Leadership Strengthens Health: Systemic Intervention Approaches at the Levels of Self, Team, and Organization

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Abstract

Based on current developments, incorporating systemic thinking and in reference to the conception of strategies for influencing employee health according to Wegge et al. (J Pers Res 28(2):6–23, 2014), concrete practical courses of action are shown to leaders, to actively live "Healthy Leadership" in the company.

Keywords

Systemic · Intervention · Health-promoting · Leadership behavior · Reflection

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1 Summary

Based on current developments, incorporating systemic thinking and in reference to the conception of strategies for influencing employee health according to Wegge et al. (2014), concrete practical courses of action are shown to leaders, to actively live "Healthy Leadership" in the company.

After briefly addressing the question to what extent and why executives bear a (co)responsibility for the health of their employees, various intervention possibilities are theoretically substantiated and presented on the three systemic levels (1) I, (2) team, and (3) organization. The implementation of these tools in daily leadership is demonstrated using a practical example. All tools are practical and easy to apply and can be combined depending on the situation.

2 Practical Example

Linda Kaiser is a department head in a consumer goods company and is responsible for three product lines. She leads a team of three team leaders and 45 employees. Linda is very open to change and considers herself to be very resilient. She believes that she has strongly demonstrated these two qualities over the past 3 years.

Three years ago, "her" company was taken over by a Belgian corporation. This drastically changed a lot: in addition to the ownership and shareholder structure, the previous organizational structure of a medium-sized company was transformed into that of a corporation. Departments, areas of responsibility, and various process flows were analyzed in a comprehensive integration program and adapted to the new corporate structure. In addition, central management positions were newly filled and the company language was changed to English. Linda's department also experienced numerous changes. A team was spun off, work and reporting processes have changed, and as part of the integration, two team leader positions and some employee positions were newly filled.

All these changes have cost "energy" but have, in Linda's opinion, also paid off. Together with her (new) team leaders, she has built an efficient department. The workload, however, has not reduced as expected but has even increased further. Instead of consolidation, a further optimization program is currently underway, the implementation of two new product lines must be in place by next month, and the marketing campaign accordingly adapted.

In addition, the corporation's directive introduces "health management" in all areas with high priority. For the kickoff, all executives received a brief introduction via video conference on goals and procedures and in addition a comprehensive PowerPoint presentation (in English). A country-specific workshop with concrete ideas on what and how executives should lead in the future was planned, but due to current "important" topics, it has already been postponed twice. The implementation and progress of health management is to be measured using a "Health Index," which is sent out once a year as a questionnaire to all employees. The exact design of this survey is currently being worked on. Linda understands the importance of the topic and the framework conditions, but it is still unclear to her what exactly she should do

now. She can't do much with the very general hints in the presentation like "appreciative leadership," "engage with your employees," and "self-leadership is a prerequisite." For Linda, it feels as if "health management" is just another one of those projects that starts enthusiastically, but without concrete ideas, implementation and measurability and unfortunately will no longer be relevant in 2 years.

This chapter aims to create awareness and consciousness for "health-promoting" leadership behaviors and at the same time practically show executives like Linda how they can intervene systemically on the three levels (1) I, (2) team, and (3) organization and achieve great effects with comparatively small instruments.

3 Introduction

"In the first half of our lives we sacrifice health to acquire money; in the other we sacrifice money to regain health. And during this time, health and life perish." Voltaire (1694–1778) is still right and has been for almost 300 years. Current statistics show that while *physical* health hazards are tending to decrease, *mental* health risks have been steadily increasing for years, and there is increasing acceptance of the topic. Thus, mental stress, measured by days of absence, represented the third largest group of diseases among employees in Germany in 2019 (BKK Health Atlas, 2019; BKK Federal Association, 2019) and now cause every second early retirement (German Pension Insurance, 2018; BKK Federal Association, 2019).

When employees are asked, they cite leadership behavior as one of the three main causes of mental strain (Federal Association of Company Health Insurance Funds, 2008). The initiative "Work and Health" also counts "poor leadership behavior" (e.g., lack of information for employees, lack of involvement of employees in decisions, and lack of recognition) alongside time pressure and job insecurity as the three most relevant factors for mental strain (see Elprana et al., 2015).

It is therefore beyond question that managers can have both indirect and direct influence on the stress situation at the workplace and thus on the health of their employees (e.g., Felfe, 2009).

