



U N I V E R S I T Y O F B E R G E N

Leadership, psychosocial factors and absenteeism/sick leave

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in collaboration with Prof. Morten B. Nielsen



Main message and take away!

- The role of leadership/managers in sick-leave is a
 - Promising
 - under-researched
 - complicated issue
 - in need of much more attention



Absenteeism/Sickness absence

- High level of public interest over many years
- The economic burden of sickness absence is considerable and the authorities want to reduce these costs
 - Important to identify the underlying causes of absence
 - The role of the organization and its managers in the onset of sick-leave and in return to work
 - Sick-leave is a complicated phenomenon



The nature of the beast

- Leadership practices comes in many shapes and forms (Einarsen et al., 2007)
 - Constructive and effective forms
 - Supportive leadership
 - Transformational leadership
 - Transactional leadership
 - Destructive forms
 - Active forms – Tyrannical/Abusive supervision/bullying
 - Passive forms – Lassiez faire leadership



Leadership as a an antecedent and a moderator

- Through controlling resources and by being central decision makers, leaders can have a substantial impact on how subordinates experience their job and their objective working conditions, and thereby influence the well-being of the employee directly and indirectly
- Hence, it may have a direct effect – being an antecedent or distal cause
- It may be a buffer – affecting the relationship between other risk factors and sick-leave, reducing or increasing the effect of other risk factors
- It may lead to presenteeism – subordinates going to work while being ill.
- May be helpful or detrimental in relation return to work



Moderating factors

Coping strategies, personality, social support, organizational measures, organizational climate, **leadership**, gender, age, etc.

Leadership practices

Exposure to bullying/abuse

- By colleagues
- By superiors

Health complaints

Reduced workability

Sickness absence, disability



Moderating factors

Coping strategies, personality, social support, organizational measures, organizational climate, **leadership**, gender, age, etc.

