

**ENGAGING LEADERSHIP IN HEALTHCARE ORGANIZATIONS:
THE MEDIATING ROLE OF WORK ENGAGEMENT**

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ABSTRACT

The purpose of this study was to show that first-line managers' engaging leadership style can be beneficial for both the quantity, in terms of extra effort, and quality of care in Dutch healthcare organizations. In order to be meaningful in the long term, we proposed that the extra effort and better quality of care should be accompanied with high rates of well-being of employees, measured by job satisfaction, self-efficacy and stress reduction, and positive attitudes towards the organization, measured by less intention to leave the organization. By integrating theory of engaging leadership and work engagement, we used the motivational process of the job demands-resources model (JD-R) to propose that work engagement mediates the relationship between engaging leadership and the outcome variables. Results of a study of 105 healthcare professionals largely supported our hypotheses that engaging leadership is positively related with the outcome variables. Work engagement (partly) mediated the relationship between engaging leadership and the outcome variables.

Keywords: engaging leadership, work engagement, Job demands – resources model

ENGAGING LEADERSHIP IN HEALTHCARE ORGANIZATIONS: THE MEDIATING ROLE OF WORK ENGAGEMENT

Currently and in the near future the healthcare sector in the Netherlands has to solve some major problems. The population is aging and the average life expectancy is rising (ZIP, 2009; Consumentenbond, 2010). Aging works as a double-edged sword: the workforce will decline and the demands of the care-needing population will increase. Moreover, economic downturn causes policymakers to seek ways to cut the budget of health services (up to 20 % in 2015; Consumentenbond, 2010) and concerns about the quality of care have led to an increasing rate of regulations (Koop, 2008). All these challenges create an increasingly complex environment where managers have to maintain high quality standards of care within constrained financial resources while facing issues such as staff shortages (Lee et al., 2010). Besides getting more and a high quality of work out of employees, managers have to make sure that this occurs in a way that does not reduce their well-being and positive attitudes towards the organization (Alimo-Metcalfe & Alban-Metcalfe, 2008). This is not only important for ethical reasons, but also to prevent that any benefits will be short lived (Alimo-Metcalfe, 2008).

Increasingly, leadership is seen as the answer to the challenging problems of healthcare organizations (e.g. Chiok Foong Loke, 2001; Failla & Stichler, 2008; Kanste, Kyngas & Nikkila, 2007; Lee et al., 2010; Wong, Spence, Laschinger & Cumming, 2010; Storey, 2011). Since the eighties, *charismatic-inspirational* models of leadership, such as transformational leadership (Bass, 1985) and charismatic leadership (Conger & Kanungo, 1988), dominated the field of leadership (Alimo-Metcalfe & Alban-Metcalfe, 2008). Particularly concerning Dutch healthcare organizations, these leadership theories suffer two major limitations.

First, although leadership theories are mostly associated with charismatic senior managers, leadership is not only important for these higher levels of management (Alimo-Metcalfe & Alban-Metcalfe, 2008). By being the leaders who directly work with staff in the unit, *first-line managers* are of vital importance in healthcare organizations. They are able to directly influence staff towards the organizational goals by developing constructive interaction, strong relationships and showing supportive behaviors (Abdelrazek et al., 2010; Eisenberger, Fasolo, Davis-LaMastro, 1990; Eisenberger & Stinglhamber, 2011; Furst & Cable, 2008). Flattening hierarchy and decentralization of decision making have changed the first-line healthcare manager's role from having responsibility for clients and allocating tasks towards a

responsibility for personnel, budgets, the quality of care and the quality of staff's work life (Skytt, Ljunggren, Sjöden, & Carlsson, 2008; Van Loon, 2009; Willmot 1998). They are expected to manage operational processes, as well as function as coach, mentor and leader (Johansson, Andersson, Gustafsson & Sandahl, 2010). So far, first-line managers' leadership is underappreciated in leadership theory.

Second, until recently, researchers, who are focusing on developing a model of leadership, have not attempt to ensure a sample that included a fairly equal proportion of females to males (Alimo-Metcalfe & Alban-Metcalfe, 2005). This is especially noteworthy for the Dutch healthcare sector, which consists for a majority out of female employees (83%; ZIP, 2009). Thereby, there has been no apparent attempt to ensure that leadership research is inclusive by ethnic background and age, which is also important since the labor force is becoming more varied concerning ethnicity and age (Alimo-Metcalfe & Alban-Metcalfe, 2008; Zacher, Rosing & Frese, 2011; ZIP, 2009). In this sense, leadership has not yet been investigated in a representative sample of the labor force.

Alimo-Metcalfe and Alban-Metcalfe (2001) recognized similar limitation concerning the UK healthcare sector and, therefore, investigated leadership in healthcare and other non-profit organizations with respect to age, ethnicity, gender, and level in the organization. A number of studies ultimately led to the model of *engaging leadership* (Alimo-Metcalfe, 2008; Alimo-Metcalfe & Alban-Metcalfe, 2001; 2005; 2008; 2011). Engaging leadership does not only represent the healthcare sector better, it is also found to be related with positive attitudes to work, well-being and the achievement of organizational goals (Alban-Metcalfe & Alimo-Metcalfe, 2000a; 2000b; Alimo-Metcalfe, Alban-Metcalfe, Bradley, Mariathan, Samele, 2008). Accordingly, we not only propose engaging leadership theory as a new and fitting leadership theory for first-line managers in Dutch healthcare organizations, we also propose engaging leadership as a possible solution for tackling the challenges that Dutch healthcare organizations face.