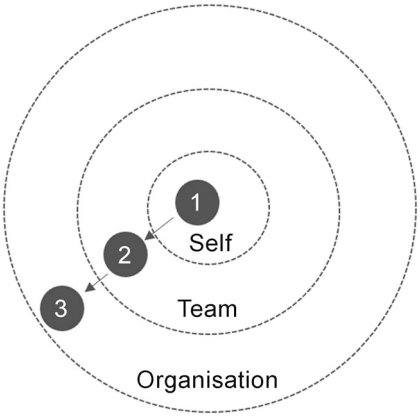
The increasing focus on health as a result of "good" leadership is reflected not only in these figures but also in increased scientific-psychological research activity on the topic of "leadership and health."

Both the scientifically serious and the popular leadership research (e.g., "Management by …") offer a multitude of different leadership concepts, ideas, principles, or guides. If we want to put health as one of the core tasks of leadership in this chapter in the center, these approaches can be mainly distinguished by whether health is primarily in the foreground or rather considered as a "byproduct."

While Felfe, Pundt and Krick (2017) as well as Felfe et al. (2021) deal with the approach of health-promoting leadership (health-oriented leadership, see also Franke & Felfe, 2011; Franke et al., 2015) (another example is the health- and development-promoting leadership approach published by Vincent-Höper, Vincent, 2012), the focus in this chapter will be on more general leadership approaches and their health-promoting effects.

4 Systemic Intervention Possibilities for Positive Reinforcement of Health Through Leadership

Based on a holistic systemic approach, the following will illustrate for the three levels (1) Self, (2) team, and (3) organization, how leaders can directly or indirectly influence the health of their employees through their leadership behavior. Both health-promoting and health-impairing behaviors will be named and concrete practical implementation paths in everyday leadership will be shown. The intervention possibilities presented should be applied in combination (simultaneously) to utilize systemic interactions in the system.



4.1 Level: I

Systemic basic understanding 1: Change begins with oneself and starts here and now.

Systemic basic understanding 2: If you change as a leader, you can also change the system around you.

4.1.1 Act Health-Consciously as a Role Model

The behavior of leaders often serves as a guide and benchmark for their own behavior for employees. Leaders are successful role models and their behavior is perceived as critical to success, for example, to rise in companies and attain influential positions. This applies not only to behaviors such as commitment or employee orientation but also to health-related behaviors such as paying attention to one's own stress limits, presenteeism (working despite illness), or the use of company health promotion. If leaders, for example, work despite their own illness or even at night or on weekends, but at the same time encourage their employees not to do this, this is perceived as inauthentic and ambiguous. Employees then often do not allow themselves to show health-promoting behavior.

The "Health-Oriented Leadership" approach (see Franke et al., 2015) assumes that health-promoting leadership behavior (staff care) occurs more frequently when the leader is mindful of their own health (self-care). Managers who do not adequately deal with their own health as well as personal stressors and resources can hardly adequately assess or even promote these aspects in their employees. That is, it starts with each individual.

Long-term research shows that self-endangering behavior (extending one's own working hours and working beyond the limits of resilience) can be helpful in the short term to cope with often challenging tasks, but in the long term, it can lead to various problems such as sleep disorders, performance decline, or mental and physical illnesses (Krause et al., 2010, 2015). Thus, important recovery processes no longer start, and not only one's own health suffers but also performance, creativity, and enjoyment at work.

Health-related self-leadership means developing a health consciousness and thus knowing one's own health status and level of stress, as well as personal stress situations, and being able to perceive personal warning signals. Furthermore, it is important to deal with the importance of one's own health and health-promoting working conditions. In summary, this means that before health-promoting employee leadership, there is first health-related self-leadership in the sense of self-care (Franke & Felfe, 2011; Groß, 2013).

Implementation in Everyday Leadership

In our example, Linda, even if she is not aware of it, is a role model for her employees and plays a central role in their working lives. Her behavior is the standard to which they should orient themselves, and her behavior sets standards. This applies to her work behavior such as quality awareness, commitment, and work attitude, as well as—and this can become critical—her own health behavior. If Linda demonstrates to her employees that she is committed to work matters around the clock, does not know evenings off or weekends, or does not maintain times of unavailability and rest, then her employees will also take this as an example and copy this behavior. In summary, this means that Linda and any other manager can influence the health of their employees by critically reflecting on their own work and health behavior and making changes where necessary. If Linda demonstrates that there are limits—despite 100% commitment and top performance, that other areas of life such as family, friends, volunteering, etc., are not only secondary but also meaningful, horizon-expanding areas of life that need their fixed place—her employees will also gain courage and trust to follow Linda's example and try out some of these healthy behaviors (Wegge et al., 2014).

