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LEADERSHIP BEHAVIOR IN COMPANIES WITH AND WITHOUT A WORKPLACE HEALTH MANAGEMENT

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Abstract: Leadership conceptions and leadership behavior have been in the focus of science for a long time. The concepts are developed constantly and are frequently the subject of empirical research. During the last decades the concept of the transformational leadership emerged. In addition to this common approach this article displays the health-oriented leadership. Keeping the health of the employees in focus the Workplace Health Management (WHM) as well is an upcoming approach and provides many possibilities in this context. The aim of this paper is to investigate if there is a different leadership behavior in companies with a WHM and in companies without a WHM. For this purpose an empirical examination was conducted in Hungary and in Germany. This survey shows that there are significant differences in certain leadership behaviours within companies which have established a sustainable and long-term-oriented WHM and those who don´t.

Key words: workplace health management, leadership behaviors, health-oriented leadership

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Introduction

In a steady changing environment the employees are the most important resource and potential for companies. It is very crucial to have the required employees in the needed quantity and quality. Because of the increasing level of skills and qualifications the training and education of the employees is getting more difficult for companies in order to receive their expected number of qualified employees. After hiring the required employees it is also important to keep the skilled workers in the company because the incorporation of new employees requires a long period of time. In order to unfold their potentials and continue training and knowledge development which are very important factors for the personal career (Czeglédi and Juhàsz, 2013), it is essential for the employees to be healthy and in a good shape. In addition in many countries the life expectancy is continuously increasing (Europop, 2013) and as a result the lifelong working duration is getting longer, too. In this way it is crucial for a company to keep the employees healthy and productive till the old age. Caused by the psychological strain at the workplace the mental disorders like burnout are increasing and along with them the absence times

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(BAuA, 2013). It is important for companies to react to these challenges. This article focuses on two adjusting screws: (1) the leadership behavior and (2) the possibilities of a long-term sustainable Workplace Health Management. For both parts a brief overview is given and thereafter within an empirical study it is examined whether there are differences in the leadership behavior within companies which perform a long-term sustainable Workplace Health Management (WHM) and companies which do not perform such a WHM.

Theoretical Framework

Leadership

The evolution of leadership conceptions created different theories like the trait, the behavioral and the situational leadership approaches. In the last decades the concept of the transformational leadership emerged. This concept was found by Bernhard Bass and published in 1985 (Bass, 1985) for the first time. Other recent representatives of a transformational leadership behavior are e.g. Kouzes and Posner (1987). They display five fundamental leadership behaviors categories which they carved out in their empirical studies. These five main categories are (1) challenging the process, (2) inspiring a shared vision, (3) enabling others to act, (4) modeling the way and (5) encouraging the heart. To raise empirical data they developed the LPI-Questionnaire (Leadership Practices Inventory). This Questionnaire comes in two forms: the LPI-Self-Assessment and the LPI-Observer. With help of the LPI-Self-Assessment questionnaire the leader is able to estimate the own behavior. In contrast the LPI-Observer is used by employees to assess the behavior of the leader.
To the established leadership approaches the Workplace Health Management is able to contribute thoughts and models of health-oriented leadership behavior.

Workplace Health Management

One important source for the Workplace Health Mangement (WHM) already is the Ottawa-Charter of the WHO from 1986 (WHO, 1986). In this Charter it is demanded that „*Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society".* It is substantial that an implemented WHM must be understood as a holistic strategy (Esslinger et al., 2010; Hymel et al., 2011; Skovgaard et al., 2015). Already in the year 2004 Wattendorf and Wienemann (2004) postulated to integrate the aspect of health into the several existing management systems and to synchronize the targets to the focus of the health of the employees. In this way the Workplace Health Management is considered as a managerial task. Any decision (strategic or operational) has to be made with consideration of the health of the employees. This means that in all management areas and levels it should be acted corresponding to the intended results of the WHM. The important field of leadership behavior has powerful impact to this subject. Analyzing 42 publications about the connection