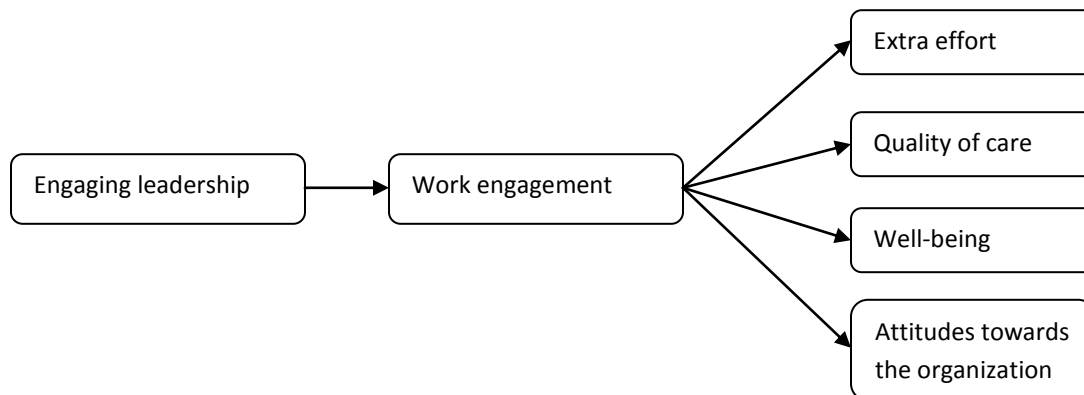
However, there is a gap in our knowledge of *how* engaging leadership can influence staff towards positive outcomes and organizational goals. In particular, little theory accounts for the role of *work engagement* (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002) as a mechanism through which engaging leadership creates beneficial value for the organization. Work engagement is conceptualized as a sense of energetic and effective connection with work

that reflects intense involvement and becoming absorbed in work (Leiter & Bakker, 2010). This conceptualization not only suggests a linkage between work engagement and well-being, but is also found to have far reaching implications for employees' performance (Leiter & Bakker, 2010). A link between engaging leadership and work engagement is already assumed in articles and books, but is never empirically studied (Alimo-Metcalfe, 2008; Alimo-Metcalfe & Alban-Metcalfe, 2008; 2011).

In the body of this article, we develop the concepts of this paper in greater detail. We first elaborate the concept of engaging leadership and examine its value by examining its association with the proposed outcomes. Next, we address work engagement and why and how work engagement is proposed to be associated with engaging leadership. Finally, by integrating theories of engaging leadership and work engagement, we develop a model that positions work engagement as a key mediating mechanism explaining the relationship among engaging leadership and the outcomes: *extra effort, quality of care, well-being and attitudes towards the organization*. The model is depicted in Figure 1.

FIGURE 1

Relationships Predicted



Engaging leadership

Alimo- Metcalfe & Alban-Metcalfe (2001) initially started their research because they were interested in whether the dimensions of transformational leadership (Bass, 1985), which had emerged from North American studies, were similar to those found in UK organizations. Although initially referred to as *nearby transformational leadership*, their investigations

ultimately led to the model of *engaging leadership* (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2008; 2011).

In two studies, with samples over 2000 and 1400 managers and professionals, participants were asked to report which constructs they associated with effective (transformational) leadership, by focusing on managers who managed them directly (their *nearby leaders*, Shamir, 1995). Ultimately, six factors were identified: (1) *showing genuine concern*; (2) *networking and achieving*; (3) *enabling*; (4) *being honest and consistent / acting with integrity*; (5) *being accessible*; and (6) *being decisive* (Alimo-Metcalfe, & Alban-Metcalfe, 2005). These factors are considered the content of engaging leadership and can be measured by the research version of the *Transformational Leadership Questionnaire (TLQ)*; Alimo-Metcalfe and Alban-Metcalfe, 2005).

'*Showing genuine concern for others*' reflects the sensitivity to followers' needs, aspirations and feelings, active support of their development and communicating positive expectations (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2006). This factor includes items relating to valuing and developing both the *team* and the *individual* (Alimo-Metcalfe & Alban-Metcalfe, 2005) and has the greatest contribution in understanding what staff perceives to be the characteristics of individuals who have a powerful positive impact on staff's motivation, satisfaction, self-efficacy, morale and performance (Alimo-Metcalfe & Alban-Metcalfe, 2006).

The factor '*networking and achieving*' focuses attention on the way the manager is able to inspire both internal and external stakeholders. It highlights the political and social skills, such as networking, necessary to bring about change and communicating the vision and goals of the organization (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2006). The need for leaders to engage in networking has been long recognized (Kotter, 1982). Bartol and Zhang (2007) argue that, since leadership is essentially an influencing and social process (Day, & O'Conner, 2003), networks can help managers to interact with others in order to affect individual, team, and organizational performance. Similar to the British public sector, the political sensitivity to the agenda of a diverse range of internal and external stakeholders is important in Dutch healthcare organizations, considering the multitude of (mainly externally imposed) rules, set by the organization and legislators on one hand, and the wishes and expectations of the clients and their caregivers at the other hand (Alimo-Metcalfe, & Alban-Metcalfe, 2005; Koop, 2008). New in comparison with other models is that engaging leadership stresses the need for partnership in the

process. ‘Networking and achieving’ has a stronger sense of working *with* all stakeholders in understanding *their* agenda and creating a *shared* vision (Alimo-Metcalfe, & Alban-Metcalfe, 2005). The focus on partnership is similar to *authentic leadership*, which also emphasizes on follower development and building relations (Avolio & Gardner, 2005; Gardner, Avolio, Luthans, May & Walumbwa, 2005).

The factor ‘*enabling*’ concerns the extent to which empowerment is achieved as a result of trusting staff to take decisions, encouraging them to take on more responsibility and to think strategically and out of the box (Alimo-Metcalfe & Alban-Metcalfe, 2005). The leadership models emerged in the last decades all give substance to the theme of empowerment and enabling, but engaging leadership emphasizes a different power relation between managers and staff (Alimo-Metcalfe & Alban-Metcalfe, 2005). Engaging leadership is about truly enabling staff to enact their discretion, which as a result can disempower the manager (Alimo-Metcalfe & Alban-Metcalfe, 2005).