If Linda wants to reflect on her own health and her influence on those she leads, she should first honestly answer the following question: What value do I personally attach to my health?

As simple as the question "what value do I attach to my own health?" may sound at first, it will be difficult for some managers to answer, especially when physical and mental energy as well as resilience seem to be unlimited. In addition, managers quickly find themselves in a dilemma when apparently conflicting impulses to

achieve (external and internal) performance expectations and to respect one's own performance limits need to be reconciled. In organizations, exceeding performance expectations is often positively evaluated, whereas respecting one's own limits and thus refusing unlimited performance is often evaluated as inappropriate.

Many people only deal with their own health when they perceive limitations and stress limits, or when serious physical or mental illnesses appear in their own environment or even in themselves. In the sense of a preventive and sustainable approach to health, however, reflection on one's own limits and internalized as well as external expectations is needed even before this. But how can this succeed in the tightly scheduled organizational everyday life?

One possibility to deal with one's own expectations and attitude towards employees is coaching and collegial peer formats. In them, space is created for reflection and for becoming aware of one's own dilemmas or beliefs. The collegial character in an explicitly nonjudgmental setting allows for the free expression of feelings, fears, and personal needs, as well as the receipt of feedback and perceptions from a coaching person or peers. Another advantage of collegial exchange formats within the own organization is that the framework conditions are known to all and very concrete collegial advice can be given.

Linda can turn to a coach in her organizational environment or privately and reflect with this person on her own handling of her health, fears, or expectations and arrive at a stance for herself. She can also try to initiate a peer coaching format in which like-minded executives work together on such topics.

So Linda can apply both instruments for herself, at the level "Self" and also establish them for her colleagues in the entire organization. A detailed description of the instruments "coaching" and "collegial case consultation" is given in the Sects. 4.3.2 and 4.3.3, respectively.

In combination with her exemplary health-promoting self-leadership, Linda can in a second step transfer this to the team (dyad and entire team) and strengthen the awareness for health-promoting behavior at team level.

4.2 Level: Team

Systemic basic understanding 3: Recurring behaviors (patterns) make sense in the system. Beneficial patterns should be recognized, made conscious and reinforced, and obstructive patterns should be reduced.

4.2.1 Actively Shaping Working Conditions in a Health-Conscious Manner

This approach to influencing health through leadership is based on the idea that leaders can influence the working conditions in their team and can use this influence to shape these conditions positively (health-promoting) or also negatively (health-impairing). In the work psychology research, there is now—despite different theoretical approaches—consensus about which work characteristics can trigger stress (e.g., overload, emotional demands, and interruptions) and which work

characteristics can alleviate stress (feedback and support from colleagues and leaders, autonomy, and social support) (Bakker & Demerouti, 2014; Morgeson & Humphrey, 2006).

Basic prerequisites for the health-promoting design of working conditions are first, that leaders must have sufficient knowledge about these working conditions and second, that they themselves must have sufficient leeway (Korek et al., 2015a, b) to be able to influence the working conditions of their employees in a creative way.

Implementation in Everyday Leadership

Work interruptions are classic stress triggers. Interruptions cost not only concentration but also time. One has to decide whether to follow the disturbance or stay with the previous task. Once you have decided to work on the interruption, you leave the original task, and after working on the interruption, you need time again to get back into the old task. This can over the day over many interruptions lead to time pressure and the core task not being accomplished, which can lead to negative feelings and even health impairments (Baethge & Rigotti, 2013). Managers have themselves a very interruption-rich workday and know the phenomenon. Everyone who is constantly interrupted, although accomplishing a lot, often have the feeling of not having done anything properly and completely and being under time pressure, the closer the end of work approaches (Rigotti & Baethge, 2014). In everyday work, not all interruptions can be avoided when working closely in a team and tasks are accomplished cooperatively.