between leadership behavior and health or well-being of the employees Gregersen et al. (2011) were able to find indications which verify this connection.
Schneider et al. (2014) showed that there is a positive correlation between "good leadership behavior" and the health and performance of the employees. They pointed out that it's possible within a systematic WHM to support the leaders through specific training and thereby foster the health of the employees. In addition there are empirical studies which display that it's possible to have positive influence to both, health and performance, at the same time (i.g. Netta, 2011). Badura et al. (2010) stress that the direct leader carries special responsibility for the health of the subordinates. Furthermore, they emphasize that this depends on the fact how the leaders handle their own health and how good or bad they are qualified in this subject.
Schmidt (2011) defines a leadership behavior as health-oriented when the leader observes the long-term accurate fit of needs and resources. In his study (Schmidt 2011) he comes to the conclusion, that a successful performance and health-oriented leadership behavior comprises the design work situation in regard to:
(1) the free will of the employees (no compulsion), while avoiding self-exploitation, (2) sense, scope of action and feedback (praise), (3) the sense of coherence with regard to the activities, (4) the sensitization for the relation of requirements and resources and the thereby connected equilibrium.
He also describes what Kastner (2010) displays as the most important things a leader should avoid, i.e.: (1) set a negative example, (2) to speak badly about employees (behind their backs), (3) not admitting own weaknesses and mistakes, (4) not fulfill promises, (5) shirking away from decisions, (6) to replace trust with control.
This further studies in mind the question, if there are differences in the leadership behavior in companies with a long-term sustainable WHM and companies without such a WHM, arises.

Aim of the Survey

The aim of this survey is to investigate if there is a significant difference between the existence of certain leadership behaviors
a) in companies which perform a sustainable and long-term-oriented Workplace Health Management and
b) in companies which do not perform such a WHM
It is not the aim of the current survey to examine the reason for the eventually existing differences.
The hypothesis to be tested is:
Certain leadership behaviors are statistically positively related to the existence of long-term-oriented / sustainable Workplace Health Promotion practices.

Sample

The study was conducted in Hungary and Germany in the period from March 2014 and October 2015. The research was performed with a direct questionnaire and resulted in 192 usable responses (Hungary: 95 / Germany: 97). 64% of the responders were men and 36% women. The youngest was 20 years old and the oldest counted 68 years. Based on employee numbers, 54% of the companies the employees work for were big companies (200 or more employees), 37% were medium-sized (20-199 employees) and 9% were small firms (less than 20 employees). With 38% the most employees work for companies in the highly automated production industry and other production industry. The other employees came from different sectors, such as it / telecommunication, construction, energy industry, finance, agriculture, transportation, retail, education and health services. In Hungary the participants in the study were part-time university students with minimum some years of professional experience and in Germany the respondents of the questionnaire were employees attending courses of the Chamber of Industry and Commerce. In all cases the questionnaire was anonymous. The sampling of the research was not representative, but it allows to recognize tendencies. The questionnaire was divided into two parts. In the first part anonymized personal information and general data were gathered. Among other questions the second part contained questions with regard to the structure, the long-term-orientation and sustainability of a possibly existing Workplace Health Management and the perceived behavior of the direct leader of the questioned employee. The 14 questions with regard to the long-term orientation and the sustainability of the Workplace Health Management could be used with kind permission of the BKK Dachverband e.V. (BKK 2012). The variables in case of the questions regarding the WHM were nominal and metric variables (4 point Likert scale for the questions 1, 2 and 6 and for the other questions the alternatives “Yes”, “No” and “Don’t know”). To examine the leadership behavior 12 questions of the LPI-Observer (Leadership Practices Inventory Observer by James M. Kouzes and Barry Z. Posner) were used (by courtesy of John Wiley & Sons Inc., San Francisco). Normally with 30 questions the LPI measures the five leadership practices according to the Leadership Challenge approach (Kouzes and Posner, 2012). For purpose of this study we only used 12 questions which are in special connection to the superior and employee relationship. The LPI uses a 10 point Likert scale for these questions (the spectrum ranges from “1” which is specified as “almost never” till “10” specified as “almost always”). The gathered data were prepared with the help of Excel and the software “R”.

Results and Discussion

In Table 1 the results for the 12 questions of the LPI in total (192 responses) are displayed. The range of the answers spread in all items from 1 till 10. The highest mean is for the item E10 with a value of 7.08 and a standard deviation of 2.411.

Close behind is the item E5 with a mean of 6.96 (std.dev. 2.488). The lowest mean with 5.19 (std.dev. 2.466) is reached by item E7.
In order to test the hypothesis the responses are divided into two groups. The first group consists of employees of companies which have not established a sustainable and long-term-oriented Workplace Health Management and the second group consists of employees of companies which have established such a WHM. Examining this part, the employees had to answer 14 questions within the questionnaire in relation to a possible existing WHM in the company they work. The first 13 questions (A1 – A13) are questions which inquire concrete characteristics of an existing WHM.

