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

## ABSTRACT

The impact of transformational leaders on employee health and well-being has received much attention. Less research has focused on the relationships between transformational leaders and followers' sickness absenteeism. In the present study, we examined the relationships between presenteeism, group-level transformational leadership, and sickness absence rates in a three-year longitudinal study in a postal service ( $N = 155$ ). We found group-level transformational leadership in year 1 predicted sickness absenteeism in year 2, but not year 3. In examining conditions under which transformational leadership may be linked to higher levels of sickness absenteeism, we found that presenteeism in year 1 moderated the link between transformational leadership in year 1 and sickness absenteeism in year 3, such that followers working in groups with a transformational leader and who were high in presenteeism reported higher levels of sickness absenteeism. Our results suggest a complex picture of the relationship between transformational leadership and sickness absenteeism, transformational leaders may promote self-sacrifice of vulnerable followers by encouraging them to ignore their illnesses leading to increased risks of sickness absence in the long-term.

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Keywords: sickness absenteeism, presenteeism, transformational leadership, multilevel

The costs of sickness absenteeism are high. Estimates indicate that employee absenteeism costs US businesses 15% of their pay costs (Berry, Lelchook, & Clark, 2012). In Europe, 367 million working days were lost in 2007 due to work-related health problems (Eurostat, 2010). Sickness absenteeism is not only costly for organisations, but also for society and the individual. High sickness absence rates may lead to disability pension, exclusion from the labour market, a decrease in income for the individual; and problems with labour supply (OECD, 2010). A critical issue for organisations concerns how leaders and managers may or may not keep people well enough to work (Holtom, Mitchell, Lee, & Eberly, 2008).

Previous research has demonstrated that leaders play a significant role in followers' sickness absenteeism patterns (Kuoppala, Lamminpää, Liira, & Vainio, 2008). Transformational leadership is one of the most widely researched forms of leadership (Kelloway, Turner, Barling, & Loughlin, 2012). Transformational leadership is associated with employee well-being (Skakon, Nielsen, Borg, & Guzman, 2010), sleep quality (Munir & Nielsen, 2009), and fewer depressive symptoms (Munir, Nielsen, & Carneiro, 2009). These are factors related to sickness absence (Akerstedt, Kecklund, Alfredsson, & Selen, 2007; Väanänen, Toppinen-Tanner, Kalimo, Mutanen, Vahtera, & Peiró, 2003). It thus seems reasonable to assume that transformational leaders may play a role in followers' sickness absenteeism levels. In the present study, we add to the sparse existing literature on group-level transformational leadership and employee well-being (Kelloway et al., 2012; Nielsen & Daniels, 2012; Tuckey, Bakker, & Dollard, 2012) and extend this research to the sickness absenteeism domain. In doing so, we explore two possible mechanisms. First, we explore a direct relationship between group-level transformational leadership and followers' sickness absenteeism. Second, in line with the call of Gray and Cooper (2010), we test under which conditions this relationship may not hold true, i.e. whether for some vulnerable followers,

transformational leadership may become a double-edged sword that results in higher levels of sickness absenteeism.

### **The Transformational Leader and Followers' Absence Rates**

Transformational leadership comprises four dimensions. These include: 1) idealised influence/charisma – the leader acts as a role model and takes the lead in displaying desirable behaviour, 2) inspirational motivation – the leader outlines a clear vision and the way forward, 3) intellectual stimulation – the leader encourages employees to make use of their skills and coaches them in making their own decisions, and 4) individualised consideration – the leader acknowledges individual differences and adjusts behaviour according to the individual's needs and capabilities (Bass, 1985; Bass & Riggio, 2006). A small body of cross-sectional research has confirmed a negative relationship between transformational leadership and general levels of absenteeism. Lee, Coustasse, and Sikula (2011), Richardson and Vandenberg (2005) and Zhu, Chew, and Spangler (2005) found a negative relationship between transformational leadership and absence. None of these studies focused on sickness absenteeism specifically but Lee et al. (2011) focused on absenteeism resulting from injuries. In a cross-sectional study, Mendelson, Frooman, and Murphy (2006) found that transformational leadership was negatively related to illegitimate absenteeism (reporting in sick without actually being sick), but not related to legitimate sickness absence in a cross-sectional study. Mendelson et al. (2006) reasoned that employees with a transformational leader engaged in fewer illegitimate absence behaviours partly because they were satisfied with their jobs.

