Healthy Leadership

1. Perspectives
2. A Model of Positive Stress Leadership
3. An Applied Invention (ExecuPrev)

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Not Where TWH is Now...
But Where should it go?

“If at first the idea is not absurd, then there will be no hope for it.”

A. Einstein
Big Picture
What are some key areas of leadership research that may be applied to TWH?

Part 1
Broad Objectives for TWH
(TWH practitioners should be able to ...)

1. Discuss the importance of healthy leadership in applied settings (e.g., Leadership Pipeline, Leadership Development)
2. Identify and select popular leadership assessment tools and how to apply them for the purpose of coaching on healthy leadership
3. Assess whether they can customize their own assessment battery, utilize pre-existing instruments, or create their own items
4. Discuss key leader character strengths and virtues (at the heart of personal integrity) that apply to creating healthy workplaces
5. Use examples from applied studies (basic and applied) that seek to enhance leadership development and health promotion simultaneously
6. Identify potential new areas for innovative practices that are based on existing research and models discussed in this session
Preview of 6 Objectives

Content to Explore
The importance of healthy leadership in applied settings (e.g., Leadership Pipeline, Leadership Development)

• Two underpinning dimensions: humanitarian and economic
• These are not opposing factors; they work together to promote organizational success
• Great places to work often have good leaders
  just leadership, fairness, trust, emotional intelligence, servant leadership, transformational
• Failing to treat people well leads to costs in various
Leadership assessment tools and how to apply them for coaching on healthy leadership (BACKGROUND)

- Health is typically seen as an instrumental value and not a core goal for leadership development.
- The purpose of the organization is not to create healthy people but to do the work of the organization.
- Hence, there is a lack of health assessment in leadership development.
- People wonder why there are problems on the outcome side (often due to health, behavioral health issues that can cause derailment or productivity issues, or inability to handle the additional stressors of leadership).
- There is a need to grow healthy leaders as a preventive mechanism and business case (role modeling, ripple effect).
- Executive assessment tools may have a “stress responsiveness” dimension but less attention is paid to health.
Customize an assessment battery, utilize pre-existing instruments, or create own

**EXAMPLES:**

- **INDIVIDUAL-LEVEL**
  - The Leadership Battery® (Nelson Quick Group): MBTI, FIRO-B, Self-Reliance Inventory, Emotional Competence Inventory, MLQ
  - ExecuPrev™ Livewell, Leadwell® Measures
  - Assessment Center Concepts

- **ORGANIZATIONAL LEVEL***
  - Health Scorecard Tools w/leadership dimensions
  - The Health Enhancement Research Organization (HERO); Employee Health Management Best Practice Scorecard
  - Leading by Example (LBE)
  - The National Business Group on Health (NBGH) WISCORE (Wellness Impact Scorecard)
  - Samuei Institute Optimal Healthy Environments in the Workplace (OHE-W)

* SEE Goetzel et al. (2013). Ron Z. Goetzel, PhD; Maryam J. Tabrizi, MS, CHES; Enid Chung Roemer, PhD; Kristyn J. Smith, BA; and Karen Kent, MPH. Review of Recent Organizational Health Assessments. May/June 2013 DOI: 10.4278/ajhp.27.5.tahp. Art & Science of Health Promotion in American Journal of Health Promotion.
**Leadership By Example (LBE) Instrument***

Assesses management commitment to worksite health promotion (e.g., managers are educated, see the business value, and promote)

<table>
<thead>
<tr>
<th>Table 1. Organizational Descriptions: by industry, size, and structure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary SIC</strong> (Industry)</td>
</tr>
<tr>
<td>(City)</td>
</tr>
<tr>
<td>(County)</td>
</tr>
<tr>
<td><strong>Number of Employees</strong></td>
</tr>
<tr>
<td><strong>Number of worksites</strong></td>
</tr>
<tr>
<td><strong>Key Occupations</strong></td>
</tr>
</tbody>
</table>