So what can Linda do? She can enable all employees to define a daily time corridor of interruption-free time for themselves. So Linda can distribute "Please do not disturb" signs and encourage employees to turn off emails or phone during these self-chosen times. Even with hybrid work forms, times of unavailability can be defined. Two hours a day are sufficient for this, which everyone should place as they better correspond to the biorhythm: The larks in the morning and the night owls in the afternoon. Interruption-free times are also possible in leisure time. Why not also go the way like VW and establish an email-free after-work time or at least email-free time corridors?[1]

Here too, Linda's own role model effect should not be underestimated: If she leads by example, no longer writes or reads emails after work or herself specifies a "do not disturb" time, it will encourage her employees to do the same. It can also lead to her employees becoming more independent in the long term, answer certain questions themselves, with which they otherwise interrupted colleagues, or collect questions and discussion points. In return, a team then needs fixed discussion times, e.g., team meetings, joint hours of collaboration, or informal breaks to satisfy the need for interaction.

[1] Since 2012, for about 1000 employees with collective agreements at VW, no emails are forwarded half an hour after the end of work.

4.2.2 Directly Lead Employee-Oriented

Another possibility for managers to influence the health of their employees is through positive leadership styles (e.g., transformational leadership or leader-member-exchange), which are oriented towards the needs of the employees and from which health-promoting effects are known (Franke et al., 2015; Gregersen et al., 2014). Under employee orientation (Fleishman, 1953; Rowold & Heinitz, 2008), in contrast to task orientation, all those behaviors are summarized that are oriented towards the needs of the employees. This means putting the individual in the focus of attention and consciously considering the individual values, norms, and needs of the employees more strongly. As a consequence, highly individual and diversity-related leadership relationships emerge.

Implementation in Everyday Leadership

Each team consists of different employee groups with each different needs: young, knowledge-hungry, career-oriented employees; older employees who carry responsibility and can pass on experiences; and those who also have responsibility for children and relatives in need of care. These different employees naturally need everything that has been mentioned in the previous measures, but also something specific.

For Linda in our example, this means, in conversation—initially with her team leaders—finding out the individual and possibly very different needs, e.g., regarding working hours in the next 6 months. Team leader "one" is 33 years young, very motivated and looking for challenges (both professionally and privately), is doing a postgraduate course on Fridays and Saturdays, and is otherwise very flexible in terms of time. If she could choose, she would prefer a later start and end of work. Team leader "two" has just returned from maternity leave, is very interested, and open to "new things." However, she has to leave at 3 p.m. on 2 days of the week due to the opening hours of the daycare center. Team leader "three" is a long-standing employee (organizational affiliation of 16 years), very experienced, calm, and values a relaxing evening. For Linda, the task now is to find individual solutions and design working hours or work tasks in such a way that ideally all three needs are compatible. For example, team meetings could from now on take place on Mondays at 10 a.m., a contact person could be named for each day of the week, rules for representation could be agreed upon, etc. Important at this point is the understanding that employees in flexible working time models or part-time employees do not reduce their commitment, but actually achieve more, and are more organized and responsible. In the second step, Linda's team leaders should have similar conversations with their employees and together with Linda find individual solutions for a limited period (next 6 months) and coordinate with HR/management. This search for individual solutions also shows appreciation for the individual concerns of each individual and correspond exactly to the hints from the PowerPoint presentation: "respond to the employee" and "appreciative leadership."

After Linda has taken these first three steps and noticed the first changes in herself and her employees, she decides to tackle the topic of "health-promoting leadership"

even more intensively and to strengthen the conscious perception of health-promoting behaviors at the team level and to consolidate this with jointly defined team rules.

4.2.3 Consciously Changing Perception at Team Level

Although health-relevant leadership behavior often targets the direct dyad of employees and managers, the influence of managers on the entire team should not be underestimated. At team level, many social processes play a role, leading to employees consciously or unconsciously trying to synchronize or align their assessments of the manager. In addition to these perception processes occurring at the employee level, managers can also directly influence the team climate and team perception by showing team-oriented behaviors—i.e., behaviors directed equally at all employees. This includes building a common identity (we-feeling) or establishing a cooperative (instead of a competitive) team culture, in which team members support each other (Van Dick & Schuh, 2015). This simultaneously activates the support resources of all employees among each other (Van Dick & West, 2013), which enhances the health-promoting effect of the team-oriented behaviors additionally supported.