The factor ‘*being honest and consistent*’ relates to the aspect of integrity that is about transparency, openness and honesty when dealing with others (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2006). The manager treats different members of staff consistently and equitably. Thereby, this factor focuses on altruism, humility and vulnerability (Alimo-Metcalfe & Alban-Metcalfe, 2005), for example by regarding the good of the organization as more important than own personal ambition and by being willing to admit a mistake (Alimo-Metcalfe & Alban-Metcalfe, 2005). This factor is similar to *authentic* (transformational) leadership (Bass & Steidlmeier, 1999; Avolio & Gardner, 2005; Gardner et al., 2005), in the sense that both engaging and authentic leaders act with deep personal values, what enables them to build transparency, open and trusting relationships and to emphasize on others’ development (Avolio & Gardner, 2005; Gardner et al., 2005).

‘*Being accessible*’ reflects the accessibility and approachability of managers for staff and other colleagues, despite being very busy, and the adoption of an interpersonal style that is ‘*neither threatening, nor formal*’ (Alimo-Metcalfe, & Alban-Metcalfe, 2005). When being accessible, staff at all levels feel comfortable and are able to access the manager (Alimo-Metcalfe, & Alban-Metcalfe, 2006). Thereby, an engaging leader must be sensitive to the impact of her/his actions on staff and be committed for the development of his/her own competence as a leader (Alimo-Metcalfe, & Alban-Metcalfe, 2005).

The last factor, '*being decisive*' resembles more of the *hard* side of leadership and is the preparedness of the manager to take tough decisions when required, the determination to achieve goals and the confidence in him- or herself (Alimo-Metcalfe, & Alban-Metcalfe, 2005). This last factor reflects personal characteristics similar to charisma, but the manifestation of this construct is more 'low key' than the US models of transformational leadership (Alimo-Metcalfe, & Alban-Metcalfe, 2005).

Together, these six factors are proposed to capture the capacities necessary for an effective and engaging approach to leadership. Engaging leadership is not about being an extraordinary person, but emphasis on what the leader can do for the follower. Hereby, engaging leadership goes beyond *transformational leadership* and shares similarities with *authentic leadership* (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2008; Gardner et al., 2005) and Greenleaf's (1970) notion of *leader as servant*. Thereby is engaging leadership not confined to formal leadership roles but it is rather *distributed* throughout the organization (Alimo-Metcalfe, 2008). The model of engaging leadership can now be conceptualized as:

“someone who encourages and enables the development of an organization that is characterized by a culture based on integrity, openness and transparency, and the genuine valuing of others and of their contributions, and a concern for the impact of one's behavior on the well-being and morale of others. This shows itself in concern for the development and well-being of others, in the ability to unite different groups of stakeholders in articulating a shared vision, and in delegation of a kind that empowers and develops potential, coupled with the encouragement of questioning, innovation and experimentation, and of an approach to thinking which is critical as well as strategic.

Engaging leadership is essentially open-ended in nature, enabling organizations not only to cope with change, but also to be proactive in shaping their future. It is at all times guided by ethical principles and the desire to co-create and co-own ways of working with others towards a shared vision”

(Alimo-Metcalfe, & Alban-Metcalfe, 2008: 16; 2011: 233)

Engaging leadership and outcome variables

Looking at the factors and conceptualization of engaging leadership, we are confident to propose engaging leadership as an effective leadership style for first-line managers in Dutch

healthcare organizations. In a number of articles (Alban-Metcalf & Alimo-Metcalf, 2000a; 2000b; Alimo-Metcalf et al., 2007; 2008) researchers have shown evidence for a positive relationship between the factors of engaging leadership and motivation, well-being and attitudes towards the organization, such as job satisfaction, motivation, commitment, achievement, self-confidence and reduced stress. These relationships are not only important in their own right, but have also shown to be predictors of organizational performance and profitability (Alimo-Metcalf and Alban-Metcalf, 2006, 2008; Patterson et al., 2004). Thereby, Alimo-Metcalf and colleagues (2007; 2008) conducted a longitudinal study that showed a *causal* relationship between engaging leadership, as adopted in the culture of teams, and team productivity, morale and well-being. Alimo-Metcalf and Alban-Metcalf (2011, p. 242 - 245) also describe a case study in which not only productivity but also the quality of service was enhanced due to the adaptation of engaging leadership. Altogether, these studies provided a strong indication that engaging leadership is related with extra effort, quality of care, well-being and positive attitudes towards the organization. Accordingly, we are confident to propose that:

Hypothesis 1. Engaging leadership is positively associated with (1a) extra effort; (1b) the perceived quality of care; (1c) well-being, measured with job satisfaction, self-efficacy and less work related stress and (1d) positive attitudes towards the organization, measured as less intention to leave the organization.

Work engagement

As far as know, no research yet investigated *work engagement* as a mechanism explaining *how* engaging leadership is associated with the organizational outcomes. Work engagement is an independent, distinct concept that is negatively related to burnout (Schaufeli & Bakker, 2010) and is operationalized as “*a positive, fulfilling, work related state of mind that is characterized by vigor, dedication and absorption*” (Schaufeli & Bakker, 2003; Schaufeli, et al., 2002, p. 74). *Vigor* is characterized by the high levels of energy and mental resilience while working, the willingness to invest effort in one’s work and persistence. *Dedication* is the strong involvement in one’s work and the experience of a sense of significance, enthusiasm, inspiration, pride and challenge (Taris, Schaufeli & Shimazu, 2010). *Absorption* is characterized by being fully concentrated and happily engrossed in one’s work, where time flies and one has difficulty with detaching from work (Schaufeli & Bakker, 2010). In this conceptualization, work is an

activity with a behavioral-energetic (vigor), emotional (dedication) and a cognitive (absorption) component (Schaufeli & Bakker, 2010).

Work engagement is found to have far reaching implications for employees' performance, productivity and profit (Harter, Schmidt & Hayes, 2002; Leiter & Bakker, 2010). The energy and focus allow employees to bring their full potential to the job and enhances the quality of their core work responsibility (Leiter & Bakker, 2010). Engaged employees feel connected with their work and they see themselves as able to deal well with the demands of their job (Schaufeli & Bakker, 2003) and are willing to apply more effort to their work in the organization (Alimo-Metcalfe & Alban-Metcalfe, 2011). Furthermore, work engagement supports extra role behavior. So besides core responsibilities, employees indicate to go beyond formal structures and take initiative to go the extra mile (Leiter & Bakker, 2010).