## Supporting a Healthy Work Environment

### Norms

<table>
<thead>
<tr>
<th>LBE ITEMS FROM Della et al.</th>
<th>Mean</th>
<th>Range</th>
<th>%Agree*</th>
<th>OWLS CLIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All levels of management are educated regarding the link between employee health and productivity cost management.</td>
<td>3.01</td>
<td>(2.18 – 3.93)</td>
<td>35.9%</td>
<td>3.76</td>
</tr>
<tr>
<td>2. Employees at all levels are educated about the true cost of healthcare and its effects of business success.</td>
<td>2.80</td>
<td>(1.91 – 3.62)</td>
<td>32.1%</td>
<td>3.06</td>
</tr>
<tr>
<td>3. Our work teams provide support for participation in health promotion programs.</td>
<td>3.35</td>
<td>(2.30 – 3.93)</td>
<td>50.0%</td>
<td>4.29</td>
</tr>
<tr>
<td>4. Our health benefit and insurance programs support prevention and health promotion.</td>
<td>3.51</td>
<td>(2.50 - 4.15)</td>
<td>56.7%</td>
<td>4.24</td>
</tr>
<tr>
<td>5. This site offers incentives for employees to stay healthy, reduce their high risk behaviors, and practice healthy lifestyles.</td>
<td>3.29</td>
<td>(2.11 – 4.25)</td>
<td>49.1%</td>
<td>4.47</td>
</tr>
<tr>
<td>6. Our organization provides training to leaders in our specific worksite on the importance of employee health.</td>
<td>2.69</td>
<td>(1.82 – 3.53)</td>
<td>28.5%</td>
<td>4.00</td>
</tr>
<tr>
<td>7. Our leaders view the level of employee health and well-being as one important indicator of the site’s business success.</td>
<td>3.11</td>
<td>(2.27 – 3.63)</td>
<td>40.0%</td>
<td>4.35</td>
</tr>
<tr>
<td>8. Site leadership shares information with employees about the effect of employee health on overall business success.</td>
<td>2.53</td>
<td>(2.09 – 3.21)</td>
<td>19.2%</td>
<td>3.71</td>
</tr>
<tr>
<td>9. All levels of employees are educated about the impact a healthy workforce can have on productivity/cost management.</td>
<td>2.78</td>
<td>(1.89 – 3.53)</td>
<td>31.1%</td>
<td>3.47</td>
</tr>
</tbody>
</table>


*Those indicating either “agree” or “strongly” agree*
Key character strengths and virtues at the heart of personal integrity

- Character Strengths Inventory (Wright, Quick et al.) originally showed a single factor (set up for 5 strengths: Valor, Integrity, Industry, Self-regulation, Critical Thinking)
- Character strength may be a single unitary construct
- Heart-Centered Leadership (7 Virtues)
- More research needed to develop an evidence-based inventory for use in applied organizational contexts

SOME REFERENCES
Steinbrecher, S., & Bennett, J. B. (2014). Heart-centered leadership: An invitation to lead from the inside out. Sustainable Path.
Use examples from applied studies (e.g., commercial) that seek to enhance leadership development and health promotion simultaneously.

**EXAMPLES:**

- Organizational Citizenship (civic virtue)
- Leader-Member Exchange
- Organizational Justice (interactive justice more than procedural)
- Psychological Capital
- Preventive Health Management Model (Quick, 1999)
- Job Strain
- Effort-Reward Imbalance
Identify potential new areas for innovative practices that are based on existing research and models discussed.
Manager Capacity to LeadWell

Relates to...

Objective 4. Discuss key leader character strengths and virtues (at the heart of personal integrity) that apply to creating healthy workplaces.

Part 2
Assumption

• Manager capacity to leverage stress (for positive organizational outcomes) entails building and training on internal resources
• They have at least two basic internal resources
  – Character Strengths
  – See the Challenge and Opportunity in the stress
Stress, Health, and Wellbeing in Practice

Workplace Leadership and Leveraging Stress for Positive Outcomes

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Shippensburg University, U.S.A.