Implementation in Everyday Leadership

First of all, Linda should consider in all activities—whether they aim at promoting health, performance, or motivation—that these always find a resonance in the entire team. Since managers are important reference persons for employees, colleagues discuss among each other, inform themselves about conversations with managers, or overhear them. Employees immediately notice when managers make differences between employees, e.g., encouraging one to stay at home with a starting illness, while asking the other for presence due to important tasks. Therefore, the first practical tip in this section is that managers should appear with the same attitude and the same statements towards all employees in important matters (such as health promotion). But what concrete measures can be taken to activate the resource team as a source of employee health?

In our practical example, Linda could initiate a thematic discussion round about health and illness and the work-related handling of it with the entire team. This way, she can find out how each employee thinks about health-relevant topics, for example, whether one should come to work sick (presenteeism, see, e.g., Hägerbäumer, 2011; Henneberger & Gämperli, 2014) when important work is pending, and of course also share her own opinion about it. An example of such a health-promoting process is "GoFüko": In this team coaching process, managers first receive team feedback on their health-promoting leadership behavior. Subsequently, health promotion measures are agreed upon in the team (Elprana et al., 2015; Felfe et al., 2021).

It is known that presenteeism has long-term negative effects on the health, performance, and economic efficiency of the entire company (Dietz et al., 2020; Steinke & Badura, 2011), and therefore, avoiding it should be a health-relevant goal of Linda's leadership. In a discussion round, she could inform about the consequences of presenteeism and agree on rules with her team that allow employees—but also her—to really stay at home when sick.

What rules can help with this?

- Deputy rules: Try to involve employees in some of your most important tasks so that they can react in case of your own illness-related absence.
- Task distribution to sub-teams: Try to assign tasks not to individuals but to small sub-teams. This not only achieves higher cooperation and the possibility of mutual support but also that tasks can be taken over by colleagues in case of illness who are "in the topic."
- Many employees are afraid to be sick and stay at home because they fear that the work then has to be done by others (possibly already tasks would have to be completed by (already burdened) employees) and that would in turn create pressure. You should dispel such assumptions in the discussion round. Falling ill is a normal phenomenon and must be taken into account in any serious personnel and time planning. If your team can "just about" complete the tasks even with 100% staffing and is often under time pressure, then it is foreseeable that even more pressure will arise in the event of illnesses. This pressure should not be passed back to the team. Rather, it is your task as a manager to remedy this situation with your own managers, for example, by obtaining replacement regulations, sufficient staff, staff replacements, or postponing deadlines. Of course, this requires management leeway (Korek et al., 2015a, b).

In the next step, Linda tries to establish tools at the organizational level to establish health-oriented leadership in her department (see Elprana et al., 2015). This will help Linda to meet the numerous challenges she faces as a manager in the company together with her employees.

4.3 Level: Organization

Basic systemic understanding 4: Change in complex systems at the organizational level can be supplemented by tools that interact with each other.

4.3.1 Establish Stress-Reducing Resources in the Organization

Many stress models that focus on the evaluation process of potentially stress-inducing events (transactional stress model of Lazarus and Folkman, 1984) emphasize that it depends on the personal evaluation to decide whether an event (e.g., a difficult task) is perceived as a challenge or threat. Furthermore, it is up to the assessment of personal resources whether such an event is considered potentially manageable or not. Managers can address these two evaluation processes by, for example, trying to convince employees to perceive a difficult task as a personal challenge and to strengthen problem-oriented coping possibilities. The first activity, i.e., the joint "reinterpretation" of difficult tasks as personal challenges, is difficult for managers because they are balancing on a thin line. Selling overloads as personal challenges will have a long-term negative impact on the health of employees, as this will deplete their resources. Here, a realistic but optimistic attitude of managers is important. In the second activity,

appealing to and strengthening coping possibilities, especially problem-oriented coping, personal resources of employees (optimism, self-efficacy expectation) are strengthened, which in turn have a health-promoting effect.

Implementation in Everyday Management
Coaching and collegial case consultation are effective and proven tools to give employees and managers the opportunity to reflect on stress-inducing situations and develop stress-reducing coping strategies. For Linda and interested readers, both methods are briefly described below.