Work engagement and engaging leadership. Although work engagement is a personal experience of individual employees, it does not occur in isolation (Leiter & Bakker, 2010). Social interactions influence each other's experience of engagement (Bakker, & Demerouti, 2009). For first-line managers, this means that they can influence work engagement by developing constructive interaction. Unfortunately, many work situations fail to provide the resources, guidance and leadership that facilitate employees to bring their full potential to the job (Leiter & Bakker, 2010). At this point, we argue that by adopting an engaging leadership style, first-line managers are able to provide the guidance and the resources needed to engage employees.

First of all, first-line managers can enact organizational values through their day to day actions and interaction with employees and, thereby, model the way employees think, feel and react to important event in organizational life (Leiter & Bakker, 2010). Hakanen and Roodt (2010) state that leadership styles that emphasize importance of interpersonal relationships are most likely to act as energizers in building engagement. Engaging leaders show genuine concern for others, actively support their development and build true relations with them (Alimo-Metcalfe & Alban-Metcalfe, 2005). They want to see the world through the eyes of others and consider their concerns, agenda and perspectives on issues (Alimo-Metcalfe & Alban-Metcalfe, 2008). All which can be expected to act as energizers for engagement.

Second, leaders should act as a role model for engagement (Schaufeli & Salanova, 2007). If the leaders lack energy, dedication or absorption while leading followers, followers will

emulate their low energy (Spreitzer, Fu Lam, & Fritz, 2010). Alongside the focus on the empowerment of others, the model of engaging leadership largely focuses on the behavior of the leader. Engaging leaders are willing to admit a mistake, show altruism and vulnerability and act with deep personal values and morality (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2006). In other words, they are role models, because they are sensitive to the impact of their actions on their staff (Alimo-Metcalfe & Alban-Metcalfe, 2005).

Furthermore, Spreitzer, Fu Lam and Fritz (2010) suggest that managers should encourage challenges and learning that arouses interest and curiosity to increase energy. Engaging leaders allow mistakes and encourage learning, by encouraging questions and supporting and genuine valuing their contributions (Alimo-Metcalfe & Alimo-Metcalfe, 2008). Moreover, leaders should protect employees from job demands that are detrimental and depletes energy, such as role ambiguity (Spreitzer, Lam and Fritz (2010). Therefore, leaders should make the employee's role, boundaries and responsibilities clear. By being accessible, open, transparent and consistent, employees are not afraid to ask questions and job demands are more clear (Alimo-Metcalfe & Alban-Metcalfe, 2005).

Another key issue for leaders to provide are the physical, political, financial and social resources necessary to be energized and dedicated to work. Therefore, leaders have to show sensitivity for what resources are needed and create the context in which their employees work. (Spreitzer, Fu Lam, & Fritz, 2010). Engaging leadership offers managers tools for shaping work context and for encouraging and empowering employees to shape their own work context by having sensitivity to individual needs and about enabling, trusting and encouraging others to take responsibility (Alimo-Metcalfe & Alban-Metcalfe, 2005).

Accordingly, by being a role model of energizing and effective behavior and by creating an environment in which ideas are encouraged, listened and truly valued, mistakes can be made and autonomy is encouraged, we propose that first-line managers with an engaging leadership style can provide employees the resources and the context needed to get engaged to work.

Hypothesis 2. Engaging leadership is positively associated with work engagement.

Mediating effect

An extensive amount of research provides evidence for the beneficial value of work engagement in terms of its relationship with the proposed outcomes. For example, in terms of *extra effort*, studies found a relationship between work engagement and in- and extra role behavior and willingness to go the extra mile (Bakker, Demerouti, & Verbeke, 2004; Schaufeli, Taris, & Bakker, 2006; Taris, Schaufeli & Shimazu, 2010). In terms of higher *quality*, Salanova, Agut, and Piero (2005) found higher ratings of service *quality* as rated by customers. Furthermore, literature provide extensive support for a positive relationship between work engagement and *well-being*, such as job and life satisfaction (Taris, Schaufeli, Shimazu, 2010), self-efficacy (Llorens, Schaufeli, Bakker & Salanova, 2007) and mental health (Shirom, 2010), and *attitudes towards the organization*, such as organizational commitment and less intention to leave (Hakanen, Bakker & Schaufeli, 2006; Hallberg & Schaufeli, 2006; Schaufeli & Bakker, 2004).

Since we have argued that engaging leadership promotes work engagement, and this, in turn, is expected to increase effort, quality of service, ratings of job satisfaction, self-efficacy, less stress and less intention to leave the organizations, we have implicitly described a model in which work engagement *mediates* the relationships between engaging leadership and the proposed outcomes. In other words, engaging leadership might influence the hypothesized outcomes through the development of work engagement.

This is supported by the *job demands-resources model* (JD-R; Demerouti, Bakker, Nachreimer and Schaufeli, 2001). This model is a comprehensive framework for understanding the health-deteriorating effects of job demands and the motivational properties of job resources (Parzefall & Hakanen, 2010). *Job demands* are those “*physical, social, or organizational aspects of the job that require physical or psychological effort on the part of the employee, and are therefore associated with physiological or psychological costs*” (Demerouti, Bakker, Nachreimer, Schaufeli, 2001, p. 501). *Job resources* refer to those physical, social, or organizational aspects of the job that may: (1) reduce job demands and the associated physiological and psychological costs; (2) be functional in achieving work goals; or (3) stimulate personal growth, learning, and development (Bakker & Demerouti, 2007; Schaufeli & Bakker, 2004). Engaging leadership fits the definition of a job resource well. As engaging leaders, first-line managers can be seen as a physical, social and organizational aspect of work, because they

are physically present in the organization and can build strong social networks and interactions with their staff (Alimo-Metcalfe & Alban-Metcalfe, 2005). By adopting an engaging style of leadership, first-line managers stimulate personal growth, learning and development and focus on achieving goals and try to reduce the demands of work (Alimo-Metcalfe, 2008; Alimo-Metcalfe & Alban-Metcalfe, 2005).