There is a deep and ongoing relationship between an employee's stress, level of physical health, and experience of wellbeing. For example, work stress is a significant predictor of heart disease (Kivimäki et al., 2006), chronic stress is associated with obesity (Duffy et al., 2005), and obesity is associated with less wellbeing (Doll, Pearsen, & Stewart Brown, 2009), reduced engagement/productivity (Gates, Suco, Brehm, Gillespie, & Sommers, 2008), and lower participation in the workforce (Klarenbach, Padwal, Chuck, & Jacobs, 2006). Further, positive workplace engagement helps workers to handle stress (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007). Accordingly, any positive work designs or interventions that target one of these areas also affect the others. This chapter presents a model on

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Research in Chapter

• Meta-analysis of hindrance and challenge stressors: challenge stressors are positively associated with job satisfaction and commitment and negatively related to dysfunctional outcomes such as intention to turnover and withdrawal behavior [1]

• Case studies of executives who have been strengthened through stress yielded five core qualities [2]

• Related research supporting each of the five


Five Pathways for Leveraging Stress for the Greater Good and Common Well-Being

• These pathways lead executives to states of positive wellbeing through challenge (for themselves as well as for their associates)
• Leaders accumulate resource surpluses that benefit all (and managing energy with rest)
• As they exhibit/use these resources leaders generates opportunities to promote challenges that support and catalyze the growth of others AND the organization
What Core Qualities can managers tap into that allow them to mobilize resources for themselves and their staff?

How do they orient towards Challenges & Opportunities to help mobilize resources?
CORE QUALITIES
Virtue-based qualities and a set of ethics that lead an individual to remain strong in the face of stressors (integrity, love, trust, forgiveness, wisdom, cooperativeness).

CHALLENGE ORIENTATION
An attitude toward stress as an opportunity for growth, something that can be embraced, build character, and used to help the organization.
**CORE QUALITIES**
A proactive willingness to self-reflect, stay mindful of one's actions and impact on others, and subsequently regulate one's behavior

**CHALLENGE ORIENTATION**
Use of evaluation processes in order to surface and address issues; includes a willingness to embrace rather than avoid conflict

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CORE QUALITIES
An altruistic motive to positive influence over-rides a more egoistic, positional desire to dominate, especially in decision-making contexts; a desire to channel power for constructive social ends

CHALLENGE ORIENTATION
A mindful orientation to how stressful stimuli may impact workers and an empathic response to leverage stressors for the greater good

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CORE QUALITIES
Secure sense of self and one's ability to utilize either internal stress management or reliance on others; a capacity for interdependence RATHER than overly independent or dependent

CHALLENGE ORIENTATION
A climate of self-sufficiency and help-seeking and help-giving, stressors are viewed as opportunities to build strength in the interpersonal sphere at work
CORE QUALITIES
Presence of sufficient levels of social support and access to diverse social networks that enhances the quality of work life and buffers the negative effects of stress on health.

CHALLENGE ORIENTATION
A tendency to frame adverse events, crises, or stressors as factors that can be "taken on" by the workplace community,

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Review

- Strength of Character
- Self-Awareness
- Socialized Power Motivation
- Requisite Self-Reliance
- Diverse Professional Supports
Manager Capacity to LiveWell AND LeadWell

*Relates to...*

**Objective 5.** Use examples from applied studies (e.g., commercial) that seek to enhance leadership development and health promotion simultaneously

**Part 3**
Part 3

- Overview an Invention (SBIR)
- Results of Clinical Trial
- Explain Invention
Healthy Leadership for Cardiovascular Risk Reduction

FINAL RESEARCH REPORT

SBIR GRANT--R44 HL075965

Joel B. Bennett (Principal Investigator)
Ashleigh Schwab (Project Manager)
Kirk M. Broome (Research Scientist)

PATENT
US20110137669
MANAGING EXECUTIVE HEALTH
Personal and Corporate Strategies for Sustained Success

SECOND EDITION
HEART CENTERED LEADERSHIP
LEAD WELL LIVE WELL

SUSAN STEINBRECHER AND JOEL BENNETT, PH.D.
Randomized Clinical Trial

- Managers randomly assigned to receive or in control group
- Self-completion of biometrics and measures of health and leadership (pre-post)
- Experimental managers provided access to associates who rated them pre-and-post
- Associates also rated personal health pre-and-post
Adjusted means, standard errors, and test statistics for changes in attitudes, behaviors, and health symptoms.