Table 1. Results without classification

	all answers (with and without WHM)			
	Min	Max	Mean	Std. Dev.
E1. Develops cooperate relationships among the people he/she works with.	1	10	5.94	2.394
E2. Praises people for the job well done.	1	10	5.96	2.627
E3. Makes it a point to let people know about his / her confidence in their abilities.	1	10	6.33	2.424
E4. Follows through on promises and commitments he/she makes.	1	10	6.67	2.279
E5. Treats others with dignity and respect.	1	10	6.96	2.488
E6. Makes sure that people are creatively rewarded for their contributions to the success of projects.	1	10	5.38	2.514
E7. Shows others how their long-term interests can be realized by enlisting in a common vision.	1	10	5.19	2.466
E8. Builds consensus around a common set of values for running our organization.	1	10	5.35	2.360
E9. Makes certain that we set achievable goals, make concrete plans and establish measurable milestones for the projects and programs that we work on.	1	10	6.44	2.541
E10. Gives people a great deal of freedom and choice in deciding how to do their work.	1	10	7.08	2.411
E11. Finds ways to celebrate accomplishments.	1	10	5.39	2.639
E12. Gives the members of the team lots of appreciation and support for their contributions.	1	10	5.96	2.468

This block of questions is finished with the 14th question WHP1: *"In summary how do you think does your company have a workplace health management with the aim of preventive health care and an improvement of generic health state?"* ("Yes", "No" and "Don't know"). If the employee answered the question with "Yes" in the next step the attributes "sustainable and long-term oriented" had to be examined. In this relation some combinations of the answers to the questions are crucial. In 57 cases the practiced Workplace Health Management can be classified as "long-term-oriented and sustainable". The other companies of the questioned

employers may perform some actions of the WHM, but in this case these actions are only executed sometimes and are not strategically coordinated. In Table 2 the results for the two groups are shown. In order to compare the two groups the independent samples t-test (assuming unequal variances) is used. The results for all items are displayed in Table 2.

Table 2. Independent samples t-test

	Mean	Std. Dev.	Mean	Std. Dev.	t-value	df	P(T<=t) two-tail	crit. t-value two-tail
	without long-term, sustainable WHM (135 cases)		with long-term, sustainable WHM (57 cases)					
E1	5.69	2.546	6.54	1.871	-2.58393	142	0.01078	1.97681
E2	5.68	2.628	6.61	2.527	-2.30876	109	0.02284	1.98197
E3	5.92	2.528	7.30	1.842	-4.22137	143	0.00004	1.97669
E4	6.67	2.272	6.68	2.316	-0.04823	104	0.96163	1.98304
E5	6.56	2.636	7.91	1.786	-4.11697	153	0.00006	1.97559
E6	5.04	2.599	6.19	2.108	-3.23114	129	0.00156	1.97852
E7	4.88	2.416	5.93	2.448	-2.72128	104	0.00763	1.98304
E8	5.04	2.275	6.09	2.415	-2.78177	100	0.00646	1.98397
E9	6.12	2.623	7.21	2.169	-2.98855	126	0.00337	1.97897
E10	6.93	2.546	7.42	2.035	-1.40411	131	0.16265	1.97824
E11	5.08	2.660	6.12	2.457	-2.61689	114	0.01008	1.98099
E12	5.68	2.579	6.61	2.059	-2.65172	131	0.00900	1.97824

For example in case of item E1 the absolute value of t-value (2.584) is larger than the critical t-value for the two-tailed test (1.977). This indicates that it can be stated with 95% certainty that there really is a difference between the companies without WHM and with a WHM. In addition the p value calculated for the two-tailed test (0.0108) is smaller than alpha (0.05). This result is equivalent to the former. The same results (statistically significant difference) can be found for all items with expect for the items E4 and E10**.** In case of this two items the results of the t-Test display no statistically significant difference within the two groups (without a WHM and with a WHM).

The results (mean) for the item E5 are 6.96 overall, 6.56 in the group without a sustainable WHM and 7.91 in the group with a WHM. This is the highest value within the whole sample and the p-value for the t-test is one of the clearest, too. With a p-value of 0.00006 a statistically significant difference between the two groups can be stated. This result is especially interesting because to have respect for other people is the basis for to be concerned about their health and well-being. The other very clear result is the difference for the item E3 with a p-value of 0.00004 for the t-test and with a mean of 7.30 for the group with a WHM the value is very high in comparison to the other results. This as well is a characteristic which shows the trust into the employees. In regard to a health-oriented leadership

behavior (long-term accurate fit of needs and resources) the result for the item E9 (without WHM: 6.12 / with WHM: 7.21; p-value 2.9885) is very important. It shows, that the leader in a company with a WHM is more concerned to agree together with the employee on attainable goals instead of dictate unattainable goals on which the employee is getting worn out. In combination these characteristics reflect that a high appreciation and strong trust in the employees correlates with the existence of a WHM. Even for the item E10 (with no significant differences in the t-Test) higher values for the group with the WHM are ascertainable (without WHM: 6.93 / with WHM: 7.42). In a positive leader – employee relationship this can be seen as a sign for confidence into the employee but in a negative leader – employee relationship it also may be a sign of disinterest.
Because of the reason that data for the most items is not normally distributed in addition to the t-test the Wilcoxon Rank Sum test is used.

