiation Hensing et al. (1998) proposed in their review to distinguish between measures based on the three entities sickness spells, persons and days. Those based on spells were generally labelled as absence frequency and expressed the number of spells per time and unit of analysis, such as employee, department or organization (e. g. Løkke Nielsen, 2008). The measures based on persons referred to the number of individuals that experienced sick leave during the period study in relation to the studied population (absence prevalence). Finally, the measures based on days generally contemplated the total days of sick leave per unit of analysis and time (e. g. Nielsen & Daniels, 2016) or the mean duration of

sick leave spells in days (e. g. Bakker et al., 2003). Based on their corresponding objectives, some studies applied mixed measures of the above-mentioned. For example, combining measures based on spells and days, North et al. (1996) analyzed the absence frequency differentiating between short- (< 7 days) and long-term spells (> 7 days), while Alexanderson et al. (1994) as well as Åkerlind et al. (1996) contemplated sick leave days due to spells of more than 7 days. The differentiation between short- and long-term spells with a cut-off at 7 absence days was quite common in the studies reviewed by Hensing et al. (1998), based on the notion that they might represent two different nuances of sick leave. In that line, Marmot et al. (1995) found a stronger correlation of health with long-term as compared to short-term absences, while the latter was rather associated with job satisfaction.

1.1.3 Antecedents and correlates of sickness absence

Sickness absence and its potential antecedents have been subject to scientific inquiry since the beginning of the 20th century. Hart (1922) identified in an analysis of sickness absence data among British school teachers between 1904 and 1919 differences regarding age and sex, with higher absence rates among elder and female teachers. Moreover, the study concluded that both the First World War and the influenza pandemic of 1918-19 were associated with increases in sickness absence. In the following decades, investigators from different scientific disciplines, such as psychology, sociology, medicine or economy (Hensing et al., 1998), contributed to a growing body of research on the subject, drawing an increasingly complex and multifactorial picture of the determinants of employee sick leave. Steers and Rhodes (1978) synthesized their review of 104 studies into a process model of employee attendance. They suggested that work attendance is a function of both an employee's motivation and ability to attend. In turn, the employee's motivation to attend would be influenced by their satisfaction with the job situation (e.g. scope, stress, leadership style, co-worker relations or possibility for advancement), and the pressure to attend (e.g. labor market conditions, company reward systems). The ability to attend, on the other hand, would be determined by employee health, family responsibilities and transportation problems, which, in turn, were related to personal characteristics such as age, sex, family size or education. Finally, the model differentiated between voluntary and involuntary absences, the latter being derived from the inability to attend work (e.g.

due ill-health) and the former from the unwillingness to do so (e.g. due to dissatisfaction with job characteristics) and the corresponding withdrawal behavior. Though in line with the prior research, Steers and Rhodes (1978) concluded that further empirical inquiry was required to fully validate the proposed model and, thus, set the agenda for much of the investigation of the subsequent decades.

The growing body of research since then has approached the potential antecedents of sickness absence from different levels of analysis. Following the proposed structure by Alexanderson (1998), these levels can be divided into the individual (e. g. mental health), organizational (e. g. work conditions) or national level (e. g. legal framework).

Individual level variables

Regarding the individual level, the identified variables related to sickness absence can be structured into *demographic variables*, those related to *physical and mental health* as well as *work attitudes*.

Some authors suggested that sickness absence would increase with *age*, mainly based on the natural deterioration of health over time (e. g. Barmby et al. 2004; Martocchio, 1989). However, Løkke Nielsen (2008) proposed that elder employees might have found a better person-environment fit as compared to their younger colleagues, decreasing their proneness to sickness absence. In line with these opposing arguments, Gohar et al. (2021) could not identify a significant correlation between age and sickness absence in their recent meta-analysis. Potentially consolidating both views, Martín et al. (2018) drew a more complex picture of the relation between age and sick leave. These authors found in their study within a Spanish sample that though the frequency of absences declined with age, the duration of these spells increased. Thus, elder employees took less sick leave spells as compared to their younger colleagues, but required longer time periods for recuperation and reincorporation.

Regarding the influence of *gender*, past research has consistently identified higher sickness absence rates among female employees, mainly due to short-term spells, as compared to their male counterparts (e. g. Bekker et al., 2009; Gohar et al., 2021) and provided several potential explanations. First, certain pregnancy and menstruation-related health alterations are not affecting the male working population. Second, the double-burden hypothesis suggests that female employees experience higher levels of

work-family conflict as compared to men, leading subsequently to more sickness absence as a coping mechanism (Nilsen et al., 2017). However, in a study carried out by Østby et al. (2018) these factors related to health and work-family stressors could only explain 28% of the gender differences in sickness absence. They therefore concluded that the main explanations for the differences lied outside these domains, and that future research was needed to develop and test alternative models.

The term “sickness absence”, that is absence from work due to sickness, seems to inherently imply that such absences are related to both *physical and psychological health*. Indeed prior research has continuously associated sickness absence with various health-related variables such as subjective health (Gohar et al., 2021; Straume & Vittersø, 2015), physical health (Goldberg & Waldman, 2000), musculoskeletal pain (Gohar et al., 2021), or health risk factors such as obesity (Amiri & Behnezhad, 2019; Fitzgerald et al., 2016), alcohol consumption (Amiri & Behnezhad, 2020), smoking (Lucey, 2008) and physical activity (Kerner et al., 2017; Losina et al., 2017). In addition, recent research has emphasized the importance of mental health and subsequent sick leave in the workplace (e. g. Dewa et al., 2014, Milligan-Saville et al., 2017). In that line, sickness absence was related to depression symptoms (Amiri & Behnezhad, 2021; Becher & Dollard, 2016), stress (Davey et al., 2009; Kim & Garman, 2003; Zeytinoglu et al., 2004) and psychological distress (Becher & Dollard, 2016) as well as to mental health risk factors such as job strain (Amiri & Behnezhad, 2021), mobbing (Boada i Grau et al., 2005) or psychological safety climate (Becher & Dollard, 2016). Thus, a solid body of research provided support for the assumed relation between various indicators of both mental and physical health and employee sickness absence.

Nonetheless, other research findings suggested a more nuanced picture of that association. Ihlebaek et al. (2007) gathered data on subjective health complaints among a representative sample of the Norwegian working population in the years 1996 and 2003 and matched these with the official sickness absence records from the National Insurance Administration for the same years. They found that while the prevalence of health complaints had remained stable during that time span, sickness absence had increased. The authors concluded that such increase could hence not be explained by a decline in general health among the population. In a similar study in the Swedish context and analyzing data from 1988 to 2001, Wikman et al. (2005) also found a discrepancy between the population’s perceived health and corresponding sick leave records. Ihlebaek et al. (2007) highlighted as a possible explanation the subjective

nature of health complaints and the influence of individual perceptions and expectations in the corresponding appraisal of situations. They proposed that an enhanced sensitivity in society towards health and its importance could have led employees to seek more medical assistance and make more use of sick leave when faced with similar health impediments. However, on the other end of the spectrum are situations where employees decide to attend work even though they are experiencing health problems. Such behavior, generally referred to as presenteeism (Lohaus & Habermann, 2019), equally distorts a clear association between health and sickness absence. For example, in a Spanish sample, Agudelo-Suárez et al. (2010) found that 42.0% of Spanish-born and 56.3% of foreign-born employees related at least one period of presenteeism in the last 12 months, underlining, therefore, the magnitude of the phenomenon. The results of 6th European Working Conditions Survey (Eurofond, 2017) corroborated that finding: 44.0% of Spanish survey participants stated to have worked while being sick at least once during the last 12 months. However, it should be mentioned that according to Spanish legislation the mere fact of experiencing health problems does not sufficiently justify sickness absence. It would only correspond if such a health problem also impedes the employee from carrying out their regular work tasks. For example, a sprained ankle might seriously reduce the workability of a police officer, while a seated administrative clerk could possibly still attend work.

Whenever a sick employee is on leave, or a healthy employee attends work, the association between health and sickness absence seems to hold. However, in situations of presenteeism or of healthy employees taking leave, the relation between the two concepts gets distorted. Adding further complexity, the self-labelling of an employee as either healthy or sick might be subjective, depending to a certain degree on their individual expectations and perceptions (Ihlebaek et al., 2007). The definition of health by the World Health Organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1978, p. 2) suggests that a person is either healthy or sick. Antonovsky (1979) criticized such deterministic definition and proposed in his salutogenic model rather an ease/dis-ease continuum. This author argued that a person is neither entirely healthy, nor completely sick, but rather constantly moving on a continuum between the two extremes. The specific self-allocation of an individual in a given situation and the subsequent decision on seeking medical assistance, would depend on their subjective appraisal of pain, suffering and functional limitation. As a consequence, two employees who are experiencing the same

symptoms might come to quite different conclusions about their well-being and workability, and consequently on whether to attend work. In conclusion, even though there is extensive research linking numerous health-related variables to sick leave, other studies produced results that shed doubts on and limit that association, potentially based on the subjective self-labelling of employees as healthy or sick.

Ajzen and Fishbein (2000) defined attitude in general terms as an individual's evaluation of an object. Davey et al. (2009) systematically reviewed the associations of such *attitudes related to work* with sickness absence among studies in the health care sector and found significant links for job satisfaction, job involvement and organizational commitment. Studies among employees of other sectors confirmed the same relation of sickness absence with job satisfaction (Čikeš et al., 2018; Hausknecht et al., 2008, Harrison et al., 2006; Pousette & Hanse, 2002) and organizational commitment (Čikeš et al., 2018; Kim & Beehr, 2018a; Hausknecht et al., 2008). A possible explanation for these associations might be that employees with rather negative work attitudes might tend to withdraw from a perceived adverse or dissatisfying work situation, while the opposite might be the case for employee with rather positive work attitudes (Čikeš et al., 2018).

Organizational variables

A series of factors at the organizational level have been suggested to influence sickness absence, based on several theoretical models. First, the effort-reward imbalance (ERI) model by Siegrist (2002) applies the norm of social reciprocity to the context of work. Specifically, it postulates that an employee has the expectancy that their physical and psychological work effort will be equally rewarded by the organization (e. g. through salary, promotion or recognition). A perceived imbalance between the effort and rewards, and specifically the combination of high effort and low reward, was associated with stress, ill-health (Siegrist, 2002, 2005) and sickness absenteeism (Allisey et al., 2016; Derycke et al., 2013; Godin & Kittel, 2004). Thus, a perceived effort-reward imbalance to the detriment of the employee might influence sickness absence indirectly via health alterations, but also directly as a way of coping or withdrawing. A second theory that was widely applied to connect organizational variables to sickness absence is the demand-control model by Karasek (1979). It postulates that job demands (e. g. work pressure, role conflict) in combination with the

degree to which an employee can exert control over their working environment (e. g. decision latitude) predicts a series of health-related and behavioral outcomes. According to this model, a situation where high demands and low control coincide is strenuous, with the subsequent detrimental health outcomes (Karasek, 1979). Researchers have applied, among others, these two theories for connecting *working conditions*, the *physical and psychosocial working environment* and *leadership* to sickness absence.

Based on the ERI, the *working conditions* offered by organizations might influence employee behavior related to sick leave. In line with that, longer working hours were associated with more sickness absence (Barmby et al., 2002; Løkke Nielsen, 2008; Sanders & Nauta, 2004). Other studies analyzed the effect of pay and incentives schemes on sick leave. Brown et al. (1999) found based on their analysis of French panel data between that 1981 and 1991 that the practices of providing share ownership to employees or sharing company profits were associated with less absenteeism. Pouliakas and Theodoropoulos (2009) concluded in their study in the British context that performance-related pay based on subjective ratings was related with lower absenteeism, while the same relation did not hold if the payments were based on objective performance-related indicators. Also other organizational incentives, such as a company lottery system have shown to modify sickness absences behaviors (Hassink & Koning, 2009). Finally, Ichino and Riphahn (2005) found a sudden increase in absence days among employees of an Italian bank finishing their probation period and being thus granted employment protection. These authors suggested that granting such employment protection has provoked the increase in absenteeism.

As mainly physically demanding jobs made way to rather intellectually and socially demanding ones, *psychosocial working conditions* received an increasing interest by researchers in recent decades (Roelen et al., 2008). For measuring this construct, Karasek et al. (1998) proposed in their job strain model the three dimensions of decision latitude, psychosocial demands and social support. Based on the demand-control model (Karasek, 1979, 1990), a job is potentially strenuous when high job demands and low control coincide. In line with that reasoning, prior research has identified negative associations of sick leave with decision latitude (Karasek, 1979, Smulders & Nijhuis, 1999), job autonomy (Pousette & Hanse, 2002; Väänänen et al, 2013) as well as social support (Silva-Junior & Fischer, 2014; Slany et al., 2014), and positive ones for psychosocial demands (Landeweerd & Boumans, 1994; Rugulies et al., 2007; Slany et al., 2014) and general job demands (Parkes, 1982; Pousette & Hanse,

2002; Slany et al., 2014). Other investigations found a positive relationship between sickness absence and workplace violence (Rugulies et al., 2007; Slany et al., 2014) as well as role conflict (Rugulies et al., 2007) and role ambiguity (Brooke & Price, 1989). In addition to such psychosocial factors, also the *physical work environment* and the corresponding prevention of occupational health risks have been related to sickness absence (e.g. Boada i Grau et al., 2005). Interventions on workplace ergonomics were effective in reducing absences due to work accidents or musculoskeletal symptoms (Evanoff et al., 1999; Wickström et al., 1993) and interventions on hygiene in reducing those due to infectious diseases (Arbogast et al., 2016).

Another concept that has received significant attention by researchers as a potential antecedent of sickness absence was *leadership*. Leaders guide, support and develop their subordinates; they set objectives and allocate rewards; they have the potential to provide a desirable vision and give meaning to their employees' daily work (Gurt et al., 2011). Contemplating the dark side of leadership, they might abuse their position of power and create toxic working environments (Itzkovich et al., 2020; Tepper et al., 2017). As such, leaders create and shape, to a certain extent, the perceived organizational realities of their employees. Based on this central role, prior researchers found association of different styles of leadership with sickness absence, such as transformational (e.g. Nielsen & Daniels, 2016) or situational leadership (e.g. Schreuder et al., 2012). Section 1.3 ("transformational leadership and sickness absence") details the corresponding theoretical connections, empirical findings and existing gaps as starting point for the contribution of the present dissertation.

National level variables

Osterkamp and Röhn (2007) identified in their study of panel data from 20 countries between the years 1996 and 2002 important differences in sickness absences among the analyzed countries, ranging from 5 days per year and employee in the USA to 26 in Poland. They proposed that these differences might be explained by objective causes (e. g. general health and demographic characteristics of the workforce) and behavioral reactions to the national *macroeconomic situation* (e. g. unemployment rate) and to the *legal framework* (e. g. sick leave benefits, employment protection laws). Their analysis revealed that the strictness of employment protection legislation and the generosity of granting sickness absence, as well as the age structure of the working

population, could explain these differences in sickness absence rates between countries. Frick and Malo (2008) theorized in the same line that generous sickness benefits as well as strict employment protection legislation would reduce employee motivation to attend work and, hence, increase sickness absences. In their comparative analysis among 14 countries of the European Union they confirmed such relation regarding the generosity of sickness benefits, but could not find a significant effect for the strictness of employment protection. Regarding the impact of the macroeconomic situation on employee absenteeism behaviors, Markham (1985) argued that during an economic downturn and the resulting increase in unemployment rates, employees experienced greater fear of job loss. Such fear would then translate into extra effort and higher work attendance. On the other hand, in a situation of economic boom and the corresponding availability of alternative job opportunities, employees would tend to increased rates of sickness absence. In line with that reasoning, Markham (1985) found a negative correlation between the unemployment and absenteeism rate. Corroborating that finding, Virtanen et al. (2005) discovered that high unemployment rates were associated with decreased self-certified sickness absence, and highlighted the potential risk and detrimental effects of presenteeism in an environment of high unemployment. In order to better understand the connection between unemployment rates and sick leave, Hausknecht et al. (2008) tested and confirmed a model initially proposed by Markham (1985), whereby the association between work attitudes (job satisfaction and commitment) and absenteeism would be moderated by the labor market conditions, in such a way that employees tend to manifest dissatisfaction via absenteeism only in a “safe” situation of plentiful alternative opportunities in the labor market.

In conclusion, research over the last 100 years has produced a vast amount of potential antecedents and correlates of sickness absence, answered some research questions and posed many new ones. As suggested by Steers and Rhodes (1978), sickness absence constitutes a rather complex and multi-causal phenomenon, influenced by variables on the individual, organizational and national level, as well as their manifold interactions.

1.1.4 Interpretation of short- and long-term sickness absence

Already in their initial model Steers and Rhodes (1978) differentiated between involuntary absences, based on the inability to attend work (e.g. due to sickness) and

voluntary absences, as a consequence of the unwillingness to attend (e.g. due to negative work attitudes). These two, quite different facets of sickness absence posed a challenge for researchers when interpreting empirical results. In their review, Hensing et al. (1998) stated that sickness absence has been applied as an indicator of employee health. In that line, some reviews and meta-analyses have labelled sick leave as a health-related outcome and interpreted it as a measure of employee health (e. g. Kuoppala et al., 2008) or well-being (e.g. Arnold, 2017; Inceoglu et al., 2018). However, other authors, emphasizing the attitudinal and voluntary aspect of sickness absence perceived it as a withdrawal or counterproductive work behavior (e. g. Kurtessis et al., 2017; Martin et al., 2016). Based on the various health-related and motivational antecedents of sickness absence, both perspectives seem to be justified, but still, an imprecision in the interpretation persists.

A potential approach to achieve more rigor in the interpretation was to distinguish sickness absence according to the degree to which it might be due to health-related or attitudinal antecedents into white, grey or black absences (Allegro & Veerman, 1998; Sanders & Nauta, 2004). Specifically, an obvious illness that can be diagnosed objectively, such as a broken bone or cancer, would result in white sickness absence. Grey absences would be those that are more difficult to diagnose due to a certain subjective component, such as psychosomatic or psychological pathologies. Finally, a situation where an employee calls in sick without any health impediment, as a way of withdrawing from work (e. g. as a coping style or to maintain future work capacity), would be labelled as black absenteeism. As suggested by the adjectives “voluntary” (Steers & Rhodes 1978), such black absences would be likely controlled by the employee, a result of a conscious choice (Chadwick-Jones, 1981; March & Simon, 1993; Luz & Green, 1996). However, it might also raise suspicion in the organization and not withstand medical scrutiny. Both risks seem less likely in the case of short-term sick leave, which does not always require medical certification and is, therefore, in many cases, self-certified (Behrend, 1974; Markussen & Røed, 2017; Toppinen-Tanner et al., 2005). In the Spanish context, control mechanisms by institutions of the social security system are only initiated in the case of long-term absences, while the short spells remain largely unchecked (Peiró et al., 2020a). Also organizations, to some extent, might accept occasional short-term absences of their employees without further questioning their justification (Chadwick-Jones, 1981). Therefore, as they might allow employees to “fly under the radar” of institutional control, short-term absences could be

more likely to be used as an illegitimate withdrawal instrument as compared to long-term absences (Lambert et al., 2005; Mastekaasa, 2020). In line with that, Marmot et al. (1995) found that health was a stronger predictor for long-term absences as compared to short-term spells. Kivimäki (2003) concluded that long-term, certified sickness absences were related to later mortality, while there was no linear relation for non-certified, short-term absences. Regarding short-term leave, researchers have identified work attitudes (Hensing et al., 1998), work attendance motivation (Mastekaasa, 2020), psychosocial risks, (Sanders & Nauta, 2004) and leadership (Schreuder et al., 2011; Nyberg et al., 2008) as potential antecedents. Referring to the same dichotomy, past research utilized different, largely interchangeable terms such as white and black (Allegro & Veerman, 1998; Sanders & Nauta, 2004), involuntary and voluntary (Schaufeli et al., 2009) or legitimate and illegitimate sickness absence (Frooman et al., 2012). Inspired by the terminology of JD-R theory and in reference to the proposed underlying mechanisms (c.f. section 1.3), the present dissertation will refer to both phenomena as health- and motivation-related sickness absence.

Disentangling the underlying nature of sickness absence by differentiating into short- and long-term absences seems a promising and widely applied approach, based on theoretical argumentation and supporting empirical findings. Nonetheless, without the direct measurement of health and motivation-related absences, it can only be an indirect approximation with its inherent imprecisions. For example, a highly motivated and committed employee experiencing a serious health problem might decide to return to work as soon as possible and, therefore, only take a short-term sick leave. Such situation could hardly be labelled as an absence due to a lack of motivation. Being aware of such imprecisions, generally prior research agreed that short-term leaves present a higher probability of a motivational component as compared to long-term absences (e.g. Blau & Boal, 1987; Chadwick-Jones, 1981).

An alternative, often applied approach of operationalizing health-related and motivational absences was via the measures of absence frequency and duration, whereby the former indicated withdrawal behavior through repeated absences and the latter the inability to attend work due to illness (Schaufeli et al., 2009).

1.1.5 Consequences of sickness absence

Though less research effort has been dedicated to the potential outcomes of sickness absence as compared to its antecedents, nonetheless many studies testified to its multiple, mainly conceived as detrimental, consequences. Goodman and Atkin (1984) proposed to differentiate the outcomes of absenteeism according to the levels that they affect, such as the individual employee, the organization or the wider society.

Sick leave might be beneficial for an *employee* as it facilitates the necessary resting and recovering from illness and avoids the exposure to occupational risks. Kivimäki et al. (2003) found that employees taking few sickness absences experienced a decreased risk of later mortality as compared to those that did not take sick leave at all. However, in general there is a lack of research regarding the potential therapeutic benefits of sickness absence for employees. There is evidence for detrimental consequences of the antagonistic behavior of avoiding sick leave (presenteeism), which has been positively associated to ill-health and subsequent long-term absences (Karanika-Murray & Cooper, 2018). Nonetheless, prior research mainly focused on detrimental consequences of sick leave for individual employees. Hesselius (2007) proposed that sickness absence might be a relevant indicator for employers when assessing employee productivity. Correspondingly, he found in a sample of about 300.000 Swedish employees that sickness absence was associated with a higher risk of unemployment. In the same line, Amilion and Walette (2009) concluded that among a sample of temporary workers, absence was related to both an enhanced risk of unemployment and a reduced probability of obtaining a permanent contract.

If an employee is on sick leave, their respective *organization* has to do without their productive capacity temporarily. Consequently, sickness absence has been associated with employee performance rating (Jung & Takeuchi 2010) and organizational productivity loss (Herrmann & Rockoff, 2012). The Spanish association of mutual insurance companies for accidents at work (AMAT) estimated the cost of sickness absences due to common diseases (excluding those due to work accidents or professional diseases) for Spanish companies in the year 2017 at 70,138 million Euros (AMAT, 2018). Out of that sum 6,274 million Euros would be due to direct cost, such as sick pay by the companies, and the bulk of 63,863 million Euros due to indirect cost, such as opportunity cost of production loss. In a qualitative study among HR professionals of Northern Irish public administrations, McHugh (2002) identified, apart

from the financial cost that sick leave implied for the organization (i.e. sick pay, additional staffing and administration cost), detrimental effects on the psychosocial work environment, such as a deterioration of employee work attitudes and motivation, worse interpersonal relationship and increased pressure on work colleagues. Finally, absenteeism as a withdrawal behavior was often interpreted as a precursor to voluntary turnover. While prior research has consistently identified correlations between both concepts, there were mixed findings as to the strength of that association (Morrow et al., 1999; Parasuraman, 1982).

With regard to the impact of sickness absence on the *social security systems and society* as whole, researchers mainly point to its cost as a relevant factor. Martín-Román and Moral (2017) estimated the total cost of sick leave due to work accidents in Spain between the years 2005 and 2013 at 6,920 million Euros. Based on the standard durations of sickness absences, they suggested that 44.6% of these cost (3,092 million Euros) were due excess absence days that are not strictly necessary for recuperation and reincorporation. According to Spanish Economic and Social Council, public sick pay expenditures (not contemplating the sick pay by companies) amounted to 7,592 million Euros in 2017 and steadily increased up to 8,815 million in 2018, 9,545 million in 2019 and 11,917 million Euros in 2020 (Consejo Económico y Social España, 2018, 2019, 2020, 2021). Even though the recent increase from 2019 to 2020 might partly be explained by the impact of the Covid-19 pandemic, there seems to be a clear upward trend.

In conclusion, prior research has mainly investigated detrimental effects of sickness absence for the employee, the organization and society as a whole, with a strong focus on the cost that it entails. Based on this, identifying potential antecedents and ways of intervening to improve employee health and reduce potentially illegitimate absences are an important and worthwhile challenge.

1.2 Transformational leadership

1.2.1 Overview of leadership theory

The recording of human history traditionally related important changes and historic landmarks to great personalities that displayed outstanding leadership and inspired their followers. For example, the discovery of the American continent for European powers was associated with Christoph Columbus, the reformation movement with Martin Luther, the rise of absolutism with Louis XIV of France, or the English resistance against Nazi Germany with Winston Churchill. It is therefore not surprising that the first approaches of studying leadership were focussed on such outstanding individuals and their innate traits. In his 1841 book “On heroes, hero-worship, & the heroic in history” the Scottish historian and philosopher Thomas Carlyle formulated basic leadership principles that would later become known as the great man theory (Carlyle, 1841). Also known as trait theory, it assumed that leaders were born with a special set of traits and therefore destined to become great, “heroic” leaders (Glynn, & DeJordy, 2010). However, as the identification of these universal traits was empirically inconclusive, research shifted towards a behavioral perspective. For example, based on specific leadership behaviors, Lewin et al. (1939) proposed differentiating between the autocratic, democratic, and laissez-faire leadership styles. However, once again contradictory findings on the effectiveness of these leadership styles let researchers to develop the contingency theories of leadership (Glynn, & DeJordy, 2010). The basic proposition of these theories, such as the situational leadership theory (Hersey & Blanchard, 1969), was that a single, universally effective leadership style does not exist. Instead, an effective leader adapts their behavior and leadership style according to the specific situation at hand. As a reaction to the increasing rate of transformation that modern organizations are facing, recent decades have seen the rise of leadership theories focusing on change, influence and charisma. These theories, such as leader-member exchange or transformational leadership theory, integrate to some extent the components of the previous trait, behavioral and contingency perspectives on leadership (Glynn, & DeJordy, 2010).

In the past, leadership theory has advanced and adapted as a reaction to empirical findings and a changing environment (Khan et al., 2016). Clearly defining

such an evolving and multifaceted construct posed a challenge. For example, Rost (1993) identified 221 different definitions of leadership; while Bass and Bass (2009) pointed out that a unified definition of leadership does not make sense. According to these authors, definitions may vary according to the specific context and research questions.

1.2.2 The construct and theory of transformational leadership

The most frequently studied theory of leadership during the last decades was transformational leadership (Antonakis, 2012; Arnold, 2017). It was the dominant theory in the articles published in *The Leadership Quarterly* during the last three decades (Lowe & Gardner, 2000; Gardner et al., 2010; Gardner et al., 2020). This theory initially emerged in the conceptualization of leadership by Burns (1978) as a dichotomy of transactional and transformational leadership. A transactional leader provides social or financial rewards to their followers in exchange for expected behaviors (Bass & Riggio, 2006). It consists of the two components of contingent reward, whereby a leader sets objectives and rewards their achievement correspondingly, and active or passive management-by-exception, where a leader monitors and reacts to occurring problems. Transformational leadership, on the other hand, focusses on stimulating, inspiring, empowering and developing followers in order to achieve desired organizational outcomes, but also to provide the genuine opportunity for followers to strive and self-actualize (Bass & Bass, 2009). According to Burns (1978), a transformational leader “raises the followers’ level of consciousness about the importance and value of desired outcomes” (p. 141). For achieving such an end, transformational leaders demonstrate specific behaviors that have been organized into the four components of transformational leadership (Bass & Riggio, 2006): idealized influence, inspirational motivation, intellectual stimulation and individual consideration.

Idealized influence

This component refers to a leader’s capacity to constitute a role model for their followers. Based on their admiration, trust and respect, the followers tend to imitate the behaviors of such an influential leaders (Bass & Riggio, 2006). Specifically, a

transformational leader goes beyond their own interests in order to ensure the well-being of their team (e.g. risking conflicts with superiors in order to achieve resources for their team). Moreover, they communicate their values and beliefs openly, allowing thus their followers to understand and comprehend their actions. In addition, an influential leader establishes and demonstrates a sense of purpose and meaning in the work of their followers, and emphasizes the importance of a common mission (Bass & Avolio, 1995). Finally, idealized influence refers to taking into consideration the moral and ethical implications of decisions (Bass & Riggio, 2006). Generally, idealized influence is further differentiated into the two sub-factors of the specific behavior that a leader demonstrates (idealized influence behavior) and the elements that followers attribute to their leader (idealized influence attributed).

Inspirational motivation

Transformational leaders inspire and motivate their followers by drawing a desirable and worthwhile picture of the future (Bass & Riggio, 2006). They construct a stimulating vision of the future and communicate it with enthusiasm, thus achieving the buy-in and commitment of their followers. Moreover, a transformational leader addresses the future in an optimistic way and expresses their confidence that the team and its members will successfully deal with upcoming challenges (Bass & Avolio, 1995). Bass and Riggio (2006) pointed out that these two first components of idealized influence and inspirational motivation could also be joined into a single factor of charismatic-inspirational leadership that showed similarity to the behaviors described in charismatic leadership theory (Bass & Riggio, 2006).

Intellectual stimulation

A transformational leader stimulates their followers to be creative and innovative, to question assumptions, reframe problems and perceive given situations in different ways (Bass & Avolio, 1995). Moreover, they help their followers to change their perspectives and perceive problems or challenges from different points of view (e.g. taking the perspective of a client or work colleague). Intellectual stimulation also refers to empowering employees by involving them in developing solutions and in decision-making processes. They are actively encouraged to formulate their ideas and

try new approaches, even if those fail or are not aligned with the leader's own ideas. Finally, the leader does not publicly criticize the mistakes or errors of individual employees.

Individual consideration

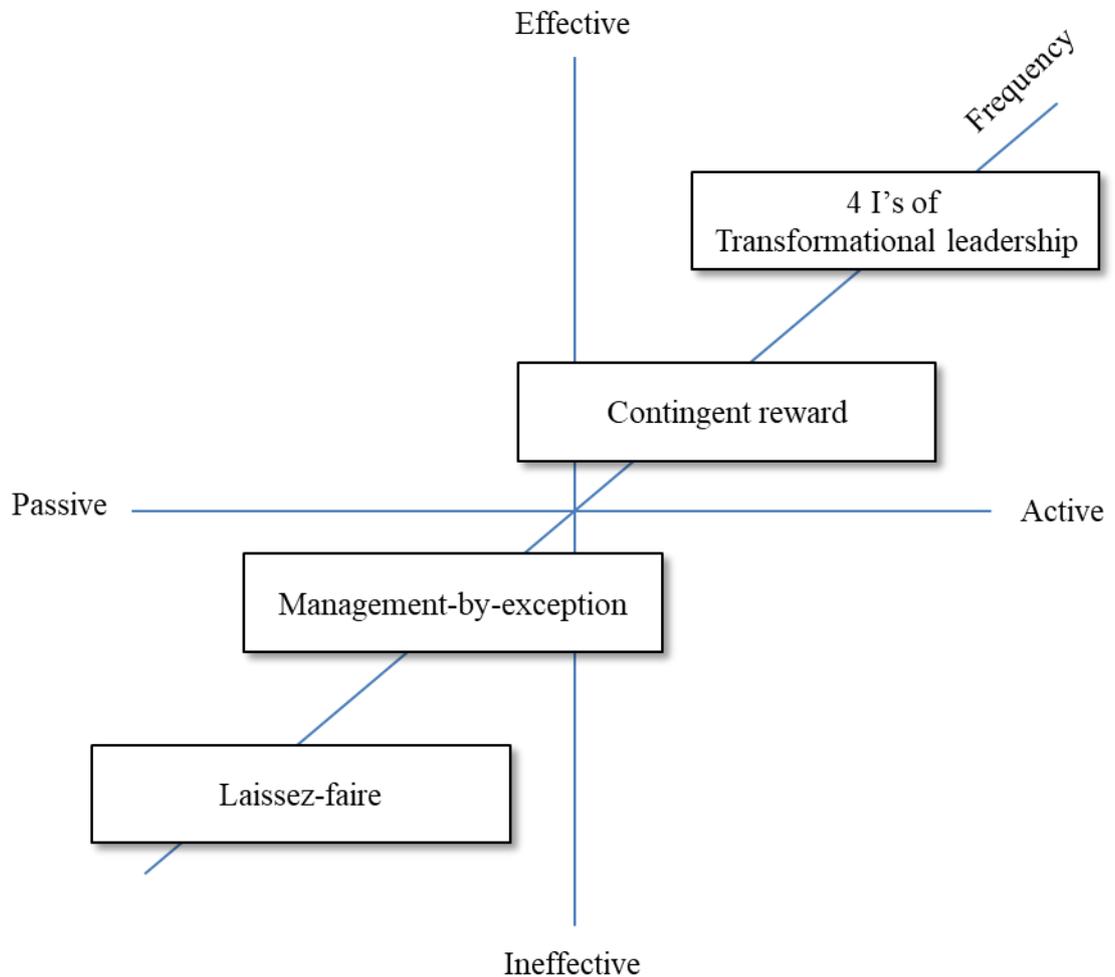
The fourth component, individual consideration, describes a leader's ability to recognize and appreciate the individual differences among their followers regarding their distinct needs, capabilities and aspirations, and to act accordingly (Bass & Riggio, 2006). Such knowledge is achieved by establishing a personal relationship with each employee and practising effective listening. Thus, a transformational leader perceives and treats their individual follower as a complete person, not just as a productive entity. Once aware of the individual situation of each employee, the leader adapts their style accordingly. While some employees might need a closer guidance, others might strive when granted more autonomy. Furthermore, a transformational leader helps their followers to develop individual strengths by dedicating time to coaching and mentoring, and delegating tasks specifically as a means of facilitating their growth.

1.2.2 Integration into the full range leadership model

In 1991, Avolio and Bass proposed to integrate the three leadership styles of transformational, transactional and laissez-faire represented by eight factors into a single model, the full range leadership model (Avolio & Bass, 1991; Bass & Riggio, 2006). Four factors correspond to the four previously described components of transformational leadership (4 I's), while transactional leadership is represented by the factors contingent reward (CR) as well as active and passive management-by-exception (MBE-A and MBE-P). Additionally, laissez-faire (LF) describes the absence of leadership, whereby a leader avoids taking important decisions, delays actions and does not assume responsibility (Bass & Riggio, 2006). The full range leadership model organizes these factors along three axes (see figure 1): active versus passive, effective versus ineffective, as well as the frequency of displaying the corresponding behaviors.

Figure 1

Full range leadership model



Note: Adapted from Bass & Riggio, 2006

The first axis describes the continuum of leader activity; with laissez-faire being the most passive and transformational leadership the most active one (Bass & Riggio, 2006). According to the authors of the model, the axis of efficiency versus inefficiency was based on empirical findings associating the corresponding leadership styles with relevant organizational outcomes. A basic proposition of the model is that even though any leader might display components of each of these leadership styles at a given time, high performance leaders demonstrate the active and effective components (e.g. transformational leadership) with higher frequency as compared to the passive and

ineffective ones (e.g. laissez-faire), while the opposite would be the case for poorly performing leaders (Bass & Riggio, 2006).

1.2.3 Measures of transformational leadership

In his initial elaboration on transactional and transformational leadership, Burns (1978) identified a series of behavioral statements associated with both leadership styles. Subsequently, these were transformed into a first 73-item scale divided into seven corresponding factors (Bass & Riggio, 2006). Further revisions and investigation led to the publication of the Multifactor Leadership Questionnaire (MLQ, Bass & Avolio, 1990) for measuring all factors formulated in the full range leadership theory. The updated version of this questionnaire, the MLQ (Form 5X) (Bass & Avolio, 1997) contained 36 items, with 20 items measuring transformational, 12 transactional and four laissez-faire leadership, as well an additional nine items assessing leadership outcomes. Even though some studies raised doubts regarding the discriminant validity of the instrument, based on an elevated multicollinearity among the factors of transformational leadership, and suggested a reduced factor structure, a subsequent review and test by Antonakis et al. (2003) observed stability in the nine-factor model and argued to retain it. The MLQ (Form 5X) and has since been widely applied and translated by researchers worldwide (Bass & Riggio, 2006). For assessing the 20 items of transformational leadership, the present thesis applied the corresponding Spanish translation by Vega and Zavala (2004).

1.2.4 Outcomes of transformational leadership

Transformational leadership and its potential outcomes have been widely investigated during recent decades (Judge et al., 2006), theoretically and empirically establishing its associations with performance (Wang et al., 2011), organizational citizenship behavior (Nohe & Hertel, 2017), job satisfaction (Judge & Piccolo, 2004), employee health and well-being (Arnold, 2017, Montano et al., 2017) and sickness absence (Nielsen & Daniels, 2016; Lee et al., 2011).

The probably most extensively researched outcomes of transformational leadership were those related to performance (Wang et al., 2011). A transformational leader might enhance their followers' *performance* through demonstrating the

meaningfulness and relevance of their work, thus raising their intrinsic motivation (Bono & Judge, 2003; Wang et al., 2005). Moreover, through expressing confidence in followers' capabilities, they might favor perceptions of self-efficacy, leading subsequently to higher performance (Bandura, 1986). In addition, via demonstrating individual consideration they provide the tools and guidance for each employee to perform well (Howell & Hall-Merenda, 1999). Lastly, a transformational leader inspires and empowers their followers, which might facilitate contextual performance beyond the specified work tasks (Wang et al., 2011). In their meta-analysis of 113 primary studies on the topic, Wang et al. (2011) confirmed a positive association of transformational leadership with performance across various criterion types and levels of analysis, such as individual task and contextual performance, as well as team and organizational level performance. Moreover, Bass and Riggio (2006) pointed out that transformational leadership might motivate employees to go above and beyond the call of duty. Consequently, it has been associated with extra-role performance (e.g. helping work colleagues), operationalized as *organizational citizenship behavior* (Gooty et al., 2009; Nohe & Hertel, 2017; Podsakoff et al., 1990). Additionally, through attending individual needs as well as influencing and shaping employee perceptions of job characteristics (e.g. autonomy, meaning) in a positive manner, transformational leaders might have a beneficial impact on their followers' *job satisfaction* (Nohe & Hertel, 2017). In line with that, various meta-analyses consistently reported a positive association between both constructs (Banks et al., 2016; Derue et al., 2011; Judge & Piccolo, 2004; Nohe & Hertel, 2017).

Furthermore, prior research has linked transformational leadership to various aspects of *employee health and well-being*. Zwingmann et al. (2014) theorized that a transformational leader supports and empowers their followers, fosters their sense of self-efficacy and maintains a trustful relationship, which in turn would benefit their health and perceptions of well-being. In that line, meta-analytic findings confirmed significant negative correlations of transformational leadership with variables of ill-health (i.e. health complaints, affective symptoms, burnout, stress) and positive ones with well-being and psychological functioning (Harms et al., 2017; Montano et al., 2017). However, Arnold (2017) pointed out that while global transformational leadership was generally associated with beneficial employee health outcomes, analyzing its components separately could produce a more differentiated picture. Specifically the component of intellectual stimulation, whereby a leader challenges their

followers, could be perceived as an additional job demand and thus compromise well-being. In that sense, Zineldin and Hytter (2012) found that the only component of transformational leadership demonstrating a negative association with well-being was intellectual stimulation. Related to variables of health and well-being, transformational leadership has also been linked to employee *sickness absence* (e.g. Frooman et al. 2012; Nielsen & Daniels, 2016). The corresponding theoretical and empirical connections will be detailed in the following section (1.3 Transformational leadership and sickness absence).

Taking into consideration that transformational leadership was deemed the most researched leadership style in our field (Antonakis, 2012; Barling et al., 2011) and the solid amount of primary studies, reviews and meta-analyses establishing its correlates, it comes as a surprise that the fundamental question of causality regarding its outcomes has still not received sufficient attention. Martin et al. (2020) concluded in their recent review on the topic that “the majority of studies fail to meet the standards necessary for establishing causality” (p. 2). The gold-standard for establishing causality in organizational research are field experiments (Eden, 2017, 2020). By means of random group allocation the potential effects of the manifold confounding variables in a complex social system, such as an organization, can be controlled. As a consequence, much of the researchers inquiring into leadership in general, and transformational leadership in specific, consistently called for such research designs, underlining thus the importance and urgency of establishing causal inferences (e. g. Arnold, 2017; Dumdum et al., 2013; Eden, 2017, 2020, Elshout et al., 2013; Gardner et al., 2020; Hassan et al., 2014; Kim & Beehr, 2018a; Montano, 2016; Schreuder et al., 2011). For example, in their meta-analysis on correlates of transformational leadership, Dumdum et al. (2013) remarked that “any researcher going through this coding exercise cannot help but be struck by the fact that there are still too few experimental studies” (p. 62). Eden (2017) concluded that the existing reviews and meta-analyses in the field generally synthesize non-experimental research, point out the corresponding causal ambiguity and call for experimental designs, which, nonetheless, would remain generally unheeded. For example, Gardner et al. 2020 found in their recent review that only 2.5% (15 in total) of the quantitative studies published in the “The Leadership Quarterly” between 2010 and 2019 were field experiments. As Martin et al. (2020) pointed out, we might know organizational variables associated with leadership, but without causal inference, we cannot know if they are actually its outcomes. In other words, from the existing research

it is not clear whether a transformational leader causes higher performance, job satisfaction and better employee health, or if highly performing, satisfied and healthy employees allow, encourage or facilitate a more transformational style in their leader. Addressing this gap is essential for actually understanding the role of transformational leadership in organizations and its potential for achieving favourable organizational outcomes via interventions (Arnold 2017, Eden 2020). The present thesis aims to contribute towards that end by carrying out a randomized controlled trial in order to establish causality between transformational leadership and sickness absence.

1.2.5 Interventions on transformational leadership

In order to conduct field experiments and achieve desirable organizational outcomes, researchers and practitioners need to be able to manipulate the variable of transformational leadership. The first field experiment evaluating the effectiveness of such a training intervention in enhancing transformational leadership was realized by Barling et al. (1996). Their intervention consisted of 1-day group workshop followed by four individual booster sessions, which were all delivered by the research team. During the initial workshop the participants were introduced to the concepts of transformational, transactional and laissez-faire leadership, as well as the corresponding correlates identified by prior studies. Then, they were encouraged to put the principles of transformational leadership into practice via role plays and subsequent reflection in group discussions. At the end of the workshop, the participants formulated specific and individual objectives based on goal-setting theory (Locke & Latham, 1985) in order to further develop their transformational leadership capabilities. During the following individual booster sessions, the participants received feedback regarding their self- and employee-rated scores on the MLQ (Form 5), and were asked to review and adjust their individual objectives formulated during the workshop. Barling et al. (1996) found this intervention to be effective in increasing the participants' scores in transformational leadership as compared to a control group. Later field experiments adopted and slightly modified this training format. In that sense, Kelloway et al. (2000) tested three different interventions: the first only consisted of the initial 1-day workshop as described earlier; the second was a 1-hour individual counselling for reviewing the transformational leadership scores and corresponding goal setting; and the third intervention consisted of a combination of both the anterior. These researchers found all three interventions to be

effective in enhancing transformational leadership as compared to a control group, with the combination of the workshop and counselling showing the strongest effect. Finally, Mullen and Kelloway (2009) adopted the initial intervention by Barling et al. (1996) to specifically develop transformational leadership for safety at work. Furthermore, they reduced the duration of the initial group workshop to only half a day, and skipped the individual booster sessions. Even in this reduced format, they found the intervention to be effective in enhancing safety specific transformational leadership.