<table>
<thead>
<tr>
<th></th>
<th>Experimental Baseline</th>
<th>Experimental 6 Months</th>
<th>Control Baseline</th>
<th>Control 6 Months</th>
<th>Intervention Effect</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diet</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward healthy diet</td>
<td>3.45 (0.06)</td>
<td>3.68 (0.08)</td>
<td>3.58 (0.06)</td>
<td>3.56 (0.06)</td>
<td>0.25 (0.08)</td>
<td>F(1,93.69) = 10.65, p = .00</td>
</tr>
<tr>
<td>Dietary self-efficacy</td>
<td>3.63 (0.09)</td>
<td>4.08 (0.11)</td>
<td>3.82 (0.09)</td>
<td>3.85 (0.10)</td>
<td>0.43 (0.14)</td>
<td>F(1,111.08) = 9.23, p = .00</td>
</tr>
<tr>
<td>Dietary stage of change</td>
<td>3.84 (0.13)</td>
<td>4.10 (0.16)</td>
<td>3.64 (0.13)</td>
<td>3.72 (0.14)</td>
<td>0.17 (0.19)</td>
<td>F(1,115.17) = 0.86, p = .36</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure time exercise</td>
<td>40.67 (3.41)</td>
<td>51.85 (4.12)</td>
<td>41.47 (3.30)</td>
<td>43.78 (3.47)</td>
<td>8.87 (4.82)</td>
<td>F(1,110.46) = 3.38, p = .07</td>
</tr>
<tr>
<td>Exercise stage of change</td>
<td>4.05 (0.14)</td>
<td>4.43 (0.17)</td>
<td>3.78 (0.14)</td>
<td>3.94 (0.15)</td>
<td>0.22 (0.22)</td>
<td>F(1,110.94) = 0.93, p = .34</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distress</td>
<td>15.02 (0.94)</td>
<td>11.50 (1.22)</td>
<td>12.37 (0.93)</td>
<td>12.67 (0.97)</td>
<td>-3.82 (1.46)</td>
<td>F(1,102.01) = 6.84, p = .01</td>
</tr>
<tr>
<td></td>
<td>(1.47)</td>
<td>(1.84)</td>
<td>(1.44)</td>
<td>(1.54)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hostile attitudes</td>
<td>16.60 (0.39)</td>
<td>15.83 (0.54)</td>
<td>15.13 (0.39)</td>
<td>15.35 (0.47)</td>
<td>-0.99 (0.59)</td>
<td>F(1,100.55) = 2.79, p = .10</td>
</tr>
<tr>
<td>Stress stage of change</td>
<td>3.92 (0.18)</td>
<td>4.28 (0.21)</td>
<td>3.70 (0.17)</td>
<td>3.94 (0.18)</td>
<td>0.12 (0.25)</td>
<td>F(1,113.25) = 0.23, p = .63</td>
</tr>
<tr>
<td>Mood stage of change</td>
<td>3.99 (0.16)</td>
<td>4.44 (0.19)</td>
<td>4.06 (0.16)</td>
<td>4.11 (0.17)</td>
<td>0.40 (0.24)</td>
<td>F(1,112.07) = 2.63, p = .10</td>
</tr>
</tbody>
</table>

Note: Sample sizes vary from 136 to 142, owing to missing data.
Table 3

Adjusted means, standard errors, and test statistics for changes in physical measurements, by gender.