Although Mendelsohn et al. (2006) found no relationship between transformational leadership and sickness absence, we argue that there is still good reason to explore the relationship between transformational leadership and sickness absence as an indicator of employee health and well-being because i) in sickness absenteeism in this study was measured retrospectively in the past

12 months and in effect before transformational leadership was rated, and ii) it may take time for leaders to influence their followers' sickness absence levels. Just as transformational leadership is related to several positive well-being outcomes (Skakon et al., 2010), transformational leaders may also reduce employees' sickness absence levels. Furthermore, existing studies on the links between transformational leadership and absenteeism have failed to study transformational leadership in a group context (Lee et al., 2011; Richardson & Vandenberg, 2005; Zhu et al., 2005).

### **Transformational Leadership and Sickness Absenteeism in a Group Context**

Transformational leaders transform the needs, values, preferences, and aspirations of followers (Shamir, House, & Arthur, 1993; p. 577), and they identify and promote particular social identities to make their own leadership style viable and effective (Reicher, Haslam & Hopkins, 2005). According to social identity theory (SIT), people within groups identify and evaluate themselves as a unit (Hogg, 2006). SIT suggests that individuals belonging to a group will develop collective attributes of their environment (Hogg, 2001), including that of their leader, i.e. all members of the group perceive their leader to enact similar behaviours (Hogg, 2001). It thus becomes important to understand how shared perceptions of the leaders' behaviours influence individual sickness absence patterns (Halbesleben, Whitman, & Crawford, 2014).

Transformational leaders create a strong group identity (Kark & Shamir, 2002) and a strong group identity has beneficial effects on employee well-being (Haslam, Jetten, Postmes, & Haslam, 2009). A strong group identity both reinforces positive social behaviours within the group (e.g. helping behaviours) and group members experience a supportive environment where their social needs are met (Haslam et al., 2009). Therefore transformational leaders who i) encourage a strong group identity, ii) promote collaboration and iii) role model the importance of showing consideration for individual needs may help promote a group climate where group members show consideration for each other's needs and take care of each other. Such behaviours may prevent

people from becoming ill and taking sick leave. Furthermore, in groups where the leader succeeds in creating a shared understanding of his or her leadership style and creates strong identification with him or herself and the group, a shared social identity is likely to influence norms about health-related behaviours (Haslam et al., 2009), and may lead to lower levels of sickness absenteeism over time. We extend previous research by focusing on sickness absenteeism explicitly and by exploring how followers' shared understanding of their leader influences their sickness absenteeism rates.

**Hypothesis 1:** Group-level transformational leadership is inversely related to individual sickness absence levels over time.

### **Identifying the Boundary Conditions for the Positive Effects of Transformational Leadership**

Gray and Cooper (2010) called for research exploring under which conditions a given theory may not be supported. We propose that in some circumstances transformational leadership may not have a positive impact on employee sickness absenteeism. Identifying the boundary conditions under which transformational leadership is related to sickness absenteeism is important theoretically and practically. Theoretically, identifying boundary conditions illuminates processes through which transformational leadership may have a negative impact of sickness absenteeism (cf. Gray & Cooper, 2010). Practically, identifying boundary conditions may alert us to situations in which leaders should not exert transformational leadership behaviours, or should develop different strategies to ensure employee health and performance. One such boundary condition may be the characteristics of followers; vulnerable employees such as those with high levels of presenteeism may not benefit from performing "above and beyond the call of duty".