The two experiments by Hardy et al. (2010) as well as Arthur and Hardy (2014) in the military context took a slightly different approach to developing transformational leadership capabilities. Instead of delivering the interventions themselves, these authors trained military personnel in the methodology so that they themselves would be able to roll out the intervention in their respective organizations. Specifically, in the field experiment by Hardy et al. (2010) the intervention that the participants received consisted of a 1-day interactive workshop addressing the key principles of transformational leadership, followed by four half-day workshops aiming at training the implementation of these principles in day-to-day military leadership and, finally, the ongoing support and guidance during the application in the field. The intervention by Arthur and Hardy (2014) followed the same approach, but leaving out the initial 1-day workshop and including the theoretical aspects of transformational leadership in the four half-day workshops. Both studies found their respective interventions to improve transformational leadership as compared to the control groups. Even though randomization of groups was not possible in the case of Arthur and Hardy (2014), these findings testified to the effectiveness of such an indirect intervention format.

Additional interventions that postulated an increase in transformational leadership were those of Parry and Sinha (2005) and Mason et al. (2014). However, as both research designs did not include control groups, the causal attribution of the observed changes in transformational leadership to the intervention was limited, as other variables might have interfered. Parry and Sinha (2005) carried out a 2-day training activity, including an introduction to transformational leadership and a survey feedback with the subsequent identification of strengths and weaknesses, which build the basis for drawing up an individual development plan by each of the participants. Mason et al. (2014), on the other hand, realized a comprehensive 1-year transformational leadership development program. It included a total of six workshop days and six individual executive coaching sessions, and was comprised of conceptual

explications of transformational leadership, experiential activities to facilitate their application, 360-degree feedback, the development and follow-up of goals, as well as the sharing of experiences among participants.

In their field experiment, Fitzgerald and Schutte (2010) took a different approach to developing transformational leadership. After receiving information on some examples of transformational leadership behaviors, the participants were asked to continuously reflect and write about their thoughts and feelings on that leadership style in relation to their daily experiences at work. Based on the expressive writing paradigm, participants were instructed to write down their reflections for at least 20 minutes per day for three consecutive work days. As compared to a control group, Fitzgerald and Schutte (2010) observed an increase in self-rated transformational leadership resulting from the writing intervention.

In summary, there is evidence for the effectiveness of training interventions for enhancing transformational leadership capabilities, based on field experiments and quasi-experimental designs. Most of the approaches seemed to rely on a combination of group workshops and individual follow-up sessions, covering conceptual aspects of transformational leadership, exercises for its application (e.g. role plays), survey feedback and goal setting. It appears that the training format by Barling et al. (1996), later adapted and modified by Kelloway et al. (2000) as well as Mullen and Kelloway (2009), counts with the most consistent and rigorous evidence base, having applied randomized controlled trials in all three studies.

1.3 Transformational leadership and sickness absence

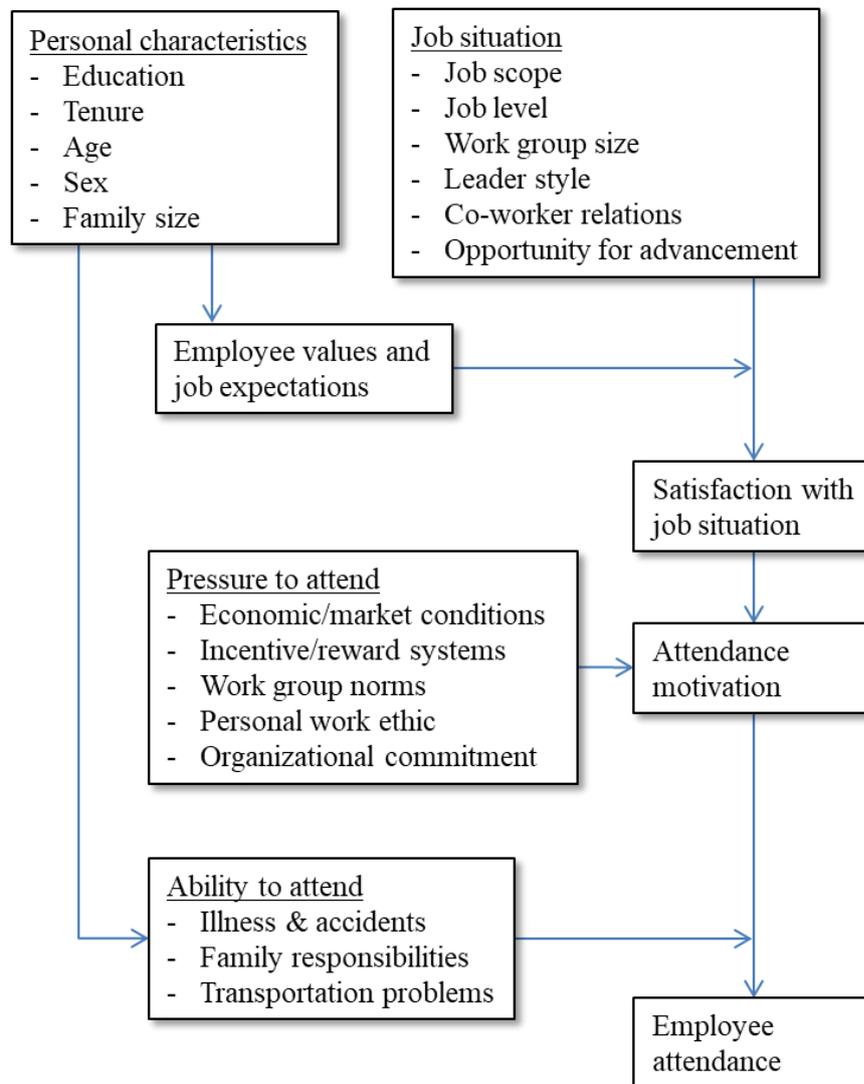
As Nielsen and Taris (2019) pointed out, transformational leadership was originally conceived a set of leader behaviors that would enhance employee performance (Bass & Riggio, 2006). The first study applying this construct to outcomes of employee health actually hypothesized a detrimental effect of transformational leadership (Seltzer et al., 1989). Specifically, it proposed that the increased work effort triggered by transformational leaders would lead to employee burnout. Contrary to this reasoning, the results of the study by Seltzer et al. (1989) suggested that transformational leadership was associated with reduced burnout. A certain disagreement regarding the impact of transformational leaders on health-related variables has persisted since (Nielsen & Taris, 2019). The present section offers a theoretical connection between transformational leadership and sickness absence, differentiating between health-related and motivational mechanisms. Based on a synthesis of the various explanations derived from these theories, the state of the art empirical findings will be presented in order to highlight existing gaps and ambiguities.

1.3.1 Model of work attendance

As previously mentioned, the model by Steers and Rhodes (1978) was one of the first to propose a comprehensive overview of potential antecedents of employee attendance or absence as well as their interrelations (cf. figure 2).

Figure 2

Model of work attendance by Steers and Rhodes (1978)



Note: Adapted from Steers & Rhodes (1978)

The model suggested that work attendance was primarily influenced by an employee's motivation to attend work, assuming that there are no impediments to attend work, such as illness or accidents. Moreover, the authors proposed that such motivation to attend work was determined by both the pressure to attend (e.g. economic implications of sickness absence) and job satisfaction. The underlying assumption of this mechanism was that an employee perceiving a positive and enjoyable job situation would experience a strong desire to attend work. A transformational leader might positively influence the variables associated with the job situation, such as job scope,

role stress or opportunities for advancement. In addition, Steers and Rhodes (1978) suggested that a rather democratic, participative and considerate as opposed to a task-oriented and directive leadership style would enhance the motivation to attend work, via the mediating variable of job satisfaction. When Steers and Rhodes (1978) developed these propositions, the concept of transformational leadership was just about to debut in scientific literature (Burns, 1978). In fact, their descriptions of leadership that would promote motivation to attend work (i.e. participative, democratic, considerate) and subsequently reduce sickness absence, demonstrated similarities with the transformational leadership components of intellectual stimulation and individual consideration.

In line with the propositions of the model of work attendance, meta-analytic findings confirmed a positive association between transformational leadership and job satisfaction on the one hand (Derue et al., 2011; Nohe & Hertel, 2017), and on the other, a positive relationship between job satisfaction and sickness absence (Harrison et al., 2006). In their mediation model, Frooman et al. (2012) hypothesized that transformational leadership would be associated with sickness absences via job satisfaction. Moreover, they differentiated the dependent variable of sickness absence into legitimate (i.e. health-related) and illegitimate (i.e. not health-related) absences. They confirmed a positive association of transformational leadership with illegitimate sickness absence, fully mediated by job satisfaction. However, their results could not support the analog model for the dependent variable of legitimate sickness absence. Thus, their findings were in line with the proposition of Steers and Rhodes (1978) that leadership would influence attendance through job satisfaction, but not via employee health. Frooman et al. (2012) explained their non-significant results regarding transformational leadership and legitimate sickness absence with two contrary effects: Transformational leaders could directly encourage employees to take sick leave when needed (individual consideration), but also indirectly inspire them to attend work when not feeling well, resulting in an overall null effect. Notwithstanding such empirical support for the work attendance model, a significant body of research suggested that transformational leadership might also influence sickness absence through other mechanisms, for example via employee health (e. g. Gohar et al., 2021; Montano et al., 2017; Zwingmann et al., 2014). Therefore, the proposition of Steers and Rhodes (1978), though valuable for explaining the association between leadership and sickness absence, might not provide a complete picture of the potential connecting mechanisms.

1.3.2 Social exchange theory

Social exchange theory views human interactions from a cost-benefit perspective (Blau, 1964; Emerson, 1976). It postulates that interactions between two parties are interdependent in such a way that the actions of one party are contingent on the actions of their counterpart. If satisfying for both parties, such interdependent transactions potentially lead to high-quality relationship, trust and a mutual sense of obligation (Cropanzano & Mitchell, 2005). A basic principle of social exchange theory is the norm of reciprocity, which postulates that if a person receives a benefit in an interpersonal relationship, they would respond in kind towards the giving person (Gergen, 1969). This norm has been suggested to be a universal principle of human interaction and exchange (Gouldner, 1960). Foa and Foa (1980) proposed six different classes of resources or benefits that can be subject to exchange and reciprocity: money, goods, services, status, information and love.

Prior studies have applied social exchange theory for theoretically connecting leadership and sickness absence (e.g. Kim & Beehr, 2018a; Van Dierendonck et al., 2002; Wang et al., 2005). The resources and benefits that a transformational leader provides for their employees through intellectual stimulation (e.g. autonomy) and individual consideration (e.g. support) have been related to a higher quality in the dyadic social exchange between leader and employee (Basu & Green, 1997). Furthermore, Kim and Beehr (2018a) suggested that such empowering behaviors by the leader would evoke the norm of reciprocity among employees and, thus, influence on their decision whether to attend work in a given situation. Van Dierendonck et al. (2002) found that consideration and coaching by leaders were related to short-term sickness among followers, via the mediation of feelings of reciprocity. Based on equity theory (Adams, 1965), they suggested that employees might modulate their absenteeism behavior as a reaction to perceived imbalances in the exchange relationship with their leader. Kim and Beehr (2018a) identified affective organizational commitment as a mediator variable in the association between leadership practices that promote employee development, grant autonomy and thus foster empowerment with sickness absence. They concluded that employees would not directly reciprocate by increasing their work attendance, but rather by demonstrating enhanced commitment towards the organization, which then in turn would results in lower sickness absence.

Specifically, a transformational leader empowers their employees by implicating them in decision-making processes and providing adequate challenges (intellectual stimulation, Bass & Riggio, 2006). In that line, Michie and Williams (2003) found in their systematic review that employee participation in decision-making was associated with both employee health and sickness absence. Other studies produced further indications of the potential relevance of intellectual stimulation by associating sickness absence with decision latitude or authority (Karasek, 1979, Nielsen et al., 2006; Smulders & Nijhuis, 1999), job autonomy (Pousette & Hanse, 2002; Väänänen et al., 2013) and control over work (Michie & Williams, 2003). Moreover, an intellectually stimulating leader assists their employees in perceiving given situations from different angles, thus facilitating their understanding of processes and events in the organization and actions of third parties, such as clients, colleagues or management. Such an enhanced transparency might be beneficial for justice perceptions. In the same line, Keller and Dansereau (1995) found that leaders applying empowering leadership practices were perceived as being fair by their employees. From a social exchange theory perspective, perceptions of justice were related to counterproductive work and withdrawal behavior (Cohen-Charash & Spector, 2001), as well as sickness absence (Elovainio et al., 2003; Tenhiälä et al., 2013). Moreover, a transformational leader provides attention, supports and develops each of their followers according to their individual needs (Bass & Riggio, 2006). The benefits obtained by employees through such an individual consideration, should trigger reciprocity toward their leader (Van Dierendonck et al., 2002). Potentially providing support for this assumption, prior research has associated possibilities for employee development (Slany et al., 2014; Stoetzer et al., 2014), social support in general (Silva-Junior & Fischer, 2014; Slany et al., 2014) and supervisor support in specific (Nielsen et al., 2006; Nielsen et al., 2020; Väänänen et al., 2003) with sickness absence.

There appears to be ample research for supporting the proposition that transformational leadership, and specifically the components of intellectual stimulation and individual consideration, trigger feelings of reciprocity among their follows, which manifest in reduced levels of sickness absence. However, other authors suggested a more complex association between both constructs. One of the first studies analysing the implications of transformational leadership for employee health was carried out by Seltzer et al. (1989). These authors theorized that transformational leadership would actually increase stress and burnout, based on the notion that it might motivate

employees to demonstrate extra effort and work longer hours to the eventual detriment of their long-term well-being. Contrary to this reasoning, Seltzer et al. (1989) found that transformational leadership was generally related to lower levels of burnout. Nonetheless, if employees use sickness absence as a mechanism to restore perceived imbalances in the exchange relationship with their superior, as suggested by Dierendonck et al. (2002) based on equity theory (Adams, 1965), such imbalances could also lead to presenteeism, an inadequate repression of sickness absence. For example, if an employee perceives that the benefits provided by their leader (e.g. opportunities for development) exceed their own input in that relationship, they might tend to attend work even when sick to restore reciprocity. Addressing these ambiguities, Nielsen and Daniels (2016) investigated the associations of transformational leadership, sickness absence and presenteeism at three different points of time. They found that transformational leadership in time 1 was related to less sickness absence in time 2, but not in time 3. By including presenteeism as moderator of that association, they concluded that transformational leadership was related to higher levels of sick leave in time 3 only for those employees with a tendency toward presenteeism in time 1. Based on these results, Nielsen and Daniels (2016) suggested that vulnerable employees might be induced to self-sacrifice and presenteeism by transformational leaders, compromising their health and subsequent sickness absence in the long-term.

In conclusion, social exchange theory seems instrumental in linking transformational leadership and sickness absence. Employees might reciprocate the benefits provided by their leader through an increased motivation to attend work. Thus, similar to the work attendance model (Steers & Rhodes, 1978), the mechanism derived from social exchange theory is generally not health- but rather motivational-based, with the potentially detrimental long-term effect that this might entail (e.g. presenteeism).

1.3.3 Social learning theory

In social learning theory, Bandura (1971) emphasizes the potential of observation and imitation in a social context for human learning. This theory postulates that learning may result from observation of behaviors and their consequences, as well as subsequent modelling of these behaviors. A leader might be an influential role model for their followers with respect to norms and acceptable behaviors related to sickness absence (Ruhle & Süß, 2020). Via the component of idealized influence, a

transformational leader effectively communicates their values and beliefs (Bass & Riggio, 2006). Moreover, they constitute a role model for their employees, potentially fostering behavioral imitation through social learning. Influential leaders that place a high value on attendance and avoid short-term absences themselves might influence their employees' behaviors in the same direction through two possible mechanisms. First, these leaders might communicate their values and beliefs regarding health and sickness absence openly and thus actively establish their expectations and acceptable behaviors of employees when faced with minor health problems or difficult work situations. Second, subordinates might tend to imitate the behavior of their influential leader or role model through a process of social learning (Bandura & Walters, 1977). Specifically, they would observe and imitate the behaviors of their leader related to sick leave (e. g. Dietz et al., 2020). Through that mechanism influential leaders promote behavioral consistency among their followers and shape team culture (O'Reilly & Chatman, 1996; Schein, 2010). They might even foster a specific team culture of avoiding short-term absences. In support of such assumption, prior research has related the cultural component of absenteeism acceptance to both voluntary absenteeism and presenteeism (Ajzen, 2012; Ruhle & Süß, 2020). Furthermore, providing empirical support for the potential role of a leader as role model, Løkke Nielsen (2008) found a positive association between manager and employee absence frequencies, a measure of voluntary absenteeism. Even though the study by Løkke Nielsen (2008) does not establish a directional effect, such convergence in the sick leave-related behaviors was assumed to be due to the influence of the leader on their team and not vice-versa. In conclusion, a transformational leader through providing a behavioral example as role model and establishing their expectations regarding sickness absence clearly, might shape the perceptions of absenteeism acceptance among their employees. This mechanism would actually influence employee health, but rather their choices regarding the utilization of sickness absence.

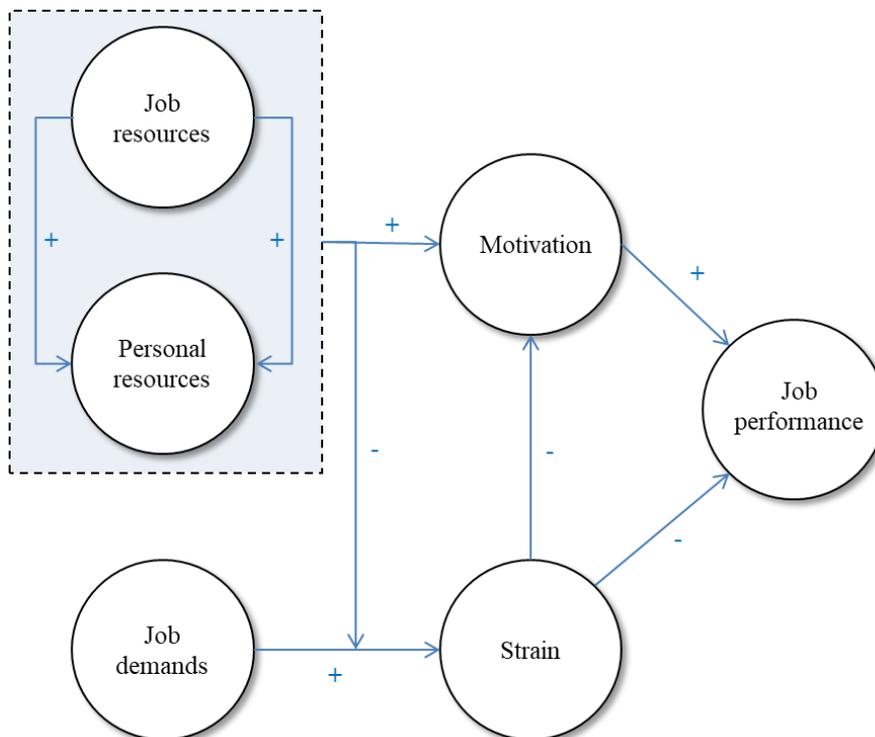
1.3.4 Job demands-resource theory

Job demands-resource theory (JD-R) was first introduced to the scientific literature by Demerouti et al. (2001). Initially conceived as a model for explaining burnout based on various job characteristics, it has since evolved and matured into a comprehensive theory integrating various types of employee outcomes, their

antecedents and possible interrelations (Bakker & Demerouti, 2017). In their original article, Demerouti et al. (2001) divided a series of job characteristics via structural equation modelling into the two clusters of job demands and job resources. Job demands are comprised of those job characteristics that require sustained mental or physical effort and, therefore, entail certain physiological or psychological cost (e.g. work pressure, emotionally demanding situations). Job resources, on the other hand, include factors that facilitate work achievement, growth and development, and potentially reduce job demands as well as the corresponding physiological or psychological costs (e. g. job autonomy, social support, opportunities for development). The basic proposition of JD-R theory, as depicted in figure 3, is that job demands influence health-specific employee outcomes (e.g. stress, health complaints) via a health-impairment process, while job resources impact through a motivational process corresponding motivational outcomes, such as work engagement or commitment (Bakker & Demerouti, 2017).

Figure 3

The job demands-resources theory



Note: *Reduced version, adapted from Bakker and Demerouti (2017)*

Even though it is generally assumed that both processes are independent, JD-R theory also suggests that job resources might moderate the health-impairment process in such a way that high job demands were less detrimental to health outcomes under the presence of corresponding job resources (Bakker & Demerouti, 2017). The underlying assumption is that job resources would allow employees to better cope with job demands. Furthermore, the theory proposes that job resources would be especially beneficial for motivational outcomes in situations of high job demands, as they allow workers to employ these resources. In addition, the theory later on incorporated personal employee resources (e.g. optimism, self-efficacy) with a similar function as the aforementioned job resources (Bakker & Demerouti, 2017). Further theorizing and empirical evidence suggested that both the health-impairment and motivational process were not unidirectional, but pointed to the existence of reversed causal effects. Specifically, highly motivated employees might proactively shape their job characteristics through job crafting and thus enter into a gain spiral (Tims et al., 2013). On the other hand, through a process of self-undermining, stress might lead to an increase in perceived job demands over time, which constitutes a potential loss spiral (Bakker & Demerouti, 2017).

Based the health-impairment process, several authors have theorized and empirically confirmed an association of job demands with sickness absence. Bakker et al. (2014) concluded in their study that job demands predicted health problems, which in turn were associated with sickness absence. When studying the motivational process, they found job resources to be related with dedication and organizational commitment, which in turn was connected to turnover intention, a withdrawal behavior correlated to absenteeism (Berry et al., 2012; Mowday, et al. 2013). Van Woerkom et al. (2016) identified job resources as moderator variables in the association between job demands and absenteeism, thus providing empirical support for one of the basic proposal of JD-R theory. Finally, the two studies by Bakker et al. (2003) as well as Schaufeli et al. (2009) related two different measures of sickness absence with either the motivational or health-impairment process. For that purpose, they drew on the differentiation between voluntary and involuntary absences as described earlier (cf. 1.1.4 Interpretation of short- and long-term sickness absence). Operationalized as sickness absence duration, these authors investigated the concept of involuntary absence as an outcome of the health-impairment process, and voluntary absence, operationalized as absence frequency, as a result of the motivational process. Bakker et al. (2003) concluded that job demands

predicted absence duration via burnout and that job resources were related to absence frequency through organizational commitment. They suggested that high job demands would lead to exhaustion and subsequent health problems, while the lack of resources would entail failure and frustration at work and, ultimately, less motivation and commitment as well as withdrawal from work. Similarly, Schaufeli et al. (2009) found that increases in job demands or decreases in job resources were related to burnout, which in turn predicted involuntary sickness absence. Increases in job resources, however, predicted engagement, which was negatively related to voluntary sickness absences. In line with arguments presented in an earlier section of the present dissertation (cf. 1.1.4 Interpretation of short- and long-term sickness absence), these studies pointed towards an association of voluntary absences or motivation-related absences with job resources, and of involuntary or health-related absences with job demands.

Bakker and Demerouti (2017) suggested that leadership might play a vital role in shaping the working environment of their employees. Also Arnold (2017) proposed that transformational leaders had the capacity to actively decrease their employees' job demands and increase their job resources. In line with that, several authors have linked transformational leadership to beneficial employee outcomes via increases in job resource and/or decreases in job demands (e.g. Breevaart et al., 2014; Fernet et al., 2015). However, these studies focus mainly on performance-related outcomes based on the motivational process. In the following, theoretical arguments will be presented for connecting transformational leadership with sickness absence based on the propositions of JD-R theory, while also differentiating the potential impact in the motivational and health-impairment process.

Transformational leadership and the motivational process

From a JD-R theory perspective, transformational leaders might influence employee motivation (e. g. work engagement, commitment) by providing both job and personal resources. In relation to sickness absence, such an influence through the motivational process should manifest in motivation-based or voluntary absences.

Demonstrating idealized influence, a transformational leader establishes a shared mission and vision, a sense of purpose in the work of their employees and illustrates the contribution and significance of their work for the functioning of the organization and

society as a whole, thus providing them with a sense meaning in their work (Bass & Riggio, 2006). Steger (2017) defines *meaningful work* as “people’s subjective experience that their jobs, work, or careers are purposeful and significant, that their work is (...) synergistic with the meaning and purpose in their broader lives, and that they (...) benefit the greater good through their work” (p. 60). A common example to illustrate the significance of the perception of meaning at work is the tale of two medieval stone masons at a cathedral building site: The first mason states that he is simply “chipping stones” while the second, appreciating the wider context and contribution of his work, claims to be “building a cathedral”. A transformational leader has the capacity to persuade their employees of the significance and relevance of their work and to establish a shared mission, thus providing them such a sense of meaning and purpose at work (Arnold, 2017). According to the job characteristics model (Hackman & Oldham, 1976), meaningfulness at work, among other predictors, is associated with lower levels of employee absenteeism and turnover. Based on JD-R theory, meaningful work would constitute a job resource with a potentially beneficial effect in the motivational process. Providing support for this proposition, Nielsen et al. (2006) identified meaning at work as a predictor of short-term absence spells, which are generally assumed to be rather motivation- than health-related (cf. 1.1.4 Interpretation of short- and long-term sickness absence). Moreover, Steger and colleagues (2012) found a correlation between perceptions of meaningfulness of work and absence days as well as withdrawal intentions. Soane and colleagues (2013) confirmed that finding by establishing the motivational variable of engagement as a mediator in the relation of meaningfulness and absence days. However, there is also evidence that the resource of meaningfulness at work might have implications for the health-impairment process. For example, Arnold (2017) concluded in a review that meaningfulness at work acted as a mediator between transformational leadership and health-related outcomes. In the frame of JD-R theory, such findings could be explained by the supposed buffer function of job resources in the health-impairment process. Meaningfulness at work would constitute a resource for employees to draw on in demanding situations and thus potentially reduce the strain that these entail (Bakker & Demerouti, 2017). In line with that, Folkman and Moskowitz (2000) found meaning-based coping to be beneficial when experiencing chronic stress. Moreover, McKnight and Kashdan (2009) suggest that meaningfulness might also influence physical health via increased immune functioning, higher energy levels and a more active, healthier lifestyle. Thus, providing a sense of meaning and

purpose might reduce the incidence of motivational-based absences, but also help employees to better cope with demanding work situations and thereby decrease health-related absences.

Through the component of intellectual stimulation, a transformational leader fosters creativity and innovation among their followers and implicates them in finding solutions to problems (Bass & Riggio, 2006). Hence, intellectual stimulation *empowers followers*, provides challenges and involves them in decision-making processes. Based on self-determination theory, such a delegation of control to employees should lead to favourable motivational outcomes (Deci & Ryan, 1985) and would thus constitute a job resource in the frame of JD-R theory. Providing support for this assumption, employee participation was associated with favourable motivational outcomes, such as job satisfaction (Miller & Monge, 1986), a reduction in turnover (Batt, 2002) and absenteeism (Michie & Williams, 2003). Moreover, prior research has linked related variables such as control over work (Michie & Williams, 2003), job autonomy (Pousette & Hanse, 2002; Väänänen et al, 2013) and decision latitude (Karasek, 1979, Nielsen et al., 2006; Smulders & Nijhuis, 1999) to sickness absence. However, empowering and implicating employees might not always lead to positive outcomes, but also depend on certain boundary conditions on the individual employee level, such as their levels of competence and commitment. This is a fundamental proposition of situational leadership theory (Blanchard et al., 1993). In the frame of that model, a highly committed and motivated employee would strive through intellectual stimulation by their leader. However, an employee lower in those qualities could feel overwhelmed by the additional demands and responsibilities placed on them. Also Bakker and Demerouti (2017) state that depending on the specific context, a given job characteristic (e.g. autonomy, responsibility) might be either appraised as job resources or as a job demand by the employee. In that sense, Zineldin and Hytter (2012) reported in their cross-sectional study that while the components of idealized influence and individual consideration showed positive relations with employee psychological health and well-being, the same association was negative for the component of intellectual stimulation. Hence, implicating and empowering employees who lack the necessary professional maturity might not be perceived as a job resource, but rather as an additional job demand and consequently lead to strain, such as exhaustion, anxiety or health problems.

Individual consideration refers to the ability of a transformational leader to recognize and appreciate the individual differences in their team members' needs,

aspirations and competences. Based on this knowledge the leader acts as a coach and mentor for their followers, developing and supporting each according to their specific situation (Bass & Riggio, 2006). As detailed earlier in this dissertation (cf. 1.3.2 Social exchange theory), from a social exchange theory perspective such *supportive leadership behavior* should trigger reciprocity among their followers (Van Dierendonck et al., 2002). Specifically, transformational leaders might establish and maintain a high quality relationship with their employees, leading to positive motivational outcomes and lower subsequent sickness absence (Zwingmann et al., 2014). For example, Wang et al. (2005) found that the association between transformational leadership and organizational citizenship behavior was fully mediated by the quality of leader-member exchange. Furthermore, applying social support theory (Cohen & Wills, 1985), supportive leader behaviors could constitute a resource for employees to draw on in times of need and buffer the negative effects of stressors. For example, attending the need for work-life balance of employees by the leader might prevent short-term sick leave as an alternative strategy for resolving work-life conflicts. Consequently, empirical findings confirmed the potential influence of supervisor support on employee sickness absence (Nielsen et al., 2006; Schmid et al., 2017). Finally, a transformational leader assumes the role of a coach and mentor for their followers and provides suitable possibilities for development (Bass & Riggio, 2006). Based on social exchange theory (Blau, 1964), *leader developing behaviors* were related to beneficial motivational outcomes, such as organizational commitment (González-Romá et al., 2020). Moreover, Van Dierendonck et al. (2002) concluded that consideration and coaching by supervisors was related to reduced subordinate absenteeism, while Slany et al. (2014) confirmed the relevance of possibilities for development and job promotion for subsequent employee sick leave.

In addition to providing valuable job resources, transformational leaders might also influence their followers' personal resources. Through the component of inspirational motivation, a transformational leader fosters a positive, optimistic and desirable outlook on the future among their employees (Bass & Riggio, 2006). Such an *optimistic view* and the related positive expectancies might enable employees to deal more successfully with upcoming challenges, obstacles and impediments and consequently render them less disruptive and harmful to both motivational and health-related outcomes (Scheier & Carver, 1985). In line with that, Bakker and Sanz-Vergel (2013) found an association of optimism with work engagement among a sample of nurses, while the results of a meta-analysis by Rasmussen and colleagues (2009)

underlined the central role of an optimistic outlook for physical health. Moreover, transformational leaders foster *self-efficacy* by expressing their confidence towards the teams' capabilities and providing opportunities for development (Arnold, 2017; Bass & Riggio, 2006; Nielsen & Munir, 2009; Salanova et al., 2020; Sosik et al., 1997). The perception of self-efficacy, in turn, was found to be negatively related to turnover intentions, stress and mental health problems (Fida et al., 2018; Han, 2005; O'Neill & Mone, 1998, Plotnikoff et al., 2010) and positively to motivational outcomes such as work engagement (Bakker & Sanz-Vergel, 2013; Xanthopoulou et al. 2013). These findings can be explained in the frame of JD–R theory (Bakker & Demerouti, 2017): “Individuals who are high in optimism and self-efficacy believe that (...) they are capable to handle unforeseen events” (p. 275). As such, self-efficacy and optimism are viewed as buffers to the potentially detrimental effects of demanding situations at work (e.g. stress, mental health problems).

In summary, transformational leaders potentially provide a wide range of job resource to their employees, such as meaningful work, empowerment and participative decision-making, supervisor support and development opportunities. In the frame of JD-R theory, these resources could have a reducing effect on voluntary sickness absence through the motivational process. In line with that reasoning, Breevaart et al. (2014) as well as Fernet et al. (2015) found that transformational leadership behavior was linked with perceived job resources by employees. Moreover, cross-sectional evidence showed that transformational leadership was negatively related with illegitimate sickness absence, while there was no association with legitimate absences (Frooman et al., 2012; Mendelson et al., 2006). Similarly, Nyberg et al. (2008) found that inspirational leadership, a component of transformational leadership, was related to self-reported short-term sick leave of less than a week, but not to long-term absences. Moreover, JD-R theory and past research suggested that also personal resources, such as optimism and self-efficacy, might be fostered by transformational leaders and would buffer potentially detrimental effects of demanding work situations. Based on these arguments, if the influence of transformational leadership would be mainly through this motivational process, it would be expected to manifest mainly as variations in voluntary or motivation-related absences.

However, JD-R theory also proposes that job resource might have a certain influence in the health-impairment process. Specifically, they are expected to moderate the association between job demands and health-related outcomes (Bakker &

Demerouti, 2017). It is assumed that employees are better able to cope with high job demands when they are able access corresponding job resources. Providing support for this assumption, Bakker et al. (2005) found that various job resources (e. g. autonomy, quality of relationship with supervisor) buffered the detrimental effect of job demands (e.g. work overload, emotional demands) on various dimensions of burnout. Moreover, Bakker and Demerouti (2007) emphasize that support and appreciation by one's supervisor as well as autonomy might be crucial for employee coping and well-being in demanding work situations.

Transformational leadership and the health-impairment process

Transformational leaders might influence the perceived job demands of their employees (e.g. workload, emotional demands). According to JD-R theory, fostering an adequate level of job demands leads to beneficial health outcomes, as indicated by reductions of involuntary or health-related sickness absence (Bakker et al., 2003).

Regarding the health implications of job demands, Michie and Williams (2003) concluded in their systematic review that work overload, pressure and long working hours were related to mental health and sickness absence. Moreover, Bakker et al. (2003) found that job demands (i.e. workload and problems with reorganization) predicted absence duration indirectly via burnout. In the same line, Rugulies et al. (2007) concluded in their longitudinal study that both emotional demands and demands for hiding emotions were related to sickness absence. Finally, Slany et al. (2014) identified an association of job demands (i.e. quantitative demands and demands for hiding emotions) and shift work with long-term sickness absence among a sample of 32,708 workers from the 2010 European working conditions survey. These studies provide support for the proposed negative association of job demands with health-related outcomes. Moreover, several authors confirmed an impact of job demands specifically on measures associated with involuntary or health-related sickness absence, such as absence duration or long-term absences (Bakker et al., 2003; Slany et al., 2014).

By applying individual consideration, transformational leaders take into account the specific situation of each of their employees and support and develop them accordingly (Bass & Riggio, 2006). Thus, transformational leaders might be able to influence their employees' perceived job demands and subsequent health-related outcomes. In a review of the existing research on the topic, Arnold (2017) concluded

that transformational leadership has the potential to shape employees' working conditions, which, in turn, would impact their well-being. Furthermore, Fernet et al. (2014) provided cross-sectional evidence that transformational leadership was associated with less perceived cognitive, emotional and physical job demands. Moreover, transformational leaders could also be able to transform perceived job demands into resources. They shape how employees perceive the realities in the organization, potentially transforming perceived problems into opportunities (Bass & Riggio, 2006). Providing support for that assumption, Wu and colleagues (2007) found that transformational leadership was negatively related to employee cynicism about organizational change. Applying JD-R theory, the capacity of transformational leaders to shape job demands, could explain their role in the health-impairment process. Meta-analytic evidence suggested a relation of transformational leadership with affective symptoms, burnout, stress, well-being, psychological functioning and health complaints (Harms et al., 2017; Montano et al., 2017). These variables, in turn, were linked with subsequent sickness absence (e.g. Davey et al., 2009; Kim & Garman, 2003; Zeytinoglu et al., 2004). In conclusion, transformational leaders might shape the perceived job demands of their employees (Fernet et al., 2014) with positive implications for their physical and mental health, which would ultimately manifest in reduced involuntary or health-related sickness absence (Bakker et al., 2003).

Conclusion and gaps of existing research in relation to JD-R theory

Applying JD-R theory for explaining the relation between transformational leadership and sickness absence allows for differentiating two different mechanisms with distinct outcomes: the motivational and health-impairment process. Through providing job resources to their employees, transformational leaders might reduce voluntary or motivation-related sickness absence (motivational process). On the other hand, shaping to a certain degree their employees' job demands, transformational leaders could have a beneficial influence on their health with a subsequent reduction of involuntary or health-related sickness absence (health-impairment process). As shown in the present section, there is certain empirical support for both of these proposed mechanisms. However, this evidence was mainly observational and cross-sectional. Therefore, Bakker and Demerouti (2017) called for experimental research designs investigating the proposed mechanism of JD-R theory as a means of establishing

causality. More specifically, Fernet et al. (2015) recommended future research to experimentally manipulate transformational leadership in order to reach causal conclusions regarding the outcome measures proposed by JD-R theory. In addition, some research suggested that transformational leadership might not always be beneficial for employee health and sickness absence and, hence, highlighted the importance of studying relevant boundary conditions in that association (Arnold, 2017; Nielsen & Daniels, 2016). Moreover, the existing research generally studied transformational leadership as antecedent of job characteristics or motivational and health outcomes. Other authors then associated these variables with either voluntary or involuntary sickness absence. Thus, in the frame of JD-R theory there is no specific empirical evidence for the direct connection between transformational leadership and voluntary or involuntary sickness absence. Finally, Bakker and Demerouti (2017) pointed out that most studies applied self-reported outcome measures and suggested future research to use more objective indicators, such as sickness absence (Schaufeli et al., 2009).

1.3.5 Salutogenic model

The definition of health by the World Health Organization as a “state of complete physical, mental and social well-being” (1978, p. 2) seems to imply that a person would be either healthy or sick. Antonovsky (1979) criticized this dichotomy for not taking into account the subjective and complex nature of health. By proposing the salutogenic model, this author rather advocated for interpreting the experience of health as a constant movement on a ease/dis-ease continuum, parting from the assumption that “the human system (...) is inherently flawed, subject to unavoidable entropic processes” (Antonovsky, 1996, p. 13). Thus, experiencing the two extremes of the continuum (i.e. complete health or illness) would be rather unlikely, as the human nature conditions us to perceive some degree of subjective discomfort or disease at almost any given time. In Antonovsky’s model an individual appraises their experience of health along four dimensions of the ease/dis-ease continuum: the experiences of pain (1) and functional limitation (2), as well as medical diagnosis (3) and subsequent necessity of treatment (4). Furthermore, Antonovsky (1996) suggested that movement on the continuum is largely influenced by an individual’s sense of coherence, which he defined as the general perception of a situation as comprehensible, manageable and meaningful. In addition to demographic variables, these perceptions would mainly be shaped by one’s

working environment and family structure. Hence, the salutogenic model underlines the subjective nature of the experience of health and provides a possible explanation why objectively similar situations (e.g. same diagnosis) might lead to divergent appraisals and experiences by individual patients. Finally, rather than taking a pathogenic perspective that entails the identification and management of health risk factors, Antonovsky (1996) advocated for a salutogenic approach that identifies salutary factors. Such factors (e.g. work-related) would strengthen an individual's sense of coherence and thus favor a movement of their subjective experience of health toward the ease pole of the spectrum.

Applying the principles of the salutogenic model to the theme of the present dissertation, a transformational leader might influence the health appraisal of their employees and subsequent decisions regarding sickness absence by fostering their sense of cohesion, as well as shaping social relationships and identity at work. Contrary to the arguments based on the theories presented earlier, the mechanisms based on the salutogenic model would not directly and objectively improve employee health, nor enhance their motivation to attend work, but *ceteris paribus* shift their perception of their position on the ease/dis-ease continuum toward the health pole, which might subsequently manifest in less health-related sickness absence.

A transformational leader might facilitate a working experience that is perceived by their employees as comprehensible, manageable and meaningful and, thus, enhance their *sense of coherence* in the frame of the salutogenic model. Specifically, through idealized influence a transformational leader communicates openly their values and beliefs and thus enables their followers to comprehend their actions (Bass & Riggio, 2006). In addition, the implication of employees in decision-making via intellectual stimulation might enhance their comprehension of their work situation and context. Through supporting and developing their followers, a transformational leader might lead their employees to perceive their work situation as manageable. Further, they might provide meaning to their work by establishing a common vision and mission (e.g. Arnold, 2017). These arguments suggest that transformational leadership could possibly enhance their follower's sense of coherence. However, to the author's best knowledge, there is no empirical evidence supporting or refuting this association up to this date. Nonetheless, the results of an unpublished thesis by Axewill (2013) suggested that leaders applying principles of the salutogenic model might positively impact attendance rates (as cited in Rudolph et al., 2019, p. 14). In addition, based on the salutogenic

model, a transformational leader could influence their employees' health appraisals by promoting high-quality *social relationships* at work as a key salutary factor. Specifically, transformational leaders might establish high-quality relationships with their employee based on trust and recognition (Zwingmann et al., 2014; Wang et al., 2005) and, through idealized influence, set an example for positive relations among co-workers. Prior research has negatively associated social support (Silva-Junior & Fischer, 2014) and quality of social relationships at work (Slany et al., 2014) with sickness absence. Finally, symptom perception, or in the terminology of the salutogenic model, the experience of health, has been associated with *social identity*. For example, St. Claire and He (2007) found that people of 50 or more years of age reported higher levels of hearing handicap when they self-categorized into the group of elder people, even when measuring and controlling for their actual hearing threshold. Other studies also reported divergent symptom perception based on social identification in relation to asthma (Adams et al., 1997), common cold (St. Claire et al, 2008) or knee injuries (Levine & Reicher, 1996). A transformational leader might foster a favorable group identity among their employees (Herman & Chiu, 2014; Huang, 2013) by constituting a role model to follow and generating a shared vision and mission. As such, transformational leadership has been positively associated with collective or group efficacy (Jung & Sosik, 2002; Walumbwa et al., 2005). Such perceptions of belonging to a high efficacy group might positively influence employees' experience of health and subsequent sickness absence. In line with that, Walumbwa et al. (2004) concluded in their study among a sample from India and China that the link between transformational leadership and withdrawal behaviors was mediated by collective efficacy.

In conclusion, the salutogenic model by Antonovsky (1979) provides a different perspective on health and subsequent sick leave as the aforementioned models. Most of these would suggest an either health- or motivation-related mechanism for the association of transformational leadership with sickness absence. The salutogenic perspective suggests that under the presence of certain salutary factors, the same health impairment might be appraised differently, less detrimental and entailing a decreased probability of subsequent sick leave. As argued above, transformational leaders might be able to cultivate such salutary factors in the work context. A potential risk of such a shift on the ease/dis-ease continuum could be that employees, who perceive health impediments as less serious, might not take the required measures to protect or restore their health (e.g. by seeking medical assistance or sick leave).