An important assumption of the JD-R model is that job demands and job resources evoke two psychologically different, although related, processes (Bakker & Demerouti, 2007): a *health impairment process*, which describes what workers can do, and a *motivational process*, which describes what workers are willing to do (Llorens, Bakker, Schaufeli & Salanova, 2006; Hakanen & Roodt, 2010). The health impairment process is energy absorbing, because job demands exhaust employee's resources. The present study focuses especially on the motivational process, which highlights the role of work engagement as a mechanism through which job resources exert their positive influence on energetic and motivational outcomes (Parzefall & Hakanen, 2010), such as organizational commitment (Hakanen, Bakker, & Schaufeli, 2006), turnover intentions (Schaufeli & Bakker, 2004; Halbesleben, 2010), extra-role performance (Bakker, Demerouti & Verbeke, 2004) and proactive behavior (Salanova & Schaufeli, 2008). Moreover, the motivational process also seem to play a role as an health-enhancing process (Hakanen, Bakker & Schaufeli, 2006; Hakanen, Schaufeli & Ahola, 2008; Halbesleben, 2010; Parzefall & Hakanen, 2010; Schaufeli, Shimazu & Taris 2009; Taris, Schaufeli & Shimazu, 2010).

The impact of resources through work engagement on motivation, well-being and attitudes to work is supported by Hobfoll's (2002) conservation of resources (COR) theory, which presumes that large amounts of resources lead to a greater likelihood that individuals will seek opportunities to risk resources to increase resource gains. When employees are provided with necessary job resources, they become more engaged over time and engaged employees are likely to be more energized to take better advantage of existing job resources, and more motivated to create new ones (*gain spirals*; Hakanen & Roodt, 2010; Hobfoll, & Shirom, 2001). In terms of leadership, an engaging leader may provide resources to employees, which make them more engaged over time. The engaged employees are encouraged and energized by their leader to take better advantage of other job resources. By proposing engaging leadership as a job resource, we follow the motivational process and predict that engaging leadership, *through work*

engagement, will be related with extra effort, better self-reported quality of care, higher ratings of well-being (measured by job satisfaction, self-efficacy and less work related stress) and less intention to leave the organizations.

Hypothesis 3. Work engagement mediates the relationship between engaging leadership and (3a) extra effort, (3b) the perceived quality of care, (3c) well-being, measured with job satisfaction, self-efficacy and less work related stress and (3d) positive attitudes towards the organization, measured as less intention to leave the organization.

METHODS

Participants

Participants in this study included 105 healthcare professionals employed by four healthcare organizations in the northern part of the Netherlands. The participants were predominately female (71%)¹. The average age of the participants was 38.3 years old (SD = 11.1) and the organizational tenure was 7.8 years (SD = 7.3).

Design and procedure

An online questionnaire survey was used to collect data for this relational research. A pilot survey was conducted in one nonparticipating organization to ensure that the research was interpretable and without shortcomings. The online questionnaire contained 83 items. 36 items related to the participants' first-line manager and 57 items related to participant's self-reported states. In order to avoid answering bias that might result from specific connotations related to 'work engagement' and 'engaging [leadership]' these terms are not used in the title of the questionnaire. Instead, the more neutral title '*Well-being at work*' was chosen. To protect confidentiality, the survey was anonymous and participants were assured their participation was voluntary, and they were allowed to leave at any time. The average completion time was 15.0 minutes (SD = 7.10).

Human resource managers from 11 healthcare organizations received an electronic message explaining the goal of the study. Several days later they were contacted by telephone to invite the organization for participation. Ultimately, the board of four organizations indicated

¹ ANOVA test revealed no significant differences between gender and the outcome variables: Quality of care ($p = .74$), Self-efficacy ($p = .93$), Satisfaction ($p = .59$), stress ($p = .60$), extra effort ($p = .66$) and intention to leave ($p = .98$).

their willingness to participate. The other seven organizations did not respond to the request mostly due to a lack of time. Then, a manager of the four participating organizations sent an electronic message to healthcare professionals in their organization announcing a request to participate in an online academic study. The request could be answered by clicking on a link attached to the electronic message. In total 476 e-mail messages with the link to the questionnaires were distributed. Given the 105 participants who responded to the survey, the response rate was 22.1 percent.

Measures

To be able to use the survey in Dutch healthcare organizations, all the items of the scales were translated in Dutch. The UWES questionnaire (Schaufeli & Bakker, 2003) for measuring work engagement was already available in Dutch. Together with three colleagues the other items have been translated. The emphasis was on translating the content of the items in the best possible way. The usability of the translated items was tested in the pilot study. The results of the pilot study revealed no problems or misunderstandings regarding the translations.

Engaging leadership. Engaging leadership was measured by Alimo-Metcalfe and Alban-Metcalfe's (2005) thirty-two item research version of the transformational leadership questionnaire (TLQ; $\alpha = .97$). Each participant indicated to what extent the sentence in the item was applicable to their immediate leader being rated on a scale ranging from one, *strongly disagree*, to six, *strongly agree*. Although the TLQ consists six subscales, in this study we used the TLQ as an one-dimensional construct instead of a six-dimensional construct. The high correlations between the six dimensions (between .59 and .89) and the high value for Cronbach's α (.97) for the total scale support the one-dimensional model. Nevertheless, the six subscales are: (1) Showing genuine concern, measured by six items (sample item: "*sustains my effort by demonstrating a genuine interest in me and what I do*", $\alpha = .95$); (2) networking and achieving, measured by six items (e.g. "*has established a wide network of links with the external environment*", $\alpha = .94$); (3) enabling, measured by six items (e.g. "*allows me to lead when the situation requires*", $\alpha = .90$); (4) being honest and consistent, measured by four items (e.g. "*is honest and open in the way s/he behaves*", $\alpha = .84$); (5) being accessible, measured by five items (e.g. "*is approachable, rather than intimidating or status conscious*", $\alpha = .83$) and (6) being decisive, was originally measured by five items ($\alpha = .70$). However, analysis revealed that one item ("*is prepared to take difficult decisions*") was primarily responsible for the relatively low

reliability in the 'being decisive' scale. Without this item, the scale's alpha increased to .81. Closer examination revealed a difference between the translated and the original item in the scale: where the original item is about the preparedness/willingness take difficult decisions ('*is prepared to*'), the translated item is about the ability to take difficult decisions ('*can*'). To increase both validity and reliability of the scale, this item is taken out of the analysis. Leaving a four item scale ($\alpha = .81$).