### **Presenteeism**

Presenteeism is defined as showing up for work when ill (Johns, 2010). Presenteeism is important because it might exacerbate medical conditions, damage quality of working life, and lead to impressions of incompetence (Johns, 2010). Working while ill causes more aggregate

productivity loss than absenteeism (Collins, Baase, Sharda, Ozminkowski, Nicholson, Billotti et al., 2005). Sickness absence may serve as a mechanism for coping with poor health for employees, enabling them to recuperate more thoroughly than is possible when going to work. Therefore presenteeism may cause sickness absenteeism as employees fail to recuperate before returning to work: A one or two days' absence may alleviate a health problem although showing up at work while ill make the problem worse and increase absenteeism (Johns, 2010). Presenteeism has been positively associated with sickness absenteeism cross-sectionally (Leineweber, Westerlund, Hagberg, Svedberg, & Alexanderson, 2012) and longitudinally (Bergström, Bodin, Hagberg, Aronsson, & Josephson, 2009; Gustavsson & Marklund, 2011; Hansen & Andersen, 2009).

Caverley, Cunningham, and MacGregor (2007) suggested that absence or presence is enacted depending on the context. In a qualitative study, Grinyer and Singleton (2000) found that due to fears of punitive action and a feeling that their colleagues would suffer if they themselves reported in sick, employees felt pressured to engage in presenteeism behaviours. Postponing sickness absence which might deal effectively with minor illness in the short term, but in the long run had the adverse consequence that more serious illness resulted in more sickness absence. Grinyer and Singleton (2000) termed this lack of use of sick leave as risk taking behaviour because the consequences of presenteeism were far worse than anticipated by the individual. Halbesleben et al. (2014) argued that sickness absenteeism and presenteeism reflect decisions of whether to go to work or not. Halbesleben et al. (2014) also argued that employees' relationships with their supervisor are essential to these decisions.

### **Vulnerable Employees May Suffer under Transformational Leadership**

Transformational leaders encourage changing the goals of followers such that the goals of individuals are merged into goals for the entire groups for the collective good or the pooled interests of followers and leaders (Bass & Riggio, 2006). However, there is no guarantee that the goals that

benefit the group as a whole also benefit individual members of the group (Tourish, 2013), especially considering individuals, who are, in one way or another, vulnerable. It is possible that high performance expectations pose a risk to vulnerable employees, and the motivational aspects may for employees high in presenteeism lead to increased sickness absenteeism rather than low sickness absenteeism.

SIT suggests that leaders seek to shape identities and followers respond to these attempts (Reicher et al., 2005): We engage in certain behaviours because of who we are and by enacting these behaviours we establish and confirm our identity in a social context. SIT can help explain why individuals engage in behaviours that may go against the individual's self-interest (Shamir et al., 1993). Transformational leaders may create the affective, motivational, and cognitive cues that mean employees will attend to messages and signals that they are needed at work to contribute to the achievement of the group's goals at the expense of their own health (Bass & Riggio, 2006).

Transformational leadership creates a high level of commitment of followers to a common vision, and to group and organisational missions and goals (Shamir et al., 1993). Participation in the achievement of the group's goals and mission can be seen as an expression of a shared identity. This shared identity may encourage followers to go beyond self-interest for the betterment of the group (Shamir et al., 1993). The salience of a shared identity can increase heroic motives and self-interest in maintaining good health can be ignored for more collective goals (Tajfel & Turner, 1985). As a result employees with high levels of presenteeism may downplay the interests in their own health and well-being and, over time, report increased levels of sickness absenteeism as they do not take the time to recuperate. Vulnerable employees, i.e. employees with high levels of presenteeism, may over time be at risk of having higher levels of sickness absenteeism if they work in groups where the leader encourages them to exert themselves and sacrifice themselves for the betterment of the group.



We propose that although group-level transformational leadership may have a direct inverse effect on sickness absence rates, the relationship between group-level transformational leadership and sickness absenteeism is reversed: Vulnerable followers in groups with a transformational leader may over time report higher levels of sickness absenteeism because they are encouraged to ignore symptoms of ill-health and exert themselves at work (Halbesleben et al., 2014). That is, the combination of high individual levels of presenteeism and high group levels of transformational leadership may lead to increases in sickness absence because transformational leaders may encourage vulnerable followers to sacrifice their health and well-being for the greater good of the group. To the best of our knowledge, the interaction between presenteeism and group-level transformational leadership has yet to be explored.