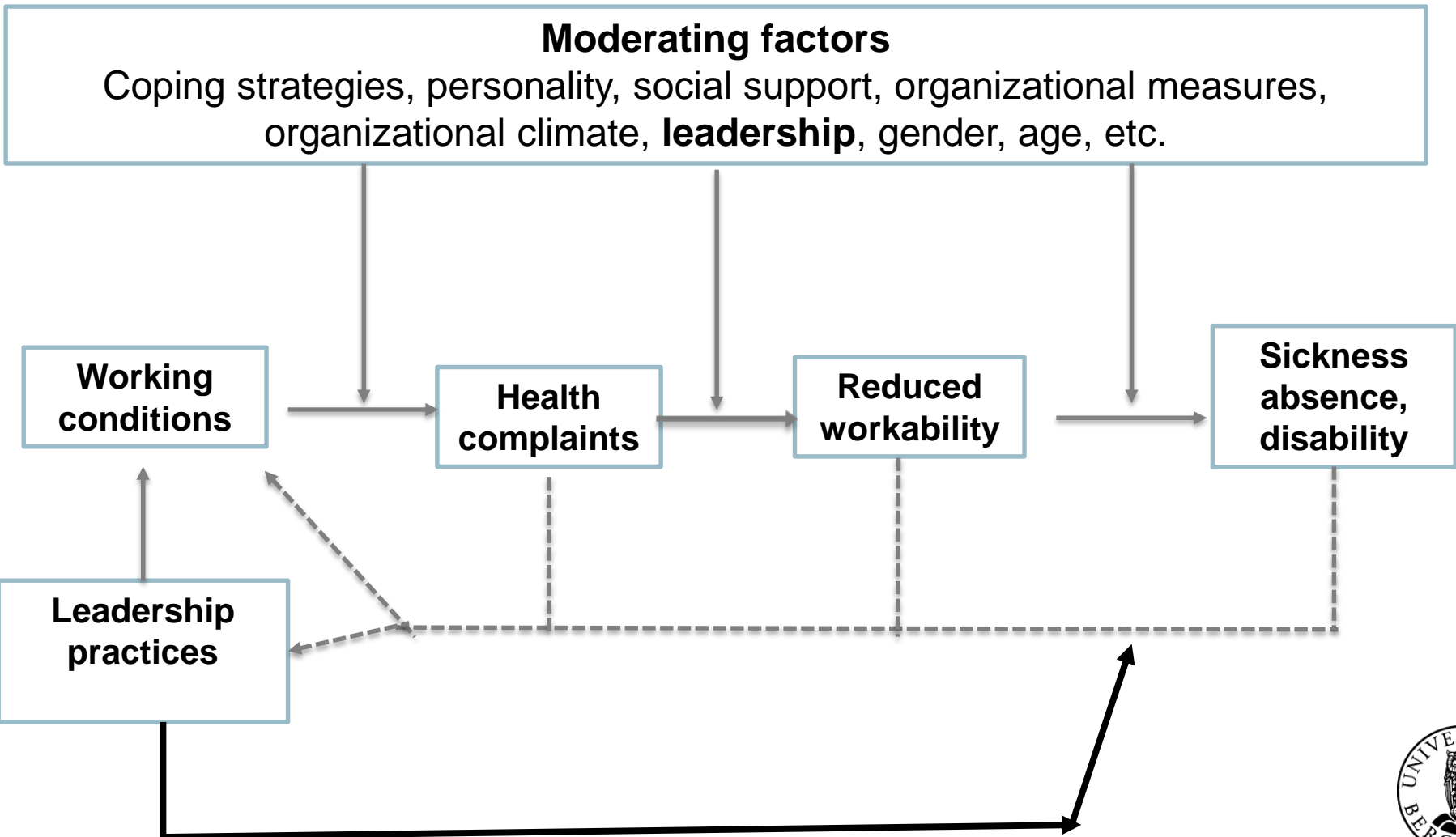
Working conditions

Health complaints

Reduced workability

Sickness absence, disability

Leadership practices



Literature on leadership and absenteeism

- Generally few academic studies, and with somewhat confusing results
- Generally rather few participants
- More, but still not so much research on psychosocial factors under the influence of leaders/managers
- Some studies on workplace bullying, which may be conducted by superiors
- Quite a few of the studies is Scandinavian, especially Denmark
- Some non-academic studies



Scandinavian Journal of Public Health, 2008; 36: 803–811



ORIGINAL ARTICLE

Managerial leadership is associated with self-reported sickness absence and sickness presenteeism among Swedish men and women

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Abstract

Aims: The objective of this study was to investigate the relationship between managerial leadership and self-reported sickness absence/presenteeism among Swedish men and women. *Methods:* Five thousand one hundred and forty-one Swedish employees, 56% of the participants in a nationally representative sample of the Swedish working population, were included in this cross-sectional questionnaire study. The leadership dimensions measured were five subscales of a standardized leadership questionnaire (Global Leadership and Organizational Behaviour Effectiveness Programme):



Does Ethical Leadership Matter in Government? Effects on Organizational Commitment, Absenteeism, and Willingness to Report Ethical Problems

[Shahidul Hassan](#) The Ohio State University

[Bradley E. Wright](#) Georgia State University

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[Gary Yukl](#) University at Albany

Journal of Public Administration

First published: 25 April 2014

<https://doi.org/10.1111/puar.12216>



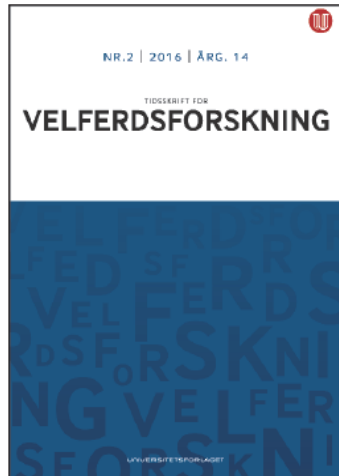
** 161 managers in a large state government agency and 415 of their direct subordinates were surveyed*

** Personnel records were obtained to measure absenteeism.*

** Results indicate that after controlling for the effects of employee characteristics, perceptions of procedural fairness, and supportive leader behavior, ethical leadership reduced absenteeism*

** Or rather, unethical leadership increased absenteeism*





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FAGFELLEVDERT ARTIKKEL

Arbeidsplassen og sykefravær

Arbeidsforhold av betydning for sykefravær

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Conclusion

- Strong evidence for bullying and harassment and a combination of low control and high demands as risk factors for sick leave
- Some evidence for a relationship between role stressors, low reward and high emotional demands as risk factor for sick leave
- Some but still limited evidence that constructive forms of leadership is related to lower rates of sick leave



Transformational and passive avoidant leadership as determinants of absenteeism

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Determinants of
absenteeism

447

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Abstract

Purpose – Does leadership style affect absenteeism in a company? The purpose of this paper is to contrast the effects of two leadership styles – transformational and passive avoidant – on absenteeism, both legitimate and illegitimate, as mediated by job satisfaction.