Following Alimo-Metcalfe and Alban-Metcalfe (2005), the scores of the items in one subscale were combined and divided by the number of items to compute the mean subscale score. Then the six mean subscale scores were combined and divided by six to compute an overall score measuring engaging leadership.

Work engagement. This variable was measured by Schaufeli and Bakker's (2003) seventeen item Utrecht Work Engagement Scale (UWES-17; $\alpha = .93$). Each participant indicated how often they feel a particular way about their job, being rated on a scale ranging from zero (*never*) to six (*always*). The questionnaire contains three subscales: (1) vigor, measured by six items (sample item "*At my work, I feel bursting with energy*", $\alpha = .88$); (2) dedication, measured by five items (e.g. "*I find the work that I do full of meaning and purpose*", $\alpha = .93$) and (3) absorption, measured by five items (e.g. "*Time flies when I'm working*", $\alpha = .73$). The mean scale score of the three subscales is computed by adding the scores on the items of the particular scale and dividing the sum by the number of items of the subscale involved. A same procedure is followed for the total score (dividing the sum of the three subscale scores by three). Hence, the UWES, yields three subscale scores and a total score that range between 0 and 6 (Schaufeli & Bakker, 2003).

Outcome variables

Extra effort. Three items were used to measure *extra effort*. The items were obtained from Gellis' (2001) extra effort dimension. Each participant indicated to what extent the sentence in the item was applicable to their immediate leader, being rated on a scale ranging from one, *strongly disagree*, to six, *strongly agree*. An example item is "[the leader] *gets me to do more than I expected to do*". Cronbach's alpha for the scale was .86.

Quality of care. The quality of care was measured by three items measuring the quality of care as reported by the participating healthcare professionals (self-reported). Each participant indicated how he/she would grade the quality of care on a scale ranging from one to ten. The

items were “*How would you grade the quality of care you personally deliver?*”; “*How would you grade the quality of care in your team or department?*” and “*How would you grade the quality of care within the whole organization?*”. Cronbach’s alpha of the scale was .74.

Intention to leave. The fourth item of the subscale *commitment to the workplace* obtained from Pejtersen, Kristensen, Borg and Bjorner (2010)’s second version of the Copenhagen Psychosocial Questionnaire is used to measure the intention to leave: “*I thinking about searching for another job*”, ranging from 1, “*To a very small extent*”, to 5, “*To a very large extent*”.

Well-being. To measure the well-being of the participants, we measured the level of job-satisfaction, self-efficacy and work-related stress. The scales were obtained from Pejtersen et al. (2010)’s second version of the Copenhagen Psychosocial Questionnaire (2010).

Job-satisfaction. Job-satisfaction was measured with six items ($\alpha = .85$). Four items were obtained from Pejtersen et al. (2010)’s second version of the Copenhagen Psychosocial Questionnaire (sample item: “*Regarding your work in general. How pleased are you with your work prospects?*”, 1 = “*Very unsatisfied*”, 5 = “*Very satisfied*”). Two items were added: “[Regarding your work in general. How pleased are you with...] *the workplace*” and “[...] *the work demands*”, because various health outcomes indicate that *workpace* and *work demands* are considered to be critical aspects of healthy work (Elovainio, Forma, Kivimäki, Sinervo, Sutinen, & Laine, 2005).

Self-efficacy. Self-efficacy was measured by six items ($\alpha = .74$), ranging from 1, “*does not fit*”, to 4, “*fits perfectly*”. A sample item: “*I am always able to solve difficult problems, if I try hard enough*”). Pejtersen et al. (2010) obtained the items form Bandura (1997)’s self-efficacy scale. Pejtersen et al. (2010) excluded the item “*I keep calm*” as it has a hidden assumption, namely that the person is always calm.

Work-related stress. Work-related stress was measured by four items of the stress scale ($\alpha = .90$). A sample item is “*How often have you been stressed*” (1 = “*not at all*”, 5 = “*all the time*”).

Statistical procedure

We tested hypothesis 1 and 2, the direct effects between engaging leadership and (1) outcome variables and (2) work engagement, by conducting linear regression analyses. For work engagement to be a mediator of the relationship between engaging leadership and outcome variables, four criteria should be met (Baron & Kenny, 1986). First, engaging leadership should

be significant associated with work engagement (equal to Hypothesis 2). Second, engaging leadership should be significantly associated with the outcome variables (equal to Hypothesis 1). In the third step, work engagement should be significantly associated with the outcome variables, controlling for engaging leadership. The association between engaging leadership and the outcome variables should be reduced or be no longer significant (step 4). Furthermore, Sobel (1982) tests were used to determine whether the reduction in the association between engaging leadership and the outcome variables was significant.

RESULTS

Table 1 shows the descriptive statistics (i.e. means, standard deviations), internal consistencies (Cronbach's alpha), and correlations of the study variables. All internal consistencies exceeded the value of .70, which is assumed as a rule of thumb for sufficient reliability (Nunnally & Bernstein, 1994). The correlations in Table 1 shows that, in the matter that we hypothesized, engaging leadership and work engagement were significantly associated with each other and with the outcome variables. Only self-efficacy was not significantly correlated with engaging leadership. So, individuals who reported higher levels of their managers engaging leadership style were more engaged in their work and they also reported higher levels of extra effort, quality of care, self-efficacy, job satisfaction, and lower levels of stress. Although the significant correlation provided preliminary support for hypotheses 1 and 2, the hypotheses had to be tested formally. Therefore, we conducted linear regression analyses.