**Hypothesis 2:** The association between group-level transformational leadership and individual sickness absence is moderated by presenteeism. Employees who work in a group with a strong transformational leader are likely to have high sickness absence rates over time if they ignore their ill-health and show up for work while ill.

## **Methods**

### *Sample, Procedure, and Measures*

The sample consisted of a three-wave longitudinal panel of postal workers and their leaders in Denmark. Data were collected at 12 month intervals in three waves, i.e. at 0, 12 and 24 months. We chose this follow-up time because postal workers spend much of their time outdoors and are thus subject to seasonal effects. Four geographical areas agreed to participate in the study and questionnaires were distributed to all employees and leaders (line managers) working in these geographical areas. Response rates were 89% (324 out of 363 employees) at time 1; 90% (312/345) at time 2 and 86% (225/261) at time 3. Employees rated their immediate line manager. Absence was assessed at year 1, year 2 and year 3. To ensure presenteeism and transformational leadership were

temporally anterior to absence, absence in year 1 was used as a control variable and presenteeism and transformational leadership were assessed in year 1 only. Where group level variables were aggregated from individual responses (e.g., for transformational leadership), the complete data set were used to estimate group-level variables, provided there were at least two responses per group. Team sizes ranged from 8 to 26 in year 1. To maximize sample size, scale scores for group variables were calculated from values for scale items aggregated at the group level.

Data were included in the analysis if participants provided data for absenteeism and presenteeism in year 1 and scores for absence on at least one other measurement occasion. There were no significant differences in participants' reports of transformational leadership/presenteeism in year 1 or absence in year 1, 2 and 3 between those retained in the final sample and those excluded because of missing data (range of  $r$ 's  $|.01|$  to  $|.11|$ ,  $p > .15$ ). The final sample comprised 155 participants in 22 work groups. The mean age of employees in the retained sample was 42 years ( $SD = 10$ ) and 40% were female.

### *Measures*

*Transformational leadership* was measured using the Global Transformational Leadership Scale (Carless, Wearing, & Mann, 2000). It consists of seven items and has been found to have a high degree of convergent validity with more established and lengthier questionnaires such as the Multifactor Leadership Questionnaire and the Leadership Practices Inventory (Carless et al., 2000). It contains the four dimensions of transformational leadership and the leader's consideration of trust, involvement, and cooperation among group members. An example of an item is: "My leader communicates a clear and positive vision of the future". We used a 5-point Likert scale for each item ranging from "to a very large extent" to "to a very small extent".

Analyses revealed single items could be aggregated (transformational leadership: median  $ICC1 = .12$ , range  $.07 - .23$ ; median  $ICC2 = .68$ , range  $.52 - .82$ ; median  $r_{wg} = .70$ , range  $.22 -$

1.00). Reliabilities were acceptable (transformational leadership:  $\alpha = .94$  at the individual level;  $\alpha = .97$  at the group level, ICC1 = .16, ICC2 = .74,  $r_{wg} = .91$ , range .81 – .96).

*Absence* was measured by one open-ended question asking: “*How many days have you been off sick over the past 12 months?*” (Rugulies, Christensen, Borritz, Villadsen, Bultmann, & Kristensen, 2007). We used self-report data. Some might argue that absence data obtained from the organisation may be a more precise measure. A problem with organisational data is that they include all absence, including when employees have other responsibilities they need to attend to, and when children are ill. A recent meta-analysis found that under-reporting is more prevalent when measuring absenteeism in general, not sickness-related absenteeism in particular (Johns & Miraglia, 2015). Previous studies have found that self-reported sickness absence is correlated with registered sickness absence (Ferrie, Kivimäki, Shipley, Vahtera, & Marmot, 2005; Voss, Stark, Alfredsson, Vingård, & Josephson, 2008). We also correlated our self-reported sickness absence data with company registers using the full sample and found a correlation of  $r = .28$  ( $p < .01$ ). This low, but significant correlation is not surprising given that organisational data records include all kinds of absenteeism, including withdrawal and motivational behaviours, such as calling in sick due to family issues (children or other family members being ill) or unfavourable job or work attitudes. In the present study, we were interested in sickness absence in particular. We chose a 12 month time frame to account for seasonal effects (Johns, 1994) and because our survey had 12 months follow-ups.