Design/methodology/approach – A self-report questionnaire was completed by a sample of 120 employees of a national mail delivery company. Hierarchical regressions were used to analyze the data.

Findings – It was found that transformational leadership decreases illegitimate absenteeism, while



Does leadership style affect absenteeism in a company?

Purpose –to contrast the effects of two leadership styles – transformational and passive avoidant – on absenteeism, both legitimate and illegitimate, as mediated by job satisfaction.

Design/methodology/approach – A self-report questionnaire was completed by a sample of 120 employees of a national mail delivery company.

Findings – Transformational leadership decreases illegitimate absenteeism via increased job satisfaction, while passive avoidant leadership increases it via decreased job satisfaction.

In regard to legitimate absenteeism, transformational leadership have no effect, while passive avoidant leadership is related to less legitimate absenteeism among subordinates irrespective of jobsatisfaction

Together, the findings regarding passive avoidant leaders suggest their subordinates tend to come to work when ill (presenteeism), but stay away from work when well (illegitimate absenteeism).





Work & Stress

An International Journal of Work, Health & Organisations



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The relationship between transformational leadership and follower sickness absence: the role of presenteeism


Karina Nielsen & Kevin Daniels

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Transformational leadership is a risk factor among vulnerable workers already who feel forced to go to work while not being well

WORK & STRESS  201

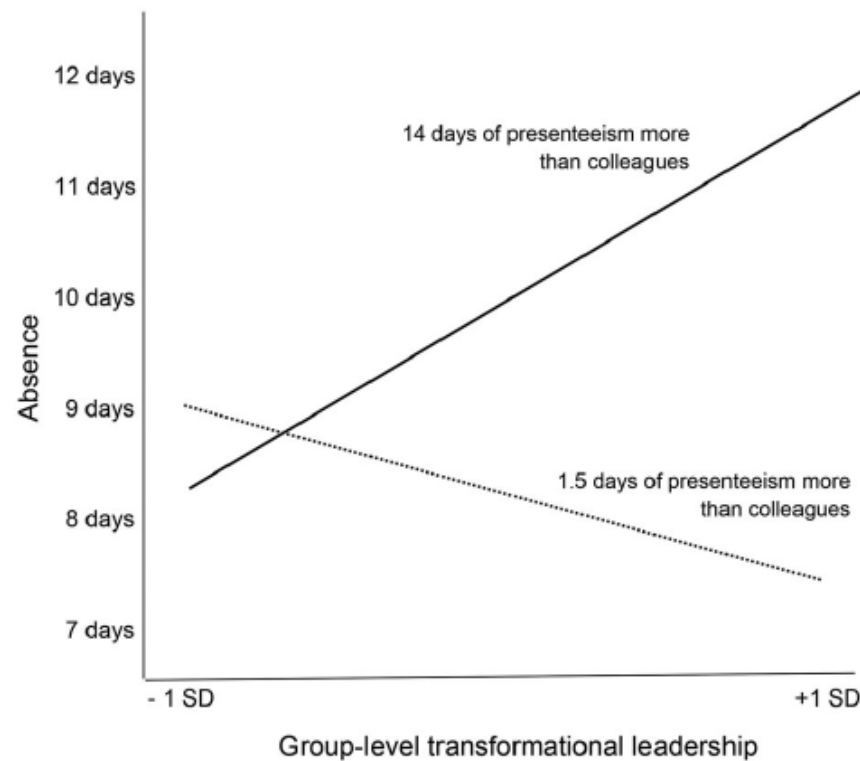


Figure 1. Interaction between individual-level presenteeism (days per year), transformational leadership and sickness absenteeism.





Review

Scand J Work Environ Health [2016;42\(5\):359-370](#)

doi:10.5271/sjweh.3579

Workplace bullying and sickness absence: a systematic review and meta-analysis of the research literature

by [Nielsen MB](#), [Indregard AMR](#), [Øverland S](#)

This review found that exposure to workplace bullying is a risk factor for later sickness absence. There is a shortage of studies on the moderators and mediators that can explain the relationship between bullying and absence. None of the identified studies examined if or how sickness absence increases the risk of later exposure to workplace bullying.



