

Chapter 9

Health–Oriented Leadership in Healthcare: The Role of Supervisor Attitude, Cognition, and Behavior

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ABSTRACT

The purpose of this chapter is to explore a model of health-oriented leadership in which healthcare leaders' attitudes and cognitions precipitate their health-oriented leadership behaviors and ultimately impact frontline healthcare workers' health and well-being. To better understand these relationships, this chapter will explore this model at different levels of specificity of leadership including general (e.g., transformational), specific (e.g., health-oriented), and targeted (e.g., sleep). The authors separately examine the ways in which healthcare leaders' health-oriented attitudes, cognitions, and behaviors can impact followers' health and well-being. In doing so, they highlight that internal antecedents (e.g., attitudes and cognitions) are necessary precursors for effective health-oriented leadership behaviors. Then they provide recommendations for research and practice based on the model and the current state of the literature in order to better their understanding of health-oriented leadership while simultaneously improving the health and wellness of frontline healthcare workers.

INTRODUCTION

Workplace leadership has a clear and strong impact on followers' work-related attitudes, cognitions, behaviors, and outcomes (e.g., Judge et al., 2004). Although less frequently explored, there is ample evidence to suggest that leadership is also a key antecedent to follower health behaviors and outcomes (Aronsson & Lindh, 2004; Nyberg et al., 2005). For example, within healthcare organizations, destructive leadership has been negatively associated with employee well-being (Schyns & Schilling, 2013), while fair leadership behavior and leadership support have been linked to better employee mental health (Finne et al., 2014). Although many studies have explored the impact of general leadership constructs (e.g., transformational leadership, destructive leadership, leadership support) on follower health and wellness, there has been a recent increase in the empirical examinations of health-oriented leadership and similar specific leadership approaches that explicitly focus on the health and well-being of followers (Rudolph et al., 2020).

Health-oriented leadership is defined as a leader's attitudes toward, and awareness of, followers' health, and behaviors such as effective health-related communication and the design of health promoting working conditions (Franke & Felfe, 2011). Within this specific leadership approach, there are several health-oriented leader cognitions and attitudes that express themselves through domain-specific, health-oriented leader behaviors. Health-oriented leadership is particularly promising for the healthcare industry given the wide range of negative health outcomes that healthcare workers tend to face (Khamisa et al., 2013). Further, the expertise of healthcare employees and leaders ought to make health-oriented leadership particularly effective in healthcare organizations. Although this area of leadership is nascent and few direct studies of health-oriented leadership within healthcare organizations are currently published, we seek to draw upon empirically supported findings from similarly challenging occupations (e.g., military settings) to outline a roadmap for practitioners and researchers alike to better understand and explore the potential mechanisms and outcomes of health-oriented leadership within healthcare organizations.

Specifically, the purpose of this chapter is to explore a model of health-oriented leadership in which healthcare leaders' attitudes and cognitions precipitate their health-oriented leadership behaviors and ultimately impact frontline healthcare workers' health and well-being (see Table 1 for an overview). We separately examine the ways in which healthcare leaders' health-oriented attitudes, cognitions, and behaviors can impact followers' health and well-being. In doing so we highlight that internal antecedents (e.g., attitudes and cognitions) are necessary precursors for effective health-oriented leadership behaviors. Then we provide recommendations for research and practice based on our model and the current state of the literature in order to better our understanding of health-oriented leadership while simultaneously improving the health and wellness of frontline healthcare workers.

LEADERS' HEALTH-ORIENTED COGNITIONS

Cognition is comprised of knowledge (i.e., *what* people know, also referred to as declarative knowledge; Campbell, 1990), the manner in which that knowledge is organized and recalled, and the ability to use that knowledge (Gagne, 1984; Kraiger et al., 1993). Together these aspects of cognition capture not only what an individual knows, but how that knowledge is manipulated and put to use. In the context of leadership, leaders' cognitions ultimately impact followers, the organization, and other stakeholders (Mumford, Watts, & Partlow, 2015). Similarly, although the theory of planned behavior (Ajzen, 1991)

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