Table 3. Wilcoxon Rank Sum Test

	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12
Zpos	43.6	42.6	40.2	47.4	40.9	41.3	42.1	41.7	42.1	45.9	42.1	43.1
Zcrit (95%)	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96

For example for the item E1 the absolute z-value (43,603) is higher than the critical z-value (1,960), this indicates a significant difference between the two groups. The results for all items E1-E12 are similar and show a significant difference between the two groups. In summary these results support the results of the t-test and even state that the items E4 and E10 are statistical different, as well.
Combining the results of the two methods there seems to be a connection between the existence of a WHM and certain leadership behaviours. But what can be the reasons for these results? Is the frequent contact with health friendly thinking (caused by the existing of a WHM) the reason for certain leadership behavior? Or do leaders with certain leadership behaviors want to implement a WHM? What is first, the existence of a WHM or the leadership behavior? It seems reasonable to suppose that both areas influence each other. Over time corporate leaders, which have to deal with a WHM will be sensitized for the subject “health of the employee” and chance their attitude towards the subordinates. This in turn has an effect on the success and the performance of the WHM. A WHM which is performed largely successful therefore is more easily accepted and supported by the leaders than a WHM which is only executed pro forma. And again in turn this affects the attitudes and the behavior of the leaders….

Summary

Based on the displayed results it can be stated that the tested hypothesis could be validated with restrictions on the representativeness of the sample. Using the t-test the present study shows significant differences in certain leadership behaviors for 10 of the 12 evaluated items within companies which perform a sustainable and

long-term-oriented Workplace Health Management and companies which do not perform such a WHM. As an important result it can be shown that the leadership behavior practice "*Treats others with dignity and respect*" is significantly more pronounced in companies with a WHM. This behavior is the fundamental to deal serious with the needs (and therefore with the health) of the employees. But this study is not able to point out what is the cause and what is the effect in this relationship. Is there another leadership behavior because of the existence of a WHM or is the company able to perform and interested in performing a sustainable WHM because there are leaders with a certain attitude towards other people? One explanation may be that thinking about health friendly leadership leads to the implementing of a WHM, which leads to more thinking about health friendly leadership behaviors (both effects may mutually amplify). In the face of the displayed challenges facing the Human Resource Management in Hungarian and German companies (i.e. the need for a healthy and productive staff till the old age), this relationship should be investigated in further studies. This is especially important in regard to the described international research findings in the field of health-oriented leadership and the possibilities a WHM provides.

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ZACHOWANIE KIEROWNICZE W PRZEDSIĘBIORSTWACH Z ORAZ BEZ ZARZĄDZANIA ZDROWIEM W MIEJSCU PRACY

Streszczenie: Koncepcje przywództwa i zachowanie kierownicze pozostawały w centrum uwagi nauki przez długi czas. Koncepcje te są stale rozwijane i często są przedmiotem badań empirycznych. W ciągu ostatnich dziesięcioleci pojawiło się pojęcie przywództwa transformacyjnego. W uzupełnieniu do tego powszechnego podejścia niniejszy artykuł pokazuje przywództwo zorientowane na zdrowie. Utrzymanie zdrowia pracowników w centrum uwagi zarządzania zdrowiem w miejscu pracy (WHM) daje wiele możliwości w tym kontekście. Celem niniejszej pracy jest zbadanie, czy istnieje inne zachowanie przywódcze w firmach z WHM oraz w firmach bez WHM. W tym celu badanie empiryczne przeprowadzono na Węgrzech i w Niemczech. Badanie pokazuje, że istnieją znaczne różnice w pewnych zachowaniach kierowniczych w przedsiębiorstwach, które utworzyły zrównoważone i długoterminowo zorientowane WHM oraz tych, które ich nie utworzyły.
Słowa kluczowe: zarządzanie zdrowiem w miejscu pracy, zachowania przywódcze, przywództwo zorientowane na zdrowie

領導行為有和無工作場所健康管理公司

摘要：領導力的概念和領導行為已經在科學的很長一段時間的焦點。的概念正在不斷發展，經常實證研究的課題。在過去幾十年的變革型領導的概念應運而生。除了這一共同的方式這篇文章顯示健康為導向的領導地位。保持員工的健康處於焦點的工作場所健康管理（WHM），以及為即將到來的方法，並在這方面提供了許多可能性。本文的目的是調查是否有公司在與WHM和公司沒有南國不同的領導行為。出於這個目的的實證研究是在匈牙利和德國進行。本次調查顯示，有已經建立一個可持續的，長期的，面向小南國和那些誰鮀鳥政策公司內部在某些領導行為顯著差異。
關鍵詞：工作場所健康管理，領導行為，以健康為本的領導