1.3.6 Synthesis and summary of theories

As argued in the prior section, several well-established theories can be applied for connecting transformational leadership and sickness absence. The model of work attendance (Steers & Rhodes, 1978), social exchange theory (Blau, 1964), social learning theory (Bandura, 1971) and, to a large extent, JD-R theory (Demerouti et al., 2001) seem to suggest a rather motivational mechanism, which would generally be associated with motivation-related absence. Applying the *model of work attendance* would imply an influence of transformational leadership on sickness absence via job satisfaction and motivation to attend. *Social exchange theory* leads to the proposition that the benefits provided by a transformational leader would be reciprocated by less sickness absence. Based on *social learning theory*, transformational leaders set the standard of absenteeism acceptance among their teams by constituting a role model and communicating their expectations regarding sick leave openly. Applying *JD-R theory*, a transformational leader would influence sickness absence through providing crucial job resources that foster positive motivational outcomes. Though the aforementioned theories provide an ample spectrum of possible mechanisms for explaining the impact of transformational leaders on motivation-related sickness absence, they are of limited usefulness for deriving health-related mechanisms. Moreover, reducing motivation-based sick leave could potentially come at the cost of enhancing harmful presenteeism. Only JD-R theory and the salutogenic model explicitly provide potential reasoning for health-related mechanisms. Applying *JD-R theory*, a transformational leadership might shape perceived job demands and, thus, reduce health-related employee sickness absence. Moreover, the *salutogenic model* (Antonovsky, 1979) would imply that a transformational leader provides salutary factors (e.g. positive social relationships) and thereby influence their employees' subjective health appraisal and subsequent health-related sickness absence.

1.3.7 Empirical findings, ambiguities and the unknown

Taking into account the cost and detrimental consequences of an inadequate use of sickness absence, and the potential of transformational leadership for intervening on that variable as well as its health-related and motivational antecedents as argued above,

the existing body of research still points out relevant empirical gaps that limit our understanding and prevent us from providing evidence-based advice to practitioners.

Gap 1: identification of specific leadership competences

Research in recent decades has led to the development of various leadership frameworks or styles that encompass occasionally related behaviors and attitudes. Past studies identified significant correlations between several of these styles, such as transformational, authentic, transactional or different types of health-promoting leadership (Akerjordet et al., 2018; Nielsen & Taris, 2019; Shapira-Lishchinsky & Raftar-Ozery, 2018). This hampers a clear conceptual differentiation between these frameworks and the determination which ones are most effective for intervening on health-related outcomes. Therefore, recent reviews have suggested the identification of specific leadership behaviors or competencies that were related to these outcomes, independent of pre-established leadership frameworks (Cumming et al., 2018; Nielsen & Taris, 2019).

Gap 2: inclusive results and lack of causality

Research generally focused on the relation of transformational leadership with rather proximal outcomes, such as employee stress, burnout or health complaints (Harms et al., 2017; Montano et al., 2017), while the more distal outcome of employee sickness absence has received less attention (Nielsen & Taris, 2019). Several non-experimental studies produced mixed results for the association between transformational leadership and employee sickness absence or general absenteeism. Richardson and Vandenberg (2005) as well as Zhu et al. (2005) found in their cross-sectional studies a negative link between transformational leadership and employee absenteeism. In the same line, Lee et al. (2011) concluded that transformational leadership was negatively associated with sickness absence due to injuries among a cross-sectional sample of nurses. Frooman et al. (2012) differentiated between legitimate and illegitimate employee sickness absence and their results indicated that transformational leadership was related only to the latter. However, a cross-sectional study by Labrague et al. (2020) could not identify a significant association between employee absenteeism and transformational leadership. In their longitudinal study over

2 years, Nielsen and Daniels (2016) drew a more complex picture of the relation of transformational leadership and follower sickness absence. Contrary to their hypothesis, they found that transformational leadership in year 1 was positively related to sickness absence in year 2, but unrelated to the same variable in year 3. In addition, they concluded that the interaction of transformational leadership and employee presenteeism in year 1 was positively associated to sickness absence in year 3. Explaining this finding, the authors suggested that transformational leadership leads to self-sacrifice and subsequent future sickness absence among employees prone to presenteeism. Taking into consideration these mixed findings, a clear conclusion on the relationship between transformational leadership and sickness absence cannot be inferred. Based on the various theoretical connections between both constructs, this might come as a surprise. A possible explanation for these mixed findings might lie with the research designs applied. As detailed in an earlier section (cf. 1.1.3 Antecedents and correlates of sickness absence) prior research has established a vast amount of potential antecedents of sickness absence on the individual, organizational and national level. These variables, if not controlled for, could act as confounders in any correlational design investigating the association between transformational leadership and sick leave, and distort the results. However, measuring and controlling for such a vast amount of potential confounding variables seems virtually impossible.

Yet, organizational research counts with a powerful method that can, to a large extent, exclude the effects of confounders and thus help to establish causality: the randomized controlled trial or field experiment. By random allocation of study participants into an intervention and control group, any change in the outcome of interest can be attributed to the manipulation carried out (Eden, 2017). Therefore, field experiments are often described as the gold standard of organizational research, and their results as yielding the best validity and generalizability (Eden, 2017; Gardner et al., 2020; Martin et al., 2020). Consequently, several of above cited studies acknowledge the limitations of cross-sectional designs and call for experimental methods in order to infer causality in the relation of transformational leadership and sickness absence (Labrague et al., 2020; Lee et al., 2011; Zhu et al., 2005). However, to date these calls have not been heeded. This seems to be a common phenomenon in organizational psychology. Eden (2017) stated that much of the published research in our field described non-experimental results, pointed out causal ambiguity and called for future field experiments, which generally remained unheeded. This author

furthermore highlighted the importance of field experimentation for developing and testing actionable interventions for practitioners, which should be a central concern for organizational research. Accordingly, Eden (2017) concluded that if more effort “were invested in field experimentation, organizational research would flourish and enter into a new renaissance” (p. 114). Regarding causality specifically in leadership research, Dum Dum et al. (2013) pointed out in their meta-analysis that “any researcher going through this coding exercise cannot help but be struck by the fact that there are still too few experimental studies (...) to perform a meta-analysis” (p. 62). Seven years later, Martin et al. (2020) still pointed out in their review on leadership training research that most of the published studies on the topic did not meet the most basic criteria for inferring causality (e.g. random allocation). With regard to leadership development as an intervention in occupational health psychology, Kelloway and Barling (2010) stated that they “have not abandoned hope for potential for future research in this area” (p. 274) and called for experimental studies on leadership development. Looking back at the decade following that call, Gardener (2020) found that only 2.5% ($n=15$) of the studies published in *The Leadership Quarterly* between 2010 and 2019 were field experiments. Also regarding the investigation of transformational leadership and health-related outcomes, researchers consistently asked for more experimental studies. For example, Arnold (2017) noted in a review on the topic that the available evidence was mainly cross-sectional, which would constitute a “drawback in that we cannot attribute causal relationships on this basis” (p. 390) and consequently called for experimental methods. Finally, also most of the evidence related to JD-R theory is based on non-experimental research. As a consequence, Bakker and Demerouti (2017) called for experimental manipulation of job characteristics in order to establish causality, and Fernet et al. (2015) specifically recommended the experimental manipulation of transformational leadership in the context of JD-R. In conclusion, as described by Eden (2017), our field, including the subject of the present dissertation, seems to be caught in a cycle of carrying out cross-sectional research, calling for field experimentation, but then continuing to produce more non-experimental evidence. Authors have speculated as to why this seemingly paradoxical situation persists and so few field experiments are carried out and published. Such explanations range from the perceived complexity of conducting field experiments to the supposed difficulty of publishing their results in top journals (Eden, 2017; Martin et al., 2020).

Gap 3: underlying mechanism of the association of transformational leadership and sickness absence

As shown earlier (cf. 1.1.4 Interpretation of short- and long-term sickness absence) the dependent variable of sickness absence is often split into involuntary and voluntary absence, with the former being generally associated with health and the latter with motivational causes. In relation to transformational leadership, Frooman et al. (2012) found that transformational leadership was associated only to illegitimate absences, suggesting thus a motivational mechanism. Similarly, Nielsen and Daniels (2016) suggested that transformational leadership might motivate vulnerable employees to attend even when they are not in condition to do so, ultimately compromising their long-term health. Based on the aforementioned theoretical arguments, a transformational leader might potentially influence both health and motivation-related absences. Nielsen and Taris (2019) remarked that transformational leadership was originally conceived as a framework for enhancing employee performance and that past research has led to mixed results regarding its effects on employee health (e. g. Nielsen & Daniels, 2016). These authors therefore stated that disentangling its effectiveness for health-related outcomes would be a mayor challenge for leadership research in occupational health psychology.

Gap 4: boundary conditions in the association of transformational leadership and sickness absence

Another potential explanation for the mixed results on the relation between transformational leadership and sickness absence might be the presence of certain, so far not considered, boundary conditions. In that line, various authors remarked that the association between transformational leadership and health-related employee outcomes might not be universal, but dependent on the context and conditions, and subsequently called for the identification of relevant moderators (Arnold, 2017; Martin et al., 2020; Nielsen & Taris, 2019).

Gap 5: lack of objectively measured sickness absence data

Apart from applying non-experimental designs, the studies investigating the association between transformational leadership and sickness absence generally relied on subjective, self-reported and single item measures for the dependent variable (Frooman et al., 2012; Labrague et al., 2020; Lee et al., 2011; Nielsen & Daniels, 2016). The research by Richardson and Vandenberg (2005) and Zhu et al. (2005) did rely on objective absenteeism records, but they did not specifically focus on sickness absence and included other kinds of absences in their outcome measure as well. Prior research has established a correlation between self-reported and objectively recorded sickness absence, but nonetheless found that individuals generally tend to underestimate and underreport their absences (Ferrie et al., 2005; Voss et al., 2008). Thus, even though using self-reported sickness absence seems acceptable if objectively recorded data is not available, the latter promises higher reliability. Consequently, Sui et al. (2014) called for relying more on objective employee data in evaluating interventions in occupational health psychology, such as recorded sickness absence. Also Dumdum et al. (2013) remarked a lack of objective outcome measures in their meta-analysis on transformational leadership. Finally, in relation to JD-R theory, Bakker and Demerouti (2017) pointed out that many of the studied outcome measures were self-reported and called for objective measures, such as sickness absence records (Schaufeli et al., 2009).

1.4 Objectives and contribution

The following objectives of the present dissertation are based on the identified gaps and ambiguities in the existing empirical research linking transformational leadership and sickness absence. The *first objective* is to identify specific leadership competencies with implications for followers' sickness absence, independent of pre-established leadership frameworks, as called for by previous articles (Cumming et al., 2018; Nielsen & Taris, 2019). For that purpose, a qualitative inquiry among occupational health professionals will be carried out.

A central contribution and *second objective* of the present dissertation is establishing causality in the relation between transformational leadership and sickness absence by means of a randomized controlled trial. The aim is not only to answer to the

many calls for field experimentation mentioned above (e.g. Labrague et al., 2020; Lee et al., 2011; Zhu et al., 2005), but also to equip practitioners seeking to better manage sickness absence in their organizations with an actionable and evidence-based tool.

Moreover, the present dissertation aims to contribute towards resolving the ambiguity regarding the underlying mechanism of the association between transformational leadership and sickness absence (*third objective*) by way of analyzing the differential effect of transformational leadership on both health- and motivation-related sickness absences (Nielsen & Daniels, 2016; Nielsen & Taris, 2019), operationalized as long- and short-term absences.

The *fourth objective* responds to the need for identifying relevant boundary conditions in the link between transformational leadership and sickness absence (Arnold, 2017; Nielsen & Taris, 2019). Based on JD-R theory, a transformational leader would influence sickness absence via providing job resources and adjusting job demands. The organizational context and support might facilitate or inhibit such actions by a leader. For example, empowering employees and involving them in decision-making in an organizational context that is not favorable and supportive of such practices might lead to frustration, because real employee participation requires an integrated approach (McLagan & Nel, 1995). Therefore, this dissertation will analyze the potential moderation effect of organizational support as perceived by leaders in the association of transformational leadership and employee sickness absence.

In addition, the *fifth objective* is to contribute to enhancing the reliability of the outcome measures in the studied relationship by drawing on objectively recorded social security data for analyzing sickness absence in relation to transformational leadership (Dumdum et al., 2013; Sui et al., 2014).

Finally, the *overall objective* of the dissertation is to identify leadership behaviors that might influence employee sickness absence as a basis for developing and testing a transformational leadership intervention, which aims at establishing causality in the studied association and at providing practitioners with an evidence-based method.

Chapter 2:

Liderazgo y absentismo laboral por enfermedad – un acercamiento cualitativo en el contexto español

2.1 Resumen

Propósito – El presente estudio identifica comportamientos específicos de líderes para influir en el absentismo laboral por enfermedad y los asocia a diferentes estilos de liderazgo del modelo de rango total. Además, analiza distintas formas de intervenir para fomentar esas características de liderazgo en las organizaciones.

Metodología – Se ha aplicado una metodología cualitativa, en concreto 11 sesiones de *focus group* en España, contando con 79 expertos en materia de salud laboral y gestión de personas en las empresas. El análisis del contenido se basó en un proceso inductivo e iterativo facilitado por la herramienta NVivo 12.

Resultados – El análisis desveló 18 comportamientos específicos que los participantes del estudio consideran clave para que un líder pueda influir de manera favorable en el absentismo por enfermedad de los miembros de su equipo. Esos comportamientos se asociaron a los estilos de liderazgo del modelo de rango total. En su mayoría correspondían al liderazgo transformacional, pero se constató también un peso importante del liderazgo transaccional. Finalmente, se identificaron tres vías de intervención para fomentar esos comportamientos en líderes (formación, fijar objetivos, y selección y promoción).

Implicaciones – Basado en las afirmaciones de los participantes, para gestionar el absentismo por enfermedad, habría que preparar y formar a los líderes en competencias de liderazgo transformacional, ampliado con componentes transaccionales, y además, aplicar ambas a los ámbitos de la prevención de riesgos laborales y la gestión del absentismo. Futuros estudios deberían desarrollar y evaluar esas intervenciones para determinar su eficacia.

Palabras claves: Liderazgo, absentismo, salud, cualitativo

2.2 Introducción

En el contexto español, la posibilidad de no acudir al puesto de trabajo por un impedimento de salud, siendo esa ausencia cubierta por una prestación económica, se percibe generalmente como un importante logro social (Peiró et al., 2020a). No obstante, mientras que en el año 2013 se perdió el 2,7% del total de horas potencialmente trabajables en España por el absentismo laboral por enfermedad (en adelante absentismo), esa tasa ha subido al 4,1% en 2019, e incluso al 4,56% en 2020, incluyendo ese último año también el impacto de la reciente pandemia (umivale, 2020). Para el año 2019, el coste del absentismo en España se ha estimado en aproximadamente 42 mil millones euros (umivale, 2020), un 3,0% del PIB de ese mismo año.

Un posible antecedente del absentismo es el liderazgo que se ejerce en la empresa (Frooman et al., 2012; Nielsen & Daniels, 2016). La investigación reciente ha prestado más atención al análisis del impacto de diferentes estilos de liderazgo, como por ejemplo el transformacional, o diferentes estilos de “liderazgo salutogénico”, sobre la salud y el estrés percibidos por los trabajadores (Akerjordet et al., 2018). Sin embargo, su efecto sobre la variable más distal y objetivable del absentismo ha quedado al margen (Nielsen & Daniels, 2016). Además, los diversos estilos de liderazgo para la salud investigados muestran altas correlaciones tanto entre ellos como con algunos de los estilos mencionados, como el liderazgo transformacional (Akerjordet et al., 2018; Banks et al., 2016; Hoch et al., 2018; Nielsen & Tavis, 2019). Eso dificulta la diferenciación entre ellos, y la posibilidad de determinar cuáles serían más eficaces para incidir positivamente sobre las variables de interés.

Un posible acercamiento alternativo sería analizar el efecto que tienen ciertas competencias de los líderes independientemente del modelo de liderazgo que las propugna, como ha sido propuesto por Nielsen y Tavis (2019). Craig (2008) identificó, entre otras, la comunicación, el seguimiento de las reglas y la gestión de expectativas como comportamientos claves de líderes para influir en el absentismo. De hecho, este autor llevó a cabo un estudio de caso entrevistando a 11 líderes sobre esta cuestión, aunque el reducido número de participantes ofrece una generalizabilidad de sus resultados limitada. En varias revisiones recientes se ha puesto de manifiesto la

necesidad de investigar las características y comportamientos específicos del liderazgo que influyen sobre variables relacionadas con la salud y el bienestar de trabajadores, como el absentismo (Cumming et al., 2018; Nielsen & Taris, 2019). Esa será una de las contribuciones fundamentales del presente estudio cualitativo:

Pregunta de investigación 1: ¿Con qué comportamientos puede un líder influir sobre el absentismo de sus trabajadores?

Además, varios autores destacan que las investigaciones cualitativas acerca del liderazgo, y específicamente del liderazgo en relación con la salud y el bienestar, carecen de una generalizabilidad internacional, dado que provienen mayoritariamente de contextos anglosajones y escandinavos (Akerjordet et al., 2018; Bryman, 2004). Por ello, el presente estudio realizado en el contexto español amplía y añade validez a la investigación de ese campo.

Asimismo, el capítulo contribuye a complementar los conocimientos adquiridos por la investigación cuantitativa (p.e. Nielsen & Daniels, 2016; Schreuder et al., 2012), mediante el empleo de una metodología de tipo cualitativo, que proporciona unas explicaciones e interpretaciones más ricas y amplias, y con ello ofrece un mejor entendimiento conceptual acerca del liderazgo (Akerjordet et al., 2018; Gardner et al., 2020). No obstante, Bryman (2004), en su revisión de estudios cualitativos sobre liderazgo, subraya que existe poca conexión entre esas investigaciones cualitativas con los estudios de tipo cuantitativo, así como con las teorías existentes. Bryman (2004) explica esta falta de conexión en base a la necesidad que tienen los investigadores cualitativos de realizar el análisis de sus datos de manera totalmente abierta, inductiva y no pre-condicionada por teorías o resultados cuantitativos anteriores, con el objetivo de no condicionar las afirmaciones de los sujetos del estudio y evitar la contaminación del proceso de análisis y sus resultados. No obstante, ello repercute en el hecho de que los hallazgos que derivan de metodologías cualitativas terminan siendo poco acumulativos con los obtenidos con investigaciones previas y por ello algo idiosincráticos. La presente investigación busca implementar las recomendaciones de Bryman (2004) en lo que refiere a conciliar las necesidades de realizar un análisis inductivo y posteriormente utilizar un marco teórico ya existente, con el fin de contribuir a su desarrollo.

Modelo del liderazgo de rango total

De manera más específica, los resultados de nuestra investigación se estructurarán mediante el ampliamente establecido modelo del liderazgo de rango total (“full range leadership model”) de Bass y Avolio (1994). Este modelo diferencia los estilos de liderazgo transformacional, transaccional y laissez-faire, según el grado de actividad del líder, suponiendo que a mayor actividad se logra mayor eficacia de liderazgo (Bass, 1997). En concreto, el modelo postula que el liderazgo eficaz se manifiesta en una alta frecuencia de comportamientos activos y una menor frecuencia de los pasivos. En ese sentido, el estilo de liderazgo más activo es el liderazgo transformacional que, a través de sus cuatro dimensiones (influencia idealizada, motivación inspiracional, estimulación intelectual y consideración individualizada), logra moldear y transformar la realidad percibida por los trabajadores (Bass, 1985; Bass & Riggio, 2006). Con ello, un líder transformacional facilita una misión compartida, un sentido de propósito, y transmite de manera eficaz valores y creencias, constituyendo así un modelo a seguir (influencia idealizada). Además, crea una imagen optimista y deseable del futuro y expresa su confianza en las capacidades del equipo (motivación inspiracional). Por su parte, la estimulación intelectual representa su capacidad de promover la creatividad e innovación e implicar al equipo en la toma de decisiones. Finalmente, la consideración individualizada consiste en reconocer y tener en cuenta las diferencias individuales en las necesidades y capacidades de los trabajadores.

El liderazgo transaccional, en cambio, se basa en el intercambio racional de recompensas proporcionadas por el líder a cambio del cumplimiento y la conformidad de los seguidores (Bass, 1997). Este estilo consiste, por un lado, en la recompensa contingente, donde el líder fija objetivos y reconoce o recompensa su consecución, y por otro en la dirección por excepción. Esta última puede darse de una manera activa, donde el líder vigila proactivamente el trabajo para anticipar posibles problemas, o pasiva, donde el líder interviene solo cuando un error ya se haya producido. El tercer estilo del modelo, el laissez-faire, representa la ausencia de liderazgo. Se trata de un estilo en el que el líder muestra inactividad y evita responsabilidades, tomar decisiones o posicionarse en temas relevantes (Bass, 1997).

Así pues, según el modelo de Bass y Avolio (1994), la eficacia del liderazgo depende del nivel de actividad del líder, siendo el liderazgo transformacional el que mayor actividad muestra y el laissez-faire el que menos. No obstante, Itzkovich y

colaboradores (2020) destacan como una limitación fundamental de ese planteamiento que también un líder activo puede ser ineficaz, como señala la investigación que estudia constructos como el liderazgo destructivo (Einarsen et al., 2007) o abusivo (Tepper et al., 2017). Por ello, proponen añadir al modelo del liderazgo de rango total una nueva dimensión denominada liderazgo activo y destructivo (LAD), que se caracteriza por altos niveles de actividad pero inefectividad, perjudicando el bienestar tanto del equipo como de la organización. Este estilo se caracteriza por un comportamiento activo, intencional y repetitivo de una persona de autoridad violando deliberadamente normas organizativas y/o sociales (Itzkovich et al., 2020, p. 858).

El presente estudio cualitativo pretende atribuir los comportamientos de un liderazgo eficaz para influir sobre el absentismo a alguno de los tres estilos de liderazgo del modelo del rango total, o bien al estilo LAD:

Pregunta de investigación 2: ¿A cuáles de los estilos de liderazgo pueden atribuirse los comportamientos para influir sobre el absentismo mencionadas por los participantes?

Además, este trabajo busca ofrecer posibles respuestas a la pregunta de cómo los profesionales pueden fomentar comportamientos de un liderazgo eficaz para influir en el absentismo. La investigación actual se centra mayoritariamente en intervenciones para entrenar y desarrollar las capacidades de líderes (Arnold, 2017; Nielsen & Taris, 2019). No obstante, los estudios de campo sobre la eficacia del entrenamiento de líderes para lograr un cambio positivo sobre la salud y el bienestar de los trabajadores no han aportado resultados concluyentes (p. e. Nielsen & Taris, 2019), mientras tales estudios centrándose en el absentismo como variable dependiente no nos constan. En su observación de un experimento natural, Schreuder y colaboradores (2013) concluyeron que también un cambio de líderes puede influir en el absentismo de los equipos de trabajo. En la presente investigación se explorarán las diferentes maneras sugeridas por los participantes de capacitar a los líderes para influir sobre el absentismo en las organizaciones:

Pregunta de investigación 3: ¿Cómo pueden las organizaciones intervenir para capacitar a sus líderes en su influencia sobre el absentismo?

Finalmente, el valor y la validez de los conocimientos adquiridos en la investigación, y en especial mediante métodos cualitativos, depende en gran parte de si se parte de una visión realista o relativista del conocimiento. En su interpretación del constructivismo social, Hammersley (1992) introduce el término medio del “realismo

sutil” que mantiene que aunque una realidad objetiva exista independientemente de nuestra percepción de ella, no podemos conocerla de forma directa, sino solo acercarnos a ella a través de las diferentes representaciones de individuos o grupos en el discurso social. En ese sentido, Burr (1995) destaca que los diferentes individuos o grupos buscan que sea su propia interpretación de la realidad la que prevalece sobre las de los demás, aumentando así su poder de acción para lograr sus objetivos. El presente estudio pretende captar esas diversas representaciones de la misma realidad con respecto al objeto de investigación mediante un análisis diferenciado de las aportaciones realizadas por los principales colectivos participantes en el estudio.

2.3 Método

Diseño del estudio

Para recoger y analizar las opiniones, interpretaciones y propuestas de los participantes sobre las preguntas de investigación, se ha aplicado una metodología cualitativa. En concreto, se han realizado sesiones de *focus group* con grupos de expertos en materia de salud laboral y absentismo. En comparación con el método de entrevista, ese método permite crear una dinámica social que fomente el debate entre los participantes en la sesión y generar así mayor riqueza en el contraste de ideas y puntos de vista. Las 11 sesiones, con un total de 79 participantes, fueron grabadas y transcritas, contando con la autorización de los participantes para ello, para su posterior análisis, aplicando los principios del análisis de contenido cualitativo según Graneheim y Lundman (2004). Ese proyecto de investigación tiene unos objetivos y preguntas de investigación amplios, analizando varios aspectos de la salud laboral, el absentismo, los factores que influyen en ello y las maneras de mejorar la gestión en el contexto español. De los datos cualitativos recogidos durante esa investigación, el presente informe analiza los centrados en la relación del liderazgo y el absentismo.

Participantes y reclutamiento

Los 79 *participantes* del estudio provenían de 5 colectivos (empresas, asociaciones empresariales, organismos públicos, abogados y asesores, y organizaciones

sindicales). Cuarenta y uno de ellos eran profesionales de empresas, dedicándose 26 a Recursos Humanos (RRHH), 11 a la prevención de riesgos laborales, y 4 a funciones diversas en sus respectivas empresas. Esas 41 empresas tenían un promedio de 3.026,75 trabajadores, contando 30 con una plantilla de más de 250 trabajadores y 11 de 250 o menos. Los sectores representados eran comercio, educación, empresas de trabajo temporal, hostelería y restauración, industria, limpieza, logística, sanidad y agricultura. Además participaron 9 miembros de asociaciones empresariales en representación de sus respectivos sectores. Los 18 participantes de organismos públicos provenían entre otros de servicios públicos de salud, de mutuas colaboradoras con la seguridad social, del instituto nacional de la seguridad social (INSS) y de la inspección de trabajo. Finalmente, participaron 7 abogados laborales y asesores de empresas, y 4 miembros de organizaciones sindicales. Todos los informantes eran nacionales de o residentes en España, 45 de la provincia de Valencia, 27 de Alicante, 5 de Castellón, 1 de Madrid y 1 de Murcia respectivamente. Sesenta y ocho eran mayores de 40 años y 9 menores de esa edad. Dos no han especificado su edad.

El objetivo en el *reclutamiento* de los participantes era conseguir una muestra amplia de los principales colectivos y actores involucrados en la gestión de la salud laboral y del absentismo. Se les explicó a los potenciales participantes del estudio el propósito general del mismo (“analizar la situación actual de la salud laboral y del absentismo en España, y buscar entre todos los colectivos maneras de gestionarlos mejor”). No se les ofreció ninguna compensación económica por su participación, sino beneficiarse de un intercambio profesional y poder contribuir al avance en las temáticas tratadas. El criterio para la determinación del número mínimo de los informantes era la inclusión de todos los colectivos descritos anteriormente. Con ello, el equipo investigador realizó diferentes sesiones de *focus group* seguidas hasta que se podía constatar la saturación de los datos recogidos. En cuanto se constató que las sesiones ya no producían información nueva y que las contribuciones eran repetitivas, se decidió finalizar la recogida de datos (Morse, 2000). No existía ninguna relación personal entre los miembros de equipo investigador y los participantes del estudio que fuera motivo de no participación en el mismo.

Recogida de datos

Entre septiembre de 2017 y enero de 2019 se realizaron 11 sesiones presenciales de *focus group* en las provincias de Valencia y Alicante. Con el permiso previo de los participantes todas las sesiones se grabaron (solo audio). Para ello se colocaron varios micrófonos en la mesa que empezaron a grabar después de la presentación de la sesión por parte del investigador principal. Las grabaciones fueron eliminadas tras su transcripción por parte de los investigadores. El número promedio de participantes en cada sesión era de 7,18 (*desviación estándar [DE] = 3,93*) y la duración media de 112,36 (*DE = 19,56*) minutos. El investigador principal facilitó los *focus group* proporcionándoles una estructura mediante el planteamiento de las siguientes preguntas claves y abiertas:

- En su opinión y basándose en las informaciones de que disponen, ¿por qué muestra un descenso el absentismo en España entre el 2008 y 2013, y por qué presenta un ascenso entre 2013 y 2017?
- ¿Qué actuaciones o iniciativas han podido funcionar para gestionar mejor la salud laboral y el absentismo? ¿Qué iniciativas en su opinión no han sido eficaces?
- ¿Qué comportamientos de liderazgo pueden influir sobre el absentismo? ¿Cómo se pueden fomentar aquellos comportamientos que sean funcionales para una adecuada gestión del absentismo?
- ¿Cuáles serían las propuestas para realizar a una mejor gestión?
- ¿Qué mensajes o peticiones quieren lanzar a los colectivos implicados en la salud laboral para llegar un mayor entendimiento entre todos y una mejor gestión del absentismo?

Consideraciones éticas

Los participantes del estudio fueron informados tanto oralmente como por escrito sobre el objetivo del estudio, el carácter voluntario de su participación, la confidencialidad de sus datos y la posibilidad de retirarse del estudio en cualquier momento (con la consecuente eliminación de sus contribuciones durante los *focus group*). Esta posibilidad no se produjo en ninguna ocasión.

Análisis de los datos

Las grabaciones de las sesiones fueron transcritas por los investigadores. Para diferenciar entre colectivos, en el documento de transcripción se aplicó un sistema de códigos que no permite atribuir personalmente las afirmaciones a los participantes concretos. Tras la transcripción se eliminaron las grabaciones. El subsecuente análisis se realizó mediante la herramienta NVivo 12 (QSR International, LLC) en 4 fases, con componentes tanto deductivos como inductivos. En la *fase 1*, uno de los autores codificó el texto transcrito en base a las preguntas de investigación 1 y 3, cuya formulación se estableció a partir de la previa revisión de literatura y las brechas identificadas. A partir de esa estructura, en la *fase 2* se llevó a cabo el análisis y la codificación inductiva siguiendo los principios del análisis de contenido cualitativo (Graneheim & Lundman, 2004). En concreto, un investigador leyó todo el texto previamente codificado a cada pregunta de investigación con el fin de desarrollar un buen conocimiento del conjunto y tomar nota de temáticas emergentes. Después, se asignaron las diferentes unidades de sentido en las aportaciones literales de los participantes a una emergente estructura de códigos. Esa estructura de códigos y su descripción fue validada por todos los autores. En la *fase 3*, otro investigador codificó independientemente de nuevo el texto, adjudicándolo en un primer paso a las preguntas de investigación 1 y 3 y después a la ya existente estructura de códigos. A continuación, en la *fase 4* se calculó el Kappa (McHugh, 2012) para cada código como indicador del grado de acuerdo entre los dos investigadores. Como sugerido por McHugh (2012) los códigos con un Kappa por debajo de 0,80 fueron considerados no fiables y revisados conjuntamente por los dos investigadores hasta llegar a un grado de acuerdo aceptable.

Para responder a la pregunta de investigación 2, dos de los autores atribuyeron independientemente los comportamientos identificados durante el previo análisis a los 4 estilos de liderazgo (transformacional, transaccional, laissez-faire y LAD), basándose en sus respectivas definiciones en la literatura y las correspondientes escalas de medición. Los pocos desacuerdos entre los investigadores fueron, de nuevo, resueltos mediante el debate y establecimiento de consenso. La tabla 1 visualiza a través de dos ejemplos el proceso y la conexión entre pregunta de investigación, entidad de sentido (aportación literal), código y estilo de liderazgo.

Tabla 1

Dos ejemplos de la conexión de unidades de sentido, código y estilos de liderazgo

	Ejemplo 1	Ejemplo 2
Unidad de sentido	“El líder debe constantemente desarrollar a sus colaboradores, es fundamental, que sea una persona que está orientada a formar y desarrollar a otras personas por encima de asuntos propios.”	“Lo más importante es que sea una persona que tenga claro los pilares de su salud, de quererse y cuidarse en primer lugar, para luego transmitir y formar a su equipo en la importancia de estos valores”
Código	Formar y desarrollar equipo	Constituir modelo a seguir en salud
Estilo de liderazgo	Liderazgo transformacional (consideración individualizada)	Liderazgo transformacional (influencia idealizada)

2.4 Resultados

PI #1: Comportamientos de un líder para influir en el absentismo

Treinta y cinco de los 79 participantes del estudio intervinieron para proporcionar respuestas a la pregunta de investigación 1 que hace referencia a qué comportamientos debe mostrar un líder para incidir sobre el absentismo de sus trabajadores. La tabla 2 representa cada comportamiento mencionado, el número de participantes que lo enumeró y un ejemplo literal de la aportación.

Tabla 2***Comportamiento de liderazgo eficaz para incidir sobre el absentismo y ejemplos literales***

Comportamiento	<i>n</i>	Ejemplo literal
Comunicación vertical	9	“A nivel de mandos intermedios (...) tener una comunicación desde arriba hacia abajo y desde abajo hacia arriba en el orden que corresponde y en cada momento es muy importante para que todo funcione (...) e influye en el absentismo.”
Implicación en la prevención de RRLL	8	“Y queremos sobre todo que ellos [los líderes] se den cuenta que si algún día pasa algo, después la responsabilidad, ellos también van a tener su parte de culpa al no estar encima de los trabajadores e informándoles de los riesgos de sus puestos de trabajo. Se tienen que involucrar más en la prevención.”
Resolución de conflictos	7	“Resolución de conflictos, no de problemas técnicos, para eso están los técnicos, sino conflictos entre personas, porque al final son gestores de personas.”
Valorar y reconocer trabajadores	5	“Que [los líderes] crean en el potencial de la gente que tienen y que valoren a su gente.”
Fomentar justicia y equidad	5	“El principal problema del absentismo, con el que nos seguimos encontrando, es la falta de equidad y justicia (...) hay que tomar decisiones justas y explicarlas a los trabajadores.”
Acompañar trabajador durante baja	5	“...de vez en cuando hablar con el trabajador, cada 15 días, llamarle aunque sea una enfermedad que va a ser larga, pero llamarle, para que el trabajador vea que alguien le echa de menos.”
Empatía	4	“Un buen líder sobre todo tiene que tener empatía (...) y ponerse en los zapatos de cada uno del grupo para resolver problemas o situaciones críticas que se den en cada momento.”
Involucrar trabajadores en decisiones	4	“Un buen líder tiene que saber hacer que ellos [los trabajadores] participen que así se sientan responsables participando”
Transmitir visión, ilusión	4	“El líder (...) debe tener esa visión del equipo a medio y a largo plazo y transmitirla.”
Facilitar reincorporación	3	“Los directores o jefes de los distintos departamentos deben aceptar las limitaciones [de un trabajador reincorporándose], y facilitar la adaptación de actividades durante un tiempo y la recalificación de otros trabajadores.”
Facilitar conciliación	3	“Lo que aplicamos mucho y que se agradece mucho son temas de la conciliación familiar: un horario flexible, el teletrabajo... (...) y ahí el jefe de departamento (...) tiene una capacidad de conceder más o menos, porque tiene unas condiciones que se lo permiten.”
Formar y desarrollar equipo	3	“El líder debe constantemente desarrollar sus colaboradores, es fundamental, que sea una persona que está orientada a formar y desarrollar otras personas por encima de asuntos propios.”

Saber delegar	3	“Lo principal es que los líderes sepan delegar y dirigir, que repartan las tareas en su equipo y lo supervisen adecuadamente.”
Cuidar el bienestar de los trabajadores	2	“Ahí juega un papel muy importante el mando intermedio (...): ‘Si no estás para trabajar, lo siento mucho, pero no puedes venir a trabajar.’ Es un absentismo justificado y se tiene que asumir.”
Buscar el beneficio del grupo y conseguir recursos	2	“Incluso en los procesos de trabajo un buen líder es capaz de intervenir y decir: ‘Voy a pelearme con él de arriba (...) para decir: hasta aquí, o necesito más recursos, o necesito reducir la velocidad, porque es demasiado alto, lo que fuere...’”
Compromiso y sentido de pertenencia	2	“Sentimiento de pertenencia a la empresa, porque si un responsable de equipo (...) no se cree el proyecto de esa empresa, difícilmente lo va a trasladar a los trabajadores que lleva por debajo.”
Constituir modelo a seguir en salud	2	“Lo más importante es que sea una persona que tenga claros los pilares de su salud, de quererse y cuidarse en primer lugar, para luego transmitir y formar a su equipo en la importancia de estos valores”
Transmitir valores y cultura	2	“Sobre todo (...) que sepa transmitir lo que son los valores de la compañía.”

Nota. N se refiere al número de participantes que enumeraron el respectivo comportamiento del total de 35 que respondían a la correspondiente pregunta de investigación.

Varios participantes de empresas hicieron hincapié en la importancia de la *comunicación vertical* (n=9), de “canalizar de forma adecuada descendentemente la estrategia y decisiones de la dirección de la empresa” y, por otro lado, trasladar “las inquietudes o problemas o los conflictos que haya” en su equipo hacía arriba. Algunos participantes destacaron además que el líder debe comentar periódicamente con su equipo la evolución de indicadores sobre el absentismo y la salud laboral.

Ocho informantes, proviniendo de los 5 colectivos presentes en el estudio, resaltaron la *implicación y la responsabilidad de los líderes en la prevención de riesgos laborales* como elementos claves para evitar la siniestralidad y el subsecuente absentismo. En ese sentido, se insistió en que el líder debería asumir protagonismo tanto en la educación de los trabajadores sobre los riesgos, como en la vigilancia del cumplimiento de las normas de seguridad y la investigación de accidentes. Se añadió que para el bien de la empresa y del propio trabajador, sería conveniente que el líder “sea intransigente con los actos inseguros e interrogante con aquello que pone en peligro la salud.”

Varios participantes percibieron la capacidad de *resolver conflictos* (n=7) (tanto entre el propio líder y trabajador, como entre compañeros y con la dirección) a través de “negociar y llegar a acuerdos” como una competencia central, porque según ellos a falta

de esa habilidad, “los conflictos se resuelven con las bajas médicas”. Esa competencia fue mencionada por todos los colectivos salvo organizaciones sindicales.

Cinco informantes de empresas, asociaciones empresariales y abogados y asesores incidieron en la importancia de que un líder *valore y reconozca* a los trabajadores, y sus contribuciones al equipo y a la organización. En concreto, destacaron que un líder debe “centrarse en lo positivo y en felicitar y poner de relieve lo mejor de cada uno del equipo” y además hacerles ver a los trabajadores que están de baja que realmente se les echa de menos en el equipo y que no solamente son “un número”: “te necesitamos para trabajar, te queremos, en esta empresa tú haces falta, eres importante.”

Igualmente 5 participantes (de empresas, organismos públicos y organizaciones sindicales) caracterizaron la capacidad de un líder de *fomentar una percepción de justicia y equidad* entre sus trabajadores como clave para el comportamiento acerca del absentismo. En ello se refirieron tanto a la práctica de otorgar reconocimientos y beneficios de manera justa, como de sancionar comportamientos no deseados, peligrosos o contraproducentes: “Debe sancionar a todo aquel que en la prevención no es lo suficientemente diligente.”

Varios participantes de empresas, abogados y asesores, y organismos públicos destacaron la importancia de *mantener el contacto y acompañar* (n=5) al trabajador que está de baja médica. Por un lado se mencionó que esa toma de contacto por parte del líder no debería tener un carácter “controlador”, sino más bien servir para preocuparse de la salud del trabajador (“¿cómo estás?”), ofrecerle ayuda en una situación difícil (“¿necesitas algo?”) y mostrarle el valor que tiene como persona y trabajador en el equipo y la organización (“en esa empresa tú haces falta, eres importante”). No obstante, otros informantes hacían hincapié en la eficacia de mantener el contacto con el trabajador de baja médica para reducir posibles usos ilegítimos de la misma: “tiene que estar siempre detrás de [esas situaciones], controlándolas totalmente, porque si no, el absentismo se nos dispara”.

Otros informantes de empresas enumeraron la *empatía* (n=4) como característica importante de un líder, entendida por ellos como la capacidad de “ponerse en el lugar del otro” para entender su posición en situaciones difíciles. Cuatro participantes de empresas hicieron hincapié en la necesidad de *involucrar a los trabajadores en decisiones*, pidiéndoles feedback y tomándolo en consideración con el objetivo de que los trabajadores “se sientan involucrados, que sientan que su opinión sirve a la empresa.” Otros participantes de empresas y organismos públicos destacaron la

capacidad del líder de desarrollar y *transmitir una visión e ilusión* (n=4) para el trabajo como fundamental.

Tres informantes de empresas mencionaron la posibilidad que tienen los líderes de reducir las duraciones de las bajas y proteger la salud de los trabajadores *facilitando el proceso de reincorporación*. En ese sentido, se señaló que el líder debe aceptar que un trabajador, tras una baja, tal vez no puede rendir al 100% inmediatamente, y estar dispuesto a adaptar sus condiciones laborales temporalmente, como el puesto del trabajo o el horario, para acomodar posibles limitaciones restantes. Varios participantes de empresas, asociaciones empresariales y organismos públicos destacaron la *conciliación familiar* (n=3) como un factor importante para incidir sobre el absentismo de los trabajadores, sobre todo con la “incorporación mayor de la mujer al trabajo (...), que suele llevar normalmente la carga de la familia y de la casa”. Para ello, según los informantes, las empresas deben proporcionar un marco de actuación en su política de la empresa, pero suelen ser los propios líderes quienes en el día a día deciden sobre la aplicación de las medidas de conciliación para trabajadores en concreto. Otros participantes de empresas, asociaciones empresariales y organizaciones sindicales mencionaron la capacidad de un líder de *formar y desarrollar constantemente su equipo* (n=3) tanto a través de facilitar la formación formal como informal, planteándoles nuevos retos, o implementando un sistema de rotación de puestos. Tres informantes de empresas apuntaron a la *capacidad de delegar* como una competencia clave de los líderes, que se concreta en encontrar el equilibrio adecuado para cada trabajador entre proporcionar autonomía y responsabilidad por un lado, y supervisión por el otro.

Respectivamente dos participantes de empresas señalaron como comportamiento importante que el líder *cuide el bienestar de sus trabajadores*, lo cual incluye evitar el presentismo entre ellos, que *busque el beneficio de su grupo* por encima del suyo propio (p.e., exponiéndose para conseguir recursos para el equipo), y que esté *comprometido con la empresa* y convencido de su proyecto. Además, se destacó que el líder debe saber cuidar su propia salud constituyendo de esa manera un *modelo a seguir* (n=2) para sus colaboradores. Finalmente, dos informantes de empresas y organismos públicos señalaron la habilidad de un líder de *transmitir los valores y la cultura de la empresa* a los trabajadores, porque “en función de cómo estén alineados [con la cultura y los valores] vas a conseguir un absentismo elevado o reducido.”