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
<th>Intervention Effect</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>6 Months</td>
<td>Baseline</td>
<td></td>
</tr>
<tr>
<td><strong>Men (n = 41)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (pounds)</td>
<td>203.63 (9.23)</td>
<td>204.62 (9.37)</td>
<td>195.15 (6.46)</td>
<td>-0.28 (2.69)</td>
</tr>
<tr>
<td>Waist (inches)</td>
<td>38.35 (1.01)</td>
<td>38.23 (1.11)</td>
<td>38.09 (0.71)</td>
<td>0.46 (0.96)</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>29.89 (1.25)</td>
<td>30.27 (1.30)</td>
<td>27.42 (0.87)</td>
<td>0.50 (0.60)</td>
</tr>
<tr>
<td>Body Fat (%)</td>
<td>24.24 (1.38)</td>
<td>24.54 (1.49)</td>
<td>21.78 (0.97)</td>
<td>-0.47 (0.96)</td>
</tr>
<tr>
<td><strong>Women (n = 85)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (pounds)</td>
<td>160.30 (5.34)</td>
<td>159.16 (5.49)</td>
<td>158.22 (5.50)</td>
<td>-1.58 (2.21)</td>
</tr>
<tr>
<td>Waist (inches)</td>
<td>33.59 (0.74)</td>
<td>32.60 (0.80)</td>
<td>33.62 (0.77)</td>
<td>-1.26 (0.54)</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>26.83 (0.88)</td>
<td>26.56 (0.92)</td>
<td>26.90 (0.91)</td>
<td>-0.37 (0.41)</td>
</tr>
<tr>
<td>Body Fat (%)</td>
<td>30.78 (1.01)</td>
<td>30.48 (1.08)</td>
<td>31.14 (1.03)</td>
<td>-0.49 (0.77)</td>
</tr>
</tbody>
</table>
Table 15. Adjusted means, standard errors, and test statistics for changes in leadership and job-related measures.

<table>
<thead>
<tr>
<th>Leadership (MLQ components)</th>
<th>Experimental</th>
<th>Control</th>
<th>Intervention</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>6 Months</td>
<td>Baseline</td>
<td>6 Months</td>
</tr>
<tr>
<td>Idealized influence, attributed</td>
<td>2.87 (0.07)</td>
<td>2.82 (0.08)</td>
<td>2.85 (0.07)</td>
<td>2.78 (0.08)</td>
</tr>
<tr>
<td>Idealized influence, behavior</td>
<td>2.89 (0.07)</td>
<td>3.02 (0.09)</td>
<td>2.82 (0.07)</td>
<td>2.74 (0.08)</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>2.94 (0.07)</td>
<td>2.91 (0.09)</td>
<td>2.85 (0.07)</td>
<td>2.79 (0.08)</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>2.75 (0.07)</td>
<td>2.94 (0.09)</td>
<td>2.73 (0.07)</td>
<td>2.76 (0.08)</td>
</tr>
<tr>
<td>Individualized consideration</td>
<td>3.09 (0.06)</td>
<td>3.19 (0.08)</td>
<td>3.07 (0.06)</td>
<td>2.98 (0.07)</td>
</tr>
<tr>
<td>Effort and reward</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effort-reward imbalance a</td>
<td>1.17 (0.05)</td>
<td>1.03 (0.06)</td>
<td>1.03 (0.05)</td>
<td>1.07 (0.05)</td>
</tr>
<tr>
<td>Overcommitment</td>
<td>15.78 (0.39)</td>
<td>14.89 (0.44)</td>
<td>14.85 (0.38)</td>
<td>14.39 (0.43)</td>
</tr>
<tr>
<td>Productivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absenteeism (relative)</td>
<td>-0.09 (0.02)</td>
<td>-0.02 (0.03)</td>
<td>-0.08 (0.02)</td>
<td>-0.06 (0.03)</td>
</tr>
<tr>
<td>Presenteeism (relative)</td>
<td>1.18 (0.03)</td>
<td>1.14 (0.04)</td>
<td>1.12 (0.03)</td>
<td>1.12 (0.03)</td>
</tr>
<tr>
<td>Combined score</td>
<td>1.28 (0.04)</td>
<td>1.14 (0.05)</td>
<td>1.21 (0.04)</td>
<td>1.18 (0.04)</td>
</tr>
</tbody>
</table>