*Presenteeism*. As recommended by Johns (2010) we measured presenteeism using one open-ended question: “*How many workdays have you gone to work even if you were sick in the past 12 months?*” We selected a 12 month time frame to match that of our sickness absenteeism measure and the follow-up period.

*Analysis*

The data had a hierarchical structure, with employees nested in work groups. To analyse the data, we used multilevel analysis implemented using the Mplus software (Muthén & Muthén, 2012). We regressed transformational leadership (a group-level variable), presenteeism in year 1 and sickness absenteeism in year 1 onto sickness absenteeism in years 2 and 3. Sickness absenteeism in year 2 was allowed to correlate with sickness absenteeism in year 3. To test the cross-level interaction of transformational leadership and presenteeism on subsequent absenteeism, the regression coefficients of presenteeism on sickness absenteeism in years 2 and 3 were allowed to vary between groups and transformational leadership regressed onto these regression coefficients. Consistent with recommendations for modelling cross-level interactions and to control for extraneous group-level variance in presenteeism (Raudenbusch & Bryk, 2002), presenteeism in year 1 was centered at each group's mean. Absence in year 1 was centered at the grand mean in order to model the change in absence from year 1 to years 2 and 3. Absence was a count variable and positively skewed. Therefore, we used robust maximum likelihood estimation which does not require the assumption of normally distributed data. We corrected for missing data under the assumption of missing data at random, which is plausible because attrition is not related to values of transformational leadership, presenteeism or absence at years 1,2 and 3 (Muthén & Muthén, 2012).

## Results

Table 1 displays the measures, means, standard deviations, and correlations of all variables in the present study.

Table 2 shows the results of the multi-level regression. There is evidence for a positive relationship between transformational leadership in year 1 and sickness absenteeism in year 2 ( $B = 9.12, p < .05$ ). This result is in the direction opposite to that stated in Hypothesis 1. There was no relationship between transformational leadership in year 1 and sickness absenteeism in year 3 ( $B = -3.15, ns$ ). There was evidence for a cross-level interaction between presenteeism and

transformational leadership in year 1 on sickness absenteeism in year 3 ( $B = 0.57, p < .10$ ), but not sickness absenteeism in year 2 ( $B = -3.15, ns$ ). Therefore, there is partial support for Hypothesis 2.

Figure 1 shows the form of the significant interaction of presenteeism and transformational leadership on sickness absenteeism in year 3. We plotted the slopes that attained significance at the upper and lower bound ( $p < .05$ ); critical values were calculated and graphs plotted using procedures outlined in Preacher, Curran, and Bauer (2006). Figure 1 shows that the relationship between absence and group-level transformational leadership becomes negative when workers exhibit presenteeism 1.5 days more than their colleagues. The relationship between group-level transformational leadership and sickness absence becomes positive when workers are exhibit presenteeism 14 days more their colleagues. Overall, the pattern of the interaction is consistent with Hypothesis 2.

## **Discussion**

The present study aimed to advance understanding of the role of line managers in followers' sickness absenteeism patterns. Our first hypothesis was not supported: a positive relationship was found between group-level transformational leadership and sickness absenteeism. Over time, groups with transformational leaders have higher levels of sickness absenteeism in the following year, but not two years later. Previous studies (e.g. Richardson & Vandenberg, 2005; Zhu et al., 2005) that have found a negative link between transformational leadership and absenteeism have used broader measures of absenteeism, including absenteeism for any reason, not just sickness and tested the relationships cross-sectionally. Lee et al. (2011) found a negative relationship between transformational leadership and injury-related absenteeism but Mendelson et al. (2006) failed to find a relationship between transformational leadership and sickness absenteeism cross-sectionally. Future research should explore the explanations for the diverse results from cross-sectional and longitudinal studies studying sickness absenteeism specifically. One possible explanation may be

that asking about absenteeism in the past 12 months in a cross-sectional study measures the outcome retrospectively and in effect before transformational leadership is rated. In our study, we asked 12 months later about retrospective sickness absenteeism, thus measuring the period after transformational leadership was rated by followers.