Respecto a la diversidad de colectivos que mencionaron los distintos comportamientos, cabe destacar que la competencia que más consenso recibió ha sido la

implicación del líder en la prevención de RRL, aducido por participantes de los 5 colectivos. La segunda competencia más consensuada era la *resolución de conflictos*, mencionado por participantes de todos los colectivos salvo de los organismos públicos. *Fomentar justicia y equidad, acompañar al trabajador durante la baja, facilitar conciliación, y formar y desarrollar el equipo* fueron mencionados respectivamente por 3 de los 5 colectivos del estudio. Además, es importante señalar que la *comunicación vertical* fue la competencia mencionada por un mayor número de participantes, pero todos ellos provenían exclusivamente de empresas, lo cual podría sugerir una falta de valoración prioritaria de este aspecto entre los restantes colectivos. Finalmente, cabe destacar que el colectivo que más enfoque ponía en esa pregunta de investigación fue el de empresas (9,10 % del total de palabras de ese colectivo en el estudio), con 9 de los 18 comportamientos mencionado exclusivamente por ese colectivo. Los participantes de asociaciones empresariales dedicaron el 7,01 % del total de sus las palabras a esa pregunta de investigación, los de organismos públicos el 2,81 %, el colectivo de abogados y asesores el 2,12 % y los informantes de organizaciones sindicales el 1,70 %. El apéndice A especifica cuántas palabras dedicaron los participantes de cada colectivo a la descripción de cada uno de los 18 comportamientos.

PI #2 Comportamientos y estilos de liderazgo

Para responder a la segunda pregunta de investigación, se atribuyeron los 18 comportamientos de un líder eficaz para influir sobre el absentismo previamente identificados a los diferentes estilos de liderazgo y sus subcategorías por dos investigadores de forma independiente, basándose en sus correspondientes definiciones en la literatura y apoyándose en los ítems del “Multifactor Leadership Questionnaire” (MLQ 5X) de Bass y Avolio (1995), traducido por Vega y Zavala (2004). La tabla 3 proporciona 4 ejemplos de cómo los comportamientos de liderazgo se atribuyeron a los respectivos estilos de liderazgo mediante los ítems del MLQ 5X.

Tabla 3***Ejemplos de atribución de comportamientos a estilos de liderazgo mediante los ítems del MLQ 5X***

Comportamiento	Item MLQ 5X	Estilo de liderazgo
Buscar el beneficio del grupo y conseguir recursos	Por el bien del grupo soy capaz de ir más allá de mis intereses.	Liderazgo transformacional (influencia idealizada)
Formar y desarrollar equipo	Dedico tiempo a enseñar y orientar.	Liderazgo transformacional (consideración individualizada)
Fomentar justicia y equidad	Dejo en claro lo que cada uno podría recibir, si se logran las metas.	Liderazgo transaccional (recompensa contingente)
Implicación en la prevención de RRL	Trato de poner atención sobre las irregularidades, errores y desviaciones de los estándares requeridos.	Liderazgo transaccional (dirección por excepción)

Siguiendo esta metodología, la tabla 4 visualiza la atribución de los 18 comportamientos identificados a los diferentes estilos de liderazgo. Cabe destacar, en primer lugar, que fue el estilo de liderazgo transformacional, y en concreto sus dimensiones de influencia idealizada y consideración individualizada, las que más atribuciones recibieron (4 y 6 comportamientos respectivamente). Segundo, es importante resaltar que a la dirección por excepción (liderazgo transaccional) solo se han atribuido dos comportamientos, pero que estos dos (*implicación en la prevención de riesgos laborales* y *resolución de conflictos*) eran de los que más participantes del estudio enumeraron, con 8 y 7 participantes respectivamente. Tercero, ninguno de los comportamientos de líderes mencionados por los participantes podía asociarse a uno de los dos estilos de liderazgo pasivos (*laissez-faire* y LAD). Por último, la *comunicación vertical* no se ha podido atribuir claramente a ninguno de los estilos de liderazgo por no encajar con ninguna de las definiciones o ítems contemplados.

Tabla 4***Atribución de comportamientos a estilos de liderazgo***

Estilo de Liderazgo	Dimensiones	Comportamientos (<i>n</i>)
Liderazgo transformacional	Influencia idealizada	- Constituir modelo a seguir en salud (2) - Transmitir valores y cultura (2) - Buscar el beneficio grupo y conseguir recursos (2) - Compromiso y sentido de pertenencia (2)
	Motivación inspiracional	- Valorar y reconocer trabajadores (5) - Transmitir visión, ilusión (4)
	Estimulación intelectual	- Involucrar trabajadores en decisiones (4) - Sabe delegar (3)
	Consideración individualizada	- Acompañar trabajador durante baja (5) - Empatía (4) - Facilitar Reincorporación (3) - Facilitar conciliación (3) - Formar y desarrollar equipo (3) - Cuidar el bienestar de los trabajadores (2)
Liderazgo transaccional	Recompensa contingente	- Fomentar justicia y equidad (5)
	Dirección por excepción	- Implicación en la prevención de RRL (8) - Resolución de conflictos (7)
Laissez-faire		Ninguno
LAD		Ninguno
No asociado		- Comunicación vertical (9)

Nota. N se refiere al número de participantes que enumeraron el respectivo comportamiento del total de 35 que respondían a la pregunta de investigación 1.

PI #3: Posibles intervenciones para fomentar un liderazgo eficaz para la gestión del absentismo

Respecto a la tercera pregunta de investigación, referida a cómo una organización podría intervenir para fomentar esos comportamientos de un liderazgo eficaz para incidir de forma positiva en la gestión del absentismo, se recogieron las

contribuciones de 21 de los 79 informantes del estudio. Las diferentes propuestas, el correspondiente número de participantes que las mencionó y un ejemplo literal en cada caso se presentan en la tabla 5.

Tabla 5

Posibles intervenciones para fomentar un liderazgo eficaz para incidir sobre el absentismo

Intervención	<i>n</i>	Ejemplo literal
Formación	11	“Formación creo que es importantísimo, con respecto a los mandos intermedios (...) para que comprendan y conozcan toda la gestión que se mueve para cubrir esa baja o para cubrir cualquier circunstancia relacionada”
Fijar objetivos	6	“El absentismo es un indicador que está en el cuadro de mandos de la empresa. En el comité de dirección se sigue el absentismo. (...) Luego lo derivamos a cada responsable de equipo en una serie de subindicadores.”
Selección y promoción	6	“La idea que tenemos es que ya no será mando intermedio sino coordinador de equipo y que los trabajadores de cada línea de producción, que serán ellos mismos quienes le eligieran.”

Nota. N se refiere al número de participantes que enumeraron el respectivo comportamiento del total de 21 que respondían a la correspondiente pregunta de investigación

La intervención mencionada por más participantes, y de todos los colectivos salvo organizaciones sindicales, fue la de proporcionar *formación a los líderes* (n=11). No obstante, un informante percibió potencial de mejora importante en las empresas en ese sentido, porque “hay una carencia ahí en gestión de equipos (...), que al final la empresa está dejando la responsabilidad en manos de ellos [los mandos intermedios] y les viene grande, porque no les han dotado de herramientas ni les han formado adecuadamente [para ello]”, y concluyó que la formación en competencias de liderazgo era fundamental. Otros informantes hacían hincapié en la importancia de que se formara a los líderes también en los aspectos relacionados con la baja laboral y sus posibles actuaciones al respecto “para que comprendan y conozcan toda la gestión que se mueve para cubrir esa baja o para cubrir cualquier circunstancia relacionada”, y para “conocer mejor cuales son las posibilidades y por donde podemos tirar en momentos

determinados cuando nos encontramos con una baja de este tipo [de dudosa legitimidad], que no controlamos y que nos hace perder tiempo.” Finalmente, varios participantes resaltaron la necesidad de concienciar los líderes sobre su rol central en la prevención de riesgos laborales y salud laboral mediante una formación “para que [...] asuman su responsabilidad en la prevención” y reconozcan su capacidad de incidir.

Seis participantes de empresas y organismos públicos compartieron sus experiencias o sugerencias relacionadas con la implementación de *objetivos acerca de la salud* (p.e., índices de absentismo o de siniestralidad) como intervención para influir en los comportamientos de los líderes. Un informante relató al respecto la práctica de medir y comunicar esos índices, para poder tomar medidas consensuadas con los líderes: “Nosotros [RRHH] reflejamos los indicadores de absentismo, divididos por accidentes de trabajo y por contingencias comunes, (...) y lo comunicamos a los directores de área y los responsables de las delegaciones, y al final del año nos sirven para plantear las estrategias del año siguiente. Después, cada 3 meses hablamos con estos responsables (...) para ver cómo evolucionan y ver la eficacia de esas medidas y corregirlas.” Más allá de medir y comunicar, otros informantes compartieron experiencias positivas con la implementación de objetivos específicos relacionados con el absentismo y la salud laboral tanto para la dirección como para los mandos intermedios, con el fin de incentivar así comportamientos favorables a esos fines. No obstante, un participante destacó que esa práctica pudiera conducir también a comportamientos no deseados o incluso adversos por parte de los líderes, como por ejemplo la “ocultación de accidentes de trabajo” para que no figuren en los objetivos de siniestralidad, lo cual perjudicaría seriamente la debida investigación de accidentes y su futura prevención.

Otra manera de incidir sobre la calidad del liderazgo en una organización, según algunos informantes de empresas (n=6), era intervenir sobre la *selección de los líderes*. Varios participantes explicaron y criticaron la extendida práctica de promocionar como líder de equipo al “mejor” trabajador: “Normalmente se promociona por ser un buen trabajador, no por tener las competencias y capacidades de ser un buen líder o responsable de equipo (...) estamos cometiendo un error soberano que luego lo trasladamos a todos los que van por debajo y con eso hay que tener mucho cuidado.” Otro informante propuso como práctica para una selección más adecuada la implementación de “un plan de carrera en el que gente con las competencias adecuadas se forma dentro de la organización para asumir esas posiciones.” No obstante, constató

también que tal “plan de carrera” sería beneficioso sobre todo para grandes empresas y posiblemente no factible en pequeñas. Un participante compartió su iniciativa de proporcionar a los equipos de trabajo la autonomía de elegir sus propios supervisores como medida para asegurar un liderazgo eficaz. Por último, varios informantes incidieron en que cuando la selección o formación haya fallado y se haya detectado un líder que perjudica la salud y favorece un elevado absentismo entre los trabajadores de su equipo, habría que cambiarle de puesto o despedirle: “Nosotros hemos despedido a un coordinador por recoger testimonios de trabajadores que no lo estaban eligiendo como líder y nosotros lo pusimos en su día por lo que hemos comentado [ser el mejor trabajador] (...) eso hace la gente se empodera y pide su respeto, su bienestar.”

Cabe destacar que la intervención con más consenso entre los colectivos participantes era la *formación*, siendo aducida por 4 de los 5 colectivos. La implementación de *objetivos para los líderes* (mencionado por participantes de 2 colectivos) e intervenir sobre su *selección* y *promoción* (mencionado solo por informantes de empresas) recibieron menos consenso entre los colectivos. Hay que señalar también que los participantes de organizaciones sindicales no se manifestaron sobre esa pregunta de investigación. Además, era el colectivo de empresas que más se centró en esa pregunta de investigación dedicándole el 3,99 % del total de sus palabras en el estudio, seguido por participantes de asociaciones empresariales (3,10 %), abogados y asesores (2,76 %) y organismos públicos (0,86 %). El apéndice B especifica el total de palabras que los participantes de los diversos colectivos dedicaron a la descripción de cada una de las tres intervenciones.

2.5 Discusión

En el presente estudio cualitativo se han identificado 18 comportamientos relevantes para un líder en vistas a promover su incidencia sobre el absentismo en su equipo. Asimismo, para integrar estos hallazgos dentro de la investigación existente en el campo, los comportamientos identificados se han atribuido a los estilos de liderazgo especificado en el modelo de rango total (Bass & Avolio, 1994). Finalmente, se han descrito 3 maneras de intervenir para fomentar estas características en las organizaciones (*formación, establecimiento de objetivos, y selección y promoción*).

Comportamientos de un líder para influir sobre el absentismo

La investigación en el pasado sobre la asociación entre el liderazgo y variables relacionados con la salud como el absentismo se centró en su gran mayoría en analizar los efectos de estilos de liderazgo predefinidos, como por ejemplo el liderazgo transformacional o los diferentes estilos de “liderazgo promotor de la salud”, teniendo estas altas correlaciones entre sí (Akerjordet et al., 2018; Nielsen & Taris, 2019). Este acercamiento a través de estilos fijos y establecidos facilita, por un lado, la acumulación y el procesamiento de conocimiento en nuestra disciplina, pero por el otro dificulta hasta cierto punto identificar qué comportamientos en concreto son los que pueden incidir sobre las variables dependientes y cuáles no. El presente estudio se centró en analizar estos comportamientos específicos y elementales, ofreciendo así una nueva perspectiva a lo que podría ser un liderazgo eficaz para incidir sobre el absentismo.

Cabe destacar que la mayoría de los comportamientos identificados en el estudio se refieren a capacidades de liderazgo generales y no específicamente relacionadas con el absentismo (p.e., *formar y desarrollar el equipo, resolución de conflictos o transmitir visión e ilusión*). No obstante, los participantes también mencionaron una serie de comportamientos relacionados directamente con el absentismo, como por ejemplo la *implicación en la prevención de riesgos laborales, el acompañamiento del trabajador durante la baja, facilitar la reincorporación tras una baja o cuidar el bienestar de los trabajadores*. En este último se hacía hincapié en la importancia que tiene que el líder identifique y actúe sobre posibles casos de presentismo, cuando un trabajador acude a su puesto aun no estando en condiciones de desarrollar su función por un impedimento de salud. Nielsen y Daniels (2016) plantearon la cuestión de si los líderes que motivan (o presionan) a los trabajadores a aumentar su rendimiento e ir “más allá del deber”, podrían fomentar presentismo y deteriorar su salud a largo plazo, produciéndose así un futuro aumento del absentismo, lo cual subraya la relevancia de que el líder cuide el bienestar de sus trabajadores evitando tales situaciones.

Otro comportamiento mencionado en esa línea que es importante destacar es el de *acompañar al trabajador durante la baja* (p.e., mediante llamadas u otras formas de relación). En este sentido, los participantes propusieron dos maneras diferentes de llevarlo a cabo: la primera era enfatizar la preocupación por la salud del trabajador de baja, ofreciéndole ayuda y mostrándole el valor que tiene para la empresa, mientras que la segunda tenía un carácter más bien de presión con el fin de controlar bajas de dudosa

legitimidad. Elshout y colaboradores (2013) señalan que la manera de realizar esa actuación pone de manifiesto la motivación y el interés principal del líder, que puede oscilar entre una sincera preocupación por el bienestar del trabajador (liderazgo transformacional) y la necesidad de que el trabajador se reincorpore lo antes posible (liderazgo transaccional). Tras ese acompañamiento durante la baja, también se insistió en la importancia de que un líder *facilite la reincorporación* tras un baja con el fin de reducir la duración de la bajas y evitar posibles recaídas. En esa línea, Schreuder y colaboradores (2012) concluyeron que líderes situacionales que pudieran adaptar de manera eficaz su estilo de liderazgo a las necesidades de sus trabajadores lograron reducir la duración de episodios de absentismo, mientras que Pransky e colaboradores (2010) identificaron en su estudio cualitativo la relación interpersonal y la comunicación como claves para que ese proceso de reincorporación sea exitoso.

Finalmente, cabe destacar que ha sido sobre todo el colectivo de los profesionales de empresas, y en su mayoría profesionales de RRHH, quienes representaron el liderazgo como una pieza clave en la gestión del absentismo y proporcionaron correspondientes comportamientos deseables, mientras que otros colectivos se centraron más en otros factores, como por ejemplo las condiciones laborales en las empresas o en sistema público de salud (Peiró et al., 2020b). En la terminología del construccionismo social, la representación de la realidad acerca del absentismo por los profesionales de RRHH participando en el estudio, adjudica un rol fundamental a los líderes, lo cual podría ser indicativo de los intereses y objetivos de ese colectivo en las organizaciones (Burr, 1995). Los líderes suelen ser el principal cliente de RRHH en las empresas y, además, su principal herramienta, habida cuenta de que son o pueden ser la correa de transmisión imprescindible para muchas prácticas y políticas de RRHH hacia los trabajadores. Eso puede explicar el poder de influencia que adjudicaron los profesionales de RRHH a los líderes en el presente estudio.

Comportamientos y estilos de liderazgo

Siguiendo las recomendaciones de Bryman (2004) para conciliar, por un lado, la necesidad de integrar la investigación cualitativa en la existente literatura de nuestra disciplina, y por el otro lado, mantener la naturaleza inductiva de la misma y no perjudicar el análisis con conceptos preconcebidos, el presente estudio buscaba atribuir los comportamientos de liderazgo, identificados de manera inductiva en un paso previo,

a los estilos de liderazgo del ampliamente adoptado modelo de rango total (Bass & Avolio, 1994). Por lo general, este modelo proponía una pauta adecuada para adjudicar y organizar la mayor parte de los comportamientos identificados.

Únicamente la *comunicación vertical* no se ha podido atribuir de manera clara a uno de los estilos especificados en el modelo. Con 9 participantes que lo nombraron como relevante para un líder, era el comportamiento más mencionado en el estudio. Asimismo, en el estudio de caso de Craig (2008), 5 de los 11 participantes opinaron que la capacidad de un líder de comunicar y explicar era importante para reducir el absentismo no planificado. No obstante, el modelo de rango total no contempla tal competencia explícitamente, aunque implícitamente subyace en varias de las dimensiones del liderazgo transformacional. Por ejemplo, la situación de que un líder expresa su confianza en que el equipo puede lograr sus metas (motivación inspiracional) podría ser una forma de *comunicación vertical* descendente, trasladando las expectativas de la dirección a su equipo. Igualmente, el líder que traslada inquietudes de su equipo a sus propios superiores podría estar interviniendo por el bienestar de su grupo (influencia idealizada).

Ahora bien, cabe señalar que es al estilo de liderazgo transformacional al que se ha adjudicado el mayor número de comportamientos deseables (14 de los 18 en total), y específicamente en las dimensiones de la influencia idealizada ($n=4$) y la consideración individualizada ($n=6$). Con ello, parece que atender a los trabajadores, tanto cuando estén trabajando, como cuando estén de baja, o cuando se reincorporan tras la misma, con un planteamiento individualizado, reconociendo y ajustándose a sus necesidades específicas, etc., es un requerimiento principal para reducir el absentismo por enfermedad. En el marco del modelo “job demands-resources” (Bakker & Demerouti, 2007) tal líder podría constituir un recurso para sus trabajadores a la hora de afrontar situaciones difíciles o estresantes.

Además, es destacable que al liderazgo transaccional solo se asociaron 3 tipos de comportamientos, pero esos eran de los que más participantes del estudio enumeraron, subrayando así la relevancia que pueda tener también ese estilo de liderazgo para gestionar el absentismo. En la misma línea, Delle y colaboradores (2007) encontraron en su estudio longitudinal una relación entre comportamientos de recompensa y reconocimiento de líderes con el absentismo. No obstante, comparándolo con el liderazgo transformacional, Elshout y colaboradores (2013) concluyeron, en su estudio de metodología mixta, que el liderazgo transaccional estaba relacionado con mayores

tasas de absentismo, y recomendaron, como consecuencia, que los líderes transaccionales adopten las cualidades del liderazgo transformacional. En línea con los hallazgos del presente estudio, Carlton y colaboradores (2015) constataron en su análisis cualitativo que el liderazgo más eficaz tendría que ser una mezcla de ambos estilos, aplicando elementos transaccionales en situaciones concretas, como por ejemplo para fomentar el rendimiento o conseguir objetivos específicos. Ese planteamiento estaría de acuerdo con la proposición de Bass y Avolio (1994), de que comportamientos transaccionales pueden favorecer la eficacia de liderazgo si se manifiestan en menor frecuencia que los transformacionales. Futura investigación cuantitativa podría analizar la conexión tanto entre el liderazgo transaccional y el absentismo, como de un híbrido entre los estilos transformacional y transaccional.

Por último, no es sorprendente que los estilos de liderazgo de *laissez-faire* y LAD no recibieran ninguna atribución de comportamientos de un liderazgo eficaz. También en la literatura esos dos estilos pasivos o destructivos están generalmente asociados a resultados más bien perjudiciales (Bass, 1997; Itzkovich et al., 2020). Los participantes del estudio se referían en ocasiones a comportamientos de *laissez-faire* a la hora de describir a líderes que no se implicaron en la prevención de riesgos laborales (p.e., que no exigían el cumplimiento de las medidas de seguridad) o de LAD relatando situaciones de líderes tóxicos que perjudicaron la salud mental de los trabajadores (p.e., en situaciones de acoso laboral).

En resumen, la mayor parte de los comportamientos mencionados por los participantes se podían atribuir al estilo de liderazgo transformacional, seguido por el transaccional. Ello proporciona apoyo a la proposición del modelo de rango total que a mayor frecuencia de comportamientos activos (transformacionales), se logra mayor eficacia de liderazgo, mientras que comportamientos más pasivos (p.e. transaccionales) pueden también tener eficacia, aplicados en situaciones específicas y con menos frecuencia (Bass & Avolio, 1994).

Posibles intervenciones

Con respecto a las posibles maneras de intervenir para fomentar estos comportamientos de liderazgo, *proporcionar formación a los líderes* fue la mencionada por más participantes. Según sus aportaciones, esa formación debería desarrollar tanto aspectos de liderazgo en general y también temáticas específicas relacionadas con la

prevención de riesgos laborales y la gestión de absentismo. Mejorar las capacidades de liderazgo en una organización mediante formación y desarrollo parece ser la práctica predominante en la investigación al respecto (p.e., Martin et al., 2020), o como Day y colaboradores (2021) subrayan: con respecto al desarrollo de líderes hay un supuesto implícito que señala como objetivo el transformar buenos líderes en mejores líderes (p. 6). No obstante, estos autores mantienen que, con la creciente investigación sobre el “lado oscuro” del liderazgo, y el subsecuente conocimiento sobre prácticas abusivas, poco éticas o manipulativas, evitar que individuos tóxicos lleguen a posiciones de poder es un aspecto que ha ganado en importancia, y comienza a estar también presente. En ese sentido también en el presente estudio, posibles intervenciones sobre las políticas de *selección y promoción* en las empresas, como manera para mejorar el liderazgo, han recibido cierta atención en el debate de los participantes.

La tercera intervención propuesta por los participantes señala la importancia de *fijar a los líderes objetivos* concretos relacionados con el absentismo y la salud laboral de sus equipos (p.e., índice de absentismo o de siniestralidad) para modificar sus comportamientos al respecto. Tal modificación del comportamiento humano mediante el establecimiento de objetivos (“goal-setting theory”) ha recibido amplia consideración en la investigación durante las últimas décadas, y su eficacia se ha podido comprobar en contextos muy diversos (Locke & Latham, 2019). Por ello, es de suponer que también podría ser de utilidad en el ámbito del liderazgo y el absentismo. Sin embargo, dada la falta de estudios experimentales estableciendo esta causalidad, será tarea de investigaciones futuras poner a prueba la eficacia de tal intervención.

Finalmente, cabe señalar que en las propuestas de los participantes (en su mayoría profesionales de RRHH) sobre posibles intervenciones, subyacía cierta insatisfacción con las capacidades del liderazgo en sus respectivas organizaciones. En concreto, lamentan unas prácticas de selección poco objetivas, y más bien centradas en conocimientos técnicos que en competencias de supervisión, y una formación de liderazgo muchas veces inadecuada o incluso inexistente.

Limitaciones

El presente estudio ofrece una perspectiva nueva a la relación entre el liderazgo y el absentismo, respondiendo a varias llamadas de investigación de otros autores de nuestra disciplina e integrando los hallazgos cualitativos en un marco teórico ya

existente (p.e., Bryman, 2004; Cumming et al., 2018; Nielsen & Taris, 2019). No obstante, existen también ciertas limitaciones que caben mencionar.

Primero, el colectivo predominante entre los participantes de ese estudio eran profesionales de RRHH, quienes por su trato diario con los mandos intermedios y trabajadores podrían considerarse expertos en la materia tratada. Sin embargo, futuras investigaciones podrían beneficiarse y enriquecer el análisis integrando también otros colectivos como, por ejemplo, los propios líderes o trabajadores.

Segundo, esa investigación fue circunscrita al contexto español, y, de manera predominante, a la comunidad valenciana. Teniendo en cuenta las diferentes normas, prácticas y comportamientos individuales acerca del absentismo por enfermedad en diferentes ámbitos culturales y en distintos países, esa limitación podría reducir la generalizabilidad de los resultados a otros países o regiones.

Tercero, es una característica del método cualitativo que no se puede concluir o diferenciar numéricamente el impacto que cada uno de los 18 comportamientos encontrados en el estudio puede desarrollar sobre el absentismo. El recuento de las menciones de cada uno y el grado de consenso entre los colectivos pueden ser, pero no necesariamente tiene que ser, un indicador de ello. Para dirimirlo, serán necesarias investigaciones cuantitativas que identifiquen correlaciones entre los diversos comportamientos y la variable de interés, o incluso experimentos de campo para poder inferir causalidad en esas relaciones. A este respecto, según Bryman (2004), una de las funciones de los estudios cualitativos es la de informar a la investigación cuantitativa con nuevas preguntas de investigación relevantes.

Por fin, en las sesiones de *focus group* no se tematizaron explícitamente los mecanismos de conexión entre los comportamientos de liderazgo y absentismo. Con lo cual, el estudio no puede proporcionar respuestas a la pregunta de si un líder realmente puede mejorar la salud de sus seguidores o más bien influye solamente sobre su motivación de atender el trabajo, con posibles consecuencias adversas para la salud a largo plazo (Nielsen & Daniels, 2016). Futuras investigaciones pueden ampliar el entendimiento sobre el rol del liderazgo en la salud laboral analizando de manera diferencial por un lado el absentismo a raíz de alteraciones de salud y por otro aquel basado en la motivación.

2.6 Conclusión

El presente estudio toma una nueva perspectiva en la relación entre el liderazgo y el absentismo mediante el análisis cualitativo de comportamientos relevantes. Además, pretende construir un puente para la integración de sus hallazgos con otros estudios en el campo, aplicando sus resultados a un modelo ampliamente aceptado. Por último, proporciona posibles intervenciones para fomentar un liderazgo capaz de incidir sobre el absentismo.

La integración de las respuestas de los participantes del estudio sobre las 3 preguntas de investigación sugiere que, para fomentar un liderazgo capaz de influir sobre el absentismo, las organizaciones tendrían que formar a sus líderes en los estilos transformacional y en ciertas competencias del transaccional, poniendo énfasis en la aplicación de esos estilos a los ámbitos de la prevención de riesgos laborales y la gestión de absentismo. A este efecto, futuros estudios deberían desarrollar una correspondiente intervención y ponerla a prueba mediante un estudio de campo.

2.7 Extended Summary

Introduction - Recent years have seen a considerable increase in sickness absences. For example, in the case of Spain, the percentage of working time lost due to sick leave has increase from 2.7% in 2013 to 4.1% in 2019, amounting to an estimated cost of 42 billion euros in that same year (umivale, 2020). Various leadership styles have received attention by prior quantitative research a potential antecedent of employee sickness absence, but produced ambiguous results (e.g. Frooman et al., 2012; Nielsen & Daniels, 2016). A possible alternative approach for disentangling the association of leadership and sick leave would be to investigate specific leader behaviors instead of more ample, predefined leadership styles (Nielsen & Taris, 2019). Therefore, a central contribution of the present qualitative study is to identify such leader behaviors that might impact employee absenteeism (*research question 1*). Moreover, Bryman (2004) pointed to a disassociation between qualitative and quantitative research. According to this author, the necessity of applying an inductive, open-ended analysis in qualitative studies limits the integration of results into the existing body of theory and research. Thus, the present chapter aims to integrate the

inductively identified relevant leader behaviors into the widely applied full range leadership model by Bass and Avolio (1994, *research question 2*). Finally, for intervening on variables of employee health via leadership, prior research has mainly focused on training and development (Arnold, 2017; Nielsen & Taris, 2019). In that sense, the present studies aims to explore various ways of improving leadership capabilities in organizations as a way of intervening on employee sickness absence (*research questions 3*).

Method - For addressing the three research questions we applied a qualitative research method. Specifically, 11 sessions of focus groups with a total of 79 participants were carried out. These participants were experts and professionals in the field of occupational health and safety from companies of different sizes and sectors (n=41), employer and sectorial associations (n=9), public health administrations (n=18), lawyers and business consultants (n=7) as well as worker unions (n=4). The focus group sessions took place between September 2017 and January 2019 in Spain and were concluded as soon as data saturation and redundancy were reached (Morse, 2000). Data analysis was carried out by means qualitative content analysis (Graneheim & Lundman, 2004) supported by the software NVivo 12 (QSR International, LLC). With permission of the participants the sessions were recorded and subsequently transcribed. In step 1 of the analysis, a researcher coded the transcribed data to each of the 3 research questions. Then, the same researcher inductively analysed the data for each research questions separately by developing an emergent structure of codes. Based on this coding structure, a different researcher independently repeated the coding exercise and interrater reliability was evaluated by calculating Kappa for each code (McHugh, 2012). Those codes with Kappa below the suggested cut-off of 0.80, were subject to debate between both researcher in order to achieve an agreement (McHugh, 2012).

Results - Regarding the research question 1, the analysis produced 18 behaviors by which a leader might influence in the sickness absence of their employees (for details see table 1). The leaders behaviors that most participants named as relevant were vertical communication (n=9), implication in managing occupational health risks (n=8), conflict resolution (n=7), valuing and appreciating employees (n=5), promote justice and equity (n=5) and maintaining contact with employees on sick leave (n=5). For answering research question 2, the 18 previously identified behaviors were integrated into the full range leadership model (Bass & Avolio, 1994), based on the corresponding items of the Multifactor Leadership Questionnaire (Bass & Avolio, 1995). Fourteen

behaviors were associated with transformational leadership, mainly with the components of idealized influence (4 behaviors) and individual consideration (6 behaviors). Regarding transactional leadership, 2 behaviors were related to management-by-exception and 1 to contingent reward. None of the identified leader behaviors could be allocated to the laissez-faire style of leadership. Finally, addressing research question 3, the participants named as potential interventions for enhancing leadership capabilities training and development (n=11) focusing on both enhancing general leadership competencies and specifically those related to health and safety, as well as practices of selection and promotion (n=6) and health-specific goal setting for leaders (n=6).

Discussion - The present study identified 18 specific leadership behaviors that the participating professional deemed relevant for employee sickness absence. Some of these were related to health and safety at work (e.g. ensuring employee being and avoiding presenteeism). However, most were not health-related, general leadership behaviors (e.g. conflict resolution). Most of the behaviors can be attributed to transformational and only three to transactional. This is in line with the basic proposition of the full range leadership model that effective leadership demonstrated active, transformational with a high and passive, transactional behaviors with a rather low frequency (Bass & Avolio, 1994). Moreover, the style laissez-faire leadership was not attributed with any of the mentioned behavior. This is in line with prior research and theory that generally associated such passive leadership with detrimental employee outcomes (Bass, 1997; Itzkovich et al., 2020). As a potential way of intervening on sickness absence via enhancing leadership capabilities and in line with the focus of prior research (e.g. Arnold, 2017; Nielsen & Taris, 2019), the participants of the study focused on training and development. However, as research on the detrimental consequences of toxic or abusive leadership pointed out, for some leaders such interventions might be effective (Einarsen et al., 2007; Tepper et al., 2017). The study participants mentioned practices of selection and promotion as another important avenue of intervention, criticizing the supposedly common practice of promoting the best worker as supervisor instead of focusing on their potential for leadership. Finally, it was proposed to modify leadership behavior by introducing specific, health-related goals (e.g. rates of sick leave or number of work accidents). Such an approach of goal-setting for altering human behavior has proved effective in many divers context (Locke & Latham, 2019).

Limitations - There are several factors that could limit the interpretation of the current study's findings. First, though the sample represents diverse collectives relevant for the object of analysis, most of the participants were professionals of human resources. Future studies could profit from additionally taking the perspective of employees and leaders into account. Next, the study was limited to the Spanish context, which might reduce the generalizability of its results to other cultural contexts. Moreover, as inherent in the qualitative method, the impact of each of the 18 identified behaviors on employee sickness absence could not be quantified, though the number of participants that mentioned each could be an initial indicator for its perceived importance. Finally, the data did not permit differentiating whether the influence of leaders on sick leave would be due to a real improvement of employee or rather an enhanced motivation to attend work.

Conclusion - The present qualitative study offers a new perspective on the association between leadership and employee sickness absence by analyzing specific leadership behaviors independent of established leadership models. Nonetheless, in order to contribute to the existing body of research, these behaviors were subsequently integrated into the well-established full range leadership model. Moreover, the analysis provided a series of ways for organizations to intervene on employee sick leave by enhancing leadership capabilities. Future research could further enhance the field by developing and empirically testing such interventions.

2.8 Apéndice

Apéndice A

Número de palabras dedicadas a cada comportamiento por colectivos

Comportamientos	Colectivos				
	Empresas	Asociaciones empresariales	Abogados y asesores	Organismos públicos	Organizaciones sindicales
Comunicación vertical	1398	-	-	-	-
Implicación en la prevención de RRL	715	76	434	52	129
Resolución de conflictos	152	60	79	73	-
Valorar y reconocer trabajadores	679	31	163	-	-
Fomentar justicia y equidad	42	-	-	342	129
Acompañar trabajador durante baja	956	-	83	210	-
Empatía	394	-	-	-	-
Involucrar trabajadores en decisiones	579	-	-	-	-
Transmitir visión, ilusión	414	-	-	163	-
Facilitar Reincorporación	751	-	-	-	-
Facilitar conciliación	220	630	-	281	-
Formar y desarrollar equipo	41	76	-	-	304
Saber delegar	238	-	-	-	-
Cuidar el bienestar de los trabajadores	238	-	-	-	-
Buscar el beneficio grupo y conseguir recursos	429	-	-	-	-
Compromiso y sentido de pertenencia	478	-	-	-	-
Constituir modelo a seguir en salud	459	-	-	-	-
Transmitir valores y cultura	414	-	-	163	-

Total sobre pregunta de investigación 1	6.404	797	596	1.101	433
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Nota. La tabla especifica el número de palabras codificado a cada intervención propuesta por los participantes, diferenciado por los 5 colectivos del estudio. Algunas afirmaciones han sido codificadas a varios comportamientos.

Apéndice B

Número de palabras dedicadas a cada intervención por colectivos

Intervención	Colectivos				
	Empresas	Asociaciones empresariales	Abogados y asesores	Organismos públicos	Organizaciones sindicales
Formación	1236	353	776	74	-
Fijar objetivos	996	-	-	262	-
Selección y promoción	1005	-	-	-	-
Total sobre pregunta de investigación 1	2.807	353	776	336	-

Nota. La tabla especifica el número de palabras codificado a cada intervención propuesta por los participantes, diferenciado por los 5 colectivos del estudio. Algunas afirmaciones han sido codificadas a varios comportamientos.

Chapter 3:

Transformational leadership and sickness absence: a randomized controlled trial

3.1 Abstract

Objectives – Even though prior research has established an association between transformational leadership and sick leave, there is still no clear evidence for a causal relationship between the two constructs. The present study contributes to this quest by developing and evaluating the effectiveness of a transformational leadership intervention in reducing employee sick leave.

Method – 117 leaders from two Spanish organizations were randomly assigned to either the intervention (n = 54) or control condition (n = 63). Then, the impact of the intervention was tested by use of ANCOVA in SPSS, comparing 6 months pre and post-test absence data.

Results – The results confirmed the effectiveness of the intervention in reducing total subordinate sick days, sick days due to long-term spells and sick days of younger employees. No significant effect was found for follower sick days due to short-term spells and sick days in older employees.

Conclusions – As levels of sick leave rise, the present study provides an evidence-based and actionable tool for organizations seeking to improve employee health.

Keywords: transformational leadership, sick leave, absenteeism, sick leave duration, age

3.2 Introduction

As economies are recovering from the 2008 economic crisis, absence from work due to health reasons has increased considerably. For example, in the case of Spain, 2.7% of employee working time was lost due to sick leave in 2013, while in 2019 it were already 4.1% (umivale, 2020). This entails elevated cost for both, the public health system and private companies, amounting in 2019 to approximately 42 billion € (umivale, 2020), 3,0% of the GDP, thus reducing the competitiveness of the Spanish economy and burdening the social security system. To face this challenge, identifying antecedents and exploring ways of reducing sick leave are imperative.

Previous research indicated that leadership may play a central role in employee health and sick leave (Elshout et al., 2013; Frooman et al., 2012; Lee et al. 2011; Nielsen & Daniels, 2016; Peiró, 2017; Peiró & Rodriguez, 2008; Schreuder et al., 2013). Leaders provide support, guide their subordinates, set objectives, allocate rewards, provide a vision, develop their teams and team members and give meaning to and interpretation of environmental events (Gurt et al., 2011). Through these functions they influence a multitude of employee behaviors and outcome variables, such as well-being (Arnold, 2017), commitment (Kim & Beehr, 2018a) and job satisfaction (Elshout et al., 2013, Frooman et al., 2012), which are in turn associated with sickness absence.

Hence, developing leadership capabilities constitutes a promising approach for improving employee health and subsequently sickness absence. However, field experiments, the adequate research design and often called “gold standard” for deriving causality in organizational research are rare (e.g. Antonakis et al., 2010; Eden, 2017, Gardner et al., 2020). Moreover, as Martin et al. (2020) pointed out in their recent review of leadership training interventions, most of the existing studies did not fulfill the necessary standard for deriving causality, especially based on a lack of random allocation of participants to an intervention or control condition. Thus, even though there is a growing body of research on the association of leadership and health related outcomes, a clear causal connection between these two concepts has still not been established. As a consequence many authors call for methodologically sound field experiments (Arnold, 2017; Elshout et al., 2013; Hassan et al., 2014; Kim & Beehr, 2018a; Montano, 2016; Schreuder et al., 2011; Schreuder et al. 2012). Moreover, there is a dissent as to whether transformational leadership is actually beneficial for employee

health or if it decreases sickness absence via motivation-related and possibly detrimental mechanisms such as presenteeism (e.g. Nielsen & Daniels, 2016).

The objective of the present study is to evaluate the effectiveness of a transformational leadership training intervention for reducing employee sickness absence by establishing causality through an adequate research design and to provide an actionable tool for organizations seeking to reduce sick leave and foster employee health.

Transformational leadership and sickness absence

Transformational leaders shape and transform the perceptions of their followers through idealized influence, inspirational motivation, individualized consideration and intellectual stimulation (Bass, 1985; Bass & Riggio, 2006).

Idealized influence describes the leader's ability to provide a shared mission, a sense of purpose and to effectively communicate values and beliefs toward their employees, thus constituting a role model. Through a process of social learning, followers might observe and imitate the behaviors of such a role model (Bandura, 1977). Thus, leaders valuing on health and acting accordingly could influence their employees' health related behaviors as well, including sick leave. In line with that reasoning, prior research found a positive relationship between employee absence patterns and those of their respective manager (Løkke Nielsen, 2008). Moreover, establishing a strong sense of purpose and meaningfulness at work might have a favorable impact on employee health, as proposed by the job characteristics model (Hackman & Oldham, 1976).

Inspirational motivation refers to the ability to draw an optimistic and desirable picture of the future, to construct a stimulating vision, to demonstrate confidence towards the team's capabilities and to transform perceptions of problems towards perceptions of opportunities (Bass, 1985; Bass & Riggio, 2006). Such an optimistic future outlook and the related positive expectancies might enable employees to deal more successfully with upcoming challenges, obstacles and impediments, thus rendering them less disruptive and harmful (Scheier & Carver, 1985). Moreover, a transformational leader enhances the perception of self-efficacy among their followers by expressing confidence towards the teams' capabilities (e.g. Nielsen & Munir, 2009; Salanova et al., 2020; Sosik et al., 1997). The perception of self-efficacy, in turn, has

been negatively related to turnover intentions, stress and mental health problems (Fida et al., 2018; Han, 2005; O'Neill & Mone, 1998, Plotnikoff et al., 2010). Contrary to these arguments, Nielsen and Daniels (2016) suggests that the motivational capacity of transformational leaders might induce employee's prone to presenteeism to attend work while sick, thus reducing their capacity for recuperation and enhancing the levels of absenteeism in the long run. Moreover, employees attending work while sick might spread infections among their co-workers, an issue that became painfully obvious during the current pandemic.

Intellectual stimulation stands for the capacity to promote creativity and innovation, to implicate team members in finding solutions to challenges and stimulate them to perceive given situations from multiple perspectives. Hence, an intellectually stimulating leader challenges and empowers employees and involves them in decision-making on the team level. Prior research indicated that leader's empowering behaviors (Greco et al., 2006; Kim & Beehr, 2018b) and employee's job involvement (Wegge et al., 2007) had a positive effect on well-being and health. Additionally, Batt (2002) found that employee participation was related to a reduction in turnover rates, a withdrawal behavior often associated with absenteeism (Mowday, et al. 2013).

Lastly, *individual consideration* describes the ability of a transformational leader to recognize and consider the individual differences in their employees' needs, desires and competences. Based on such knowledge the leader acts as a coach and mentor, developing and supporting each team member according to their individual needs (Bass, 1985; Bass & Riggio, 2006), as for example the need for work-life balance or the adjustment of working conditions after sick leave. Applying social support theory (Cohen & Wills, 1985), such supportive behaviors could improve general employee well-being through buffering the negative effects of stressors. In the frame proposed by the job demands-resources theory (Bakker & Demerouti, 2007), individual consideration by the leader constitutes a resource for followers to draw on and therefore potentially alleviates job strain. Confirming that reasoning, Van Dierendonck et al. (2002) reported that consideration and coaching by managers was related to reduced subordinate absenteeism.

Based on these arguments we propose the following hypothesis:

Hypothesis 1: The teams whose leaders participated in the training in transformational leadership show a significant decrease in their number of sick leave days in comparison to the control group.

Sick leave duration

Prior research proposed to differentiate between short- and long-term sick leave spells based on the notion that they represent two different types of absenteeism (e.g. Mastekaasa, 2020; Schreuder et al., 2013). Specifically they argue that short-term absences (up to 7 days) are generally due to minor pathologies or even non-health related reasons, such as withdrawal behaviors (Lambert et al., 2005; Vahtera et al., 2004). In that line, Marmot et al. (1995) found that health was more strongly associated with long-term as compared to short-term absences. Thus, short-term absence would be in part at the discretion of the employee, a subjective assessment of severity of illness and work-ability in which an employee's motivation might play an important part. This discretion, however, might not be present to the same extent in long-term sick leave, which would be generally associated with more severe pathologies. In a similar way, Bakker and colleagues (2003) based an increase in absence duration on a health impairment process, while they associated variations in absence frequency with a motivational process. In line with that reasoning, Nyberg and colleagues (2008) found that inspirational leadership, a component of transformational leadership, was associated with less short-term absence (up to 7 days) but not with long-term absence (more than 7 days). Moreover, Frooman et al. (2012) concluded in a cross-sectional study that transformational leadership was related only to illegitimate, but not to legitimate sickness absences. Therefore we hypothesize that transformational leadership will influence motivation-related absences, operationalized as short-term spells.