Note: Sample sizes vary from 139 to 141, owing to missing data. a Intervention effect also interacts significantly with worksite, see
Table 16. Adjusted means and test statistics for employee ratings of managers’ leadership and support.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>6 Months</th>
<th>Difference</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idealized influence, attributed</td>
<td>2.83 (0.12)</td>
<td>2.78 (0.13)</td>
<td>-0.05 (0.06)</td>
<td>$F(1, 91.33) = 0.46, p = .50$</td>
</tr>
<tr>
<td>Idealized influence, behavior</td>
<td>2.51 (0.10)</td>
<td>2.69 (0.11)</td>
<td>0.18 (0.08)</td>
<td>$F(1, 15.65) = 5.96, p = .03$</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>2.62 (0.11)</td>
<td>2.83 (0.12)</td>
<td>0.21 (0.08)</td>
<td>$F(1, 89.96) = 6.32, p = .01$</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>2.73 (0.11)</td>
<td>2.72 (0.11)</td>
<td>-0.01 (0.08)</td>
<td>$F(1, 12.46) = 0.02, p = .89$</td>
</tr>
<tr>
<td>Individualized consideration</td>
<td>2.83 (0.11)</td>
<td>2.80 (0.12)</td>
<td>-0.02 (0.08)</td>
<td>$F(1, 91.84) = 0.08, p = .78$</td>
</tr>
<tr>
<td>Supervisor support</td>
<td>5.86 (0.12)</td>
<td>5.71 (0.13)</td>
<td>-0.15 (0.11)</td>
<td>$F(1, 91.98) = 1.84, p = .18$</td>
</tr>
</tbody>
</table>
The core idea of ExecuPrev™ is that positive, healthy leadership can have a significant ‘trickle down’ or ‘ripple’ effect in any workplace.
If just one manager improves, at least 5 others can improve at work alone*

* Conservative estimate; research in span of control and social networks
ExecuPrev™ was designed to enhance the “Ripple Effect.” This is the idea that positive healthy leadership in one manager may have a positive impact on others, who then effect others. This effect may occur in 4 ways:

1. **Role modeling**: being health and making healthy choices
2. **Interpersonal**: treating others well and being a transformational leader
3. **Offer health**: showing support for wellness programs
4. **Environment**: Helping to make the work environment less stressful and more rewarding
As a manager do you...?

- Walk the wellness talk
- Model good work-life balance
- Maintain proper weight
- Make healthy nutrition choices
- Manage your stress well (coping skills)
- Respond well to crises and failures
- Are aware of your own “Achilles Heel” (family background risk factors for cardio, addiction, and depression)
As a manager do you...?

- take the perspective of others
- treat them with respect
- balance interpersonal skill with work objectives
- avoid abusive or demeaning tones
- show interest in worker’s concerns
- maintain good business ethics
- speak to a higher vision/purpose at work
Do you...?

- Talk about the value of programs
- Encourage participation in wellness events
- Make the connection between wellness and the business bottom-line
- Insure that your health insurance and benefits support healthy lifestyle behaviors
- View health as an indicator of business success
- Assure that workers are educated about the relationship between health and productivity
- Work as a team to remove barriers to wellness participation for ALL workers
In your role as manager, do you?

☐ Show support for health-related policies (smoking regulations, medical leave, child-care, etc.)

☐ Recognize workers such that they feel rewarded for their efforts

☐ Make efforts to reduce job strain (through flex-time, scheduling, or other means)

☐ Assure health in the physical environment (good lighting, heating, and ventilation)

☐ Show awareness and promote access for mental health services (e.g., EAP, community resources)

☐ Help to create a positive social environment
LiveWell LeadWell Model
**LiveWell LeadWell Model**

**Antecedent Variables**
- Job characteristics (tenure, level, influence)
- Pre-existing health promotion programs and their support by management
- Pre-existing supportive bosses
- Extant levels of job strain and effort-reward imbalance in the work setting