Workplace bullying

- Meta-analytic evidence from 17 studies of which 16 are of Nordic origin, shows that targets of bullying have a 58% higher likelihood for having sickness absence (Nielsen et al, 2016).
- Bullying is a destructive form of leader and/or co-worker behavior where an employee who systematically and over time is being exposed to mistreatment and social exclusion at work
- Bullying is found to be an important risk factor for sickness absence:
 - A study of 46,962 French employees showed that workplace bullying was associated with both risk having sickness absence and the duration of absence (Lesuffleur et al., 2014).



Bullying and harassment as predictor of self-reported sick leave

- **Niedhammer et al (2012):**
 - A study of risk factors of self reported sick leave in 31 countries with 30.000 participants
 - Bullying most important predictor (Odds ratio: 2.17)!
 - Especially among women



Evidence for Leadership/bullying as a health risk is much more convincing!

- Paradox: The relationship with sick leave is relatively weak as compared to the strong relationship with health complaints



Workplace bullying and the risk of cardiovascular disease and depression

M Kivimäki, M Virtanen, M Vartia, M Elovainio, J Vahtera, L Keltikangas-Järvinen

Occup Environ Med 2003;60:779–783

Aims: To examine exposure to workplace bullying as a risk factor for cardiovascular disease and depression in employees.

Methods: Logistic regression models were related to prospective data from two surveys in a cohort of 5432 hospital employees (601 men and 4831 women), aged 18–63 years. Outcomes were new reports of doctor diagnosed cardiovascular disease and depression during the two year follow up among those who were free from these diseases at baseline.

Results: The prevalence of bullying was 5% in the first survey and 6% in the second survey. Two per cent reported bullying experiences in both surveys, an indication of prolonged bullying. After adjustment for sex, age, and income, the odds ratio of incident cardiovascular disease for victims of prolonged bullying compared to non-bullied employees was 2.3 (95% CI 1.2 to 4.6). A further adjustment for overweight at baseline attenuated the odds ratio to 1.6 (95% CI 0.8 to 3.5). The association between prolonged bullying and incident depression was significant, even after these adjustments (odds ratio 4.2, 95% CI 2.0 to 8.6).

Conclusions: A strong association between workplace bullying and subsequent depression suggests that bullying is an aetiological factor for mental health problems. The victims of bullying also seem to be at greater risk of cardiovascular disease, but this risk may partly be attributable to overweight.

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Accepted 6 August 2002

Managerial leadership and ischaemic heart disease among employees: the Swedish WOLF study

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ABSTRACT

Objective: To investigate the association between managerial leadership and ischaemic heart disease (IHD) among employees.

Methods: Data on 3122 Swedish male employees were drawn from a prospective cohort study (WOLF). Baseline screening was carried out in 1992–1995. Managerial leadership behaviours (consideration for individual employees, provision of clarity in goals and role expectations, supplying information and feedback, ability to carry out changes at work successfully, and promotion of employee participation and control) were rated by subordinates. Records of employee hospital admissions

interventions should be carried out. To help define the interventions required, we tested whether concrete managerial behaviours promoting a favourable psychosocial work environment were associated with a reduced risk of cardiovascular disease among employees.

Observational evidence on various general conceptualisations describing leadership as predictors of employee health is accumulating.³ For example, considerate behaviour on behalf of the leader, structures initiated with consideration for the employee, and transformational behaviours (communication of a vision, intellectual stimulation,

Personality and Social Sciences

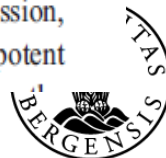
The relative impact of workplace bullying as a social stressor at work

LARS JOHAN HAUGE, ANDERS SKOGSTAD and STÅLE EINARSEN

University of Bergen, Norway

Hauge, L. J., Skogstad, A. & Einarsen, S. (2010). The relative impact of workplace bullying as a social stressor at work. *Scandinavian Journal of Psychology*, 51, 426–433.

Exposure to workplace bullying has been argued to be a severe social stressor and a more crippling and devastating problem for affected individuals than the effects of all other work-related stressors put together. However, few studies have explicitly investigated this assumption. In a representative sample of the Norwegian working population, the present study investigated the relative contribution of workplace bullying as a predictor of individual and organizational related outcomes after controlling for the well-documented job stressors of job demands, decision authority, role ambiguity and role conflict. Bullying was found to be a significant predictor of all the outcomes included, showing a substantial relative contribution in relation to anxiety and depression, while for job satisfaction, turnover intention and absenteeism, more modest relative contributions were identified. Workplace bullying is indeed a potent