A large body of literature has found positive relationships between transformational leadership and well-being cross-sectionally (Skakon et al., 2010), but it would appear that over time transformational leadership may also have negative effects on employees. The effort-recovery model (Meijman & Mulder, 1998) suggests that people need to recover from heightened states of activation to prevent ill-health. Repeated insufficient recovery may be seen as a vicious circle where extra effort is exerted to rebalance the suboptimal psychophysiological balance. The cumulated fatigue resulting from an elevated state of response may result in cumulative health deterioration and sickness absenteeism (de Croon, Sluiter, Frings-Dresen, 2003). The constant pressure from transformational leaders to perform “above and beyond the call of duty” and the accentuated pressure from the work group may prevent followers from recovering from the pressures at work and as a result lead to sickness absenteeism. To the best of our knowledge, there has been no research on followers’ opportunities for recovery from the pressures raised by transformational leaders, but a relationship between lack of opportunities to recover from work and sickness absenteeism has been established (de Croon et al., 2003). We call for research that explores lack of recovery as the possible explanation for why transformational leadership leads to higher rates of sickness absenteeism. Interestingly, group-level transformational leadership does not seem to have a long-term effect (> 12 months) on followers’ sickness absence levels.

Our second hypothesis was supported. Employees working in groups with a transformational leader and who showed up for work while ill, (i.e. had high levels of presenteeism), reported the highest levels of sickness absenteeism at 24 months follow-up, but not 12 months follow-up. The

biopsychosocial model (Engel, 1977) emphasises the importance of considering psychological, physical and social factors when developing our knowledge of complex health phenomena. Our results indicate that individuals' actual presenteeism behaviours play an important role in addition to the social context (group-level transformational leadership) when understanding employees' sickness absenteeism. Our results suggest that transformational leadership behaviours may have an adverse effect on those employees who frequently show up for work while ill. A transformational leader who encourages his or her group to make an extra effort at work may exacerbate sickness absenteeism as high levels of presenteeism may result in additional reduced opportunities for recuperation along with the danger of spreading contagious conditions (e.g., the common cold).

Our results link into the discussion of "the dark side" of transformational leadership (Tourish, 2013). Transformational leaders who encourage followers to perform above and beyond the call of duty perhaps may do so at the expense of vulnerable followers' health and thereby increase sickness absence levels. Previous studies have found similar effects. De Vries, Roe and Taillieu (1999) found that followers with charismatic leaders had a stronger need for leadership than followers with non-charismatic leaders. This goes against the empowerment tenet of transformational leadership and suggests a dependency mechanism. The formulation of a high performance vision may lead to employees making self-sacrifices in the interest of the group's mission (Shamir et al., 1993). The vision combines members of the group into a collective whole with a shared set of aspirations capable of guiding their everyday behaviours (Tourish, 2013) and this may result in followers feeling pressured to perform above and beyond the call of duty at the expense of their own health and well-being.

Bass and Steidlmeier (2013) distinguished between authentic transformational leaders and pseudo-transformational leaders. They described pseudo-transformational leaders as leaders who set the agenda to control and manipulate the values of followers at the expense of or even harm to these

followers. While pseudo-transformational leaders may create the impression that they are doing the right thing, they manipulate followers to achieve the leader's own goals. We suggest that leaders who motivate their followers to exert themselves even when ill thus risking the spreading of disease to other group members or risking exacerbating health symptoms can be thought of as pseudo-transformational leaders: Such leaders express values to perform above and beyond the call of duty at the expense of followers' health because they have a self-interest of demonstrating low sickness absence levels in their work groups. This pattern may be a particular problem in organisations where leaders are rated according to their ability to manage sickness absence levels. If a leader demonstrates transformational leadership behaviours connected to the community and has concerns for followers' health and not only their performance then they may be truly transformational (Parry & Proctor-Thomson, 2002). It is possible that we captured pseudo-transformational leadership as well as "true" transformational leadership in the present study. Our results calls for research on how "true transformational leadership" and "pseudo-transformational" leadership influence sickness absence levels.