Direct effects

Engaging leadership and outcome variables. Hypothesis 1 states that engaging leadership is positively associated with (a) extra effort; (b) the perceived quality of care; (c) job satisfaction; (d) self-efficacy and negatively with (e) job-related stress and (f) the intention to leave the organization. To test these relationships, we conducted six regression analyses with engaging leadership as predictor and the outcome variables as criterion. As included in Table 2, engaging leadership was significantly associated with extra effort ($\beta = .72$, $t(104) = 10.56$, $p < .01$), quality of care ($\beta = .56$, $t(104) = 6.93$, $p < .01$), job satisfaction ($\beta = .62$, $t(104) = 8.04$, $p < .01$), job-related stress ($\beta = -.23$, $t(104) = -2.43$, $p < .05$) and intention to leave the organization ($\beta = -.38$, $t(104) = -4.12$, $p < .01$). Although we found a positive relationship between engaging

leadership and self-efficacy, this relation was not found significant ($\beta = .18$, $t(104) = 1.82$, $p = .07$). Altogether, the results largely supported Hypothesis 1.

TABLE 1
Descriptive Statistics and correlations for study variables

Variable	Mean	SD	1	2	3	4	5	6	7	8
1. Engaging leadership	4.59	.89	(.97)							
2. Work engagement	5.14	.88	.44**	(.93)						
3. Extra effort	4.00	1.22	.72**	.42**	(.86)					
4. Quality of care	7.22	.70	.56**	.40**	.35**	(.74)				
5. Job satisfaction	3.53	.73	.62**	.54**	.46**	.55**	(.85)			
6. Self-efficacy	3.11	.43	.18	.39**	.10	.23*	.25*	(.74)		
7. Job-related stress	2.20	.79	-.23*	-.29**	-.18	-.31*	-.33**	-.40**	(.90)	
8. Intention to leave	2.70	1.09	-.38**	-.51**	-.27*	-.31**	-.44**	-.16	.34**	(-)

N = 105, coefficient alpha reliabilities are on the diagonal in parentheses, * $p < .05$, ** $p < .01$

TABLE 2
Regression equations with engaging leadership as predictor and the outcome variables as criterion (step 2).

Variable	β	SE	t
1. Extra effort	.72	.07	10.56**
2. Quality of care	.56	.06	6.93**
3. Job satisfaction	.62	.08	8.04**
4. Self-efficacy	.18	.10	1.82
5. Job-related Stress	-.23	.10	-2.43*
6. Intention to leave	-.38	.09	-4.12**

N = 105, * $p < .05$, ** $p < .01$

Engaging leadership and work engagement. To test Hypothesis 2 - engaging leadership is associated with higher levels of work engagement - we conducted a regression analysis to investigate the relationship between engaging leadership and the mediator, work engagement. Regression analysis revealed that engaging leadership was associated with work engagement ($\beta = .44$, $t(104) = 4.97$, $p < .001$). Therefore, the analysis found support for Hypothesis 2.

Indirect effects

Hypothesis 3 predicts that work engagement mediates the relationship between engaging leadership and (a) extra effort; (b) the perceived quality of care; (c) job satisfaction; (d) self-efficacy, (e) work related stress and (f) the intention to leave the organization. To establish the mediation effect of work engagement we estimated the three following regression equations to take the four steps of Baron and Kenny (1986). We estimated and tested separate coefficients for each equation (cf. Baron & Kenny, 1986).

Step 1. First, regression equations were conducted with the different outcome variables as criterion and engaging leadership as a predictor (identical with hypothesis 1, p. 19). As shown in Table 2, step 1 is satisfied in the case of extra effort, quality of care, job satisfaction, job-related stress and intention to leave the organization. The first step of Baron and Kenny (1986) was not met in case of self-efficacy: engaging leadership was not found to be a significant predictor of self-efficacy and will, therefore, not be reported in the next steps².

Step 2. In the second equation work engagement (the mediator) was tested as the criterion variable and engaging leadership as the predictor. This first step is identical to hypothesis 2 and already shown to be supported ($\beta = .44$, $t(104) = 4.97$, $p < .01$). So, the finding support the second step: engaging leadership is significantly related with work engagement.

Step 3 & 4. In the third equation we used the outcome variables as the criterion in the regression equations and used engaging leadership and work engagement as the predictors. In the third equations we controlled for engaging leadership in establishing the effect of the mediator on the outcome (Baron & Kenny, 1986). If, in step four, the effect of engaging leadership on the outcome variables is no longer significant when work engagement is in the model, full mediation is indicated (Baron & Kenny, 1986). The results of the third regression equations are shown in Table 3.

² However, not engaging leadership but work engagement was found to be a predictor of self-efficacy ($t(104) = 4.34$, $p < .001$), indicating a direct relationship between work engagement and self-efficacy.

Extra effort. Step 3 revealed that with the inclusion of work engagement in the regression equation, engaging leadership was still significantly associated with extra effort, $\beta = .65$, $t(103) = 8.81$, $p < .001$. Work engagement on the other hand was not significantly associated with extra effort ($\beta = .13$, $t(103) = 1.73$, $p = .09$). Therefore, we found no support for an indirect effect for work engagement in the association between engaging leadership and extra effort.

Quality of care. The inclusion of work engagement in the regression showed that the impact of work engagement was significant ($\beta = .15$, $t(103) = 2.1$, $p < .05$) and that the effect of engaging leadership on the quality of care was reduced but still significant as well ($\beta = .45$, $t(103) = 5.4$, $p < .001$), indicating a partly mediated effect of work engagement (Baron and Kenny, 1986).

Job satisfaction. The inclusion of work engagement in the regression with engaging leadership and job satisfaction, showed that work engagement was significantly associated with job satisfaction ($\beta = .33$, $t(103) = 4.08$, $p < .01$) whereas engaging leadership was reduced, but still significant ($\beta = .48$, $t(103) = 5.96$, $p < .05$), indicating a partly mediation (Baron and Kenny, 1986).