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2012, 1–24, iFirst article

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Outcomes of exposure to workplace bullying: A meta-analytic review

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*Workplace bullying and ostracism as antecedents of
psychological distress and sick-leave*

Mats Glambek and Ståle Einarsen

Department of Psychosocial Science, University of Bergen, Norway

*Paper in PhD thesis of M. Glambek - 2016
Submitted for publication*



Background

- **Workplace bullying** is referred to as a form of **lasting** and **repeated mistreatment** in working life that the target has problems defending against due to a **power imbalance** (Einarsen, Hoel, Zapf, & Cooper, 2011)
- Aggressive forms
- **Ostracism** means **ignoring** and **socially excluding** individuals or groups (Williams & Nida, 2011)
 - Often reported as a bullying behavior
 - Sometimes used as an explanation for the bullying-health relationship
 - However, not empirically tested as one
 - Theoretically
 - Related to high distress
 - A tendency to seek



Ostracism theory

- Membership in social groups has been essential for survival and reproduction (Williams & Nida, 2011)
- Thus, ostracism is something else than other negative social behavior
- Psychological response:
 - Humans have through natural selection been primed for **intense, negative psychological responses** when faced with threats of social exclusion
- Behavioral response:
 - When the need for belongingness and the need for self-esteem is thwarted by ostracism, behavioral responses are aimed at **regaining social inclusion**, such as paying more attention to others, and to be compliant and cooperative
- What does this mean for the bullying-health relationship?
 - Can we expect **higher** psychological distress, but **lower** sickness absence?



Hypotheses

- H1: Workplace bullying is more strongly associated to psychological distress when the target feels ostracized
- H2: Controlling for psychological distress, workplace bullying is more strongly associated to sickness absence when the target *does not* feel ostracized.