4.3.2 Method 1: Coaching—Developing Individual Coping Strategies and Activating Personal Resources

- "I feel very stressed by situation xy and don't know how to deal with it."
- "Everyone talks about taking care of my health but no one says how that's supposed to work with my job."
- "Lately, I've been totally unmotivated and powerless and have no more desire for my job. What can I do?"

These questions could be at the beginning of a coaching process. Coaching is a goal-oriented consulting process for individuals or teams, with the aim of strengthening self-management (e.g., in terms of health behavior), expanding skills, and developing solutions independently to be able to cope with existing challenges and tasks more flexibly (see, for example, Müller, 2003). The coachee himself is considered the expert for his challenges, his own resources, and thus also the solution to his problem and determines the direction and speed of the process and the coach is his companion, who asks targeted questions and reflects answers (see, for example, Müller, 2003).

Linda or other managers could in a coaching session look at their individual questions (e.g., about the current stress-inducing work situation) from a different perspective in a protected, trusting environment and find access to their own resources and coping strategies. Linda or other managers can also themselves in the role of coach accompany their employees and work out solution approaches with them or establish and promote (external) coaching as a development tool in the organization.

4.3.3 Method 2: Collegial Consultation—Strengthen Health-Promoting Behavior and Mitigate Stressors

- "I just can't cope with task xy. How can I make it more effective?"
- "What can I do about the sick leave in my team?"
- "Uninterrupted work in the team—how to introduce and maintain?"
- "As a project leader for 'Healthy Leadership', how can I design the start of the project so that everyone really engages?"
- "An employee of my department has had repeated absences for two months. How can I address this with him?"

These and other specific work-related questions can be asked and carefully answered in a "Collegial Consultation." The aim of this method is to enable reflections on a

topic in order to be able to look at it again from the outside and objectively and to develop together solution ideas for concrete practical problems. In addition, the participants qualify each other by expanding practical consulting and coaching skills as well as methodological knowledge (see Tietze & Thun, 2015).

The starting point is the idea that people who work together in a field (not necessarily in the same team) know the specific requirements best and are therefore able to advise each other on professional questions. This "consultation" takes place independently in a group according to a fixed schedule and does not require a professional or external coach. It is suitable for both managers and employees and can help to strengthen health-promoting (leadership) behavior and to identify stress-reducing resources. Cases that are particularly suitable for peer consultation are those in which the managers themselves can act, which have something to do with them and which they can influence. The great strength of the method lies in the separation of the two phases of problem exploration and development of solution ideas. This systematic separation often leads to more precise solution ideas that the case giver can use for himself.

How Does Such a "Collegial Case Consultation" Work in Practice?

Before the method is used independently in groups, it should be professionally introduced so that all participants are clear about the structure, roles, and methodology. The collegial case consultation ideally takes place in a group of 5–10 people (cf. Tietze & Thun, 2015). The following box describes the structure and process of a "Collegial Case Consultation" as an example.

Collegial Case Consultation: Structure and Process

1. Distribution of roles
   (a) Case giver—brings in the work-related question
   (b) Moderator—guides group through case consultation process, visualizes, keeps track of times, and asks questions
   (c) The consultants—support in finding solutions
2. Case giver describes situation and names specific question
   - What is the situation?
   - Who are the participants?
   - What has happened so far? (Background)
     ➔ Moderator asks in-depth questions and summarizes in her own words
   - What question does the case giver have for the consultants?
   - What would be a good result of this consultation?
     ➔ Moderator supports process and visualizes question
3. Consultants ask clarifying questions
   - What role does the case giver play?
   - What previous attempts at solutions has she already tried?
   - What other solution ideas does she have?

(continued)

4. Method selection
   - The group collectively decides on a suitable method, e.g., brainstorming, "Good Advice," resonance round, reflecting team, etc.
5. Consultation phase
   - Based on the chosen method, consultants discuss their ideas, thoughts, and experiences on the issue.
   - The case giver listens to the consultants and lets the ideas sink in.
6. Conclusion and practical transfer
   - The case giver mentions her insights, can comment on the contributions of the consultants, and draw a personal conclusion.
   - The case giver plans concrete next steps.
   - Dissolution of the role constellation.

In our practical example, Linda could offer both presented methods to her team leaders and employees (principle of voluntariness) or of course use them herself. An open handling and visibility of the methods in the team supports the willingness and acceptance to apply them. While coaching is particularly suitable for developing individual solution strategies, collegial case consultation can also be used as a management tool, for example, in a monthly reflection round among managers at the same hierarchical level. The application of such methods also has long-term positive effects on the entire organization.