**Intervening/Rival Elements**
- Other health promotion during trial use
- Other leadership development
- Environmental changes limit/enhance use
- Job or maturational changes
- Orientation/Use of Internet & Software

**Program Goals**
1. Reduce CVD risks among managers
2. Reduce CVD risk factors for their subordinates
3. Enhance or support a positive "ripple effect" through leadwell and livewell practices

**Target Population**
- Managers at all levels (line supervisor to CEO)
- Mgrs groomed for leadership pipeline
- Mentors -- Mentees

**Program Elements → Outputs**
- **Web-based Content**
  - Knowledge Center ➔ Review lessons
  - Ripple Effect/ROI ➔ Run simulation
  - LiveWell ➔ LeadWell ➔ downloads
- Tools & Support ➔ Actual Use
- Self-Assessment
- E-Health Access
- Team-Builder
- Calendar/Planner ➔ Actual Use

**Dosage/Adherence**
- Utilization/Engagement
- Web activity
- Webinar/coaching
- Perceived use

**Outcomes**
**Primary Outcomes**
- Improvements:
  1. personal health factors*
  2. supportive leadership and supervision
  3. support and deployment of health promotion
  4. perceived modifications in the work environment

**Secondary Outcomes (impact on workers)**
- Improvements:
  1. Personal health
  2. Strain
  3. Effort-Reward Imbalance
  4. Perceived Leadership

**Hypothesized Causality (Manager Health)**
- Mgr uses program (dosage) ➔ Mgr improves lifestyle attitudes and behavior (diet/exercise) ➔ Mgrs improve BMI, body fat, waist circumference

**Hypothesized Causality (Worker Change)**
- Mgr uses program (dosage) ➔ Mgr benefits from program (primary outcomes) ➔ Employee perceives mgr improvement ➔ Employee improves

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*Note. All participants completed a self-assessment biometric kit as an evaluation component. The current model includes this as both a program element and a primary outcome.*
2 LiveWell LeadWell Model


- **Leader behavior impacts employee well-being** (Gavin & Kelley, 1978; Gilbreath & Benson, 2004).

- **Workers who felt treated fairly by their bosses have lower CVD risk up to 8 years later** (Kivimäki et al., 2005).

- **Inverse relationship between supportive behavior in immediate supervisors and employee ratings of burn-out** (Constable & Russel, 1986; Russel, Altmaier, & Van Velzen, 1987; Burke, Shearer, & Deszca, 1984; Seltzer & Numerof, 1988).

- **When leaders are perceived as concerned, honest, and consistent, their subordinates experience reduced stress** (Alimo-Metcalfe and Alban-Metcalfe; 2003).

- **Employees with emotionally abusive supervisors (e.g., ridicules, blames) have higher levels of depression, anxiety, and emotional exhaustion six months later** (Tepper, 2000).
3 Executive Health Model

Health Risk Factors
- Achilles Heel
- Loneliness of Command
- Work demands/overload
- Crises and failures

Strength Factors
- Physical fitness
- Executive network
- Stress management
- Balanced investment in life activities

Executive Health
- Physical
- Psychological
- Spiritual
- Ethical

Personal and Organizational Outcomes
- Individual vitality
- Low morbidity and mortality
- Organizational health
Executive Health Model

OUTCOMES

HEALTH

PREVENTION

Personal Vitality

Organizational Vitality

Four Dimensions of Leader Health

Risks

ACHILLES HEEL

LONELY AT THE TOP

WORK DEMAND/OVERLOAD

CRISES & FAILURES

Strengths

PHYSICAL FITNESS

LEADER NETWORK

STRESS COPING SKILLS

BALANCED LIFESTYLE
3 Executive Health Model

Some References


Conclusions

• **QUESTION:** What types of interventions can be developed to promote both healthy leadership and healthy behavior in ways that enhance Total Worker Health?

• **ANSWERS:**
  – Review the 6 Objectives and Study/Apply
  – Reflect on Key Competencies of Managers to Leverage Positive Stress
  – Invent