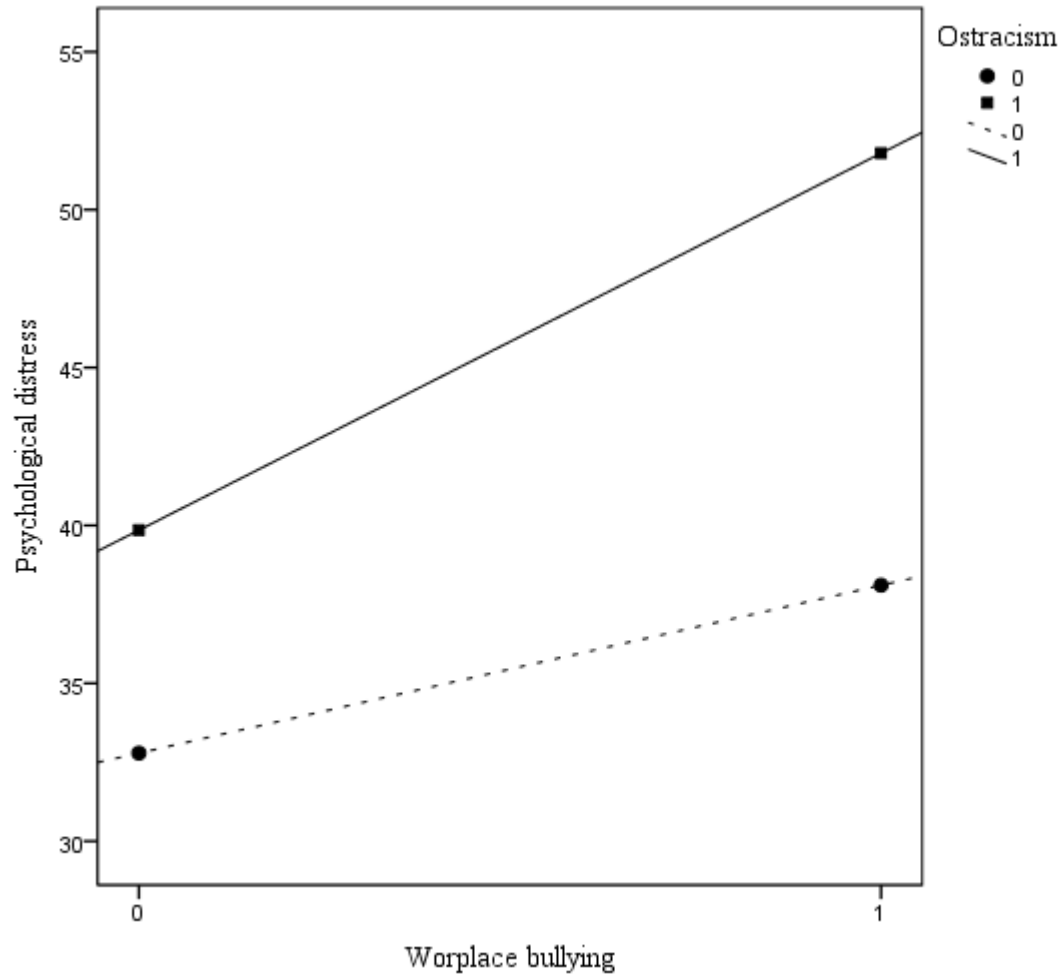


Method

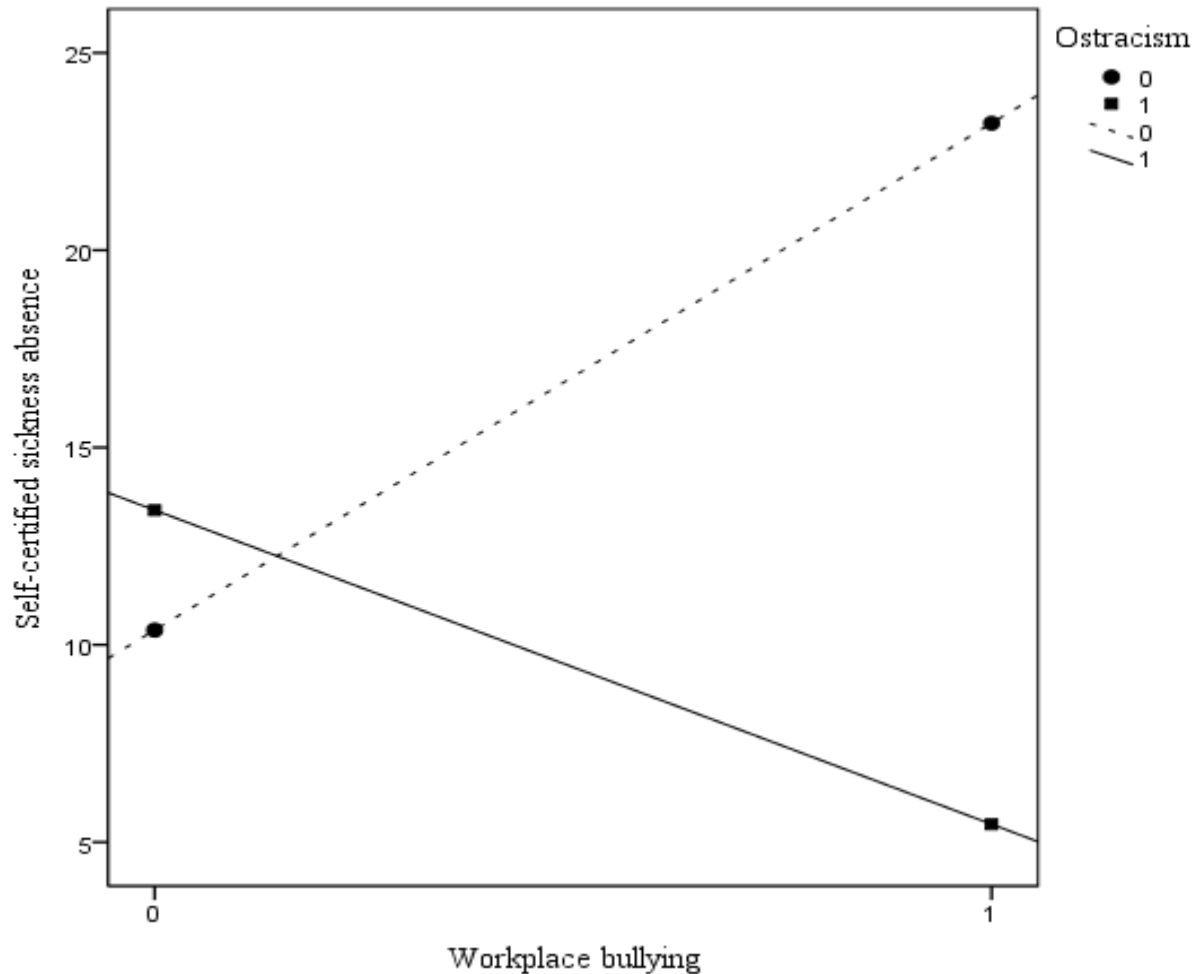
- Nationally representative sample ($N=2539$), survey data collected in 2005
- Measures
 - *Workplace bullying* Self-labeling method based on a definition
 - *Ostracism* One item taken from the Negative Acts Questionnaire -Revised, response on a five-point Likert-type scale was dichotomized into ostracized/not ostracized
 - *Psychol. distress* Measured using Hopkins Symptoms Checklist-25 (HSC-25). Used both as a dichotomous outcome with a cut-off at 1,75 and as a continuous outcome
 - *Sickness absence* Self-reported sick days preceding year divided into *low absence* (0-3 sick days), *low-to-moderate absence* (4-8 sick days), *moderate-to-high absence* (9-24 days) and *high absence* (>24 sick days)