5 Conclusion

With the possibilities shown, managers can immediately start to consciously integrate health-promoting behaviors into their leadership work, without having to learn completely new approaches. Initially, it is about consciously questioning many of their own behaviors as to whether they serve as a health-related role model for employees and whether all behaviors directed at employees (design of work, coaching, team, and employee-oriented behaviors) already unfold their full health-promoting potential. At the organizational level, managers can work towards support structures such as the possibility and space for collegial formats and use these responsibly.

References

Baethge, A., & Rigotti, T. (2013). Interruptions to work flow: Their relationship with irritation and satisfaction with performance, and the mediating roles of time pressure and mental demands. *Work & Stress, 27*(1), 43–63. https://doi.org/10.1080/02678373.2013.761783

Bakker, A. B., & Demerouti, E. (2014). Job demands-resources theory. In *Work and wellbeing* (pp. 37–64). Wiley Blackwell.

Bundesverband der Betriebskrankenkassen (BKK BV). (2008). *BKK-Gesundheitsreport 2008 – Seelische Krankheiten prägen das Krankheitsgeschehen*. BKK-Bundesverband.

Bundesverband der Betriebskrankenkassen Dachverband. (2019). Psychisch krank im Job. Verstehen. Vorbeugen. Erkennen. Bewältigen. https://www.bkk-dachverband.de/publikationen/selbsthilfe-broschueren/psychisch-krank-im-job. Accessed on 10.05.2023.

Bundesverband der Betriebskrankenkassen Gesundheitsatlas (2019). In K. Kliner, D. Rennert, & M. Richter (eds.), *Netzwerke(n) für Gesundheit*. BKK Dachverband.

Deutsche Rentenversicherung. (2018). Deutsche Rentenversicherung Bund (ed.): Rentenversicherung in Zeitreihen. In DRV Schriften (Bd. 22).

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*, 300. https://doi.org/10.1080/02678373.2020.1728420

Elprana, G., Felfe, J., & Franke, F. (2015). Gesundheitsförderliche Führung diagnostizieren und fördern. In J. Felfe & R. van Dick (eds.), *Handbuch Mitarbeiterführung: Wirtschaftspsychologisches Praxiswissen für Fach- und Führungskräfte*. Springer.

Felfe, J. (2009). *Mitarbeiterführung*. Hogrefe.

Felfe, J., Pundt, F., & Krick, A. (2017). Gesundheitsförderliche Führung = Ressource für Mitarbeiter/-innen – Belastung für Führungskräfte? In C. Busch, A. Ducki, J. Dettmers, & H. Witt (eds.), *Der Wert der Arbeit* (pp. 241–256). Rainer Hampp Verlag.

Felfe, J., Klebe, L., Klug, K., Krick, A., & Ducki, A. (2021). Prävention auch in der Krise? – Bedeutung gesundheitsförderlicher Führung. In B. Badura, A. Ducki, M. Meyer, & H. Schröder (Eds.), *Fehlzeiten-Report 2021* (pp. 279–293). Springer.

Fleishman, E. A. (1953). Leadership climate, human relations, and supervisory behavior. *Journal of Applied Psychology, 6*, 202–222.

Franke, F., & Felfe, J. (2011). *Diagnose gesundheitsförderlicher Führung – Das Instrument „Health oriented Leadership*". In B. Badura et al. (Ed.), *Fehlzeitenreport 2011* (pp. 3–13). Springer Verlag.

Franke, F., Ducki, A., & Felfe, J. (2015). *Gesundheitsförderliche Führung*. In J. Felfe (Ed.), *Trends in der psychologischen Führungsforschung* (pp. 253–264). Hogrefe.

Gregersen, S., Vincent-Höper, S., & Nienhaus, A. (2014). Health-relevant leadership behaviour: A comparison of leadership constructs. *Zeitschrift f. Personalforschung – Journal of Research in Human Resource Management, 28*, 117–138.

Groß, M. (2013). *Selbstcoaching*. Springer.