Hypothesis 2: The teams whose leaders participated in the training in transformational leadership show a significant decrease in their number of short-term sick leave days in comparison to the control group.

Sick leave by age cohorts

Even though sickness absence days generally increase with increasing age (Adecco, 2019; Ng & Feldman, 2008), it has been found that voluntary absenteeism, indicated by for example absence frequency, was negatively related to age (Hackett, 1990; Martocchio, 1989). A possible explanation is that older employees are more likely to have encountered a more satisfactory and healthier person-job fit in the course of their careers as compared to their younger colleagues (Tenhiälä et al., 2013). It is,

however, not clear if leadership training has a similar impact on employee outcomes across age cohorts. Assuming that higher levels of motivation-related absenteeism in younger employees provide a higher margin for impact by transformational leaders as compared to the rather medically-based absenteeism by their older colleagues, we would expect a higher effect of the training in the younger age cohort. Furthermore, there are indications that younger employees might be more open towards changes (Narayan et al., 2007). In line with that, Stamoš-Roßnagel and Hertel (2010) argued that younger employees tend to focus more on progress, while elder ones focus on maintenance and loss prevention and that, therefore, the motivation for tasks involving the acquisition of new skills and knowledge decreases with age. Zwick (2012) suggested that work routines might be more entrenched for older employees, and thus breaks in those routines (e.g. changes in the way they are being led) are perceived as disturbance. In the same line, socioemotional selectivity theory (Carstensen, 1995) claims that younger individuals take a rather open-ended future time perspective leading to a focus on learning and growth while elder people take a more limited time perspective and thus tend to focus on meaning and belongingness. Warr and Birdi (1998) found that voluntary learning activities and training motivation was lower in older workers as compared to their younger colleagues. Finally, prior research found that employees tended to rate the effectiveness of their leader lower if that leader was younger than themselves, a consequence of a perceived break with traditional age grading norms in organizations (Lawrence, 1984; Rudolph, 2011).

Based on these arguments we propose that it might be easier for leaders to exert influence, to stimulate, to motivate and to change routines with respect to their younger employees:

Hypothesis 3: The teams whose leaders participated in the training in transformational leadership show a significant decrease in their number of sick leave days of younger employees in comparison to the control group.

3.3 Method

Procedure and design

In order to test the effectiveness of the intervention, a randomized controlled trial design was applied. The middle managers of two collaborating organizations were randomly assigned to the intervention (n=54) or waitlist control condition (n=63). In order to reduce a possible spill-over effect between the groups, participants of the training were asked not to discuss or share contents with their colleagues who did not yet participate. Although participation was not mandatory, it was highly encouraged by the participating organizations' top management and HR, as part of the annual training agenda. Thus, all middle managers of the two organizations were included in the initial randomization. The number of sick days based on social security records was measured for each leader's team; differentiating the periods of 6 months prior and 6 months after the intervention. As the intervention was delivered mainly in June 2019, this month was excluded from the measurement. Assessing the effectiveness of leadership interventions after 6 months is the most common approach in the field (Martin et al., 2020). Moreover, there was a notable decrease in data quality in the sample after that period due to organizational changes which would have implied excluding a larger number of subjects from the study.

The ethics committee of the University of Valencia approved the study design on 7th of February 2019 (process number: H1542204850487).

Participants

The participants of the study were 127 middle managers of two Spanish client companies of umivale, a mutual insurance society for accidents at work that collaborates with the Spanish National Institute for Social Security (INSS). The first company was in the service sector and based in Madrid and Barcelona. The second company, dedicated to manufacturing, was based in Valencia (Spain). After excluding leaders and teams that were subject to changes during the study period (n = 10), the final sample size remained 117.

The participating managers lead a total 1.848 employees, a mean of 15.8 employees per leader. The average age of the leaders was 41.7 and tenure 11.2 years. 51.3% of the participants were male and 65.0% worked in the service sector as compared to 35.0% from manufacturing industry.

Intervention

The intervention was delivered by two of the authors during June 2019 and consisted of three modules, imparted to groups of leaders with sizes ranging from 6 to 12 participants.

In the first 6-hour module, the intervention group was trained on transformational leadership based on the methodology proposed by Kelloway et al. (2000). The knowledge, skills and attitudes of the leaders were developed by means of a theoretical introduction, group discussions, the analysis of a movie and role plays. First, the participants characterized what they perceived as “good” and “bad” leadership. The trainers then related their interventions to transactional, transformational or laissez-fair leadership styles, thus introducing the full range leadership model by Avolio (2011). Next, the participants learned about the four dimensions of transformational leadership via questions for reflection, group discussions and specific examples (e.g. Nelson Mandela as an example for idealized influence). Closing this introduction to transformational leadership, some of its beneficial outcomes were presented based on prior research. In order to interiorize these leadership concepts, the participants then watched a 30 minutes extract of the movie “12 angry men” and had to identify specific behavioral examples of transformational, transactional or laissez-faire leadership by the actors. Next, the middle managers were asked to enact and practice transformational leadership behaviors during role play situations. For adapting these role plays to the necessities of the participants, each was asked to transmit in advance two specific examples of situations in their roles as leaders that they found difficult to manage. The trainers then analyzed their input and identified the most common challenges that the leaders face in the interaction with their subordinates and designed the various role play situations accordingly (e.g. difficult performance appraisal, conflict resolution or communicating change). For each role play, the participants had 5 minutes of preparation after being presented with an explanation of the specific situation. Then a volunteer stepped out in front of the group to carry out the role play with the trainers

functioning as actors. After each situation, the participant had the opportunity to reflect on their own performance while also receiving feedback from the group and the trainers. At the end of the first module, participants were asked to formulate three objectives on how to improve their personal leadership style in spirit of transformational leadership principles.

The second module of 4 hours specifically focused on the application of transformational leadership principles to employee health and sickness absence. After a presentation of company specific health indicators (e.g. evolution of sick leave, distribution of pathologies), the group drew up potential implications of sickness absence for the company, employees and society as a whole in order to raise their awareness for the topic. Then, the group identified factors that might influence employee health and motivation, which served to underline the impact that they in their role as middle manager might have. Next, the participants put the principles of transformational leadership into practice through health and sick leave related role play situations. The specific situations were (a) how to frame and explain the topic of health and sick leave during the on-boarding of a new starter, (b) how to react when an employee is showing up for work when obviously being sick (e.g. how to convince a highly committed employee to take sick leave when appropriate), (c) calling employees during their sick leave (e.g. offering assistance, explaining company services they might use) and (d) conducting return to work interviews for exploring ways to facilitate and smoothen reincorporation (e.g. by offering adapting the work place or time according to the employee's needs). The focus of these exercises was on showing concern for employee health and offering assistance in a difficult situation. The trainers made it clear that pressuring employees into avoiding sick leave or returning from sick leave earlier would be detrimental and in violation of labor laws. Also at the end of this module, the participants formulated two SMART goals in order to improve their transformational leadership in health related situations.

Based on goal setting theory (Locke & Latham, 1990), the last module was an individual 1-hour follow-up coaching session with each leader for discussing their specific situation (e.g. clarifying doubts, addressing difficult situations). Furthermore, the leader's prior objectives and accomplishment were reviewed, in order to facilitate the transfer of training content and goal achievement.

The waitlist control group was not subject to any intervention yet.

Measures

For measuring the results, the employee sickness absence records of univale were matched with team composition data provided by the participating companies. The pre intervention period of analysis was from December 1st 2018 till May 31st 2019 and the post intervention period from 1st July 2019 till 31st December 2019, excluding June 2019 as the month of the intervention. Provided that there were no organizational changes in the teams of the leaders participating in the study, the total number of sick leave days per team of the two equal periods was compared.

In addition to total sick leave days, also sick leave days due to short- and long-term spells as well as sick leave days by age cohorts was measured. Regarding the duration, a division between those spells of a duration of up to one week and those longer than one week was suggested (e. g. Nyberg et al., 2008; Schreuder et al., 2011). Hence, we measured sick leave days due to spells of up to 7 days as short-term and those of more than 7 days as long-term absence days. With regard to the sick leave days of different age groups, the cut-off was set at the approximate middle point of a working life (40 years of age) for creating two separate cohorts. Other studies investigating the effect of age on sick leave and health applied a similar approach (e.g. Taimela et al., 2007). The median age of the employees taking a sick leave during the study period was 39 years, supporting the validity of the decision on that cut-off. Therefore, we measured the number of sick leave days by employees of up to 40 years of age (younger cohort) and those older than 40 years (older cohort).

For evaluating the change in the leader's behavior the Multifactor Leadership Questionnaire (MLQ 5X) of Bass and Avolio (1995) was applied, specifically the 20 items measuring the four dimensions of transformational leadership of the Spanish adaption by Vega and Zavala (2004). Participants were asked to rate how often they demonstrate certain leadership behaviors on a 5-point Likert-scale ranging for 1 (never) to 5 (always). The questionnaires were administered to the middle managers of both the intervention and control groups for their self-evaluation one month before (April/May 2019) and again three months after the intervention (August/September 2019). Both pre- and post-test measurements showed satisfactory reliability with Cronbach's alpha of .88 and .87 respectively.

3.4 Results

In order to analyze the effect of the intervention on the various outcome variables related to sick days, we carried out a series of one-way ANCOVAs in SPSS. The independent variable was the categorical variable group (1=intervention group, 2=control group), the dependent variable was the number of the sick days during the 6 months post-test period while controlling for the 6 months pre-test scores. Moreover, we included the categorical variable company as a control variable in order to isolate potential variance due to the specific characteristics of the two participating companies, such as sector or organizational culture.

Table 6 provides an overview of the means, standard deviations and correlations among the study variables, differentiated by conditions.

Table 6.

Means, standard deviations and correlations for study variables

	1	2	3	4	5	6	7	8	9	10	
	M	75.76	101.52	12.90	12.33	62.86	89.19	36.63	52.38	39.13	49.14
	SD/SD	114.21	137.49	24.41	23.02	100.36	123.58	69.04	89.05	71.93	81.76
Variables	M	SD/SD									
1 Total sick days pre	116.50	150.56	1.00	.85*	.64*	.65*	.98*	.80*	.66*	.82*	.72*
2 Total sick days post	107.26	155.01	.83*	1.00	.62*	.66*	.82*	.72*	.82*	.66*	.79*
3 Sick days short-term pre	11.43	17.46	.43*	.38*	1.00	.92*	.49*	.67*	.68*	.38*	.29*
4 Sick days short-term post	9.37	11.62	.39*	.35*	.75*	1.00	.52*	.69*	.70*	.37*	.34*
5 Sick days long-term pre	105.07	143.84	.99*	.83*	.33*	.32*	1.00	.75*	.58*	.84*	.72*
6 Sick days long-term post	97.89	151.29	.83*	.99*	.34*	.29*	.82*	1.00	.78*	.67*	.81*
7 Sick days younger cohort pre	48.39	72.96	.74*	.47*	.40*	.29*	.46*	1.00	.77*	.31*	.37*
8 Sick days younger cohort post	40.06	58.13	.72*	.78*	.12	.19	.74*	.47*	1.00	.30*	.30*
9 Sick days older cohort pre	68.11	107.99	.89*	.85*	.33*	.35*	.89*	.84*	.68*	1.00	.79*
10 Sick days older cohort post	67.20	115.91	.76*	.95*	.46*	.38*	.74*	.94*	.54*	.79*	1.00

Notes: Descriptive statistics below the main diagonal are for the intervention group (N=54), above the main diagonal for the control group (N=63).

*p < .05

In order to check for condition equivalence, it was explored whether there were differences in the pre-test scores between the intervention and control group (Martin et al., 2020). A series of t-tests showed that there were no significant differences for total sick days ($t(115) = 1.66, p = .099, d = .30$), short-term sick days ($t(112) = -.37, p = .711, d = .07$), long-term sick days ($t(93) = 1.81, p = .073, d = .07$), sick days for the younger cohort ($t(115) = .89, p = .373, d = .17$) and sick days for the older cohort ($t(90) = 1.68, p = .097, d = .32$). Moreover, chi square tests of independence suggested that the group composition was independent of the company ($X^2(1, N = 117) = 2.51, p = .113, \Phi = .15$) and region ($X^2(1, N = 117) = 2.99, p = .225, \Phi = .16$).

To check whether the manipulation of self-reported transformational leadership was successful, a one-way ANCOVA was carried out. The independent variable was group, the dependent variable was post-test transformational leadership, while controlling for the corresponding pre-test scores. As we expected a one-directional effect of the intervention on the transformational leadership, we applied one-tailed significance levels (Fleiss et al, 2013; Ruxton & Neuhäuser, 2010). The results indicate that the intervention had a significant effect on self-reported post-test transformational leadership in the expected direction with $F(1, 57) = 3.42, p = .035$ and an effect size of partial $\eta^2 = .057$.

Next, the main analysis was carried out as a series of one-way ANCOVAs as described above. Checking the ANCOVA assumptions revealed that sick leave data were skewed to the right and did not follow a normal distribution according to the Shapiro–Wilk test ($p < .001$). Hence, we additionally conducted bootstrapping with 2,000 samples in SPSS to determine whether the non-normal distribution of the variables affected the ANCOVA results. However, bootstrapping confirmed the initial ANCOVA findings.

Table 7 summarizes these results:

Table 7.***ANCOVA results contrasting changes in DV differentiated by groups***

Measure	Intervention	Control	F	p (two-tailed)	Partial eta ²
	Adj M [95% CI] (SE)	Adj M [95% CI] (SE)			
Total sick days	84.86 [63.61; 106.12] (10.73)	120.72 [101.07; 140.37] (9.92)	F (1,113) = 5.91	.017	.050
Sick days short-term	9.55 [7.12; 11.99] (1.23)	12.18 [9.92; 14.44] (1.14)	F (1,113) = 2.44	.121	.021
Sick days long-term	75.53 [54.17; 96.88] (10.78)	108.36 [88.62; 128.10] (9.96)	F (1,113) = 4.91	.029	.042
Sick days younger cohort	32.56 [17.68; 48.23] (7.71)	58.47 [44.34; 72.60] (7.13)	F (1,113) = 5.83	.017	.049
Sick days older cohort	53.61 [36.93; 70.29] (8.42)	60.79 [45.38; 76.21] (7.78)	F (1,113) = .39	.536	.003

Notes. 1. IV = group condition (intervention/control), DV = sick days 6 months posterior to intervention, covariates = sick days 6 months prior to intervention and company. 2. $N = 117$.

The results indicate that, after controlling for the effect of pre-test sick days and company, the intervention had a significant effect on the number of post intervention total sick days ($F(1,113) = 5.91$, $p = .017$) with an effect size of partial $\eta^2 = .050$, thereby confirming hypothesis 1. There was no effect of the intervention on short-term sick days ($F(1,113) = 2.44$, $p = .121$) and therefore hypothesis 2 could not be supported. However, the intervention significantly decreased long-term sick days ($F(1,113) = 4.91$, $p = .029$) with an effect size of partial $\eta^2 = .042$. As formulated in hypothesis 3, we found a significant decrease of sick days in the younger age cohort ($F(1,113) = 5.83$, $p = .017$) with partial $\eta^2 = .049$, while there was no significant effect for the older age cohort ($F(1,113) = .39$, $p = .536$).

3.5 Discussion

The objective of this randomized controlled trial was to evaluate the effectiveness of transformational leadership training in reducing employee sickness absence in various facets. The findings suggest that the overall sick days have decreased through the intervention as well as the sick days due to long-term sick spells (more than 7 days). However, the absence days due to short-term sick spells (up to 7 days) did not significantly decrease. Furthermore, we also confirmed the effectiveness of the intervention in reducing the sick days of the younger age cohort (up to 40 years), while there was no significant effect for sick days of the older age cohort (more than 40 years).

Total sick days

The finding that the training on transformational leadership decreased total sick days is in line with prior theorizing and research in the field. Leaders, through their various functions are a key determinant of the perceived organizational reality and sense-making of their subordinates (Gurt et al., 2011). Transformational leaders act as role models and provide their followers with a sense of purpose in their daily work (Bass, 1985; Bass & Riggio, 2006). They provide an optimistic vision of the future and motivate their teams effectively. Furthermore, they acknowledge the individually different needs and competences of their subordinates, providing social support when needed, thereby constituting a resource for their teams to draw on in difficult situations. Finally, they empower their employees by involving them in decision-making processes. Prior research established a relationship between this set of characteristics of transformational leadership and follower satisfaction (Banks et al., 2016), employee well-being (e.g. Arnold, 2017) and sickness absence (Erskine & Georgiou, 2017; Frooman et al., 2012; Kim & Beehr, 2018a), thereby confirming our findings. However, a clear causal relationship between these two constructs has not been established so far due to a lack of intervention studies applying randomized controlled designs, both related to transformational leadership specifically as well as leadership interventions in general (Arnold, 2017; Gardner et al., 2020; Martin et al., 2020, Nielsen & Taris, 2019). Eden (2017) described field experiments as the “gold-standard” in organizational

research methods and the development and testing of applicable interventions for practitioners as the “raison d'être” of organizational research. In line with that, the current study contributed to clarify the causal relationship between transformational leadership and sick leave, answering to various recent research calls.

Sick days due to short- and long-term absence spells

Regarding the differentiated influence of the training on the evolution of short- and long-term sick spells, the results could not confirm the hypothesis. We suggested that short-term absence spells would be related to milder pathologies or even non-health related reasons, such as withdrawal behaviors, and hence tend to be more susceptible to influence by leadership practices. A possible explanation could be that even though there is a certain element of choice by the employee related to short-term absences, the leader's ability and willingness to influence in these situations might be limited. Because short-term absences occur relatively often and usually end without the leader's active involvement, they might not even act upon them due to time constraints, e.g. not calling the employee on sick leave or not conducting a return interview. In addition, short-term absences generally do not require contracting a substitute and might therefore in some situations even pass unnoticed in day-to-day business.

On the other hand, the results suggest that absence days due to long-term sick spells were significantly reduced by the training intervention. As these longer sick leave periods are generally associated with more severe pathologies and health issues (Mastekaasa, 2020; Schreuder et al., 2013), we did not expect to find such elasticity. A possible explanation might be that the training enabled leaders to reduce not the frequency, but the duration of long-term absences of their subordinates via fostering earlier reincorporation. In their study, Martín-Román and Moral (2017) divided sick leave duration into two parts: medical absence days, that are necessary for the recovery process, followed by economic absence days, during which the employee has a capacity of choice whether to reincorporate sooner or later. Based on social security data, they estimated that in Spain between 2005 and 2013, 44.2% of the total sick leave days could be labelled as such economic absence days. Considering that the employee has a margin of choice regarding the point of time for returning to work (RTW), it seems likely that a transformational leader has a certain capacity to influence in that decision. Aas et al. (2008) identified in their qualitative study with a sample of employees on long-term

sick leave key characteristics of a leader that were perceived as positive during the RTW process. Several of the most desired characteristics that these employees named were related to transformational leadership, such as “ability to make contact”, “being considerate” or “being appreciative”. Also several quantitative studies found that social support by the supervisor was related to a decrease in long-term sickness absence (Labriola et al., 2006; Schmid et al., 2017; Väänänen et al., 2003). A study by Schreuder and colleagues (2013) associated higher levels of situational leadership with a reduced duration of long-term sick spells, arguing that effective supervisors were more successful in planning RTW, persuading employees to return and adapting work tasks to accommodate possible limitations. Based on this argument, leaders in the intervention group might have managed to reduce long-term absence days via a motivational mechanism. In fact, the capacity of a leader to improve the health of an employee on long-term sick leave with a severe pathology seems rather limited, as compared to their capacity to influence in their willingness to return to work and facilitate a smooth reincorporation. An alternative interpretation based on the salutogenic model by Antonovsky (1979) is that a transformational leader might influence the health appraisal of employees on long-term sick leave. By promoting salutary factors, such as positive social relationship at work, a transformational leader can foster a salutogenic work environment, which would lead employees to more positively perceive and evaluate of their health experience.

Taking into account the characteristic differences between short- and long-term absences, there are arguments, supported by research findings, that leaders can have a significant impact on both, though based on different mechanisms as described earlier. Considering the heterogeneous findings of prior studies, future research is needed to identify the boundary conditions that might help to determine the relationship between leadership and short- versus long-term sick leave.

Sick days in different age cohorts

As hypothesized, the analysis showed a significant reduction in the sick days of employees in the younger age cohort (up to 40 years) and no significant improvement for those of the older cohort (more than 40 years). We provide two, possibly interacting explanations for this finding:

First, younger employees were found to show more voluntary absenteeism as measured by absence frequency (e.g. Hackett, 1990; Martocchio, 1989). Also Vahtera et al. (2001) found in their study based on absence records of public servants that voluntary absenteeism, in this case operationalized as 1 day sick leave spells on Fridays or Mondays, was more common among younger employees. This constitutes an initially higher margin of potential reduction through leadership practices as compared to their older colleagues. In addition, this type of sick leave might be more manageable (e.g. through following-up) than those based on a more severe medical problems.

Second, several authors have suggested that older employees tend to be less open towards changes and new learning experiences (Stamov-Roßnagel & Hertel, 2010; Warr & Birdi, 1998; Zwick, 2012) as compared to their younger colleagues. In addition, an employee who is older than their leader might appraise them more critically (Lawrence, 1984; Rudolph, 2011). Thus, it might be more difficult for a leader to exert influence and establish a more transformational leadership style with their older as compared to their younger subordinates. In order to better understand the different or common aspects in the sickness absence patterns between younger and older employees, future research could analyse the types of pathologies most common in both groups. This variable could in part account for the observed differences in their sickness absence.

Interpreting these findings in a combined manner, we suggest that the intervention on transformational leadership has led to a reduction in sick leave through both increasing employee health and their motivation to attend work. Though, based on our findings that the reduction was significant for the younger age cohort and assuming that the reduction in long-term absence was due to an increased effectiveness of the leaders in RTW, the latter seems to be the stronger mechanism. This raises the question of whether the decrease in sick leave through transformational leadership might have been at the cost of an increase in presenteeism that could, in turn, enhance future sick leave, as suggested by Nielsen and Daniels (2016) in their longitudinal study. As such, the benefits of the transformational leadership intervention might be short-sighted or even counterproductive in the long run. Though the present study did not measure perceptions of presenteeism, this phenomenon and its potentially detrimental consequences was subject of discussion and role play in module 2 of the training intervention. Based on this, the participating leaders were enabled to identify and de-

incentivize harmful presenteeism in their teams. Nonetheless, there might be a fine and subjective line between the appropriate returning to work and presenteeism.

3.6 Limitations

There are several limitations of the present study. First, even though the analysis revealed significant effects for the beneficial outcome of the intervention, effect sizes were small (Cohen, 2013). However, as Martin et al. (2020) stated, even small effect sizes in well-designed studies are theoretically and practically meaningful. Second, the manipulation check of transformational leadership relied on self-reported data by the leaders themselves, as it was not feasible to survey the employees' perception on their leaders due to practical limitations of the two collaborating organizations. Past research suggested that individuals tend to overestimate their own performance as compared to ratings by peers or superiors (e.g. Holzbach, 1978; Mabe & West, 1982). Therefore, the use of self-reported data might pose a threat to internal validity. However, given that such an overestimation would be present in both the intervention and the control group and that the research questions were not focused on absolute scores, but rather on their change over time, we still assume acceptable validity of the present findings. Moreover, also ratings by employees of their leaders are not bias-free (e.g. Nye & Forsyth, 1991). In addition, the final outcome measures are likely to have a high validity as they were based on objective sickness absence records. Third, two of the authors of the present study were also involved in designing and delivering the intervention. Therefore, they might have had a vested interest bias toward a successful research outcome during the process of designing and implementing the training, which potentially poses a threat to the validity of the findings (Martin et al., 2020). However, separating these roles is not always feasible in investigation. In addition, Martin and colleagues (2020) found in their literature review on leadership training research that over half of the studies mentioned author involvement in the process of designing or delivering interventions. They also pointed out that the involvement of authors was associated with a higher likelihood of proper condition randomization procedures. Hence, the involvement of researchers might have led to an emphasis on a more rigorous study design, as was the case in the present research. Finally, the fact that the study was limited to the Spanish work context might reduce the generalizability of the results for other cultural settings. However, the sample also showed some characteristics that might enhance the

generalizability of our findings. First, the two companies participating in the study were from two quite different sectors (service and manufacturing). Second, the participating leaders were based in three different regions within Spain (Madrid, Barcelona and Valencia) with distinct local languages and cultural nuances. Third, one of the companies was a subsidiary of an international corporation with an important part of management and staff holding non-Spanish nationalities.

3.7 Conclusion

We developed an intervention on enhancing transformational leadership with an additional module on managing employee health and sickness absences. Implementation via a randomized controlled trial provided evidence for the effectiveness of the intervention in reducing total sick leave days, and specifically sick days due to long-term spells and within a younger age cohort. Assuming an acceptable generalizability of findings, with the present intervention constitutes an evidence-based training methodology for practitioners seeking to improve employee health and manage the currently rising levels of sick leave in their organizations.

Furthermore, the present study provided additional support for the assumed central role of leadership in managing employee health. Specifically, it contributed towards closing the often regretted research gap regarding the methodologically sound evaluation of leadership interventions in general and their impact on health related outcomes in particular. Field experiments are a complex undertaking, due to often opposing visions, priorities and necessities between researchers and practitioners. Nonetheless, developing and scientifically evaluating interventions as a means of creating impact, drawing conclusions on causality and enabling evidence-based management should be a priority in organizational research (Arnold, 2017; Eden, 2017; Kelloway & Barling, 2010; Martin et al., 2020), given that the knowledge and evidence obtained pays off for professionals, companies and employees. With the present study, we hope to have contributed to advancing our discipline in that sense and to demonstrate its practical relevance.

Chapter 4:

The causal relation between transformational leadership and sickness absence, moderated by perceived organizational support

4.1 Abstract

Purpose – Prior research suggested that transformational leadership might play a crucial role in reducing sickness absence. However, there is no clear evidence for a causal association between the constructs and relevant contextual boundary conditions. The present study investigates the effectiveness of an intervention on transformational leadership in decreasing levels of sick leave taking into consideration the moderation effect of leader's perceived organizational support (POS).

Design/Methodology – 57 middle managers of two Spanish companies were randomly assigned to either the control (n = 22) or intervention (n = 35) condition. A multigroup linear regression in MPlus was carried out to compare the effect of transformational leadership on follower sick leave during a 6 months pre and post-test period for both groups, while also taking into account the moderation effect of leader's POS.

Results – The analysis confirmed the association between transformational leadership and sick leave days due to short-term spells, depending on the leader's levels of POS. Moreover, this relationship was stronger within the intervention as compared to the control group.

Practical Implications – The present experiment provides an evidence-based and actionable leadership training method for organizations seeking to reduce employee sick leave.

Keywords: transformational leadership, training, sickness absence, health, perceived organizational support

4.2 Introduction

A long way from the harsh working and living conditions of the industrial revolution, employee mental and physical health have evolved into a central concern for practitioners and researcher over the recent decades. Nonetheless, far from decreasing, levels of employee sickness absence are on the rise in many developed countries. For example, in 2010 German employees had an average 15.9 days of sick leave per year, while in 2017 it was already 18.3 (increase of 12.1%; World Health Organization, 2020). In the case of Spain, average sick leave days per employee increased during the same period from 10.7 to 11.6 (increase of 8.4%; World Health Organization, 2020). Taking into consideration the human and economic cost that this evolution implies, it should be a central concern for our discipline to improve the understanding and to propose possible solutions for enhancing employee health and reducing sick leave. In that pursuit, transformational leadership received attention as an important antecedent and potentially promising object for the development of interventions (e.g. Frooman et al., 2012; Lee et al. 2011; Nielsen & Daniels, 2016).

However, several authors pointed out methodological and theoretical shortcomings of the current body of research that do not yet permit a clear understanding of the causal relationship between transformational leadership and employee health outcomes. First, few of the previous studies focussing on employee health and none on sickness absence were actual field experiments with random participant allocation, the only research design that can sufficiently justify causal attributions (Eden, 2017, Gardner et al., 2020, Martin et al., 2020). Thus, Martin and colleagues (2020) concluded in their recent review that “that the majority of studies fail to meet the standards necessary for establishing causality” (p. 2). Based on its potential for improving a series of relevant employee outcomes and its elevated cost, these authors concluded that it would be a worthwhile endeavor to evaluate the effectiveness of leadership training. Second, a recent literature review of Arnold (2017) pointed out that the association between transformational leadership and indicators of well-being is not universal, but potentially dependent on a series of boundary conditions that warrant further research. Also Nielsen and Tavis (2019) suggested that the context and conditions, under which leaders operate, influence their effectiveness and thus require further exploration. Martin and colleagues (2020) stated that “it is imperative to assess

whether, when, and how such [leadership] training causes change in outcomes in order to advance theory and inform training policy in organizations” (p. 1). Third, Nielsen and Daniels (2016) suggested that rather than improving follower health, transformational leadership might increase motivation to attend work, thus leading to potentially harmful presenteeism. Thus the mechanism of the association between transformational leadership and sickness absence is not clear. In that line, Nielsen and Taris (2019) call for a better understanding of “how” transformational leadership might benefit employees.

The current investigation aims to contribute towards establishing the causal relationship between transformational leadership and sickness absence while also exploring the strength of that link depending on the leader’s perceived organizational support (POS). Moreover, it seeks to advance the understanding of how transformational leadership might decrease sick leave. In particular, the present study investigates whether the underlying mechanism of that causal relationship might be a real improvement of employee health or rather an increase in motivation, applying the job demands-resources theory (JD-R; Demerouti et al., 2001).

Finally, it provides an evidence-based training format for practitioners seeking to enhance employee health and reduce levels of sick leave in their organizations.

Transformational leadership and sickness absence

For establishing how transformational leadership might influence health and sick leave in the following, we will in part draw on JD-R theory by Demerouti and colleagues (2001). This theory proposes a framework of how job characteristics are associated with employee outcomes via two distinct processes. The first (health-impairment) process describes how job demands (e.g. work pressure) affect job strain (e.g. health, well-being). The second (motivational) process postulates the influence of job resources (e.g. autonomy, opportunities for growth) on motivational outcomes (e.g. commitment). Furthermore, Demerouti and Bakker (2017) posited that the availability of job resources buffers the potential detrimental impact of high job demands on well-being.

Transformational leadership refers to a supervisor’s ability to shape and transform follower perceptions (Bass, 1985; Bass & Riggio, 2006). It consists of the four dimensions idealized influence, inspirational motivation, individualized consideration and intellectual stimulation.

Idealized influence refers to a leader's capacity to effectively transmit their values and beliefs as well as to provide a sense of purpose and a shared mission for their team. An influential leader might change their followers' perceptions and behaviours through two pathways (Kraus et al., 2012): first, through explicitly establishing and communicating norms and adequate behaviours and, second, through an implicit process of social learning, where followers observe and imitate their leader's behaviour (Bandura, 1971). Hence, a transformational leader's values and actions related to sickness absence could trigger similar patterns in their followers. In fact, Løkke Nielsen (2008) found an association between leader and follower absence patterns. In addition, providing followers with a sense of meaningfulness at work might constitute a job resource for them to draw on in demanding situations (Bakker & Demerouti, 2017).

Inspirational motivation stands for the capacity to draw an optimistic and appealing picture of the future, to create an attractive vision, to express confidence towards the team's abilities and to shape their perceptions of organizational realities (Bass, 1985; Bass & Riggio, 2006). A transformational leader fostering personal resources, such as an optimistic future outlook and perceptions of self-efficacy, among their followers, might enhance their ability to cope with challenging or difficult situations, thus rendering them less harmful, as proposed by JD-R theory (Bakker & Demerouti, 2017). On the other hand, the motivational aspect of transformational leadership could also incite vulnerable followers to attend work when sick (i.e. presenteeism), as suggested by Nielsen and Daniels (2016). Such presenteeism might lead to detrimental health outcomes in the long-run (e.g. through insufficient recuperation or infection of co-workers).

Intellectual stimulation refers to implicating employees in finding solutions and fostering their creative and innovative capacities. Applying the demands-control model by Karasek (1979), employee participation, empowerment and enhanced decision latitude would have positive effects on follower well-being. In fact, prior research confirmed this association for leader's empowering behaviour (Greco et al., 2006; Kim & Beehr, 2018b) and employee's job involvement (Wegge et al., 2007).

Lastly, individual consideration is the capacity to appreciate the individual difference in followers' abilities, desires and needs. Based on this discernment, a transformational leader supports and develops each employee individually, thus acting as a coach and mentor (Bass, 1985; Bass & Riggio, 2006). Applying JD-R theory

(Bakker & Demerouti, 2017), an individually considerate leader might positively influence the health-impairment process through adjusting job demands in specific situation, such as adapting working conditions for an employee returning from long-term sick leave or accommodating temporary needs for work-life balance. On the other hand, individual consideration could also constitute a job resource in the motivational process by, for example, providing individual growth and development opportunities. Supporting these arguments, Van Dierendonck et al. (2002) found that consideration and coaching by supervisors were negatively associated with followers' levels of absenteeism.

Short and long-term sick leave

Even though the research community in our field has increasingly produced evidence for an association between transformational leadership and sickness absence, there is still debate regarding the underlying mechanisms (Nielsen & Taris, 2019). For example, Nielsen and Daniels (2016) found that transformational leadership decreases absenteeism only in the short-run, at the cost of increased presenteeism among vulnerable employees, which in turn, due to its detrimental effects on health, would increase absenteeism in the long-run. Therefore, they suggested that transformational leadership does not actually improve employee health, but rather increases employee motivation and thus reluctances to take sick leave. Applying JD-R theory, transformational leadership would hence provide job resource for employees within the motivational process, rather than functioning within the health-impairment process. The present study aims to enhance the discernment between these two mechanisms by relying on two proxy outcome variables for each and analysing the corresponding effects of transformational leadership.

Based on the notion that they represent two related, but distinct phenomena, prior research differentiated “voluntary” or motivation-related absences on one hand and “involuntary” or health-related absences on the other (Bakker et al., 2003; Lambert et al., 2005; Mastekaasa, 2020; Schreuder et al., 2013; Steers & Rhodes, 1978). The former was associated with rather motivation- and commitment-related causes and conceptualized as absence frequency or short-term absence spells, and the latter with more severe health problems and pathologies, as indicated by absence duration or long-

term sick leave (Marmot et al., 1995). In the present study, we will apply short- and long-term absence days as indicators for these two mechanisms:

Short-term absences (up to 7 days) were related to minor pathologies or non-health related withdrawal behaviours from an unsatisfactory work environment (Schreuder et al., 2013; Vahtera et al., 2004). Therefore, such a “voluntary” absenteeism implies a certain element of choice by the employee, where their levels of motivation and commitment play a crucial role. In fact, prior research related low short-term sick leave with leader’s inspirational motivation (Nyberg et al., 2008) and situational leadership (Schreuder et al., 2011). In the frame of JD-R, a transformational leader might influence in this motivational process by providing their followers with crucial job resources:

Hypothesis 1a: Changes in transformational leadership will be negatively related to changes in short-term sick days.

Hypothesis 1b: The negative relationship between changes in transformational leadership and short-term sick days will be stronger for the intervention as compared to the control group.

Long-term absences (more than 7 days), on the other hand, are generally due to more severe health issues where taking sick leave might not be optional, but necessary (Schreuder et al., 2013; Vahtera et al., 2004) and to a certain extent independent of the employee’s levels of motivation and commitment. Hence, they result rather from a health-impairment than from a motivational process. As argued earlier, a transformational leader might also influence in that health-impairment process, facilitating an actual improvement of employee health and well-being through adapting job demands:

Hypothesis 2a: Changes in transformational leadership will be negatively related to changes in long-term sick days.

Hypothesis 2b: The negative relationship between changes in transformational leadership and long-term sick days will be stronger for the intervention as compared to the control group.

Perceived organizational support (POS)

Based on organizational support theory, POS refers to an employee’s or leader’s general perception regarding the degree to which their organization appreciates their

contribution, is concerned about their well-being and provides them support and help (Eisenberger et al., 1986). Applying social exchange theory, POS evokes the norm of reciprocity, a perceived obligation by the leader to help their organization achieve its objectives and the conviction that such an effort will be recognized and rewarded accordingly (Kurtessis et al., 2017). As such, POS was associated with employee effort as well as in-role and extra-role performance (Kurtessis et al., 2017; Sun, 2019).

Because of their key position as links between the organization and employees, leader's POS does not only affect their own behaviour, but also that of their subordinates (Erdogan et al., 2007). In the following, we propose two mechanisms through which leader POS could enhance the effectiveness of transformational leadership in reducing sick leave. First, based on the norm of reciprocity (Gouldner, 1960), a transformational leader perceiving high levels of support from their organization might feel obliged to repay that support (Eisenberger et al., 1986). One such way of reciprocating could be extending the same support to their own employees, excelling in their supervisory role, for example through mentoring (Tepper & Taylor, 2003). In line with that, Eisenberger and colleagues (2014) suggested that supervisors would attend their reciprocation obligation by assisting followers in the development of their job tasks and fostering their alignment with the organization's objectives. This increased willingness to support their team might constitute a job resource for them to draw on and decrease job demands, thus favouring employee motivation and health. On the other hand, low POS supervisors might reciprocate by reducing their support for subordinates and disregarding the organization's goals, producing the opposite outcomes. Second, high POS was associated with a functional access to information, help and resources from the organization for fulfilling job responsibilities (Eisenberger et al., 2014; Rhoades & Eisenberger, 2002). A transformational leader could use these resources for the benefit of their team, for example when negotiating the assigned workload, the team's participation in decision-making processes or measures for work-life conciliation of individual employees. Stepping up for the team's interest towards the organization in such a way could pose a risk for the leader (e.g. upset their own superior). However, Kurtessis et al. (2017) found that high POS was also associated with more trust towards the organization, enabling such risk-taking behaviours by a leader without fear of reprisal (Rousseau et al., 1998). On the other hand, low POS could, up to a certain point inhibit the effectiveness of transformational leadership. The corresponding transformational leadership behaviours of a supervisor that does not

perceive the organization as supportive might lack authenticity and congruence. For example, implicating employees in decision-making processes (intellectual stimulation) without being able to follow through with their suggestions and lacking the conviction that the team's input will be valued by the organization, could be detrimental for both employee motivation and health.

Through reciprocating via providing additional support and attention to their subordinates and having access to the required resources, a transformational leader with high POS might be more able to exert influence over their team's levels of motivation and health as compared to their low POS peers. Thus, we propose that depending on the levels of a leader's POS, the strength of the association between transformational leadership and sick leave will vary:

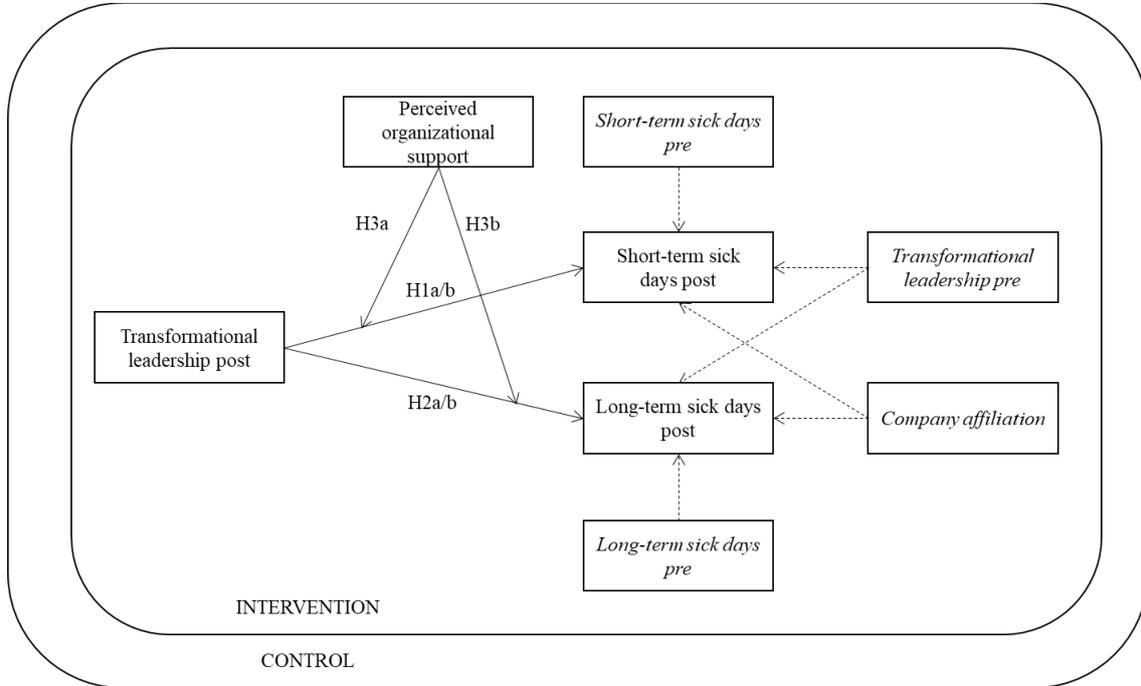
Hypothesis 3a: POS will moderate the negative relationship between changes in transformational leadership and short-term sick days, in such way that higher levels of POS are associated with a stronger negative relationship.

Hypothesis 3b: POS will moderate the negative relationship between changes in transformational leadership and long-term sick days, in such way that higher levels of POS are associated with a stronger negative relationship.

Figure 4 provides a summary of the proposed research model of the present study.

Figure 4

Proposed multigroup research model



4.3 Method

Procedure and Design

In the present study, we applied a randomized controlled trial design and randomly assigned the middle managers of two collaborating companies to either the waitlist control (n=22) or intervention condition (n=35).

The ethics committee of the University of Valencia approved the study design on 7th of February 2019 (process number: H1542204850487).

Participants

One hundred and twenty-seven middle managers from two Spanish client companies of univale, a mutual insurance society for accidents at work that

collaborates with the Spanish National Institute for Social Security (INSS), participated in the study. One of the companies was operating in the service sector and based in Madrid and Barcelona, while the other, dedicated to manufacturing was located in Valencia. After excluding those leaders that did not respond to either the pre- or post-intervention survey, the final sample size remained 57.

These participating managers lead a total 912 employees, a mean of 16.0 employees per leader. The average age of the leaders was 41.9 and their mean tenure 12.0 years. 57.9% of the participants were male and 54.4% worked in the service sector as compared to 45.6% from manufacturing industry. The results section includes a series of tests analysing whether these variables differ significantly between the intervention and control groups.