Our results have implications for research. First, it calls for further exploration of when transformational leadership does not have positive effects for employee health and well-being. Our results suggest that time is important. The direct positive relationship between group-level transformational leadership and sickness absenteeism was only significant after one year, not two years. The moderating effect of presenteeism was evident after two years, but not after one year. These results suggest that more immediate effects can be found among followers (sickness absenteeism was measured in the 12 months after the leaders were rated by employees), but for vulnerable workers (i.e. those high in presenteeism) cumulative adverse effects take longer to materialise. The lack of recovery may also explain this effect. For people who suppress their symptoms of ill-health and show up for work while ill, thus not taking the necessary sickness



absence, the lack of recovery may lead to them eventually having to go off sick because their psychophysiological imbalance becomes so great they no longer can ignore their symptoms.

To the best of our knowledge, no measures exist of whether leaders are truly transformational or pseudo-transformational. Attempts to use existing scales to define pseudo-transformational leaders have focused on leaders being rated high or low on specific dimensions of transformational leadership, e.g. low on idealized influence and high on inspirational motivation (Barling, Christie, & Turner, 2008, Christie, Barling, & Turner, 2011), but the content of the scales have not been changed. Additionally, no existing measures explicitly capture the health and well-being side of transformational leadership. It is possible that rather than adopting the transformational leadership measures developed for performance purposes, we need to adapt these measures to the well-being domain. It should also be explored whether certain transformational leadership behaviours may be good for performance in the short-term but over time lead to poorer performance due to the negative impact on followers' sickness absence levels which are costly to the organisation.

Our results also have practical implications. Leaders need to strike a balance in encouraging vulnerable followers to perform above and beyond the call of duty and manage followers' health and well-being: For these employees such encouragement may backfire and lead to increased sickness absenteeism. It may be useful to focus transformational leadership training on how to manage employees with health issues in order to manage sickness absence better. Our results suggest that transformational leadership training should comprise health-related dimensions of transformational leadership. For example, intellectual stimulation should not only focus on developing competencies and mastery but also focus on building resilience and coping skills. Leaders could also be trained in incorporating well-being and health into the vision, goals and

objectives they develop for work groups. As role models, transformational leaders should display healthy behaviours and encourage followers to look after their own health.

Although it has been argued that the supportive aspect (expressing concern for, and taking account of employees' needs and preferences) is not a core element of transformational leadership because it is not strongly linked to motivation (Yukl, 1999), we argue that it is important to focus on how the supportive aspect may promote follower health and well-being. Line managers who emphasise the supportive aspect of individualised consideration rather than the developmental aspect (providing career counselling, encouraging training, and observing skill development) may become more sensitive to the needs of the individual employee and therefore get a better understanding when it is good for the employee to turn up for work or when it is better to nurse health at home (Arnold & Loughlin, 2010). Furthermore, for certain health problems (e.g., musculoskeletal disorders) some connection to the workplace while ill may facilitate rehabilitation and reduce the risk of recurrent sick leave (Van Duijn & Burdorf, 2008).

### *Strengths and limitations*

The main strength of this paper is the multi-level, longitudinal design. Notwithstanding emerging opinion that problems with common-method variance may have been overstated in organisational research (Spector, 2006), common-method variance may pose a threat to our results. In our data collection, we followed the recommendations of Podsakoff, MacKenzie, Lee, and Podsakoff (2003) in constructing the surveys to minimise such bias. Furthermore, ratings were made of different targets; the leader and employees' behaviours. It is therefore unlikely that potential biases such as social desirability might influence these different targets in the same way. Furthermore, common method variance is generally decreased in multiple regression (as opposed to bivariate methods, Siemsen, Roth, & Oliviera, 2010) and in longitudinal designs.