Hägerbäumer, M. (2011). *Ursachen und Folgen des Arbeitens trotz Krankheit – Implikationen des Präsentismus für das betriebliche Fehlzeiten- und Gesundheitsmanagement* (Inauguraldissertation). Universität Osnabrück, Osnabrück. https://repositorium.ub.uni-osnabrueck.de/bitstream/urn:nbn:de:gbv:700-201112158616/1/thesis_haegerbaeumer.pdf. Accessed on 10.05.2023.

Henneberger, F., & Gämperli, M. (2014). *Präsentismus: Ein kurzer Überblick über die ökonomische Relevanz eines verbreiteten Phänomens* (Diskussionspapiere des Forschungsinstituts für Arbeit und Arbeitsrecht an der Universität St. Gallen No. 129). Universität St. Gallen website: http://www.google.de/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CC0QFjAC&url=http%3A%2F%2Fwww.unisg.ch%2F~%2Fmedia%2Finternet%2Fcontent%2Fdateien%2Finstituteundcenters%2Ffaa%2Fpublikationen%2Fdiskussionspapiere%2F2014%2Fdp129.pdf&ei=mO91VJP4FuL_ywOKy4HIDw&usg=AFQjCNGwRX6umksO_tWTklXkhwSW1eaPFg&bvm=bv.80642063,d.bGQ&cad=rja. Accessed on 10.05.2023.

Korek, S., Felfe, J., & Franke, F. (2015a). Führungsspielraum. In J. Felfe (ed.), *Trends der psychologischen Führungsforschung* (pp. 213–221). Hogrefe.

Korek, S., Felfe, J., & Franke, F. (2015b). Führungsspielräume nutzen und erweitern. In J. Felfe & R. van Dick (eds.), *Handbuch Mitarbeiterführung: Wirtschaftspsychologisches Praxiswissen für Fach- und Führungskräfte*. Springer.

Krause, A., Dorsemagen, C., & Peters, K. (2010). Interessierte Selbstgefährdung: Nebenwirkungen moderner Managementkonzepte. *Wirtschaftspsychologie aktuell 2*, 33–35.

Krause, A., Berset, M., & Peters, K. (2015). Interessierte Selbstgefährdung – von der direkten zur indirekten Steuerung. *Arbeitsmedizin Sozialmedizin Umweltmedizin, 50*, 164–170.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
Morgeson, F. P., & Humphrey, S. E. (2006). The Work Design Questionnaire (WDQ): Developing and validating a comprehensive measure for assessing job design and the nature of work. *Journal of Applied Psychology, 91*(6), 1321–1339.
Müller, G. (2003). *Systemisches Coaching im Management*. Beltz Verlag.
Rigotti, T., & Baethge, A. (2014). Arbeitsunterbrechungen als häufige psychische Gefährdung – analysieren, bewerten und verändern. In F. Ecker & T. Kohstall (eds.), *Arbeitsschutz bessermanagen*. TÜV-Verlag.
Rowold, J., & Heinitz, K. (2008). Zum Zusammenhang zwischen transformationaler, transaktionaler, aufgaben- und mitarbeiterorientierter Führung und Indikatoren von Stress bei Mitarbeitern. *Zeitschrift für Personalpsychologie, 7*, 129–140.
Steinke, M., & Badura, B. (2011). *Präsentismus: Ein Review zum Stand der Forschung*. BauA.
Tietze, K.-O., & von Thun, S. (2015). *Kollegiale Beratung – Problemlösungen gemeinsam entwickeln. Miteinander reden: Praxis* (7th edn.). Rowohlt.
Van Dick, R., & Schuh, S. C. (2015). *Führung von Gruppenprozessen: Identität und Identifikation bei den Mitarbeitern stiften.* In J. Felfe & R. van Dick (eds.), *Handbuch Mitarbeiterführung: Wirtschaftspsychologisches Praxiswissen für Fach- und Führungskräfte.* Springer.
Van Dick, R., & West, M. A. (2013). *Teamwork, Teamdiagnose und Teamentwicklung*. (2nd edn.). Hogrefe.
Vincent, S. (2012). Analyseinstrument für gesundheits- und entwicklungsförderliches Führungsverhalten: Eine Validierungsstudie. *Zeitschrift für Arbeitswissenschaft, 66*(1), 38–57.
Wegge, J., Shemla, M., & Haslam, S. A. (2014). Leader behavior as a determinant of health at work: Specification and evidence of five key pathways. *Zeitschrift für Personalforschung, 28*(2), 6–23.