Intervention

The intervention consisted of three modules that were delivered by two of the authors during June 2019. The sizes of the training groups ranged from 6 to 12 participants. The first 6-hour module was focussed on enhancing the transformational leadership capacities of the intervention group, based on the methodology proposed by Kelloway et al. (2000). The knowledge, skills and attitudes of the leaders were developed by means of a theoretical introduction, group discussions, the analysis of a movie ("12 angry men") and role plays. For adapting the role play to the necessities of the participants, each transmitted in advance two specific examples of situations in their role as leaders that they found difficult to manage. The role play situations were based on these examples in order to reflect the challenges that they face in interactions with subordinates (e. g. difficult performance appraisal, conflict resolution, communicating change). The second module of 4 hours was specifically focussed on how to transfer the concepts of transformational leadership to the context of health and sickness absence. The participants applied these concepts in three key situations via role plays (i.e. onboarding of new starters, conducting phone calls during sick leave and return-to-work interviews). At the end of both modules, the participants were asked to formulate 3 objectives related to their leadership style in general and 2 regarding its application to health and absenteeism specifically using the methodology of SMART goals. The last module was an individual 1-hour follow-up coaching session for each leader to address their specific situation (e. g. clarifying doubts, discussing difficult situations) and to

review their objectives and accomplishment, in order to facilitate the transfer of training content. The waitlist control group did not receive any intervention yet.

Measures

For measuring *sick leave* at the team level, we matched social security sick leave data with team composition data provided by the two participating organizations. The 6 months pre intervention period included the registered sick leaves between December 1st 2018 and May 31st 2019 and the post intervention period those from 1st July 2019 till 31st December 2019. Because the intervention was carried out in June 2019, that month was excluded from the measurement. For differentiating short- and long-term sick spells, we applied a cut-off at 7 days, as suggested by prior studies (Nyberg et al., 2008; Schreuder et al., 2011). Thus, we counted sick leave days due to spells of up to 7 days as short-term and those superior to 7 days as long-term absence days. Considering that there were no organizational changes in the teams during the study period, the subsequent analyses compared sick leave days at the team level between the pre and post intervention period.

Transformational leadership was measured by administration of the Multifactor Leadership Questionnaire (MLQ 5X) of Bass and Avolio (1995) in its Spanish adaption by Vega and Zavala (2004), specifically the 20 items measuring transformational leadership. The participating middle managers were asked to auto-evaluate the frequency with which they demonstrate specific leadership behaviours on a 5-point Likert-scale ranging for 1 (never) to 5 (always). The survey was administered to both the intervention and control group one month before (April/May 2019) and once again three months after the intervention (August/September 2019). With Cronbach's alpha of .88 and .87 respectively, both the pre- and post-test measurements demonstrated acceptable reliability.

As measure for *POS* we used the 17-items abbreviated version of the Survey of Perceived Organizational Support (SPOS) by Eisenberger et al. (1986), adapted into Spanish by Ortega (2003). Participants were asked to rate their degree of agreement on a series of statements about their organization on a 7-point Likert-scale ranging from 1 (strongly disagree) to 7 (strongly agree). The survey was administered to both the intervention and control group three months after the intervention (August/September

2019). The reliability of the measurement was satisfactory with Cronbach's alpha of .94.

4.4 Results

In order to test the relationships between the different variables of interest in the two groups, we carried out a multigroup linear regression using MPlus (Muthen & Muthen, 2015).

Preliminary Analyses

Table 8 provides an overview of the means, standard deviations and correlations among the study variables, differentiated by conditions.

Table 8.

Means, standard deviations and correlations for study variables

	1	2	3	4	5	6	7
	4.31	4.12	11.05	8.73	55.82	72.68	4.72
M							
	.38	.47	17.41	11.42	100.34	93.09	1.15
SD/SD							
1 TL pre	4.39	.34	.32	.31	.27	.22	-.06
2 TL post	4.32	.33	1.00	-.37	-.25	-.09	.21
3 Sick days short-term pre	11.03	16.54	1.00	.87*	.58*	.32	-.11
4 Sick days short-term post	9.00	9.08	.78*	1.00	.68*	.37	-.39
5 Sick days long-term pre	126.74	161.42	.23	.27	1.00	.74*	-.60*
6 Sick days long-term post	122.94	176.36	.37*	.42*	.86*	1.00	-.39
7 POS	4.67	.90	.06	-.09	-.09	-.14	1.00

Notes: Descriptive statistics below the main diagonal are for the intervention group (N=35), above the main diagonal for the control group (N=22), TL = transformational leadership.

A series of t-tests showed no significant differences in the composition of the intervention and control group regarding the leaders' age ($t(51) = -.64, p = .526$), tenure ($t(51) = -.96, p = .342$) and team sizes ($t(55) = -.14, p = .179$). Moreover, chi square tests of independence suggested that the group composition was independent of gender ($X^2(1, N = 57) = .92, p = .339$), but not independent of company affiliation ($X^2(1, N = 57) = 7.57, p = .006$). Therefore, we included the latter variable as a covariate in the analysis.

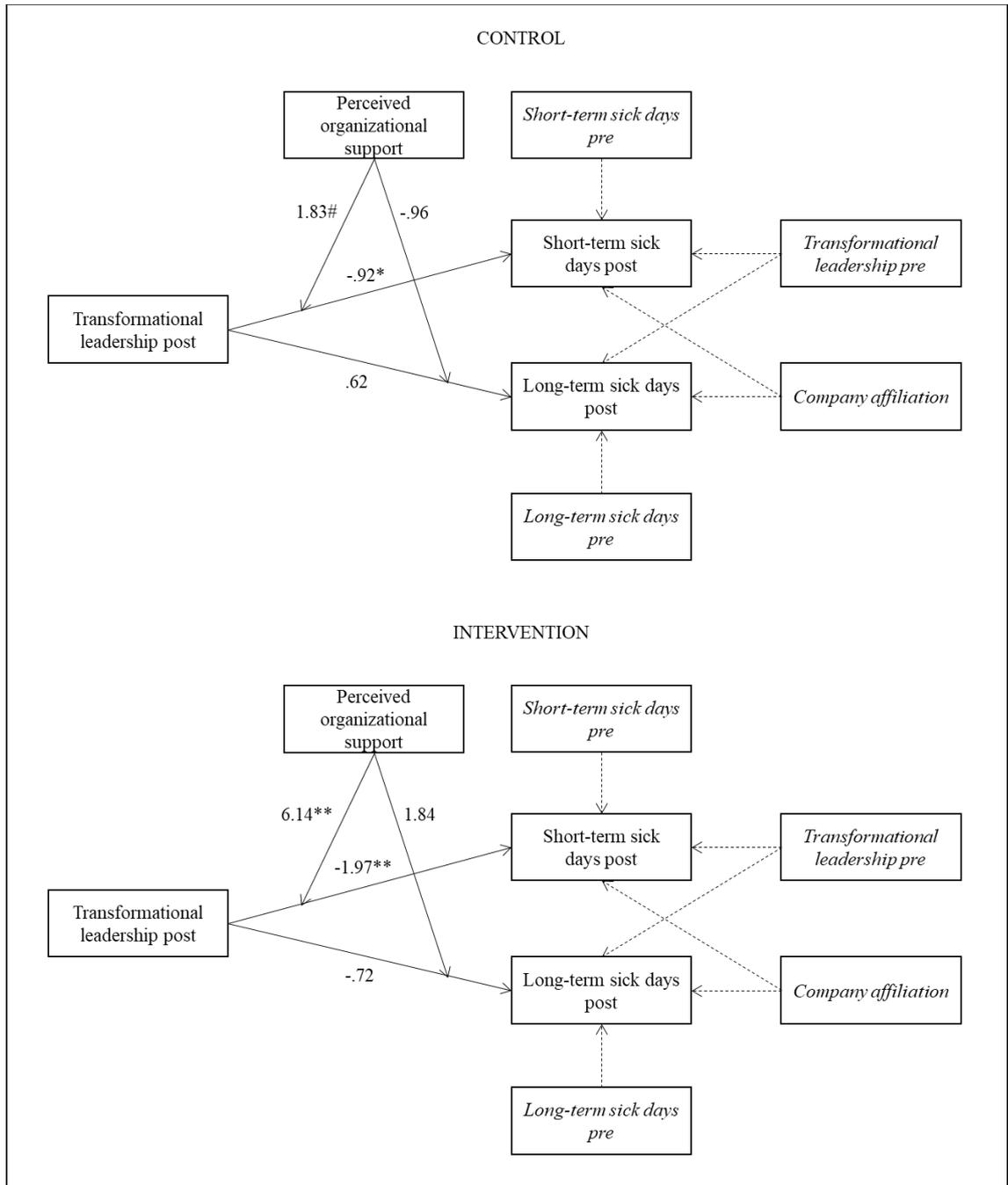
As manipulation check for transformational leadership, we carried out a one-way ANCOVA with the dependent variable “post-test transformational leadership” and the independent variable “group condition”, while controlling for the corresponding pre-test scores of transformational leadership. We interpreted the one-tailed significance levels, because we expected a one-directional effect of the intervention on the transformational leadership (Fleiss et al, 2013; Ruxton & Neuhäuser, 2010). The ANCOVA suggested a successful manipulation of transformational leadership with $F(1, 57) = 3.42, p = .035$ and an effect size of $\text{partial } \eta^2 = .057$.

Main Analysis

In the main multigroup analysis, the independent variables were post-test transformational leadership and, for testing the moderation effect, the interaction of the aforementioned with perceived organizational support. The two dependent variables were post-test short- and long-term sick leave days, while controlling for their corresponding pre-test values, the pre-test transformational leadership scores as well as company affiliation. Figure 2 provides an overview of the results differentiating control and intervention group:

Figure 5

Results mutligroup analysis



Note. * $p < .05$, ** $p < .01$, # $p < .10$

The proposed model demonstrated a good fit with $RMSEA = .032$, $CFI = .999$ and $TLI = .995$. Furthermore, our results showed a significant association of changes in

transformational leadership with changes in short-term sick leave days for both the control (standardized estimate [*SdEst.*] = $-.92$, $p = .020$) and intervention group (*SdEst.* = -1.97 , $p < .001$), thus confirming hypothesis 1a. Additionally, the effect was stronger for the intervention as compared to the control group, thus providing support for hypothesis 1b.

Regarding changes in long-term sick days, there was no significant relation with transformational leadership for either the control (*SdEst.* = $.62$, $p = .376$) or intervention group (*SdEst.* = $-.72$, $p = .144$). Therefore, we cannot support the hypotheses 2a and b.

The moderation effect of POS in the association between changes in transformational leadership and short-term sick leave days was significant for the intervention group (*SdEst.* = 6.14 , $p < .001$), while it was only marginally significant within the control group (*SdEst.* = 1.83 , $p = .057$), thus leading us to accept the hypothesis 3a only for the former. With regard to the same moderation effect for long-term sick leave days, we found no support for either the control (*SdEst.* = $-.096$, $p = .540$) or the intervention group (*SdEst.* = 1.84 , $p = .277$). Hence, we rejected the hypothesis 3b. The control variable company affiliation was not significant for any of the two dependent variables in either group.

4.5 Discussion

The main objectives of the present research were to contribute towards establishing a causal association between transformational leadership and employee sick leave as well as to shed light on the influence of leaders' POS on that association. Moreover, it aimed to provide evidence for the underlying mechanisms in that relationship, specifically, whether the connection between transformational leadership might be due to a real, direct improvement of employee health or rather an increase in motivation.

Short- and long-term absences

The results showed that transformational leadership was a significant predictor of short-term sick leave while the same association was not significant for long-term sick leave. Taking into consideration the rather motivational nature of short-term and the rather health-related nature of long-term sick leave (Schreuder et al., 2013; Vahtera

et al., 2004), these findings indicate that transformational leadership exerted influence only over the former. As suggested by Nielsen and Daniels (2016), the motivational capacities of a transformational leader could induce employees to perform higher in the short-run, accompanied by presenteeism and a lack of recovery from sickness, which might be detrimental for employee health and well-being in the long-run. Based on this interpretation, transformational leadership would lead to a reduction of short-term sickness absences due to increased motivation and presenteeism, but show a detrimental effect on the more serious long-term absences. However, contrary to the view that a person is either entirely healthy or sick, Antonovsky (1979) advocates in the salutogenic model of health for an ease/dis-ease continuum. According to this model, an individual is constantly moving on that continuum based on their subjective perception and interpretation of pain, suffering and functional limitation, which are to a certain extent always present as part of the human condition. Applying this concept to the results of the present study, a transformational leader might have influenced the positioning of their employees on the ease/dis-ease continuum related to minor pathologies associated with short-term sickness absence, i.e. through creating positive psychosocial conditions at work and preventing psychosocial risks. In that case, a transformational leader would not favour or induce presenteeism, but rather influence employee perception of their own degree of health in such a way that they tend towards the “ease” end of the continuum and label themselves less as “ill”, i.e. through creating a salutogenic work environment. Future research should explore this alternative path of transformational leadership’s impact on short-term sick leave.

Moderation effect of POS

The moderation effect of POS in the association between transformational leadership and sick leave was significant for absence days due to short-term spells (in the control group only marginally significant) and not significant for those due to long-term spells. Specifically, the results indicated that the capacity of a transformational leader to influence in the short-term absences varies as a function of how supportive they perceive their organization to be. High POS leaders might feel obliged to reciprocate (Gouldner, 1960; Kurtessis et al., 2017) via enhanced effort and providing additional support and attention to their employees (Shanock & Esienberger, 2006), which in turn could translate into a higher motivation to attend work of their followers.

Moreover, the functional access to organizational information and resources associated with high POS could render transformational leaders more effective in motivating their employees and thus reducing short-term absences. This finding underlines the relevance of organizational context for effective transformational leadership. A leader does not act in a vacuum, but their performance seems to depend on the levels of support that they perceive in their environment. Kurtessis and colleagues (2017) identified a series of antecedents of POS that could provide a more favourable environment for effective leadership such as human resource practices, organizational justice or working conditions. These authors additionally highlighted the importance of leadership (e.g. supervisor support, transformational leadership) for POS. Hence, a potential avenue for rendering future interventions aimed at enabling middle managers more effective could be to train their corresponding superiors as well, i.e. the upper management in supporting the middle management and creating favourable organizational conditions.

In the case of absence days due to long-term sick leave spells, the present findings did not provide support for a moderation of POS. Hence, even under conditions of high POS, transformational leadership had no significant impact on long-term absences. As this type of absences was associated with more severe health impediments (Schreuder et al., 2013; Vahtera et al., 2004), this result indicates as well that transformational leadership might not so much influence in real employee health, but rather in their motivation to attend work.

Intervention effectiveness

As suggested by the manipulation check, the intervention was successful in enhancing self-rated transformational leadership among the participating middle managers as compared to the control group. Moreover, the association between transformational leadership and short-term sick leave days as well as the moderation effect of POS were stronger in the intervention as compared to the control group. Thus, apart from developing their self-perceived transformational leadership capacity, the training intervention also seems to have enabled the participants to more effectively translate these capacities into a reduction of short-term sick leave days in their respective teams. However, the intervention did not significantly contribute towards reducing the long-term sick leave days. Future studies could further enhance the understanding of the underlying mechanisms by analysing employee health and

motivation as separate mediators of the association between transformational leadership and follower sick leave.

Randomized controlled trials are the “universally recognized gold standard for establishing causality” (Eden, 2017, p. 95), often called for, but still rare in the field of leadership training (Martin et al., 2020). In the same line, Eden (2020) stressed the importance for our field to carry out such experiments in order to “produce actionable results to enrich our contribution to practical leadership” (p. 13). According to Eden (2017), experiments are the “raison d’être for much organizational research” (p. 91). With the present methodology, this study contributes in that sense towards clarifying the causal link between transformational leadership and sick leave.

Limitations

The present research has several limitations. First, due to practical reasons, the survey of transformational leadership did not include employee perceptions, but rather relied on self-reported data by the leaders. This could pose a threat to the internal validity of our findings (Holzbach, 1978; Mabe & West, 1982). Nonetheless, given that a potential self-rating bias would be present in both the intervention and control group and the fact that the present analysis did not focus on absolute scores, but rather on change over time, suggests an acceptable validity of the findings. Martin and colleagues (2020) pointed out that, due to their complex nature, “demanding that all leadership training studies reach the highest standards of experimental design is likely to prove counterproductive” (p. 2). Moreover, the outcome measures of sickness absence applied promise a high validity, as they were based on objectively recorded data. Second, two of the authors were involved in the design and implementation of the training format and therefore potentially had a vested interest bias in achieving a certain research outcome. However, Martin and colleagues (2020) found in their review on leadership interventions that such an author involvement was also associated with more rigorous research methods and proper condition randomization. Finally, as the present study was carried out in a Spanish work context, the findings might not be generalizable to other settings. However, some characteristics of the sample also suggest a good generalizability. First, the training was carried out in three different regions within Spain (Valencia, Madrid and Barcelona) which present distinct local cultural nuances and languages. Second, the participating managers and their employees stemmed from a

diverse cultural background, including many non-Spanish nationals. Finally, the sample included participants from two quite different sectors (manufacturing and service).

4.6 Conclusion

The present study tested the effectiveness of an intervention on transformational leadership for reducing employee sick leave through a randomized controlled trial. The results showed that transformational leadership reduced short-term sick leave, most likely through a motivational or salutogenic rather than a direct health-related mechanism. Moreover, POS moderated the strength of that link, highlighting the importance of leaders' perception of organizational support for effective leadership. Thus, the present research provides an evidence-based and actionable training method for organizations seeking to reduce these short-term absences.

Finally, the study contributes towards establishing causality in the association between transformational leadership and health-related outcomes, an often lamented and yet “mostly unheeded” (Eden, 2017, p. 91) research gap. Martin and colleagues (2020) based this shortcoming in our field on the complexity and difficulty that field experiments, the “gold standard” (p. 1) for inferring causality, present, such as reconciling methodological rigour with the practical necessities of participating organizations. With the current study, we hope to contribute towards advancing leadership research in that sense and demonstrating its practical relevance.

Chapter 5:

General discussion

The present chapter provides a summary of the main findings of the previously described studies and continues with an integrated and comprehensive discussion of these findings along the dissertation's main objectives. Based on this discussion, the principal theoretical and practical implications of the dissertation will be developed. Finally, the chapter will point out main limitations and potential avenues for future research.

In accordance with its principle objective, the present dissertation first describes the identification of leadership behaviors with implications for employee sickness absence (chapter 2). Based on this initial analysis, in a second step a transformational leadership training intervention was designed and its effectiveness for reducing employee sickness absence tested via a randomized controlled trial (chapter 3). Finally, in order to evaluate the relevance of the context that a leader is operating in, the moderation effect of leader's POS in that association was analyzed (chapter 4). In that sense, the dissertation aimed to provide insights into how a leader might influence sickness absence, to which degree transformational leadership could reduce sickness absence and under which conditions.

5.1 Summary of findings

Chapter 2 identified leader behaviors that might impact employee sickness absence, integrated these into the full range leadership model by Bass and Avolio (1994) and explored various ways of improving leadership capabilities in organizations as a way of intervening on employee sickness absence.

The qualitative analysis of 11 sessions of focus groups with a total of 79 professional in the field of occupational health produced 18 behaviors by which a leader might influence the sickness absence of their employees. The most mentioned behaviors were vertical communication (n=9), implication in managing occupational health risks

(n=8), conflict resolution (n=7), valuing and appreciating employees (n=5), promoting justice and equity (n=5) and maintaining contact with employees on sick leave (n=5). In the next step, the 18 behaviors were associated to the dimensions of the full range leadership model (Bass & Avolio, 1994). Fourteen behaviors were related to transformational leadership, mainly with the components of idealized influence (4 behaviors) and individual consideration (6 behaviors). Regarding transactional leadership, 2 behaviors were associated with management-by-exception and 1 with contingent reward. None of the identified leader behaviors could be allocated to the laissez-faire style of leadership. Finally, as a means for the enhancing leadership capabilities in organizations, the participants pointed towards training and development (n=11), with a focus on both enhancing general leadership competencies and specifically those related to health and safety, as well as practices of selection and promotion (n=6) and health-specific goal setting for leaders (n=6).

Most of the behaviors can be attributed to transformational and only three to transactional leadership. This is in line with a basic proposition of the full range leadership model that effective leadership demonstrated active, transformational behaviors with a high frequency and passive, transactional behaviors with a rather low frequency (Bass & Avolio, 1994). As a potential way of intervening on sickness absence via enhancing leadership capabilities the participants of the study focused on training and development. However, as research on the detrimental consequences of toxic or abusive leadership pointed out, for some leaders such interventions might not be effective. As alternatives the participants mentioned practices of selection and promotion. Finally, it was proposed to modify leadership behavior by introducing specific, health-related goals (e.g. rates of sick leave or number of work accidents).

A fundamental conclusion of this chapter was that organizations aiming at intervening on employee sickness absence, might train their leaders with a methodology mainly focused transformational leadership competencies, enhanced by components focusing on health-related situations (e.g. prevention of occupational risks).

Via de application of a randomized controlled trial, the *third chapter* of the dissertation provided evidence for the effectiveness of a transformational leadership training intervention in reducing employee sickness absence, and thus for the claim of causality in the studied association. Specifically, the analysis provided support for the effectiveness of the intervention in reducing total employee sick leave days as well as sick leave days due to long-term spells (more than 7 days) and among younger

employees (40 years or younger). There was not significant effect of the intervention on sick leave days due to short-term spells (7 days or less) and among elder employees (older than 40 years). The central conclusion of this chapter was that developing transformational might be a viable way for organizations to manage the currently rising levels of sickness absence. From a theoretical point of view, the chapter contributes towards establishing causality in the studied association, which was up to this point a mayor limitation of the existing body of research.

The *fourth chapter* provided evidence for the importance of leader's POS in the association of transformational leadership and sickness absence due to short-term spells. Specifically, the negative relation of transformational leadership and sick leave days was stronger under the presence of high levels of leader's POS and vice versa. A multigroup linear regression analysis was carried out among a sub-sample of the subjects of chapter 3 (participants that responded to the transformational leadership questionnaire both before and after the intervention, n=57). The results confirmed the link between transformational leadership and sick leave days due to short-term spells as well as the moderation effect of leader's POS. Moreover, this relationship was stronger within the intervention as compared to the control group. With regard to sick leave days due to long-term spells, there was no significant effect for either the intervention or control group. In conclusion, this chapter highlighted the importance of the organizational context for effective transformational leadership training. Favourable organizational conditions and the corresponding support might enable leaders to better translate learnings into practice. Moreover, it testified to the effectiveness of the intervention as trained leaders perceived their leadership as more transformational and, in addition, these perceived gains led to a stronger reduction of short-term sickness absences as compared to the control group.

5.2 Objective achievement and contribution

The objectives of the thesis follow a certain logical sequence from the identification of relevant leader behaviors, to the development and testing of an intervention and finally the evaluation of relevant boundary conditions. The present discussion will adhere to that thread, addressing and discussing the various results in that sequence.

Objective 1: Identification of leader behaviors related to sickness absence

Most of the existing research analyzed the relationship of leadership and employee sickness absence by relying on comprehensive leadership frameworks (e.g. transformational or health promoting leadership). However, these frameworks are an umbrella for a large number of manifold leader behaviors. For example, the MLQ 5X relies on 20 items and 5 factors for measuring transformational leadership (Bass & Avolio, 1995). Therefore, such a macro perspective, though instrumental in advancing the knowledge on the corresponding framework, does not allow relating specific leader behaviors to employee sickness absence. In order to enhance the conceptual understanding of the studied phenomenon, several authors called for identifying specific leader behaviors or competencies in relation to employee health and sickness absence (Cumming et al., 2018; Nielsen & Taris, 2019). Craig (2008) interviewed 11 leaders in order to explore perceptions of how they might influence their followers' sickness absence. However, the relatively small sample size of that study might reduce the generalizability of its results. In order to advance the conceptual understanding in that sense, the first objective of the dissertation was to identify leadership behaviors that might have an impact on employee sickness absence, independent of existing leadership frameworks. The objective was addressed by applying a qualitative survey method among 79 occupational health professionals that led to the identification and description of 18 specific leader behaviors.

These behaviors can be understood in the light of the previously elaborated theoretical connection between transformational leadership and sickness absence (cf. 1.3 Transformational leadership and sickness absence). First, the behavior of valuing and appreciating employees and their contributions could be perceived as a social benefit given from a leader to their employees. According to *social exchange theory* (Blau, 1964), this would evoke the norm of reciprocity among followers and potentially manifest in less sickness absence. Second, based on *social learning theory* (Bandura, 1971), a leader might pose a role model for their followers and establish norms regarding sick leave. In that sense, the participants mentioned that a leader should be a role model in valuing and caring about their own health. Moreover, they might establish suitable norms regarding sick leave by protecting employees from presenteeism (i.e. sending them home when necessary). In addition, the participants specified that a leader should exemplify organizational commitment and transmit the organizational culture

and values. Third, the leader behaviors of training and developing the group, transmitting a vision and enthusiasm as well as seeking the group's benefit and securing resources could be perceived as providing crucial job resources in the frame of *JD-R theory* (Bakker & Demerouti, 2017). Accordingly, these behaviors would mainly impact sickness absence through a motivational process. Moreover, the mentioned behaviors of facilitating work-life balance and the reincorporation process (e.g. adapting job characteristics) can be seen as adjusting job demands and, thus, might have an effect in the health-impairment process. Fourth, applying *self-determination theory* (Ryan & Deci, 2017), the behaviors related to implicating employees in decision-making and delegating tasks and responsibility might lead to favorable motivational outcomes with implications for subsequent sickness absence. Finally, the remaining six leader behaviors named by the participants can be understood in the frame of the *salutogenic model* (Antonovsky, 1979). Specifically, a leader might create a salutogenic work environment by providing salutary factors such as positive social relationships at work and a safe work-place. In that sense the participants mentioned behaviors related to conflict resolution, the leader's implication in the prevention of occupational hazards, ensuring justice and equity as well as showing empathy and maintaining contact with workers during their sick leave.

In order to contribute to the existing body of quantitative research on the topic, the 18 identified leader behaviors were associated to the leadership frameworks proposed by the full range leadership model. Most of these were attributed to transformational leadership (n = 14). In addition, the most frequently named way of intervening in order to develop leadership capacities was training and development (n = 11). As a practical implication of these findings, organizations seeking to intervene on employee sickness absence might train and develop transformational leadership capacities, and their application to health and safety at work, among their managers.

Objective 2: Analyzing the causal association of transformational leadership and employee sickness absence

Notwithstanding the apparently solid theoretical argument for the association between transformational leadership and sickness absence (cf. 1.3 Transformational leadership and sickness absence), past non-experimental research has produced ambiguous results ranging from a negative (e.g. Lee et al., 2011), to a non-significant

(Labrague et al., 2020) or even positive relationship (Nielsen & Daniels, 2016). Sickness absence is generally perceived as a multi-causal phenomenon that is being influenced by a wide range of variables at the individual, organizational and national level (cf. 1.1 Sickness absence). Hence, due to many potential confounding variables, non-experimental methods might not be the most suitable for its investigation. Various authors have pointed out the importance of carrying out field experiments as a means of establishing causality in organizational research and, at the same time, stated an unsatisfying lack thereof (e.g. Eden, 2017; Martin et al., 2020). Also with regard to the association of transformational leadership and health-related employee outcomes, such as sickness absence, field experimentation was called for (Arnold, 2017; Frooman et al., 2012; Labrague et al., 2020; Lee et al., 2011; Zhu et al., 2005). The present dissertation aimed to contribute to that end with its second objective. Specifically, a randomized controlled trial was carried out among 117 middle managers in order to test the effectiveness of a transformational leadership training intervention for reducing employee sickness absence. Applying this methodology, the intervention proved effective in reducing employee sick leave days (cf. chapter 3). Thus, the dissertation provides much called for causal evidence in the studied association between transformational leadership and sickness absence.

Moreover, the development and test of a training intervention on transformational leadership offers a feasible and evidence-based tool for organizations seeking to reduce sickness absence among their employees. The intervention was based on the well-established methodology by Kelloway et al. (2000) and took into consideration the principal findings of the prior qualitative study (cf. chapter 2). As such, the training intervention focused on general transformational leadership behaviors (module 1) and their practical application to the context of employee health and sickness absence (module 2).

Objective 3: Investigating the underlying mechanism in the studied association

Having established the efficacy of transformational leadership for decreasing employee sickness absence, from a theoretical and ethical point of view the fundamental questions of the underlying mechanism in that association remains. Based on the corresponding theories (cf. section 1.3), this mechanism might be health-related, motivation-related or to some extent potentially both. If transformational leaders

mainly motivate their employees to higher attendance, this could entail detrimental long-term health effects through presenteeism, and ultimately lead to future sick leave (Nielsen & Daniels, 2016). In that case, transformational leadership might be an adequate framework for enhancing employee performance (e.g. Nohe & Hertel, 2017; Wang et al., 2011), but not entirely suitable for improving employee health and sustainably decreasing sick leave. In fact, prior cross-sectional evidence with illegitimate absences as the dependent variable suggested a rather motivational mechanism (Frooman et al., 2012). However, JD-R theory and the salutogenic model (cf. section 1.3) provide arguments for a potentially positive impact of transformational leadership on perceived employee health, supported by meta-analytic evidence and systematic reviews (e.g. Arnold, 2017; Harms et al., 2017; Montano et al., 2017). Based on the necessity to resolve this ambiguity and to provide corresponding causal evidence, the third objective of the present dissertation was to disentangle the differentiated effect of transformational leadership on health- and motivation-related sickness absences, as indicated by short- and long-term absence spells.

Among a sample of 117 middle managers, the transformational leadership intervention proved effective for reducing long-term sickness absences, but there was no significant effect for short-term absences (cf. chapter 3). Based on the prior argumentation (cf. 1.1.5 Interpretation of short- and long-term sickness absence), this would indicate a rather health-related mechanism, whereby transformational leadership might decrease sickness absence through improving perceived employee health. In the frame of JD-R theory (Bakker & Demerouti, 2017), a transformational leader could intervene in the health-impairment process by adjusting job demands and by providing job resources that potentially buffer detrimental health effects of the aforementioned job demands. Furthermore, based on the salutogenic model (Antonovsky, 1979), a transformational leader could create a salutogenic work environment and thus facilitate more positive health appraisals by their followers. For example, an individually considerate leader might be able to better manage the reincorporation of an employee returning from long-term sick leave. After assessing the employee's specific situation, needs and limitations, a temporary adjustment of job characteristics (e.g. work load or schedule) could promote a salutogenic work environment that facilitates reintegration, the recovery process and ultimately prevents relapses. Thereby, a transformational leader might facilitate employee health and influence long-term absences. Moreover, by promoting meaningful work, implicating employees in decision-making and providing

opportunities for development, a transformational leader might have a positive impact on employee mental health (Arnold, 2017; Harms et al., 2017; Montano et al., 2017) and thus reduce corresponding long-term absences (e.g. due to depression or burnout). Nonetheless, some authors have pointed towards the motivational capacities of transformational leaders as the main factor for reducing employee sickness absence (e.g. Frooman et al., 2012). Based on the theoretical connection between both constructs presented earlier (cf. section 1.3), also in the frame of the present dissertation a predominantly motivational mechanism was to be expected. Providing support for this reasoning, chapter 4 describes an analysis among a sub-sample of 57 middle managers that responded to the administered questionnaires both before and after the intervention. The main focus of that analysis was evaluating the potential moderation effect of POS. However, the results also showed that transformational leadership was related to a decrease in short-term absences, while the effect on long-term absences was not significant. Therefore, with regard to the underlying mechanism, chapter 3 and 4 of the present thesis produced apparently contradictory results. While the former would suggest a rather health-related, the latter indicated a motivational mechanism. Even though both analyses were based on different research questions, samples sizes and applied different analytical methods with distinct independent variables, the conflicting findings as a whole do not permit drawing a comprehensive conclusion on the subject. Thus, the questions whether transformational leaders reduce sick leave via enhancing employee health or rather by improving motivation, with the potential implication of presenteeism, remains unanswered. Based on the theoretical justification and the present mixed findings, it might be possible that both mechanisms explain part of the variance of sickness absence. Future research could specifically address this issue and quantify the effect of both mechanisms by measuring perceived employee health and work motivation in order to include these variables as mediators in the association of transformational leadership and sickness absence.

Objective 4: Analyzing the moderation effect of POS in the studies association

Finally, taking into consideration the general effectiveness of transformational leadership for reducing sickness absence, it is of theoretical and practical interest to understand which conditions might influence the strength of that link. This knowledge might enable organizations to specifically create an environment that allows

transformational leaders to strive. In that line, various authors have pointed to the relevance of boundary conditions for the association between transformational leadership and health-related outcomes and consequently called for the identification of possible moderating variables (Arnold, 2017; Martin et al., 2020; Nielsen & Taris, 2019). For contributing to that end, chapter 4 analyzed the role of leader's POS in the association of transformational leadership and sickness absence. Based on social exchange theory (Blau, 1964), a leader who feels appreciated and supported by the organization and is convinced that the organization cares about their well-being might reciprocate by excelling in their supervisor role and by providing additional support to employees (Eisenberger et al., 2014; Tepper & Taylor, 2003). Moreover, the functional access to information, help and resources associated with POS (Eisenberger et al., 2014; Rhoades & Eisenberger, 2002) might enhance the effectiveness of transformational leadership behaviors, while a lack thereof could constitute an impediment.

The results confirmed the moderation effect of leader's POS in the association of transformational leadership and sick leave days, specifically those due to short-term spells. Thus it seems that leaders who perceived their organization as supportive were more likely to motivate their employees and to reduce corresponding short-term absences, as compared to those who perceived less organizational support. This finding underlines the importance of creating a favorable environment when engaging in leadership training. It has the potential to enhance or to dampen the desired effect. As a way of fostering POS, Kurtessis and colleagues (2017) pointed to supervisor support. Therefore, future interventions on transformational leadership might benefit from creating favorable conditions by training not only the middle, but also the upper managers. The support and understanding from their proper superiors might enable middle managers to more effectively deploy transformational leadership behaviors.

Objective 5: Enhancing reliability by use of objective outcomes measures

Another potential explanation of the mixed findings by prior studies could lie with the operationalization of the depended variable sickness absence. Studies that specifically focused on the association of transformational leadership and sickness absence relied on self-reported and single item measures (Frooman et al., 2012; Labrague et al., 2020; Lee et al., 2011; Nielsen & Daniels, 2016), such as: "How many days have you been off sick over the past 12 months?" (Rugulies et al., 2007). Due to

recall and reporting biases, employees generally tend to underreport their absences as compared to the objectively recorded absences (Ferrie et al., 2005; Voss et al., 2008). For example, Ferrie et al. (2005) found that 40% of women and 27% of men in their sample showed a discrepancy of 3 days or more between their self-rated and recorded annual sickness absence. Also comparing recorded and self-rated sick leave, Voss et al. (2008) concluded that women underestimated their annual sickness absence on average by 11.1 and men by 5.7 days. As a consequence, several authors called for applying objective outcome measures in occupational health interventions and leadership research (e.g. Dum Dum et al., 2013; Sui et al., 2014). Responding to these calls, the present thesis drew on objectively recorded data for measuring employee sickness absence as registered by the Spanish social security system. Applying such objective measures could eliminate error variance due to imprecisions and biases in the measurement of the outcome variable and thus provide more reliable results.

5.3 Theoretical implications

The results of the present investigation contribute to the theoretical discourse regarding the association of transformational leadership and sickness absence in several ways. First, the dissertation provided an analysis and description of 18 specific leadership behaviors with a potential impact on employee sick leave. On one hand, this can facilitate a better conceptual understanding of the connecting factors between both constructs, while on the other hand it adds a qualitative perspective to the mostly quantitative body of research on that subject. Moreover, the identified behaviors were associated to the existing theoretical leadership frameworks of the full range leadership model (Avolio & Bass, 1991; Bass & Riggio, 2006), thereby providing additional qualitative evidence for the instrumental role of transformational leadership behaviors in managing sickness absence. In addition to the widely studied intervention format of leadership training, the participants of the study also highlighted practices of promotion and selection as well as specific goal setting as potential ways of developing leadership capacities in organizations. The latter seem generally underrepresented in leadership development literature and theory (Arnold, 2017; Nielsen & Taris, 2019). Thus, future experimental studies could evaluate the effectiveness of some of these alternative interventions as a means of developing leadership in organizations.

Second, as a central theoretical contribution and response to several calls by investigators in the field, the present dissertation provided causal evidence for a negative association of transformational leadership and objectively recorded sickness absence. Prior research on the subject generally relied on non-experimental methods, applied subjective outcomes measures and produced mixed, ambiguous results. This state of the art did not allow for a clear conclusion on the nature of the studied association. By carrying out a randomized controlled trial, the dissertation contributed towards reducing ambiguity and advancing towards a clearer understanding of the empirical association of transformation leadership and employee sickness absence. Furthermore, the present research contributes to JD-R theory by providing crucial causal evidence for its basic proposition regarding the association between job characteristics, such as transformational leadership, and employee outcomes (Bakker & Demerouti, 2017; Fernet et al., 2015). However, the present results could not improve the understanding of the underlying mechanism in the studied relationship. The both theoretically and ethically important question whether a transformational leader reduces sickness absence through improving employee' health or rather their motivation to attend work could not be answered due to contradictory results. Based on these mixed results and apparently solid theoretical arguments justifying both mechanisms, it might be possible that both pathways derived from JD-R theory contributed to the observed reduction of sickness absence. Future research could help to clarify that question by specifically measuring both employees' perceived health and motivation in order to differentiate the relative impact of both mechanisms on sickness absence.

Lastly, responding to various calls for identifying relevant boundary conditions, the results confirmed the moderation effect of POS in the association of transformational leadership and (short-term) sickness absence. Moreover, this finding underlined the relevance of organizational context for leadership effectiveness. Leaders do not operate in a vacuum, but are interconnected to and influenced by the organizational environment. Thus, the present findings contributed to both organizational support and leadership development theory. Future studies could identify additional boundary conditions in order to get more complete picture of relevant contextual factors. Based on this knowledge, further research could experimentally manipulate such organizational variables as a means of supporting and empowering transformational leaders in their role.

5.4 Practical implications

Eden (2020) remarked that much of the existing non-experimental leadership research would be of limited use for practitioners and called for “actually useful – actionable – true experimental research” (p. 2). In a similar way, Briner and Rousseau (2011) proposed engaging in practice-oriented, collaborative research projects as a means of bridging the existing scientist-practitioner gap in industrial and organizational psychology. Such joint research projects by scientists and practitioners entail important potential benefits for both sides. Academics can learn about the realities in organizations and their current challenges, while professional in organizations get a chance to access scientific knowledge and methods and to apply evidence-based management. However, due to different priorities, limitations and interests, uniting both worlds for their mutual benefit requires much effort, communication, explication and mutual understanding. The present (industrial) dissertation represents such an effort of bridging the scientist-practitioner gap. Therefore, the first and probably most important of its practical contributions consisted in hundreds of hours spent on raising awareness for scientific requirements among practitioners and, vice versa, for organizational limitations to fellow scientists, generally resulting in a fruitful and productive compromise.

Many companies are confronted with rising levels of sickness absence among their employees, with likely detrimental consequences for the individual employee, the organization and society as a whole. Based on the results of the present dissertation an effective and feasible way of meeting this challenge might be to train middle managers. Specifically, such a training intervention should address general transformational leadership capacities and, in addition, their application to the sphere of employee health and sickness absence. Chapter 3 details a specific proposition for such an intervention with a total of 11 hours of training along 3 separate modules. With the information provided in the present work, a professional in the field of organizational psychology or human resources should be able to implement and adapt this intervention format to their context, which is highly encouraged. Moreover, chapter 3 evaluated the intervention via a randomized controlled trial and provided evidence for its effectiveness in reducing employee sickness absence. Thus, the present dissertation offers an actionable and

evidence-based intervention format to practitioners seeking to better manage sickness absence in their organizations.

Finally, chapter 4 highlighted the importance of a favorable organizational environment for effective leadership. Specifically, leaders that perceived their organization as supportive were more able to translate transformational leadership into reduced follower sickness absence. Thus, practitioners could focus on not only intervening on individual elements of the organization, such as leaders, but rather take a system-based perspective in order to appreciate the interconnectedness of these organizational elements. Specifically in relation to the intervention proposed in chapter 3, professionals in organizations might train or raise awareness among the upper management prior to developing middle managers. Moreover, they could implement specific supportive human resource practices that assist leaders in developing and enacting transformational behaviors (e.g. related to work-life balance, employee development or adjustments of work tasks). Flanking the transformational leadership intervention with such supportive organizational measures to create a favorable environment could further enhance its effectiveness.

6.5 Limitations

Apart from the specific limitations mentioned previously in chapters 2, 3 and 4, the present work as a whole counts with three general limitations that should be taken in account when interpreting its findings. First, the study used the proxy variables of short- and long-term sickness absence for inferring an either motivation- or health-related mechanism in the association between transformational leadership and sick leave. Future research might directly measure employee health and motivation. Unfortunately, so far only few studies on sickness absence did collect and incorporate such employee health data (Nielsen & Daniels. 2016).

Second, due to limitations of the participating organizations, the present investigation relied on self-rating for assessing transformational leadership. Including peer and superior ratings promises a better internal validity as individuals generally tend to overestimate their own performance (e.g. Holzbach, 1978; Mabe & West, 1982). However, in the present research such an overestimation would manifest in both the control and intervention group. Moreover, the analysis was not centered on absolute scores, but rather on change over time. These factors speak to the validity of the present

findings. In addition, Martin et al. (2020) pointed out that insisting on the highest methodological standards in field experimentation might prove counterproductive, due to their complex nature. In the case of the present dissertation, the administration of questionnaires to the employees was deemed unfeasible by the participating organizations, as it would have entailed significant interruptions of their operations. Insisting on surveying the employees would have likely resulted in the participating companies' withdrawal from the study. However, apart from the measure of transformational leadership, the final outcome measures were objectively recorded sickness absence data that promise a high validity.

Finally, the samples in the dissertation were limited to the Spanish context. However, there are also factors that might support the generalizability of its findings onto other settings. Specifically, participants of both the qualitative and quantitative studies were drawn from different regions within Spain, as well as from various sectors and companies of different sizes.

6.6 Conclusion

This dissertation described an experimental, collaborative research project involving both scientists and practitioners. It focused on leadership development as a potential strategy for managing rising sickness absences in organizations. In a first step, leader behaviors with a potential impact on employee sick leave were identified. Most of these could be classified as transformational. Consequently, a subsequent study described the development and test of a corresponding intervention on transformational leadership, which proved effective for reducing employee sickness absence. While prior investigation has produced rather mixed and ambiguous results, the present research contributed towards clarifying the association between both constructs and, in addition, provided evidence for a causal link by applying a randomized controlled trial. Finally, the dissertation confirmed that the presence of leader's POS might enhance the strength of that negative association, specifically with regard to short-term sick leave. However, the findings did not allow deriving conclusions regarding the underlying mechanism in the link between transformational leadership and employee sickness absence. This constitutes a worthwhile effort for further investigation. Finally, the thesis detailed an actionable and evidence-based method for developing transformational

leadership as a means of better managing sickness absence in organizations and encourages its application by practitioners.