Bullying and mental distress moderated by social exclusion (ostracism)



Bullying and sick leave moderated by social exclusion (ostracism)





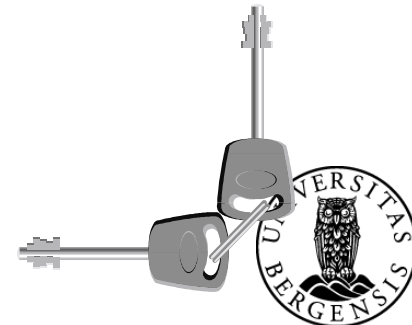
Psychoteraphy- course part of the program

- Psychologist (1-4 sem.)
 - 1-2 sem: 14 days i a number of meetings
 - 3-4 sem. 10/6 days in a number of meetings
- Individuelle sessions (1-4 sem.)
 - 6 hours per sem.
- Groupmeetings (2-4 sem.)
 - 2-3 sem: 2-3 times a month. à 3 hours
- Physiotherapi, cranio-sakral therapi
- Morningtraining (1-2. sem)
 - To hours exercise and training ("Dropsy-metode")

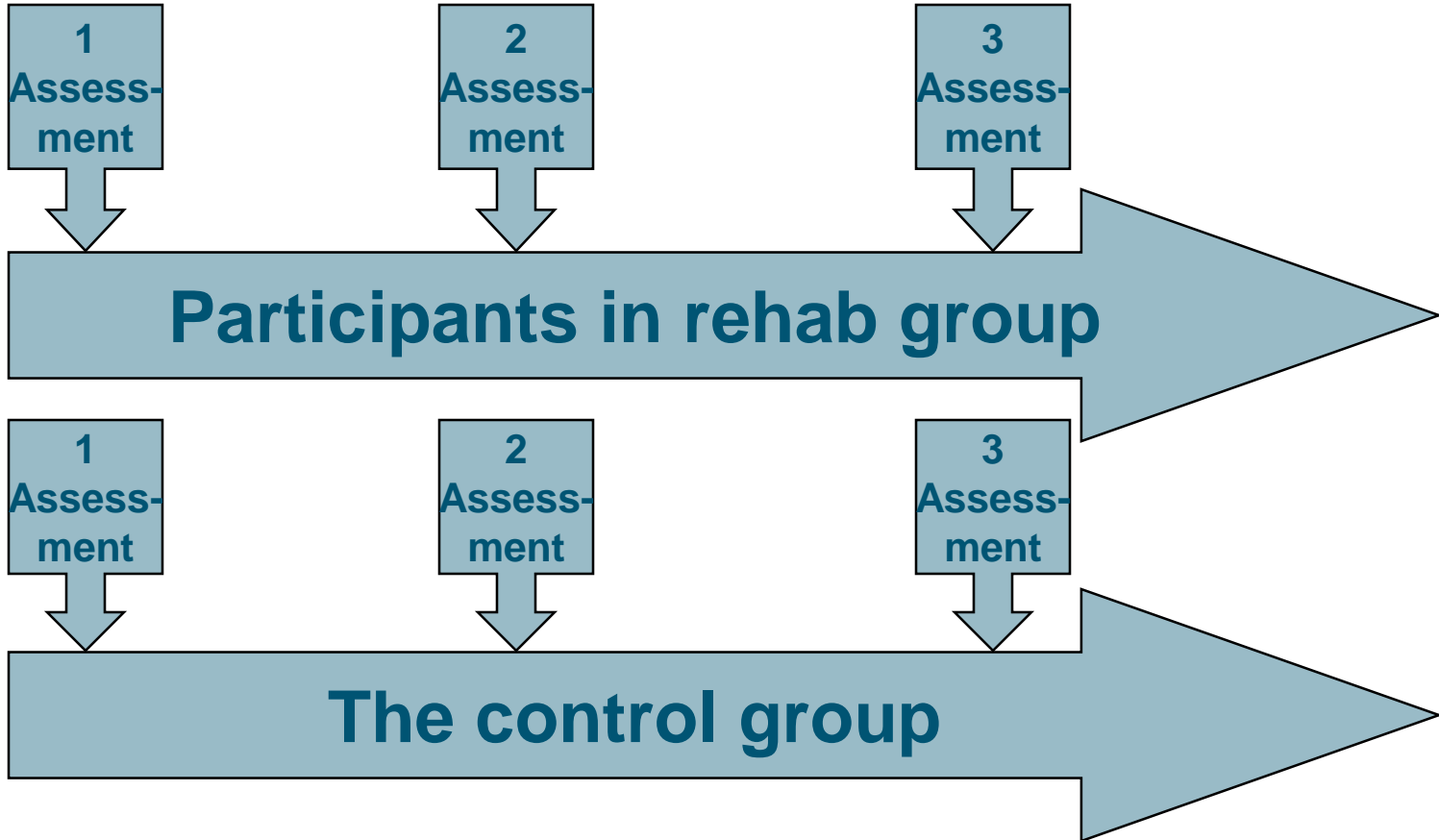


Results with the participants

- **15 people began the rehabilitation programme**
- **Control group of 19**