In this study, we chose to use self-report sickness absence data. It could be argued employees may have difficulties recalling sickness absence in the past 12 months, however, we decided to use this recall period as this is the period most often used (Ferrie et al., 2005; Voss et al., 2008) and because of seasonal effects of sickness absence among postal service workers. A related limitation that we share with most other studies of sickness absenteeism is that we did not collect information on the specific illnesses or general health status. We operationalized vulnerable workers as those with high levels of presenteeism, however, we did not include any measures of physical or mental health. Such general health may influence the relationship between group-level transformational leadership and sickness absenteeism and should be explored in future studies. It is also possible that transformational leaders play a very different role in sickness absenteeism patterns depending on whether employees have the common cold, mental health problems, musculoskeletal disorders, or a broken leg.

Another limitation, is that although we build our theoretical framework on group-level transformational leadership and that the leader influences the sickness behaviours of followers through creating a shared identity and group norms and values we do not actually test these potential mediators. Future research should explore such possible mediators of the relationships we have found in this study.

Another limitation is that we used a short, uni-dimensional measure of transformational leadership. The measure chosen was well-suited to a study population in the postal service that had few academic educational qualifications: it was feared that a lengthy questionnaire would adversely influence response rates without leading to substantial gains in reliability and validity. The transformational leadership paradigm provides a useful, but not exhaustive account of leadership style, and the facets of transformational leadership were not explored here (e.g., idealised influence, Bass, 1985). There has been a debate as to whether research should use single scales of

transformational leadership. It is recommended to use one single scale of transformational leadership for research purposes as the subcomponents are highly inter-correlated even if for training purposes it may be more desirable to focus on the specific elements (Bass, 1999; Judge & Piccolo, 2004). Finally, as we only measured presenteeism at T1 we cannot examine whether presenteeism remained stable or changed over time.

## **Conclusion**

Our study has two important implications. First, extending the research that has found that transformational leaders reduce general absenteeism, our results suggest that transformational leaders exert their effects in complex social and temporal processes and may among healthy employees increase sickness absenteeism levels over time. Second, our results suggest that some employees in groups with transformational leaders may have increased sickness absence rates if they have high levels of presenteeism, i.e., transformational leaders may affect sickness absenteeism negatively levels among vulnerable employees. Our findings indicate that the assumption that “more transformational leadership is better” does not hold over time. Thus we add to emerging debates as to whether transformational leadership is uniformly beneficial across all contexts and outcomes (Franke & Felfe, 2011) having tested the conditions in which transformational leadership behaviours do not have positive outcomes.

Together, the results also indicate that the links between transformational leadership and organisationally desirable outcomes may not be as straightforward as much of the literature on transformational leadership to date suggests (Bass & Riggio, 2006). Examining the role of transformational leaders in followers’ sickness absenteeism patterns offers an important way forward in providing guidance for how organisations may effectively deal with employees’ health and well-being in healthy and vulnerable workers.

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Table 1: Means, SDs, correlations, and reliabilities among the variables

	M	SD	1.	2.	3.	4.	5.
1. Absence Year 1	10.69	24.36	--	.50*	.00	.53*	.10
2. Absence Year 2	14.01	26.82	.28*	--	-.13	.27	.39†
3. Absence Year 3	8.49	10.09	.00	-.07	--	.16	-.28
4. Presenteeism Year 1	5.69	15.39	.03	.32**	.00	--	-.15
5. Transformational leadership Year 1	3.23	0.76	.16	.00	-.06	-.02	.94

† $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$ . Reliabilities at individual level (Cronbach's alpha) shown on the primary diagonal. Correlations at the individual level shown below the primary diagonal ( $N = 75-155$ ). Correlations amongst group-level and individual variables aggregated to the group level shown above the primary diagonal ( $N = 22$ ).

Table 2. Multilevel regression analyses.

	Absence year 2		Absence year 3	
	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>
Employee level variables				
Absence year 1	0.32*	2.34	0.00	0.23
Presenteeism year 1	0.63	1.02	0.12	1.36
Team level variables				
Transformational leadership	9.12*	2.44	-3.65	-0.80
Interactions				
Individual presenteeism * transformational leadership	0.27	0.33	0.57†	1.71

†  $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$ .

Figure Captions

*Figure 1.* Form of interaction between individual level presenteeism and transformational leadership on absence at critical values ( $p < .05$ ) for transformational leadership.