Resumen

Introducción

Desde las duras, y, en muchos aspectos, perjudiciales condiciones de vida y trabajo de la revolución industrial, la salud pública en los países occidentales ha experimentado una mejora sin precedentes en las últimas décadas. Una serie de indicadores publicados por la Comisión Europea (2021) ilustran esta evolución. Por ejemplo, la tasa de mortalidad infantil entre los países de la UE-27 ha disminuido de 26,5 (por cada 1.000 nacidos vivos) en 1970 a solo 3,4 en 2019. La esperanza de vida al nacer aumentó de 75,1 (1985) a 81,3 años (2019) en Alemania y, en el caso de España, de 73,5 años (1975) a 84 (2019). Además, la incidencia de los accidentes laborales en los países de la UE-27 se redujo un 12,5% entre 2010 y 2018. También el acceso a la asistencia sanitaria se amplió considerablemente en muchos países. Según la Comisión Europea (2021), la proporción de personas que perciben un déficit en los servicios de atención sanitaria disminuyó en los países de la UE-27 del 3,4% en 2010 al 1,7% en 2019.

Contemplando esta evolución, parece razonable suponer que la sanidad pública estaba y sigue estando en constante mejora, si no hubiera otro indicador que dibuja un panorama considerablemente divergente y plantea interrogantes: el absentismo laboral por enfermedad de los trabajadores. Durante los últimos años, este indicador mostró una tendencia contraria, aumentando constantemente en muchos países desarrollados. En Alemania, los empleados estuvieron una media de 15,9 días de baja por enfermedad durante 2010, mientras que hasta 2017 ese valor aumentó un 12,1% a los 18,3 días por empleado (Organización Mundial de la Salud, 2020). Durante el mismo periodo, el promedio de días de baja por enfermedad en España aumentó un 8,4%, pasando de 10,7 a 11,6 días anuales (Organización Mundial de la Salud, 2020). Este aumento es preocupante, ya que puede tener consecuencias perjudiciales para los empleados, las organizaciones y la sociedad en su conjunto. A nivel de los empleados, las ausencias por enfermedad se asocian a un mayor riesgo de desempleo (Amilion & Walette, 2009; Hesselius, 2007). En cuanto a las organizaciones, el aumento de las ausencias por enfermedad conlleva tanto el coste de la prestación por incapacidad temporal como el de la pérdida potencial de productividad (Herrmann & Rockoff, 2012). La Asociación Española de Mutuas de Accidentes de Trabajo (AMAT) estimó el coste directo (por

ejemplo, el salario por enfermedad) de las ausencias por enfermedad para las empresas españolas en 2017 en 6.274 millones de euros y el coste indirecto (por ejemplo, la pérdida de productividad) en 63.863 millones de euros (AMAT, 2018). En cuanto al coste potencial para el conjunto de la sociedad, el Consejo Económico y Social de España situó el gasto público por enfermedad en 7.592 millones de euros en 2017 con un incremento del 25,7% hasta los 9.545 millones en 2019 (Consejo Económico y Social España, 2018, 2020). Teniendo en cuenta el coste humano y económico que supone esta evolución, identificar los posibles antecedentes y las formas de intervenir tanto para mejorar la salud de los empleados como para reducir las ausencias potencialmente ilegítimas, parece un reto importante y digno de atención para nuestra disciplina.

En esa búsqueda, el liderazgo transformacional recibió atención como un antecedente importante y un marco potencialmente prometedor para el desarrollo de intervenciones (Frooman et al., 2012; Lee et al. 2011; Nielsen & Daniels, 2016). Sin embargo, hasta la fecha las investigaciones se han basado exclusivamente en métodos de encuesta y han arrojado conclusiones contradictorias. Por lo tanto, no se ha podido establecer una conexión causal clara entre el liderazgo transformacional y el absentismo por enfermedad, y las posibles recomendaciones para los profesionales a este respecto son limitadas. Además, existe cierta ambivalencia en la investigación previa respecto al mecanismo subyacente en la asociación estudiada. Estudios previos ponían en duda que el liderazgo transformacional realmente pudiera mejorar la salud de los trabajadores, comprendido como absentismo involuntario (por ejemplo, Frooman et al., 2012; Nielsen & Daniels, 2016). Entonces el mecanismo subyacente sería más bien motivacional, comprendido como una reducción en el absentismo voluntario. Por lo tanto, estos autores señalaron que desentrañar la eficacia del liderazgo transformacional para reducir el absentismo relacionado con la salud y aquello relacionado con la motivación sería un desafío importante. Por último, otra posible explicación de los resultados contradictorios sobre la relación entre el liderazgo transformacional y el absentismo por enfermedad podría ser la presencia de ciertas condiciones límite, hasta ahora no consideradas. En este sentido, varios autores han señalado que la asociación entre el liderazgo transformacional y variables relacionados con la salud de los empleados podría no ser universal, sino depender del contexto y las condiciones, y han hecho un llamamiento a la identificación de variables moduladoras relevantes (Arnold, 2017; Martin et al., 2020; Nielsen y Taris, 2019).

Objetivos

Para avanzar en el conocimiento teórico y las capacidades prácticas en ese sentido, el objetivo global de la presente disertación es desarrollar una intervención sobre el liderazgo transformacional y probar su eficacia mediante un ensayo controlado aleatorio para establecer la causalidad y proporcionar a los profesionales una herramienta procesable y basada en la evidencia. Específicamente, la presente disertación persigue 5 objetivos para satisfacer las lagunas y ambigüedades identificadas en la investigación empírica existente, que vincula el liderazgo transformacional y el absentismo:

1. El primer objetivo es identificar las competencias específicas de liderazgo con implicaciones en el absentismo laboral de los empleados, independientemente de los marcos de liderazgo preestablecidos, tal y como reclaman artículos anteriores (Cumming et al., 2018; Nielsen & Taris, 2019). Para ello, se llevará a cabo una investigación cualitativa entre profesionales de la salud laboral.
2. Una contribución central y segundo objetivo de la presente disertación es establecer la causalidad en la relación entre el liderazgo transformacional y el absentismo laboral mediante un ensayo controlado aleatorio. El objetivo no es sólo responder a las numerosas peticiones de experimentación de campo (por ejemplo, Labrague et al., 2020; Lee et al., 2011; Zhu et al., 2005), sino también equipar a los profesionales que buscan gestionar mejor el absentismo laboral en sus organizaciones con una herramienta procesable y basada en la evidencia.
3. Además, la presente tesis pretende contribuir a resolver la ambigüedad en cuanto al mecanismo subyacente en la asociación entre el liderazgo transformacional y el absentismo laboral mediante el análisis del efecto diferencial del liderazgo transformacional sobre las ausencias por enfermedad relacionadas con la salud y la motivación (Nielsen & Daniels, 2016; Nielsen & Taris, 2019), operacionalizadas como absentismo de larga y corta duración.
4. El cuarto objetivo responde a la necesidad de identificar las condiciones límite relevantes en el vínculo entre el liderazgo transformacional y el absentismo por enfermedad (Arnold, 2017; Nielsen & Taris, 2019). En base a la teoría JD-R, un líder transformacional influiría en el absentismo por enfermedad a través de la provisión de recursos laborales y el ajuste de las demandas de trabajo. El contexto y el apoyo organizacional podrían facilitar o inhibir tales acciones de un líder. Por

ejemplo, empoderar a los empleados e involucrarlos en la toma de decisiones en un contexto organizacional que no es favorable y que no apoya tales prácticas podría conducir a la frustración, porque la verdadera participación de los empleados requiere un enfoque integrado (McLagan & Nel, 1995). Por lo tanto, la tesis analizará el posible efecto moderador del apoyo organizativo percibido por los líderes en la asociación del liderazgo transformacional y el absentismo laboral.

5. Además, el quinto objetivo es contribuir a mejorar la fiabilidad de las medidas del resultado en la relación estudiada, recurriendo a datos de la seguridad social registrados objetivamente, para analizar la ausencia por enfermedad en relación con el liderazgo transformacional (Dumdum et al., 2013; Sui et al., 2014).

Metodología y resultados

Para abordar estos objetivos, se aplicó una investigación de método mixto. El *capítulo 2* de la presente disertación identifica comportamientos de liderazgo con implicaciones para el absentismo por enfermedad de trabajadores, mediante una metodología cualitativa. En concreto, se llevaron a cabo 11 sesiones de *focus group* con un total de 79 participantes. Estos participantes eran expertos y profesionales del ámbito de la seguridad y la salud laboral, provenientes de empresas de diferentes tamaños y sectores (n=41), asociaciones empresariales (n=9), organismos públicos (n=18), abogados y asesores (n=7), así como de organizaciones sindicales (n=4). Las sesiones de *focus group* tuvieron lugar entre septiembre de 2017 y enero de 2019 en España y se concluyeron en cuanto se alcanzó la saturación y redundancia de datos (Morse, 2000). Con el permiso de los participantes se grabaron las sesiones para su posterior transcripción. El análisis de los datos se llevó a cabo mediante el análisis de contenido cualitativo (Graneheim & Lundman, 2004) con el apoyo del software NVivo 12 (QSR International, LLC). En el primer paso del análisis, un investigador codificó el transcrito a cada una de las preguntas de investigación. A continuación, el mismo investigador analizó de forma inductiva los datos de cada pregunta de investigación por separado, desarrollando una estructura emergente de códigos. Sobre la base de esta estructura de codificación, un investigador diferente repitió de forma independiente el ejercicio de codificación y se evaluó la fiabilidad entre los evaluadores mediante el cálculo del Kappa para cada código (McHugh, 2012). Aquellos códigos con un Kappa por debajo del corte sugerido de 0,80 fueron objeto de debate entre ambos investigadores para

lograr un acuerdo (McHugh, 2012). Ese análisis produjo 18 comportamientos por los que un líder podría influir en la ausencia por enfermedad de sus empleados. Los comportamientos de liderazgo que la mayoría de los participantes nombraron como relevantes fueron la comunicación vertical (n=9), la implicación en la gestión de los riesgos de salud laboral (n=8), la resolución de conflictos (n=7), la valoración y el aprecio de los empleados (n=5), la promoción de la justicia y la equidad (n=5) y el mantenimiento del contacto con los empleados durante la baja laboral (n=5). A mayores, los 18 comportamientos previamente identificados se integraron en el modelo de liderazgo de rango completo (Bass & Avolio, 1994), basándose en los ítems correspondientes del Cuestionario de Liderazgo Multifactorial (Bass & Avolio, 1995). Catorce comportamientos se asociaron con el liderazgo transformacional, principalmente con los componentes de influencia idealizada (4 comportamientos) y consideración individual (6 comportamientos). En cuanto al liderazgo transaccional, 2 comportamientos estaban relacionados con la gestión por excepción y 1 con la recompensa contingente. Ninguno de los comportamientos identificados del líder pudo asignarse al estilo de liderazgo laissez-faire. Por último, cabe destacar que los participantes mencionaron como posibles intervenciones para mejorar las capacidades de liderazgo la formación y el desarrollo (n=11), centrados tanto en la mejora de las competencias generales de liderazgo como en las relacionadas específicamente con la salud y la seguridad en el trabajo, así como las prácticas de selección y promoción (n=6) y el establecimiento de objetivos específicos de salud para los líderes (n=6).

El *tercer capítulo* describe los resultados de un experimento de campo llevado a cabo para investigar la relación causal entre el liderazgo transformacional y el absentismo, y también para analizar el mecanismo subyacente en esa relación. En concreto, 117 líderes de dos organizaciones españolas fueron asignados aleatoriamente a la condición de intervención (n = 54) o de control (n = 63). La intervención consistió en tres módulos que fueron impartidos por dos de los autores durante junio de 2019. El tamaño de los grupos de formación osciló entre 6 y 12 participantes. El primer módulo de 6 horas se centró en potenciar las capacidades de liderazgo transformacional del grupo de intervención, basándose en la metodología propuesta por Kelloway et al. (2000). Los conocimientos, habilidades y actitudes de los líderes se desarrollaron mediante una introducción teórica, discusiones de grupo, el análisis de una película ("12 angry men") y juegos de rol. El segundo módulo, de 4 horas de duración, se centró específicamente en cómo transferir los conceptos del liderazgo transformacional al

contexto de la salud y la ausencia por enfermedad. Los participantes aplicaron estos conceptos en tres situaciones clave a través de juegos de rol (por ejemplo, la incorporación de nuevos trabajadores, la realización de llamadas telefónicas durante la baja por enfermedad y las entrevistas de reincorporación al trabajo). Al final de ambos módulos, se pidió a los participantes que formularan 3 objetivos relacionados con su estilo de liderazgo en general y 2 relacionados con la salud laboral y el absentismo, aplicando la metodología de los objetivos SMART. El último módulo consistió en una sesión individual de coaching y seguimiento de 1 hora para que cada líder abordara su situación específica (por ejemplo, aclarar dudas, discutir situaciones difíciles) y revisara sus objetivos y logros, con el fin de facilitar la transferencia del contenido de la formación. El grupo de control de la lista de espera no recibió ninguna intervención. A continuación, se comprobó el impacto de la intervención en liderazgo transformacional mediante el uso de ANCOVA en SPSS, comparando los datos de ausencia por enfermedad de los trabajadores de 6 meses antes y después de la prueba. Específicamente, la variable independiente fue la variable categórica grupo, y la variable dependiente fue el número de días de enfermedad durante los 6 meses posteriores a la prueba, controlando por los valores de los 6 meses anteriores a la prueba. Además, incluimos la variable categórica empresa como variable de control para aislar la posible varianza debida a las características específicas de las dos empresas participantes, como el sector o la cultura organizacional. El análisis aportó pruebas de la eficacia de la intervención de formación en liderazgo transformacional para reducir las bajas por enfermedad de los empleados y, por tanto, de la causalidad en la asociación estudiada. En concreto, el análisis proporcionó evidencia para la eficacia de la intervención en la reducción del total de días de baja por enfermedad de los empleados, así como de los días de baja de larga duración (más de 7 días) y entre los empleados más jóvenes (40 años o menos). No hubo un efecto significativo de la intervención en los días de baja debidos a períodos de corta duración (7 días o menos) y entre los empleados de más edad (mayores de 40 años).

El *cuarto capítulo* responde principalmente a la necesidad de identificar relevantes moduladoras en la relación estudiada, y, en ese sentido, aportó pruebas de la importancia del AOP del líder en la asociación entre el liderazgo transformacional y las bajas por enfermedad de corta duración. En concreto, la relación negativa entre el liderazgo transformacional y los días de baja por enfermedad fue más fuerte en presencia de altos niveles de AOP del líder y viceversa. Se llevó a cabo un análisis de

regresión lineal multigrupo entre una sub-muestra de los sujetos del capítulo 3 (participantes que respondieron al cuestionario de liderazgo transformacional tanto antes como después de la intervención, n=57). De manera específica, las variables independientes fueron el liderazgo transformacional pos-test y, para comprobar el efecto de modulación, la interacción de lo anterior con el AOP de los líderes. Las dos variables dependientes fueron los días de baja por enfermedad de corta y larga duración después de la intervención, controlando por sus valores correspondientes previos, las puntuaciones de liderazgo transformacional pre-test y la afiliación a la empresa. Los resultados confirmaron la relación entre el liderazgo transformacional y los días de baja por enfermedad de corta duración, así como el efecto modulador del AOP del líder. Por otra parte, esta relación fue más fuerte para el grupo intervención en comparación con el grupo control. En cuanto a los días de baja por enfermedad de larga duración, no hubo ningún efecto significativo ni en el grupo de intervención ni en el de control.

Implicaciones teóricas

Los resultados de la presente investigación contribuyen al discurso teórico sobre la asociación del liderazgo transformacional y el absentismo por enfermedad de varias maneras. En primer lugar, la tesis proporcionó un análisis y una descripción de 18 comportamientos de liderazgo específicos con un impacto potencial en el absentismo por enfermedad de los empleados. Por un lado, esto puede facilitar una mejor comprensión conceptual de los factores de conexión entre ambos constructos, mientras que, por otro, añade una perspectiva cualitativa al cuerpo de investigación mayoritariamente cuantitativo sobre ese tema. Asimismo, los comportamientos identificados se asociaron a los marcos teóricos de liderazgo existentes del modelo de liderazgo de rango total (Avolio & Bass, 1991; Bass & Riggio, 2006), proporcionando así evidencia cualitativa adicional sobre el papel instrumental de los comportamientos de liderazgo transformacional en la gestión de las ausencias por enfermedad. Aparte del formato de intervención ampliamente estudiado de la formación en liderazgo, los participantes en el estudio también destacaron las prácticas de promoción y selección, así como el establecimiento de objetivos específicos como formas potenciales de desarrollar las capacidades de liderazgo en las organizaciones. Estas últimas parecen generalmente sub-representadas en la literatura y las teorías del desarrollo del liderazgo (Arnold, 2017; Nielsen & Taris, 2019). De este modo, futuros estudios experimentales

podrían evaluar la eficacia de algunas de estas intervenciones alternativas como medio para desarrollar el liderazgo en las organizaciones.

En segundo lugar, como contribución teórica central y respuesta a varios llamamientos de los investigadores en el campo, la presente disertación proporcionó evidencia causal para una asociación negativa del liderazgo transformacional y el absentismo por enfermedad registrado de manera objetiva. Las investigaciones anteriores sobre el tema se basaban generalmente en métodos no experimentales, aplicaban medidas de resultados subjetivos y producían resultados mixtos y ambiguos. Este estado del arte no permitía llegar a una conclusión clara sobre la naturaleza de la asociación estudiada. Al llevar a cabo un ensayo controlado aleatorio, la tesis contribuyó a reducir la ambigüedad y a avanzar hacia una comprensión más clara de la asociación empírica del liderazgo transformacional y el absentismo laboral. Sin embargo, los presentes resultados no pudieron mejorar la comprensión del mecanismo subyacente en la relación estudiada. La cuestión de si un líder transformacional reduce el absentismo por enfermedad a través de la mejora de la salud de los empleados o más bien de su motivación para asistir al trabajo, no pudo responderse debido a resultados contradictorios. Basándonos en estos resultados contradictorios y en los argumentos teóricos aparentemente sólidos que justifican ambos mecanismos, es posible que ambas vías derivadas de la teoría JD-R hayan contribuido a la reducción observada del absentismo laboral. Futuras investigaciones podrían ayudar a aclarar esta cuestión midiendo específicamente tanto la salud percibida por los empleados como su motivación, para diferenciar el impacto relativo de ambos mecanismos en el absentismo por enfermedad.

Por último, como respuesta a varias peticiones para identificar condiciones contextuales relevantes, los resultados confirmaron el efecto modulador del AOP en la asociación entre el liderazgo transformacional y el absentismo por enfermedad (a corto plazo). De tal manera, este hallazgo subrayó la importancia del contexto organizacional para la eficacia del liderazgo. Los líderes no actúan en el vacío, sino que están interconectados e influenciados por el entorno organizacional. Por lo tanto, los presentes resultados contribuyeron tanto a la teoría del apoyo organizacional como a la teoría del desarrollo de liderazgo. Futuros estudios podrían identificar condiciones límite adicionales para obtener una imagen más completa de los factores contextuales relevantes. Sobre la base de este conocimiento, las investigaciones futuras podrían

manipular experimentalmente dichas variables organizacionales como medio para apoyar y potenciar a los líderes transformacionales en su función.

Implicaciones prácticas

Eden (2020) destacó que gran parte de la investigación sobre liderazgo existente sería no experimental, y tendría una utilidad limitada para los profesionales. De manera similar, Briner y Rousseau (2011) señalaron proyectos de investigación colaborativa orientados a la práctica como medio para salvar la brecha existente entre científicos y profesionales en la psicología del trabajo y de las organizaciones. Estos proyectos de investigación conjunta entre científicos y profesionales conllevan importantes beneficios potenciales para ambas partes. Los académicos pueden aprender sobre las realidades de las organizaciones y sus retos actuales, mientras que los profesionales de las organizaciones tienen la oportunidad de acceder a conocimientos y métodos científicos y de aplicar una gestión basada en la evidencia. Sin embargo, debido a las diferentes prioridades, limitaciones e intereses, unir ambos mundos para su beneficio mutuo requiere mucho esfuerzo, comunicación, explicación y entendimiento mutuo. La presente disertación (industrial) representa un esfuerzo de este tipo para salvar la brecha entre científicos y profesionales. Por lo tanto, la primera y probablemente más importante de sus contribuciones prácticas consistió en cientos de horas dedicadas a concienciar a los profesionales sobre los requisitos científicos y, viceversa, a los científicos sobre las limitaciones organizacionales, lo que generalmente resultó en un compromiso fructífero y productivo.

Muchas empresas se enfrentan a niveles crecientes de absentismo por enfermedad entre sus empleados, con posibles consecuencias perjudiciales para el empleado individual, la organización y la sociedad en su conjunto. Basado en los resultados de la presente disertación, una forma eficaz y factible de afrontar este reto podría ser la formación de los mandos intermedios. En concreto, dicha intervención formativa debería abordar las capacidades generales de liderazgo transformacional y, además, su aplicación al ámbito de la salud de los empleados y la ausencia por enfermedad. En el capítulo 3 se detalla una propuesta específica para una intervención de este tipo con un total de 11 horas de formación a lo largo de 3 módulos distintos. Con la información proporcionada en el presente trabajo, un profesional del ámbito de la psicología organizacional o de los recursos humanos será capaz de implementar y

adaptar este formato de intervención a su contexto. Adicionalmente, el capítulo 3 evaluó la intervención a través de un ensayo controlado aleatorio y aportó pruebas de su eficacia para reducir el absentismo laboral de los empleados. Por lo tanto, la presente tesis ofrece un formato de intervención factible y basado en la evidencia a los profesionales que buscan gestionar mejor el absentismo por enfermedad en sus organizaciones.

Para finalizar, el capítulo 4 destacó la importancia de un entorno organizacional favorable para un liderazgo eficaz. En particular, los líderes que perciben que su organización les apoya son más capaces de traducir el liderazgo transformacional en una reducción del absentismo laboral de sus seguidores. Así pues, los profesionales podrían centrarse en no intervenir únicamente en elementos individuales de la organización, sino adoptar una perspectiva sistémica para apreciar la interconexión de estos elementos organizativos. Especialmente, en relación con la intervención propuesta en el capítulo 3, los profesionales de las organizaciones podrían formar o sensibilizar a los altos cargos antes de desarrollar a los mandos intermedios. Además, podrían implementar prácticas específicas de recursos humanos que ayuden a los líderes a desarrollar y promulgar comportamientos transformacionales (por ejemplo, relacionados con el equilibrio entre la vida laboral y personal, el desarrollo de los empleados o los ajustes de las tareas laborales). Acompañar la intervención de liderazgo transformacional con tales medidas organizacionales de apoyo para crear un entorno favorable podría aumentar aún más su eficacia.

Limitaciones

El presente trabajo en su conjunto cuenta con tres limitaciones generales que deben tenerse en cuenta a la hora de interpretar sus resultados. En primer lugar, el estudio utilizó las variables sustitutivas de las bajas por enfermedad de corta y larga duración para inferir un mecanismo relacionado con la motivación o con la salud en la asociación estudiada. Investigaciones futuras podrían medir directamente la salud y la motivación de los empleados. Lamentablemente, hasta ahora solo unos pocos estudios sobre las bajas por enfermedad recogieron e incorporaron tales datos de salud de los empleados (Nielsen & Daniels, 2016).

En segundo lugar, debido a las limitaciones de las organizaciones participantes, la presente investigación se basó en la auto-calificación de los propios líderes para

evaluar el liderazgo transformacional. Incluir las calificaciones de los colaboradores y de superiores prometería una mejor validez interna, ya que los individuos tienden generalmente a sobre-estimar su propio rendimiento (por ejemplo, Holzbach, 1978; Mabe & West, 1982). Sin embargo, en la presente investigación dicha sobre-estimación se manifestaría tanto en el grupo control como en el de intervención. Además, el análisis no se centró en las puntuaciones absolutas, sino más bien en el cambio a lo largo del tiempo. Estos factores pueden aumentar la validez de los presentes resultados. Además, Martin et al. (2020) señalaron que insistir en los más altos estándares metodológicos en la experimentación de campo podría resultar contraproducente, debido a su naturaleza compleja. En el caso de la presente disertación, las organizaciones participantes consideraron inviable la administración de cuestionarios a los empleados, ya que habría supuesto importantes interrupciones de sus operaciones. La insistencia en encuestar a los empleados habría provocado probablemente la retirada de las empresas participantes del estudio. Sin embargo, aparte de la medida del liderazgo transformacional, las variables dependientes fueron datos de absentismo por enfermedad registrados objetivamente, lo cual promete una buena validez.

Por último, las muestras de la tesis se limitaron al contexto español. Sin embargo, también hay factores que podrían apoyar la generalización de los resultados en otros entornos. En particular, los participantes de los estudios cualitativos y cuantitativos procedían de diferentes regiones de España, así como de diversos sectores y de empresas de distintos tamaños.

Conclusión

Esta disertación describe un proyecto de investigación experimental y colaborativo en el que participaron tanto científicos como profesionales. Se centró en el desarrollo del liderazgo como estrategia potencial para gestionar el aumento de las bajas por enfermedad en las organizaciones. En un primer paso, se identificaron los comportamientos de los líderes con un posible impacto en las bajas por enfermedad de los empleados. La mayoría de ellos podían clasificarse como transformacionales. En consecuencia, un estudio posterior describió el desarrollo y la prueba de una intervención correspondiente sobre el liderazgo transformacional, que demostró ser eficaz para reducir las bajas por enfermedad de los empleados. Mientras que estudios anteriores han arrojado resultados contradictorios y ambiguos, la presente investigación

contribuyó a aclarar la asociación entre ambos constructos y, además, aportó evidencia de una relación causal mediante la aplicación de un ensayo controlado aleatorio. Por último, la tesis confirmó que la presencia del AOP del líder podría aumentar la fuerza de esa asociación negativa, concretamente respecto a las bajas por enfermedad de corta duración. Sin embargo, los resultados no permitieron extraer conclusiones sobre el mecanismo subyacente en el vínculo entre el liderazgo transformacional y las bajas por enfermedad de los empleados. Esto constituye una importante avenida para futuras investigaciones. Por último, la tesis detalla un método procesable y basado en la evidencia para desarrollar el liderazgo transformacional como medida para gestionar mejor el absentismo por enfermedad en las organizaciones y anima a su aplicación por parte de profesionales.

References

- Aas, R. W., Ellingsen, K. L., Lindøe, P., & Möller, A. (2008). Leadership qualities in the return to work process: a content analysis. *Journal of Occupational Rehabilitation, 18*(4), 335.
- Adams, J. S. (1965). Inequity in social exchange. In *Advances in experimental social psychology* (Vol. 2, pp. 267-299). Academic Press.
- Adams, S., Pill, R., & Jones, A. (1997). Medication, chronic illness and identity: the perspective of people with asthma. *Social science & medicine, 45*(2), 189-201.
- Adecco. (2019). VIII Informe sobre absentismo. <https://www.adeccoinstitute.es/salud-y-prevencion/viii-informe-adecco-sobre-absentismo-laboral/>.
- Agudelo-Suárez, A. A., Benavides, F. G., Felt, E., Ronda-Pérez, E., Vives-Cases, C., & García, A. M. (2010). Sickness presenteeism in Spanish-born and immigrant workers in Spain. *BMC Public Health, 10*(1), 1-7.
- Ajzen, I. (2012). The theory of planned behavior. In: P. A. M. Lange, A. W. Kruglanski & E. T. Higgins (Eds.), *Handbook of Theories of Social Psychology* (pp. 438-459). SAGE
- Ajzen, I., & Fishbein, M. (2000). Attitudes and the attitude-behavior relation: Reasoned and automatic processes. *European review of social psychology, 11*(1), 1-33.
- Akerjordet, K., Furunes, T., & Haver, A. (2018). Health-promoting leadership: An integrative review and future research agenda. *Journal of advanced nursing, 74*(7), 1505-1516.
- Åkerlind, I., Alexanderson, K., Hensing, G., Leijon, M., & Bjurulf, P. (1996). Sex differences in sickness absence in relation to parental status. *Scandinavian journal of social medicine, 24*(1), 27-35.
- Alexanderson, K. (1998). Sickness absence: a review of performed studies with focused on levels of exposures and theories utilized. *Scandinavian journal of social medicine, 26*(4), 241-249.
- Alexanderson, K., Hensing, G., Leijon, M., Akerlind, I., Rydh, H., Carstensen, J., & Bjurulf, P. (1994). Pregnancy related sickness absence in a Swedish county, 1985-87. *Journal of Epidemiology & Community Health, 48*(5), 464-470.
- Allegro J. T., & Veerman, T. J. (1998). Absenteeism. In P. J. D. Drenth, H. Thierry, & C. J. de Wolff (Eds.), *Handbook of work and organizational psychology, part 3, personnel psychology* (pp. 1-41). Trowbridge, Wilts, UK: Psychology Press.
- Allisey, A., Rodwell, J., & Noblet, A. (2016). An application of an extended effort-reward imbalance model to police absenteeism behaviour. *Personnel Review*.
- AMAT (2018, February 27). *El absentismo laboral en España costó en 2017 más de 76.000 millones de euros*. Noticias. http://www.amat.es/noticias/el_absentismo_laboral_en_espana_costo_en_2017_mas_de_76000_millones_de_euros.3php
- Amilon, A., & Wallete, M. (2009). Work absence—A signalling factor for temporary workers?. *Labour, 23*(1), 171-194.

- Amiri, S., & Behnezhad, S. (2019). Body mass index and risk of sick leave: A systematic review and meta-analysis. *Clinical obesity*, 9(6), e12334.
- Amiri, S., & Behnezhad, S. (2020). Alcohol consumption and sick leave: a meta-analysis. *Journal of addictive diseases*, 38(2), 100-112.
- Amiri, S., & Behnezhad, S. (2020). Association between job strain and sick leave: a systematic review and meta-analysis of prospective cohort studies. *Public Health*, 185, 235-242
- Amiri, S., & Behnezhad, S. (2021). Depression symptoms and risk of sick leave: a systematic review and meta-analysis. *International Archives of Occupational and Environmental Health*, 1-18.
- Antonakis, J. (2012). Transformational and charismatic leadership. In D. V. Day & J. Antonakis (Eds.), *The nature of leadership* (2nd ed., pp.256–288). Sage.
- Antonakis, J., Avolio, B. J., & Sivasubramaniam, N. (2003). Context and leadership: An examination of the nine-factor full-range leadership theory using the Multifactor Leadership Questionnaire. *The leadership quarterly*, 14(3), 261-295.
- Antonakis, J., Bendahan, S., Jacquart, P., & Lalive, R. (2010). On making causal claims: A review and recommendations. *The leadership quarterly*, 21(6), 1086-1120.
- Antonovsky, A. (1979). Health, stress, and coping. *New perspectives on mental and physical well-being*, 12-37.
- Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health promotion international*, 11(1), 11-18.
- Arbogast, J. W., Moore-Schiltz, L., Jarvis, W. R., Harpster-Hagen, A., Hughes, J., & Parker, A. (2016). Impact of a Comprehensive Workplace Hand Hygiene Program on Employer Health Care Insurance Claims and Costs, Absenteeism, and Employee Perceptions and Practices. *Journal of occupational and environmental medicine*, 58(6), e231.
- Arnold, K. A. (2017). Transformational leadership and employee psychological well-being: A review and directions for future research. *Journal of occupational health psychology*, 22(3), 381.
- Arthur, C. A., & Hardy, L. (2014). Transformational leadership: A quasi-experimental study. *Leadership & Organization Development Journal*, 35(1), 38-53.
- Avolio, B. J. (2011). Full range leadership development. Sage.
- Avolio, B. J., & Bass, B. M. (1991) *The Full Range Leadership Development Programs: Basic and Advanced Manuals*. Bass, Avolio Associates, New York.
- Axewill, F. (2013); Leadership and attendance: A qualitative interview study; [Unpublished thesis]. Örebro University.
- Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: taking stock and looking forward. *Journal of occupational health psychology*, 22(3), 273.
- Bakker, A. B., & Sanz-Vergel, A. I. (2013). Weekly work engagement and flourishing: The role of hindrance and challenge job demands. *Journal of Vocational Behavior*, 83(3), 397-409.

- Bakker, A. B., and Demerouti, E. (2007). The job demands-resources model: state of the art. *Journal of managerial psychology* 22, 309–328.
- Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of occupational health psychology*, 10(2), 170.
- Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD–R approach. *Annu. Rev. Organ. Psychol. Organ. Behav.*, 1(1), 389-411.
- 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(2), 341-356.
- Bandura, A. (1986). The explanatory and predictive scope of self-efficacy theory. *Journal of social and clinical psychology*, 4(3), 359-373.
- Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Prentice-hall.
- Banks, G. C., McCauley, K. D., Gardner, W. L., & Guler, C. E. (2016). A meta-analytic review of authentic and transformational leadership: A test for redundancy. *The leadership quarterly*, 27(4), 634-652.
- Barling, J., Christie, A., & Hopton, C. (2011). Leadership. In S. Zedeck (Ed.), *APA handbook of industrial and organizational psychology, Vol 1: Building and developing the organization* (pp. 183–240). American Psychological Association. <http://dx.doi.org/10.1037/12169-007>
- Barling, J., Weber, T., & Kelloway, E. K. (1996). Effects of transformational leadership training on attitudinal and financial outcomes: A field experiment. *Journal of applied psychology*, 81(6), 827.
- Barmby, T. A., Ercolani, M. G., & Treble, J. G. (2002). Sickness absence: an international comparison. *The Economic Journal*, 112(480).
- Barmby, T., Ercolani, M., & Treble, J. (2004). Sickness absence in the UK 1984-2002. *Swedish Economic Policy Review*, 11, 65-88.
- Bass, B. M. (1985). Leadership: Good, better, best. *Organizational dynamics*, 13(3), 26-40.
- Bass, B. M. (1997). Does the transactional–transformational leadership paradigm transcend organizational and national boundaries?. *American psychologist*, 52(2), 130.
- Bass, B. M., & Avolio, B. J. (1990). The implications of transactional and transformational leadership for individual, team, and organizational development. *Research in organizational change and development*, 4(1), 231-272.
- Bass, B. M., & Avolio, B. J. (1995). *Transformational leadership development: Manual for the multifactor leadership questionnaire*. Consulting Psychologists Press, Inc.
- Bass, B. M., & Avolio, B. J. (1997). *Full range leadership development: Manual for the Multifactor Leadership Questionnaire*. Mind Garden.

- Bass, B. M., & Avolio, B. J. (Eds.). (1994). *Improving organizational effectiveness through transformational leadership*. Sage.
- Bass, B. M., & Bass, R. (2009). *The Bass handbook of leadership: Theory, research, and managerial applications*. Simon and Schuster.
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership*. Psychology Press.
- Basu, R., & Green, S. G. (1997). Leader-member exchange and transformational leadership: an empirical examination of innovative behaviors in leader-member dyads. *Journal of applied social psychology, 27*(6), 477-499.
- Batt, R. (2002). Managing customer services: Human resource practices, quit rates, and sales growth. *Academy of management Journal, 45*(3), 587-597.
- Becher, H., & Dollard, M. (2016). Psychosocial safety climate and better productivity in Australian workplaces: costs, productivity, presenteeism, absenteeism.
- Beemsterboer, W., Stewart, R., Groothoff, J., & Nijhuis, F. (2009). A literature review on sick leave determinants (1984-2004). *International journal of occupational medicine and environmental health, 22*(2), 169-179.
- Behrend, H. (1974). A new approach to the analysis of absences from work. *Industrial Relations Journal, 5*(4), 4-21.
- Bekker, M. H., Rutte, C. G., & Van Rijswijk, K. (2009). Sickness absence: A gender-focused review. *Psychology, health & medicine, 14*(4), 405-418.
- Berry, C. M., Lelchook, A. M., & Clark, M. A. (2012). A meta-analysis of the interrelationships between employee lateness, absenteeism, and turnover: Implications for models of withdrawal behavior. *Journal of Organizational Behavior, 33*(5), 678-699.
- Blanchard, K. H., Zigarmi, D., & Nelson, R. B. (1993). Situational Leadership® after 25 years: A retrospective. *Journal of Leadership Studies, 1*(1), 21-36.
- Blau, G. J., & Boal, K. B. (1987). Conceptualizing how job involvement and organizational commitment affect turnover and absenteeism. *Academy of management review, 12*(2), 288-300.
- Blau, P. M. (1964). *Exchange and power in social life*. New York: John Wiley.
- Boada i Grau, J., de Diego Vallejo, R., Agulló Tomás, E., & Mañas Rodríguez, M. Á. (2005). El absentismo laboral como consecuente de variables organizacionales. *Psicothema, 17*(2).
- Bono, J. E., & Judge, T. A. (2003). Self-concordance at work: Toward understanding the motivational effects of transformational leaders. *Academy of management journal, 46*(5), 554-571.
- Breevaart, K., Bakker, A. B., Demerouti, E., Sleebos, D. M., & Maduro, V. (2014). Uncovering the underlying relationship between transformational leaders and followers' task performance. *Journal of Personnel Psychology 13*(4), 194-203.
- Briner, R. B., & Rousseau, D. M. (2011). Evidence-based I-O psychology: Not there yet. *Industrial and Organizational Psychology, 4*(1), 3-22.
- Brooke Jr, P. P., & Price, J. L. (1989). The determinants of employee absenteeism: An empirical test of a causal model. *Journal of occupational psychology, 62*(1), 1-19.

- Brown, S., Fakhfakh, F., & Sessions, J. G. (1999). Absenteeism and employee sharing: An empirical analysis based on French panel data, 1981–1991. *ILR Review*, 52(2), 234-251.
- Bryman, A. (2004). Qualitative research on leadership: A critical but appreciative review. *The leadership quarterly*, 15(6), 729-769.
- Burns, J. M. (1978). *Leadership*. HarperCollins.
- Burr, V. (1995). *An introduction to social constructionism*. Taylor & Frances/Routledge. <https://doi.org/10.4324/9780203299968>
- Cambridge University Press. (2021a). Meaning of sick leave in English. In *English Dictionary*. Retrieved August 8, 2021, from <https://dictionary.cambridge.org/dictionary/english/sick-leave>
- Cambridge University Press. (2021b). Meaning of absenteeism in English. In *English Dictionary*. Retrieved August 8, 2021, from <https://dictionary.cambridge.org/dictionary/english/absenteeism>
- Carlton, E. L., Holsinger Jr, J. W., Riddell, M. C., & Bush, H. (2015). Full-range public health leadership, part 2: qualitative analysis and synthesis. *Frontiers in public health*, 3, 174.
- Carlyle, T. (1841). *On heroes, hero-worship, & the heroic in history*. James Fraser
- Carstensen, L. L. (1995). Evidence for a life-span theory of socioemotional selectivity. *Current directions in Psychological science*, 4(5), 151-156.
- Chadwick-Jones, J. K. (1981). Renegotiating absence levels. *Journal of Organizational Behavior*, 2(4), 255-266.
- Čikeš, V., Maškarin Ribarić, H., & Črnjar, K. (2018). The determinants and outcomes of absence behavior: a systematic literature review. *Social Sciences*, 7(8), 120.
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Academic press.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98, 310
- Cohen-Charash, Y., & Spector, P. E. (2001). The role of justice in organizations: A meta-analysis. *Organizational behavior and human decision processes*, 86(2), 278-321.
- Consejo Económico y Social España. (2018). *Memoria sobre la situación socioeconómica y laboral de España 2017*. http://www.ces.es/documents/10180/5185008/Memoria_Socioeconomica_CES2017.pdf/f648163f-49b6-69c5-c31e-3f0be1f0f605
- Consejo Económico y Social España. (2019). *Memoria sobre la situación socioeconómica y laboral de España 2018*. http://www.ces.es/documents/10180/5212606/Memoria_Socioeconomica_CES2018.pdf/46269eb7-ee08-de93-cfa8-080e43e8afe1
- Consejo Económico y Social España. (2020). *Memoria sobre la situación socioeconómica y laboral de España 2019*. http://www.ces.es/documents/10180/5213283/Memoria_Socioeconomica-CES-2019.pdf/c7e2dcef-48c2-a992-79b1-de2b9870556f

- Consejo Económico y Social España. (2021). *Memoria sobre la situación socioeconómica y laboral de España 2020*.
http://www.ces.es/documents/10180/5258232/Memoria_Socioeconomica-CES-2020.pdf/0d4daa5c-46e5-e053-f35b-eb48c66fb37a
- Craig, B. J. (2008). Leadership and absenteeism: A qualitative phenomenological case study (Doctoral dissertation, University of Phoenix).
- Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of management*, 31(6), 874-900.
- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International journal of nursing studies*, 85, 19-60.
- Davey, M. M., Cummings, G., Newburn-Cook, C. V., & Lo, E. A. (2009). Predictors of nurse absenteeism in hospitals: a systematic review. *Journal of nursing management*, 17(3), 312-330.
- Day, D. V., Riggio, R. E., Tan, S. J., & Conger, J. A. (2021). Advancing the science of 21st-century leadership development: Theory, research, and practice. *The Leadership Quarterly* 32(5), 101557.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- 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(5), 471-476.
<https://doi.org/10.1093/eurpub/ckm004>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499.
- Derue, D. S., Nahrgang, J. D., Wellman, N. E. D., & Humphrey, S. E. (2011). Trait and behavioral theories of leadership: An integration and meta-analytic test of their relative validity. *Personnel psychology*, 64(1), 7-52.
- Derycke, H., Vlerick, P., Van de Ven, B., Rots, I., & Clays, E. (2013). The impact of effort-reward imbalance and learning motivation on teachers' sickness absence. *Stress and Health*, 29(1), 14-21.
- Dewa, C. S., Loong, D., Bonato, S., & Hees, H. (2014). Incidence rates of sickness absence related to mental disorders: a systematic literature review. *BMC Public Health*, 14(1), 1-14.
- Dietz, C., Zacher, H., Scheel, T., Otto, K., & Rigotti, T. (2020). Leaders as role models: Effects of leader presenteeism on employee presenteeism and sick leave. *Work & Stress*, 34(3), 300-322.
- Dumdum, U. R., Lowe, K. B., & Avolio, B. J. (2002). A meta-analysis of transformational and transactional leadership correlates of effectiveness and satisfaction: An update and extension. In Bruce J. Avolio and Francis J. Yammarino (Eds.), *Transformational and charismatic leadership: The road ahead*. (pp 35-66). Elsevier Science.