- **14 people have completed the two-year course programme**
- **13 returned to work, most in new employ**
- **One went on early retirement pension**



Research section

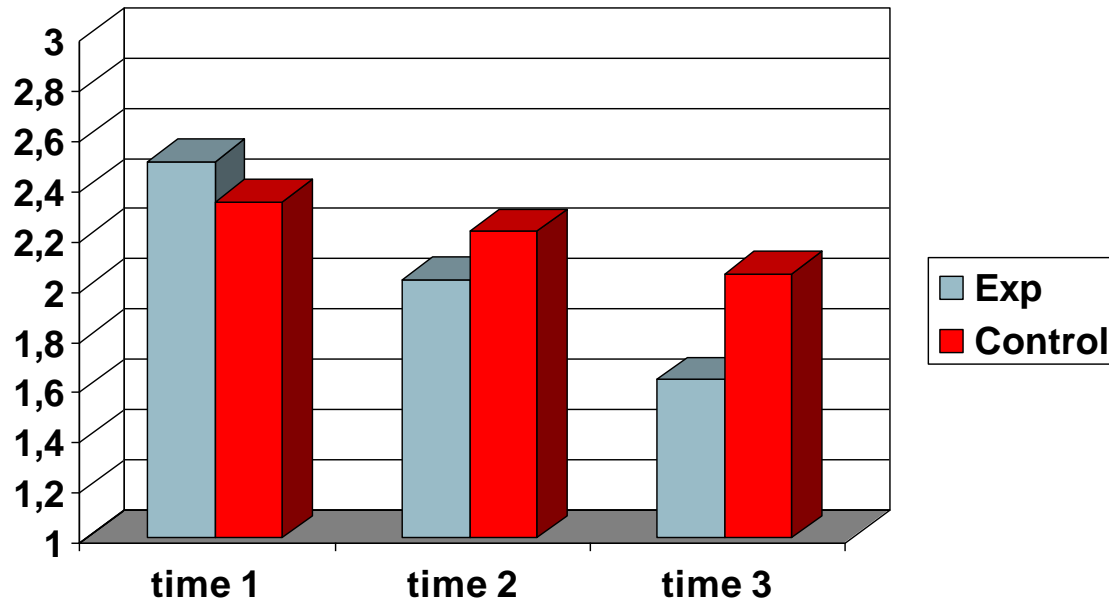


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Research worker Eva Gemzøe Mikkelsen



Mental and psykosomatic symptoms (HSCL-25)



1-2: *ns*
2-3: $p < .05$
1-3: $p < .01$



Two clinics that rehabilitate and treat victims of bullying

- Jobbfast - Haukeland University Hospital, Occupational medicine
 - A specific tailor made intervention in collaboration with family physician (fastlegen)
- Raskere tilbake – Diakonhjemmets Hospital
 - A general return to work intervention with clinical treatment of mild anxiety and depressive disorders.