- Dum Dum, U. R., Lowe, K. B., & Avolio, B. J. (2013). A meta-analysis of transformational and transactional leadership correlates of effectiveness and satisfaction: An update and extension. In *Transformational and charismatic leadership: The road ahead 10th anniversary edition*. Emerald Group Publishing Limited.
- Eden, D. (2017). Field experiments in organizations. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 91-122.
- Eden, D. (2020). The science of leadership: A journey from survey research to field experimentation. *The Leadership Quarterly*, 101472.
- Einarsen, S., Aasland, M. S., & Skogstad, A. (2007). Destructive leadership behaviour: A definition and conceptual model. *The Leadership Quarterly*, 18(3), 207-216.
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71, 500-507.
- Eisenberger, R., Shoss, M. K., Karagonlar, G., Gonzalez-Morales, M. G., Wickham, R. E., & Buffardi, L. C. (2014). The supervisor POS-LMX-subordinate POS chain: Moderation by reciprocity awareness and supervisor's organizational embodiment. *Journal of Organizational Behavior*, 35(5), 635-656.
- Elovainio, M., Kivimäki, M., Vahtera, J., Virtanen, M., & Keltikangas-Järvinen, L. (2003). Personality as a moderator in the relations between perceptions of organizational justice and sickness absence. *Journal of vocational behavior*, 63(3), 379-395.
- Elshout, R., Scherp, E., & van der Feltz-Cornelis, C. M. (2013). Understanding the link between leadership style, employee satisfaction, and absenteeism: a mixed methods design study in a mental health care institution. *Neuropsychiatric disease and treatment*, 9, 823.
- Emerson, R. M. (1976). Social exchange theory. *Annual Review of Sociology*, 2(1), 335-362.
- Erdogan, B., & Enders, J. (2007). Support from the top: Supervisors' perceived organizational support as a moderator of leader-member exchange to satisfaction and performance relationships. *Journal of applied psychology*, 92(2), 321.
- Erskine, J. A. K., & Georgiou, G. J. (2017). Leadership Styles: Employee Stress, Well-being, Productivity, Turnover and Absenteeism. In P. Fauquet-Alekhine (Ed.), *Understanding Stress at Work* (pp. 28-40).
- Eurofound. (2017). Sixth European Working Conditions Survey – Overview report (2017 update). https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1634en.pdf
- European Commission. (2021, October 7). European Core Health Indicators (ECHI). ECHI Data Tool. https://ec.europa.eu/health/social_determinants/indicators_en
- Evanoff, B. A., Bohr, P. C., & Wolf, L. D. (1999). Effects of a participatory ergonomics team among hospital orderlies. *American journal of industrial medicine*, 35(4), 358-365.

- Fernet, C., Trépanier, S. G., Austin, S., Gagné, M., & Forest, J. (2015). Transformational leadership and optimal functioning at work: On the mediating role of employees' perceived job characteristics and motivation. *Work & Stress*, 29(1), 11-31.
- Ferrie, J. E., Kivimäki, M., Head, J., Shipley, M. J., Vahtera, J., & Marmot, M. G. (2005). A comparison of self-reported sickness absence with absences recorded in employers' registers: evidence from the Whitehall II study. *Occupational and Environmental Medicine*, 62(2), 74-79.
- Fida, R., Laschinger, H. K. S., & Leiter, M. P. (2018). The protective role of self-efficacy against workplace incivility and burnout in nursing: A time-lagged study. *Health care management review*, 43(1), 21-29.
- Fitzgerald, S., & Schutte, N. S. (2010). Increasing transformational leadership through enhancing self-efficacy. *Journal of Management Development*, 29(5), 495-505.
- Fitzgerald, S., Kirby, A., Murphy, A., & Geaney, F. (2016). Obesity, diet quality and absenteeism in a working population. *Public health nutrition*, 19(18), 3287-3295.
- Fleiss, J. L., Levin, B., & Paik, M. C. (2013). *Statistical methods for rates and proportions*. John Wiley & Sons.
- Foa, E. B., & Foa, U. G. (1980). Resource theory. In *Social exchange* (pp. 77-94). Springer, Boston, MA.
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American psychologist*, 55(6), 647.
- Frick, B., & Malo, M. Á. (2008). Labor market institutions and individual absenteeism in the European Union: the relative importance of sickness benefit systems and employment protection legislation. *Industrial Relations: A Journal of Economy and Society*, 47(4), 505-529.
- Frooman, J., Mendelson, M. B., & Murphy, K. J. (2012). Transformational and passive avoidant leadership as determinants of absenteeism. *Leadership & Organization Development Journal*, 33(5), 447-463.
- Gardner, W. L., Lowe, K. B., Meuser, J. D., Noghani, F., Gullifor, D. P., & Cogliser, C. C. (2020). The leadership trilogy: A review of the third decade of the leadership quarterly. *The Leadership Quarterly*, 31(1), 101379.
- Gardner, W. L., Lowe, K. B., Moss, T. W., Mahoney, K. T., & Cogliser, C. C. (2010). Scholarly leadership of the study of leadership: A review of The Leadership Quarterly's second decade, 2000–2009. *The Leadership Quarterly*, 21(6), 922-958.
- Gergen, K. J. (1969). *The psychology of behavioral exchange*. Addison-Wesley.
- Glynn, M. A., & DeJordy, R. (2010). Leadership through an organization behavior lens. *Handbook of leadership theory and practice*, 119-157.
- Godin, I., & Kittel, F. (2004). Differential economic stability and psychosocial stress at work: associations with psychosomatic complaints and absenteeism. *Social science & medicine*, 58(8), 1543-1553.

- Gohar, B., Larivière, M., Lightfoot, N., Larivière, C., Wenghofer, E., & Nowrouzi-kia, B. (2021). Demographic, Lifestyle, and Physical Health Predictors of Sickness Absenteeism in Nursing: A Meta-Analysis. *Safety and Health at Work, 12*(4), 536-543.
- Goldberg, C. B., & Waldman, D. A. (2000). Modeling employee absenteeism: Testing alternative measures and mediated effects based on job satisfaction. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, 21*(6), 665-676.
- González-Romá, V., Valls, V., & Hauth, T. (2020). Is leader developing behavior related to employees' health complaints? a multilevel investigation. *Revista Psicologia Organizações e Trabalho, 20*(4), 1296-1305.
- Goodman, P. S., & Atkin, R. S. (1984). *Effects of absenteeism on individuals and organizations*.
- Gooty, J., Gavin, M., Johnson, P. D., Frazier, M. L., & Snow, D. B. (2009). In the eyes of the beholder: Transformational leadership, positive psychological capital, and performance. *Journal of Leadership & Organizational Studies, 15*(4), 353-367.
- Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. *American sociological review, 161-178*.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today, 24*(2), 105-112.
- Greco, P., Laschinger, H. K. S., & Wong, C. (2006). Leader empowering behaviours, staff nurse empowerment and work engagement/burnout. *Nursing Leadership, 19*(4), 41-56.
- Gurt, J., Schwennen, C., & Elke, G. (2011). Health-specific leadership: is there an association between leader consideration for the health of employees and their strain and well-being? *Work & Stress, 25*(2), 108-127.
- Hackett, R. D. (1990). Age, tenure, and employee absenteeism. *Human Relations, 43*(7), 601-619.
- Hackman, J. R., & Oldham, G. (1976). Motivation through the design of work: Test of a theory. *Organizational behavior and human performance, 16*(2), 250-279.
- Hammersley, M. (1992). *What's Wrong with Ethnography?* Routledge, London.
- Han, K. S. (2005). Self efficacy, health promoting behaviors, and symptoms of stress among university students. *Journal of Korean Academy of Nursing, 35*(3), 585-592.
- Hardy, L., Arthur, C. A., Jones, G., Shariff, A., Munnoch, K., Isaacs, I., & Allsopp, A. J. (2010). The relationship between transformational leadership behaviors, psychological, and training outcomes in elite military recruits. *The Leadership Quarterly, 21*(1), 20-32.
- Harms, P. D., Credé, M., Tynan, M., Leon, M., & Jeung, W. (2017). Leadership and stress: A meta-analytic review. *The leadership quarterly, 28*(1), 178-194.
- Harrison, D. A., Newman, D. A., & Roth, P. L. (2006). How important are job attitudes? Meta-analytic comparisons of integrative behavioral outcomes and time sequences. *Academy of Management journal, 49*(2), 305-325.

- Hart, J. Y. (1922). An investigation of sickness data of public elementary school teachers in London, 1904-1919. *Journal of the royal statistical society*, 85(3), 349-411
- Hassan, S., Wright, B. E., & Yukl, G. (2014). Does ethical leadership matter in government? Effects on organizational commitment, absenteeism, and willingness to report ethical problems. *Public Administration Review*, 74(3), 333-343.
- Hassink, W. H., & Koning, P. (2009). Do financial bonuses reduce employee absenteeism? Evidence from a lottery. *ILR Review*, 62(3), 327-342.
- Hausknecht, J. P., Hiller, N. J., & Vance, R. J. (2008). Work-unit absenteeism: Effects of satisfaction, commitment, labor market conditions, and time. *Academy of Management Journal*, 51(6), 1223-1245.
- Hensing, G., Alexanderson, K., Allebeck, P., & Bjurulf, P. (1998). How to measure sickness absence? Literature review and suggestion of five basic measures. *Scandinavian journal of social medicine*, 26(2), 133-144.
- Herman, H. M., & Chiu, W. C. (2014). Transformational leadership and job performance: A social identity perspective. *Journal of business research*, 67(1), 2827-2835.
- Herrmann, M. A., & Rockoff, J. E. (2012). Worker absence and productivity: Evidence from teaching. *Journal of Labor Economics*, 30(4), 749-782.
- Hersey, P., & Blanchard, K. H. (1969). Life cycle theory of leadership. *Training & Development Journal*.
- Hesselius, P. (2007). Does sickness absence increase the risk of unemployment?. *The Journal of Socio-Economics*, 36(2), 288-310.
- Hoch, J. E., Bommer, W. H., Dulebohn, J. H., & Wu, D. (2018). Do ethical, authentic, and servant leadership explain variance above and beyond transformational leadership? A meta-analysis. *Journal of Management*, 44(2), 501-529.
- Holzbach, R. L. (1978). Rater bias in performance ratings: Superior, self-, and peer ratings. *Journal of applied psychology*, 63(5), 579.
- Howell, J. M., & Hall-Merenda, K. E. (1999). The ties that bind: The impact of leader-member exchange, transformational and transactional leadership, and distance on predicting follower performance. *Journal of applied psychology*, 84(5), 680.
- Huang, J. W. (2013). The effects of transformational leadership on the distinct aspects development of social identity. *Group Processes & Intergroup Relations*, 16(1), 87-104.
- Ichino, A., & Riphahn, R. T. (2005). The effect of employment protection on worker effort: Absenteeism during and after probation. *Journal of the European Economic Association*, 3(1), 120-143.
- Ihlebaek, C., Brage, S., & Eriksen, H. R. (2007). Health complaints and sickness absence in Norway, 1996–2003. *Occupational medicine*, 57(1), 43-49.
- Inceoglu, I., Thomas, G., Chu, C., Plans, D., & Gerbasi, A. (2018). Leadership behavior and employee well-being: An integrated review and a future research agenda. *The Leadership Quarterly*, 29(1), 179-202.

- Itzkovich, Y., Heilbrunn, S., & Aleksic, A. (2020). Full range indeed? The forgotten dark side of leadership. *Journal of Management Development*.
- Johns, G., & Miraglia, M. (2015). The reliability, validity, and accuracy of self-reported absenteeism from work: A meta-analysis. *Journal of Occupational Health Psychology, 20*(1), 1.
- Judge, T. A., & Piccolo, R. F. (2004). Transformational and transactional leadership: a meta-analytic test of their relative validity. *Journal of applied psychology, 89*(5), 755.
- Judge, T. A., Fluegge Woolf, E., Hurst, C., & Livingston, B. (2006). Charismatic and transformational leadership: A review and an agenda for future research. *Zeitschrift für Arbeits-und Organisationspsychologie A&O, 50*(4), 203-214.
- Jung, D. I., & Sosik, J. J. (2002). Transformational leadership in work groups: The role of empowerment, cohesiveness, and collective-efficacy on perceived group performance. *Small group research, 33*(3), 313-336.
- Jung, Y., & Takeuchi, N. (2010). Performance implications for the relationships among top management leadership, organizational culture, and appraisal practice: Testing two theory-based models of organizational learning theory in Japan. *The International Journal of Human Resource Management, 21*(11), 1931-1950.
- Karanika-Murray, M., & Cooper, C. L. (2018). Presenteeism: An introduction to a prevailing global phenomenon.
- Karasek, R. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative science quarterly, 28*5-308.
- Karasek, R. (1990). Healthy work. *Stress, productivity, and the reconstruction of working life*.
- Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The Job Content Questionnaire (JCQ): an instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of occupational health psychology, 3*(4), 322.
- Keller, T., & Dansereau, F. (1995). Leadership and empowerment: A social exchange perspective. *Human Relations, 48*(2), 127-146.
- Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress, 24*(3), 260-279.
<http://dx.doi.org/10.1080/02678373.2010.518441>
- Kelloway, K. E., Barling, J., & Helleur, J. (2000). Enhancing transformational leadership: The roles of training and feedback. *Leadership & Organization Development Journal, 21*(3), 145-149.
- Kerner, I., Rakovac, M., & Lazinica, B. (2017). Leisure-time physical activity and absenteeism. *Archives of Industrial Hygiene and Toxicology, 68*(3), 159-170.
- Khan, Z. A., Nawaz, A., & Khan, I. (2016). Leadership theories and styles: A literature review. *Leadership, 16*(1), 1-7.
- Kim, J., & Garman, E. T. (2003). Financial stress and absenteeism: An empirically derived model. *Financial Counseling and Planning, 14*(1), 31-42.

- Kim, M., & Beehr, T. A. (2018a). Empowering leadership: leading people to be present through affective organizational commitment?. *The International Journal of Human Resource Management*, 1-25.
- Kim, M., & Beehr, T. A. (2018b). Organization-based self-esteem and meaningful work mediate effects of empowering leadership on employee behaviors and well-being. *Journal of Leadership & Organizational Studies*, 25(4), 385-398.
- Kivimäki, M., Head, J., Ferrie, J. E., Shipley, M. J., Vahtera, J., & Marmot, M. G. (2003). Sickness absence as a global measure of health: evidence from mortality in the Whitehall II prospective cohort study. *Bmj*, 327(7411), 364.
- Koizumi, M., Ito, H., Kaneko, Y., & Motohashi, Y. (2008). Effect of having a sense of purpose in life on the risk of death from cardiovascular diseases. *Journal of epidemiology*, 0808270028-0808270028.
- Kraus, F., Ahearne, M., Lam, S. K., & Wieseke, J. (2012). Toward a contingency framework of interpersonal influence in organizational identification diffusion. *Organizational Behavior and Human Decision Processes*, 118(2), 162-178.
- Kuoppala, J., Lamminpää, 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(8), 904-915.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of management*, 43(6), 1854-1884.
- Labrague, L. J., Nwafor, C. E., & Tsaras, K. (2020). Influence of toxic and transformational leadership practices on nurses' job satisfaction, job stress, absenteeism and turnover intention: A cross-sectional study. *Journal of Nursing Management*, 28(5), 1104-1113.
- Labriola, M., Christensen, K. B., Lund, T., Nielsen, M. L., & Diderichsen, F. (2006). Multilevel analysis of workplace and individual risk factors for long-term sickness absence. *Journal of occupational and environmental medicine*, 48(9), 923-929.
- Lambert, E. G., Edwards, C., Camp, S. D., & Saylor, W. G. (2005). Here today, gone tomorrow, back again the next day: Antecedents of correctional absenteeism. *Journal of Criminal Justice*, 33(2), 165-175.
- Landeweerd, J. A., & Boumans, N. P. (1994). The effect of work dimensions and need for autonomy on nurses' work satisfaction and health. *Journal of occupational and organizational psychology*, 67(3), 207-217.
- Lawrence, B. S. (1984). Age grading: The implicit organizational timetable. *Journal of Organizational Behavior*, 5(1), 23-35.
- Lee, D., Coustasse, A., & Sikula Sr, A. (2011). Transformational leadership and workplace injury and absenteeism: Analysis of a national nursing assistant survey. *Health Care Management Review*, 36(4), 380-387.
- Levine, R. M., & Reicher, S. D. (1996). Making sense of symptoms: Self-categorization and the meaning of illness and injury. *British Journal of Social Psychology*, 35(2), 245-256.

- Lewin, K., Lippitt, R., & White, R. K. (1939). Patterns of aggressive behavior in experimentally created “social climates”. *The Journal of social psychology*, 10(2), 269-299.
- Locke, E. A., & Latham, G. P. (1985). The application of goal setting to sports. *Journal of Sport and Exercise Psychology*, 7(3), 205-222.
- Locke, E. A., & Latham, G. P. (1990). *A theory of goal setting & task performance*. Prentice-Hall, Inc.
- Locke, E. A., & Latham, G. P. (2019). The development of goal setting theory: A half century retrospective. *Motivation Science*, 5(2), 93.
- Lohaus, D., & Habermann, W. (2019). Presenteeism: A review and research directions. *Human Resource Management Review*, 29(1), 43-58.
- Løkke Nielsen, A. K. (2008). Determinants of absenteeism in public organizations: a unit-level analysis of work absence in a large Danish municipality. *The International Journal of Human Resource Management*, 19(7), 1330-1348.
- Losina, E., Yang, H. Y., Deshpande, B. R., Katz, J. N., & Collins, J. E. (2017). Physical activity and unplanned illness-related work absenteeism: Data from an employee wellness program. *PloS one*, 12(5), e017
- Lowe, K. B., & Gardner, W. L. (2000). Ten years of the leadership quarterly: Contributions and challenges for the future. *The leadership quarterly*, 11(4), 459-514.
- Lucey, S. P. (2008). Can pre-placement health assessments predict subsequent sickness absence?. *Occupational medicine*, 58(5), 355-360.
- Luz, J., & Green, M. S. (1997). Sickness absenteeism from work--a critical review of the literature. *Public health reviews*, 25(2), 89-122.
- Mabe, P. A., & West, S. G. (1982). Validity of self-evaluation of ability: A review and meta-analysis. *Journal of Applied Psychology*, 67(3), 280.
- March, J. G., & Simon, H. A. (1993). *Organizations*. John wiley & sons.
- Markham, S. E. (1985). An investigation of the relationship between unemployment and absenteeism: A multi-level approach. *Academy of Management Journal*, 28(1), 228-234.
- Markussen, S., & Røed, K. (2017). The market for paid sick leave. *Journal of health economics*, 55, 244-261.
- Markussen, S., Røed, K., Røgeberg, O. J., & Gaure, S. (2011). The anatomy of absenteeism. *Journal of health economics*, 30(2), 277-292.
- Marmot, M., Feeney, A., Shipley, M., North, F., & Syme, S. L. (1995). Sickness absence as a measure of health status and functioning: from the UK Whitehall II study. *Journal of Epidemiology & Community Health*, 49(2), 124-130.
- Martín, J. L. C., González, A. C., Pevida, E. P., Maza, P. A., & Vicente, E. G. (2018). Estudio de los procesos de incapacidad temporal respecto a la edad del trabajador. *Seguridad y Salud en el Trabajo*, (94), 27-37.
- Martin, R., Guillaume, Y., Thomas, G., Lee, A., & Epitropaki, O. (2016). Leader–Member exchange (LMX) and performance: A Meta-Analytic review. *Personnel Psychology*, 69(1), 67-121.

- Martin, R., Hughes, D. J., Epitropaki, O., & Thomas, G. (2020). In pursuit of causality in leadership training research: A review and pragmatic recommendations. *The Leadership Quarterly*, 101375
- Martín-Román, Á., & Moral, A. (2017). A methodological proposal to evaluate the cost of duration moral hazard in workplace accident insurance. *The European Journal of Health Economics*, 18(9), 1181-1198.
- Martocchio, J. J. (1989). Age-related differences in employee absenteeism: a meta-analysis. *Psychology and aging*, 4(4), 409.
- Mason, C., Griffin, M., & Parker, S. (2014). Transformational leadership development: Connecting psychological and behavioral change. *Leadership & Organization Development Journal*, 35(3), 174-194.
- Mastekaasa, A. (2020). Absenteeism in the Public and the Private Sector: Does the Public Sector Attract High Absence Employees?. *Journal of Public Administration Research and Theory*, 30(1), 60-76.
- McHugh, M. (2002). The absence bug: a treatable viral infection?. *Journal of managerial psychology*.
- McHugh, M. L. (2012). Interrater reliability: the kappa statistic. *Biochemia medica*, 22(3), 276-282.
- McKnight, P. E., & Kashdan, T. B. (2009). Purpose in life as a system that creates and sustains health and well-being: An integrative, testable theory. *Review of General Psychology*, 13(3), 242-251.
- McLagan, P. A., & Nel, C. (1995). *The age of participation: New governance for the workplace and the world*. Berrett-Koehler Publishers.
- Mendelson, M. B., Frooman, J., & Murphy, K. (2006). Perceptions of leadership as a determinant of legitimate and illegitimate use of sick leave. Proceedings of the Administrative Sciences Association of Canada Conference (Organizational Behaviour Division).
- Michie, S., & Williams, S. (2003). Reducing work related ill-health and sickness absence: A systematic literature review. *Occupational and Environmental Medicine*, 60, 3–9.
- Miller, K. I., & Monge, P. R. (1986). Participation, satisfaction, and productivity: A meta-analytic review. *Academy of management Journal*, 29(4), 727-753.
- Milligan-Saville, J. S., Tan, L., Gayed, A., Barnes, C., Madan, I., Dobson, M., ... & Harvey, S. B. (2017). Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial. *The Lancet Psychiatry*, 4(11), 850-858.
- Montano, D. (2016). Supervisor behaviour and its associations with employees' health in Europe. *International archives of occupational and environmental health*, 89(2), 289-298.
- Montano, D., Reeske, A., Franke, F., & Hüffmeier, J. (2017). Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 38(3), 327-350.

- Morgan, L. G., & Herman, J. B. (1976). Perceived consequences of absenteeism. *Journal of Applied Psychology, 61*(6), 738.
- Morrow, P. C., McElroy, J. C., Lacznik, K. S., & Fenton, J. B. (1999). Using absenteeism and performance to predict employee turnover: Early detection through company records. *Journal of vocational behavior, 55*(3), 358-374.
- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research, 10*, 3–5
- Mowday, R. T., Porter, L. W., & Steers, R. M. (2013). *Employee—organization linkages: The psychology of commitment, absenteeism, and turnover*. Academic press.
- Mullen, J. E., & Kelloway, E. K. (2009). Safety leadership: A longitudinal study of the effects of transformational leadership on safety outcomes. *Journal of Occupational and Organizational Psychology, 82*(2), 253-272.
- Muthén, L. K., & Muthén, B. O. (2015). *Mplus user's guide* (7th ed.). Los Angeles, CA: Author.
- Narayan, A., Steele-Johnson, D., Delgado, K. M., & Cole, P. A. (2007). Differential effects of pretraining influences on readiness to change. *The Journal of Psychology, 141*(1), 47-60.
- Ng, T. W., & Feldman, D. C. (2008). The relationship of age to ten dimensions of job performance. *Journal of applied psychology, 93*(2), 392.
- Nielsen, K., & Daniels, K. (2016). The relationship between transformational leadership and follower sickness absence: the role of presenteeism. *Work & Stress, 30*(2), 193-208.
- Nielsen, K., & Munir, F. (2009). How do transformational leaders influence followers' affective well-being? Exploring the mediating role of self-efficacy. *Work & Stress, 23*(4), 313-329
- Nielsen, K., & Taris, T. W. (2019). Leading well: Challenges to researching leadership in occupational health psychology—and some ways forward. *Work & Stress, 33*(2), 107-118.
- Nielsen, M. B., Christensen, J. O., Finne, L. B., & Knardahl, S. (2020). Workplace bullying, mental distress, and sickness absence: the protective role of social support. *International archives of occupational and environmental health, 93*(1), 43-53.
- Nielsen, M. L., Rugulies, R., Christensen, K. B., Smith-Hansen, L., & Kristensen, T. S. (2006). Psychosocial work environment predictors of short and long spells of registered sickness absence during a 2-year follow up. *Journal of occupational and environmental medicine, 48*(6), 591-598.
- Nilsen, W., Skipstein, A., Østby, K. A., & Mykletun, A. (2017). Examination of the double burden hypothesis—a systematic review of work–family conflict and sickness absence. *European Journal of Public Health, 27*(3), 465-471.
- Nohe, C., & Hertel, G. (2017). Transformational leadership and organizational citizenship behavior: A meta-analytic test of underlying mechanisms. *Frontiers in Psychology, 8*, 1364.

- North, F. M., Syme, S. L., Feeney, A., Shipley, M., & Marmot, M. (1996). Psychosocial work environment and sickness absence among British civil servants: the Whitehall II study. *American journal of public health*, 86(3), 332-340.
- Nyberg, A., Westerlund, H., Magnusson Hanson, L. 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(8), 803-811.
- Nye, J. L., & Forsyth, D. R. (1991). The effects of prototype-based biases on leadership appraisals: A test of leadership categorization theory. *Small Group Research*, 22(3), 360-379.
- O'Reilly, C., & Chatman, J. (1996). Culture as social control: Corporations, culture, and commitment. *Research in organizational behavior*, 18, 157-200.
- O'Neill, B. S., & Mone, M. A. (1998). Investigating equity sensitivity as a moderator of relations between self-efficacy and workplace attitudes. *Journal of Applied Psychology*, 83(5), 805.
- Ortega, V. (2003). Adaptación al castellano de la versión abreviada de Survey of Perceived Organizational Support. *Encuentros en Psicología Social*, 1 (1), 3-6.
- Østby, K. A., Mykletun, A., & Nilsen, W. (2018). Explaining the gender gap in sickness absence. *Occupational Medicine*, 68(5), 320-326.
- Osterkamp, R., & Röhn, O. (2007). Being on sick leave: possible explanations for differences of sick-leave days across countries. *CESifo Economic Studies*, 53(1), 97-114.
- Parasuraman, S. (1982). Predicting turnover intentions and turnover behavior: A multivariate analysis. *Journal of Vocational Behavior*, 21(1), 111-121.
- Parkes, K. R. (1982). Occupational stress among student nurses: A natural experiment. *Journal of Applied Psychology*, 67(6), 784.
- Parry, K. W., & Sinha, P. N. (2005). Researching the trainability of transformational organizational leadership. *Human Resource Development International*, 8(2), 165-183.
- Peiró, J. M., Hauth, T. H., & Mesa, J. M. (2020a). *El uso, abuso y no uso de la incapacidad temporal*. Umivale. https://umivale.es/dam/informes-absentismo/Informe-2_EstudioIT.pdf
- Peiró, J. M., Hauth, T. H., & Mesa, J. M. (2020b). *Los cambios de la tasa de incapacidad temporal antes, durante y después de la crisis económica*. Umivale. https://umivale.es/dam/informes-absentismo/Informe-1_Focus-Group.pdf
- Peiró, J. M., Rodríguez-Molina, I., & González-Morales, M. G. (2008). *El absentismo laboral: Antecedentes, consecuencias y estrategias de mejora*. Universitat de València.
- Peiró, J.M. & Rodriguez, I. (2008). Work Stress, leadership and organizational health. En V. Weber (Ed.). *Health is the Greatest Wealth. The key to future economic prosperity and business excellence in Europe*. Germany: Bertelsmann Stiftung, BKK Bundesverband, pp. 88-99

- Peiró, J.M. (2017). Liderazgo y salud laboral. En L. Garcia-Izquierdo (Ed.), *Ergonomía y Psicología aplicada a la prevención de Riesgos Laborales*. Cátedra Asturias de Prevención. Universidad de Oviedo. Pp. 545-572
- Plotnikoff, R. C., Pickering, M. A., Flaman, L. M., & Spence, J. C. (2010). The role of self-efficacy on the relationship between the workplace environment and physical activity: a longitudinal mediation analysis. *Health Education & Behavior, 37*(2), 170-185.
- Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The leadership quarterly, 1*(2), 107-142.
- Pouliakas, K., & Theodoropoulos, N. (2009). Variety of performance pay and firm performance: effect of financial incentives on worker absence and productivity.
- Pousette, A., & Hanse, J. J. (2002). Job characteristics as predictors of ill-health and sickness absenteeism in different occupational types--a multigroup structural equation modelling approach. *Work & Stress, 16*(3), 229-250.
- Pransky, G., Shaw, W. S., Loisel, P., Hong, Q. N., & Désorcy, B. (2010). Development and validation of competencies for return to work coordinators. *Journal of occupational rehabilitation, 20*(1), 41-48.
- Rasmussen, H. N., Scheier, M. F., & Greenhouse, J. B. (2009). Optimism and physical health: A meta-analytic review. *Annals of behavioral medicine, 37*(3), 239-256.
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: a review of the literature. *Journal of applied psychology, 87*(4), 698.
- Richardson, H. A., & Vandenberg, R. J. (2005). Integrating managerial perceptions and transformational leadership into a work-unit level model of employee involvement. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, 26*(5), 561-589.
- Roelen, C. A., Weites, S. H., Koopmans, P. C., van der Klink, J. J., & Groothoff, J. W. (2008). Sickness absence and psychosocial work conditions: a multilevel study. *Occupational medicine, 58*(6), 425-430.
- Rost, J. C. (1993). Leadership development in the new millennium. *Journal of Leadership Studies, 1*(1), 91-110.
- Rousseau, D. M., Sitkin, S. B., Burt, R. S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academy of management review, 23*(3), 393-404.
- Rudolph, C. W. (2011). A meta-analytic framework for understanding how leader-subordinate age differences impact leadership effectiveness ratings: A novel approach to relational demography. (Publication No. 294) [Doctoral dissertation, Wayne State University]. Wayne State University Dissertations.
- Rudolph, C. W., Murphy, L. D., & Zacher, H. (2019). A systematic review and critique of research on "healthy leadership". *The Leadership Quarterly, 101335*.

- Rugulies, R., Christensen, K. B., Borritz, M., Villadsen, E., Bültmann, U., & Kristensen, T. S. (2007). The contribution of the psychosocial work environment to sickness absence in human service workers: Results of a 3-year follow-up study. *Work & Stress, 21*(4), 293-311.
- Ruhle, S. A., & Süß, S. (2020). Presenteeism and absenteeism at work—an analysis of archetypes of sickness attendance cultures. *Journal of Business and Psychology, 35*(2), 241-255.
- Ruxton, G. D., & Neuhäuser, M. (2010). When should we use one-tailed hypothesis testing?. *Methods in Ecology and Evolution, 1*(2), 114-117.
- Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Publications.
- Salanova, M., Rodríguez-Sánchez, A. M., & Nielsen, K. (2020). The impact of group efficacy beliefs and transformational leadership on followers' self-efficacy: a multilevel-longitudinal study. *Current Psychology, 1-10*.
- Sanders, K., & Nauta, A. (2004). Social cohesiveness and absenteeism: The relationship between characteristics of employees and short-term absenteeism within an organization. *Small Group Research, 35*(6), 724-741
- Schaufeli, W. B., Bakker, A. B., & Van Rhenen, W. (2009). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, 30*(7), 893-917.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health psychology, 4*(3), 219.
- Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.
- Schmid, J. A., Jarczok, M. N., Sonntag, D., Herr, R. M., Fischer, J. E., & Schmidt, B. (2017). Associations Between Supportive Leadership Behavior and the Costs of Absenteeism and Presenteeism: An Epidemiological and Economic Approach. *Journal of occupational and environmental medicine, 59*(2), 141-147.
- Schmid, J. A., Jarczok, M. N., Sonntag, D., Herr, R. M., Fischer, J. E., & Schmidt, B. (2017). Associations Between Supportive Leadership Behavior and the Costs of Absenteeism and Presenteeism: An Epidemiological and Economic Approach. *Journal of occupational and environmental medicine, 59*(2), 141-147.
- Schreuder, J. A. H., Groothoff, J. W., Jongsma, D., Van Zweeden, N. F., Van Der Klink, J. J. L., & Roelen, C. A. M. (2013). Leadership effectiveness: a supervisor's approach to manage return to work. *Journal of occupational rehabilitation, 23*(3), 428-437.
- Schreuder, J. A. H., Groothoff, J. W., Jongsma, D., van Zweeden, N. F., van der Klink, J. J. L., & Roelen, C. A. M. (2012). Leadership effectiveness and staff sickness absence: a controlled before and after study. *Managing sickness absence, 151*.
- Schreuder, J. A., Roelen, C. A., Van Zweeden, N. F., Jongsma, D., Van der Klink, J. J., & Groothoff, J. W. (2011). Leadership effectiveness and recorded sickness absence among nursing staff: a cross-sectional pilot study. *Journal of Nursing Management, 19*(5), 585-595.

- Seltzer, J., Numerof, R. E., & Bass, B. M. (1989). Transformational leadership: Is it a source of more or less burn-out and stress? *Journal of Health and Human Resources Administration*, 12, 174–185.
- Shanock, L. R., & Eisenberger, R. (2006). When supervisors feel supported: Relationships with subordinates' perceived supervisor support, perceived organizational support, and performance. *Journal of Applied psychology*, 91(3), 689.
- Shapira-Lishchinsky, O., & Raftar-Ozery, T. (2018). Leadership, absenteeism acceptance, and ethical climate as predictors of teachers' absence and citizenship behaviors. *Educational Management Administration & Leadership*, 46(3), 491-510.
- Siegrist, J. (2002). Effort-reward imbalance at work and health. In *Historical and current perspectives on stress and health*. Emerald Group Publishing Limited.
- Siegrist, J. (2005). Social reciprocity and health: new scientific evidence and policy implications. *Psychoneuroendocrinology*, 30(10), 1033-1038.
- Silva-Junior, J. S. D., & Fischer, F. M. (2014). Long-term sickness absence due to mental disorders is associated with individual features and psychosocial work conditions. *PLoS One*, 9(12), e115885.
- Siu, O. L., Cooper, C. L., & Phillips, D. R. (2014). Intervention studies on enhancing work well-being, reducing burnout, and improving recovery experiences among Hong Kong health care workers and teachers. *International Journal of Stress Management*, 21(1), 69.
- Slany, C., Schütte, S., Chastang, J. F., Parent-Thirion, A., Vermeulen, G., & Niedhammer, I. (2014). Psychosocial work factors and long sickness absence in Europe. *International journal of occupational and environmental health*, 20(1), 16-25.
- Smulders, P. G., & Nijhuis, F. J. (1999). The job demands-job control model and absence behaviour: results of a 3-year longitudinal study. *Work & Stress*, 13(2), 115-131.
- Soane, E., Shantz, A., Alfes, K., Truss, C., Rees, C., & Gatenby, M. (2013). The association of meaningfulness, well-being, and engagement with absenteeism: a moderated mediation model. *Human resource management*, 52(3), 441-456.
- Sosik, J. J., Avolio, B. J., & Kahai, S. S. (1997). Effects of leadership style and anonymity on group potency and effectiveness in a group decision support system environment. *Journal of applied psychology*, 82(1), 89.
- St. Claire, L., & He, Y. (2007). *How do I know if I need a hearing aid? Using self-categorisation theory to understand symptoms of hearing loss in older people*. In British Psychological Society Health Division Conference, Nottingham.
- St. Claire, L., Clift, A., & Dumbelton, L. (2008). How do I know what I feel? Evidence for the role of self-categorisation in symptom perceptions. *European Journal of Social Psychology*, 38(1), 173-186.
- Stamov-Roßnagel, C., & Hertel, G. (2010). Older workers' motivation: against the myth of general decline. *Management decision*.

- Steers, R. M., & Rhodes, S. R. (1978). Major influences on employee attendance: A process model. *Journal of applied Psychology*, 63(4), 391.
- Steger, M. F. (2017). *Creating meaning and purpose at work*. The Wiley Blackwell Handbook of the Psychology of Positivity and Strengths-Based Approaches at Work, 60-81.
- Steger, M. F., Dik, B. J., & Duffy, R. D. (2012). Measuring meaningful work: The work and meaning inventory (WAMI). *Journal of career Assessment*, 20(3), 322-337.
- Stoetzer, U., Bergman, P., Åborg, C., Johansson, G., Ahlberg, G., Parmund, M., & Svartengren, M. (2014). Organizational factors related to low levels of sickness absence in a representative set of Swedish companies. *Work*, 47(2), 193-205.
- Straume, L. V., & Vittersø, J. (2015). Well-being at work: Some differences between life satisfaction and personal growth as predictors of subjective health and sick-leave. *Journal of Happiness Studies*, 16(1), 149-168.
- Sun, L. (2019). Perceived organizational support: A literature review. *International Journal of Human Resource Studies*, 9(3), 155-175.
- Taimela, S., Lr, E., Malmivaara, A., Tiekso, J., Sintonen, H., Justn, S., & Aro, T. (2007). Self-reported health problems and sickness absence in different age groups predominantly engaged in physical work. *Occupational and environmental medicine*, 64(11), 739-746.
- Tenhiälä, A., Linna, A., Bonsdorff, M. V., Pentti, J., Vahtera, J., Kivimäki, M., & Elovainio, M. (2013). Organizational justice, sickness absence and employee age. *Journal of Managerial Psychology*, 28(7-8), 805-825.
- Tepper, B. J., & Taylor, E. C. (2003). Relationships among supervisors' and subordinates' procedural justice perceptions and organizational citizenship behaviors. *Academy of Management Journal*, 46(1), 97-105.
- Tepper, B. J., Simon, L., & Park, H. M. (2017). Abusive supervision. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 123-152.
- Texto Refundido de la Ley General de la Seguridad Social (2015). Real Decreto Legislativo 8/2015, de 30 de octubre, por el que se aprueba el texto refundido de la Ley General de la Seguridad Social. Published in «BOE» núm. 261, de 31/10/2015. Reference: *BOE-A-2015-11724*.
<https://www.boe.es/eli/es/rdlg/2015/10/30/8/con>
- Tims, M., Bakker, A. B., & Derks, D. (2013). The impact of job crafting on job demands, job resources, and well-being. *Journal of occupational health psychology*, 18(2), 230.
- Toppinen-Tanner, S., Ojajarvi, A., Väänänen, A., Kalimo, R., & Jäppinen, P. (2005). Burnout as a predictor of medically certified sick-leave absences and their diagnosed causes. *Behavioral medicine*, 31(1), 18-32.
- Umivale (2020). Cálculo interno de umivale basado en los datos del Instituto Nacional de Estadística (INE) sobre salarios y costes laborales;
https://www.ine.es/dyngs/INEbase/es/categoria.htm?c=Estadistica_P&cid=1254735976596

- Väänänen, A., Toppinen-Tanner, S., Kalimo, R., Mutanen, P., Vahtera, J., & Peiró, J. M. (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(5), 807-824.
- Vahtera, J., Kivimäki, M., & Pentti, J. (2001). The role of extended weekends in sickness absenteeism. *Occupational and environmental medicine*, 58(12), 818-822.
- Vahtera, J., Pentti, J., & Kivimäki, M. (2004). Sickness absence as a predictor of mortality among male and female employees. *Journal of Epidemiology & community health*, 58(4), 321-326.
- Van Dierendonck, D., Le Blanc, P. M., & van Breukelen, W. (2002). Supervisory behavior, reciprocity and subordinate absenteeism. *Leadership & Organization Development Journal*, 23(2), 84-92.
- Van Woerkom, M., Bakker, A. B., & Nishii, L. H. (2016). Accumulative job demands and support for strength use: Fine-tuning the job demands-resources model using conservation of resources theory. *Journal of Applied Psychology*, 101(1), 141.
- Vega, C. y Zavala, G. (2004). *Adaptación del cuestionario multifactorial de liderazgo (MLQ Forma 5X Corta) de B. Bass y B. Avolio al contexto organizacional chileno*. [Tesis de licenciatura, Universidad de Chile]. Universidad de Chile.
- Virtanen, M., Kivimäki, M., Elovainio, M., Virtanen, P., & Vahtera, J. (2005). Local economy and sickness absence: prospective cohort study. *Journal of Epidemiology & Community Health*, 59(11), 973-978.
- Voss, M., Stark, S., Alfredsson, L., Vingård, E., & Josephson, M. (2008). Comparisons of self-reported and register data on sickness absence among public employees in Sweden. *Occupational and environmental medicine*, 65(1), 61-67.
- Walumbwa, F. O., Lawler, J. J., Avolio, B. J., Wang, P., & Shi, K. (2005). Transformational leadership and work-related attitudes: The moderating effects of collective and self-efficacy across cultures. *Journal of Leadership & Organizational Studies*, 11(3), 2-16.
- Walumbwa, F. O., Wang, P., Lawler, J. J., & Shi, K. (2004). The role of collective efficacy in the relations between transformational leadership and work outcomes. *Journal of occupational and organizational psychology*, 77(4), 515-530.
- Wang, G., Oh, I. S., Courtright, S. H., & Colbert, A. E. (2011). Transformational leadership and performance across criteria and levels: A meta-analytic review of 25 years of research. *Group & organization management*, 36(2), 223-270.
- Wang, H., Law, K. S., Hackett, R. D., Wang, D., & Chen, Z. X. (2005). Leader-member exchange as a mediator of the relationship between transformational leadership and followers' performance and organizational citizenship behavior. *Academy of management Journal*, 48(3), 420-432.
- Warr, P., & Birdi, K. (1998). Employee age and voluntary development activity. *International journal of training and development*, 2(3), 190-204.

- Wegge, J., Schmidt, K. H., Parkes, C., & Van Dick, R. (2007). Taking a sickie: Job satisfaction and job involvement as interactive predictors of absenteeism in a public organization. *Journal of occupational and organizational psychology*, 80(1), 77-89.
- Wickström, G., Hyytiäinen, K., Laine, M., Pentti, J., & Selonen, R. (1993). A five-year intervention study to reduce low back disorders in the metal industry. *International Journal of Industrial Ergonomics*, 12(1-2), 25-33.
- Wikman, A., Marklund, S., & Alexanderson, K. (2005). Illness, disease, and sickness absence: an empirical test of differences between concepts of ill health. *Journal of Epidemiology & Community Health*, 59(6), 450-454.
- World Health Organization. (1978). *Primary health care: report of the International Conference on primary health care. Alma-Ata, USSR, 6-12 September 1978*.
- World Health Organization. (2020, March 21). Absenteeism from work due to illness, days per employee per year. European Health Information Gateway. https://gateway.euro.who.int/en/indicators/hfa_411-2700-absenteeism-from-work-due-to-illness-days-per-employee-per-year/
- Wu, C., Neubert, M. J., & Yi, X. (2007). Transformational leadership, cohesion perceptions, and employee cynicism about organizational change: The mediating role of justice perceptions. *The Journal of Applied Behavioral Science*, 43(3), 327-351.
- Xanthopoulou, D., Bakker, A. B., & Fischbach, A. (2013). Work engagement among employees facing emotional demands. *Journal of Personnel Psychology*.
- Zeytinoglu, I., Lillevik, W., Seaton, B., & Moruz, J. (2004). Part-time and casual work in retail trade: stress and other factors affecting the workplace. *Relations Industrielles/Industrial Relations*, 59(3), 516-544.
- Zhu, W., Chew, I. K., & Spangler, W. D. (2005). CEO transformational leadership and organizational outcomes: The mediating role of human–capital-enhancing human resource management. *The leadership quarterly*, 16(1), 39-52.
- Zineldin, M., & Hytter, A. (2012). Leaders' negative emotions and leadership styles influencing subordinates' well-being. *The International Journal of Human Resource Management*, 23(4), 748-758.
- Zwick, T. (2012). Training effectiveness—Differences between younger and older employees. *Working and ageing*, 1752.
- Zwingmann, I., Wegge, J., Wolf, S., Rudolf, M., Schmidt, M., & Richter, P. (2014). Is transformational leadership healthy for employees? A multilevel analysis in 16 nations. *German Journal of Human Resource Management*, 28(1-2), 24-51.