Job-related stress. When we included work engagement in the regression equation with job-related stress, work engagement was significantly associated with job-related stress ($\beta = -.23$, $t(103) = -2.21$, $p < .05$), whereas the previous significant effect of engaging leadership on job-related stress was reduced to non-significance ($\beta = -.13$, $t(103) = 1.25$, $p > .20$), indicating full mediation (Baron and Kenny, 1986).

The intention to leave the organization. We see that in the regression equation with work engagement added in the regression, engaging leadership was less but still significant ($\beta = -.20$, $t(103) = -2.04$, $p < .05$). Furthermore, work engagement was significantly associated with the intention to leave ($\beta = -.43$, $t(103) = 4.08$, $p < .001$), indicating partly mediation (Baron and Kenny, 1986).

Sobel tests. Finally, Sobel (1982) tests for statistical significance (see Table 4) are used to determine whether the reduction in the association between engaging leadership and the outcome variables was significant. Sobel test statistics confirmed that there was no significant indirect effect of work engagement between engaging leadership and extra effort ($z = 1.64$, $p = .10$). The Sobel test further supported significant indirect effects of work engagement as a mediator between engaging leadership and the quality of care ($z = 1.94$, $p = .05$), job satisfaction ($z = -$

3.15, $p < .001$), job-related stress ($z = -2.02$, $p < .05$) and the intention to leave ($z = -3.35$, $p < .001$).

TABLE 3

Regression equations with work engagement and engaging leadership as predictors and the dependent variables as criterion (step 3).

Criterion	Predictor	β	SE	t	p
1. Extra effort	Engaging leadership	.65	.07	8.81**	<.001
	Work engagement	.13	.07	1.73	.086
2. Quality of care	Engaging leadership	.45	.08	5.41**	<.001
	Work engagement	.17	.08	2.11*	.038
3. Job satisfaction	Engaging leadership	.48	.08	5.96**	<.001
	Work engagement	.33	.08	4.08**	<.001
4. Job-related stress	Engaging leadership	-.13	.10	-1.25	.214
	Work engagement	-.23	.10	-2.21*	.029
5. Intention to leave	Engaging leadership	-.20	.10	-2.04*	.044
	Work engagement	-.43	.09	-4.54**	<.001

N = 105, * $p < .05$, ** $p < .01$

TABLE 4

Sobel tests of indirect relationships between Engaging leadership and dependent variables through Work engagement

Relationship	Sobel test (z-score)	Mediation effect (in %) ³
Engaging leadership → work engagement → Extra effort	1.64	7.95
Engaging leadership → work engagement → Quality of care	1.94*	14.6
Engaging leadership → work engagement → Job- satisfaction	-2.03*	43.9
Engaging leadership → work engagement → Job-related stress	3.15**	23.0
Engaging leadership → work engagement → Intention to leave	- 3.35**	49.4

N = 105, * $p < .05$, ** $p < .01$

³ Percentage of the total effect that is mediated by work engagement

DISCUSSION

In this research, we integrated ideas from engaging leadership theory (Alimo-Metcalfe & Alban-Metcalfe, 2005; 2008), theory of work engagement (Schaufeli & Bakker, 2003) and the job demands-resources model (JD-R; Demerouti et al., 2001) to show that first line managers' engaging leadership can be beneficial for both the quantity, in terms of extra effort, and quality of care in Dutch healthcare organizations. In order to be meaningful in the long term, we proposed that the extra effort and better quality of care should be accompanied with high rated well-being of employees, measured by job satisfaction, self-efficacy and stress reduction, and positive attitudes towards the organization, measured by less intention to leave the organization. In order to understand *how* engaging leadership is associated with the outcome variables, we built on the framework of the JD-R model and tested hypotheses proposing that the relationship between engaging leadership and the outcome variables was mediated by work engagement. We found that most of the findings supported the association between engaging leadership and the outcomes. We also found that most of the findings supported a (partly) mediating effect of work engagement.

Theoretical contributions

First, by studying the direct effects of engaging leadership, our study demonstrated a strong relationship between engaging leadership and the self-reported *extra effort* and *quality of care*. Therefore, it appears that the more employees perceived their first-line manager as an engaging leader, the higher they indicated their willingness to put in extra effort and the higher they indicated the provided quality of care of themselves and their organization. Furthermore, we found higher self-reported scores on *job satisfaction* and lower reports of *job-related stress* and the *intention to leave the organization*. So, similar to the findings of Alimo-Metcalfe et al. (2008), these results suggest that it could be of beneficial value for healthcare organizations to encourage the development of the engaging leadership style within the organization, in terms of higher employee's effort, quality, well-being and attitudes towards the organization. We did *not* find a strong enough association between engaging leadership and *self-efficacy*. This might be explained by the fact that self-efficacy is defined as managing one's own functioning and exercising control over events that affects their own lives (Bandura, 1997). In that sense, self-efficacy is strongly influenced by the self and, therefore, engaging leaders might have less influence over the self-efficacy of employees than other attitudes and states.

Second, although engaging leadership is assumed to influence engagement (Alimo-Metcalfe, 2008; Alimo-Metcalfe & Alban-Metcalfe, 2008; 2011), we offered the first empirical test of the relationship between engaging leadership and *work engagement*. In line with Hypothesis 2, we demonstrated that engaging leadership was significantly associated with work engagement. Engaged employees have high levels of energy, are enthusiastically involved and are happily engrossed in their work, which has far reaching implications for employees' performance, productivity and profit (Harter, Schmidt & Hayes, 2002; Leiter & Bakker, 2010). Our findings now indicate that first-line managers can encourage these beneficial engagement behaviors of employees, by being an engaging leader.

Moreover, we have shown that work engagement acted as a mediating mechanism through which engaging leadership impact outcome variables. Prior theoretical work on the job demands-resources model, have shown that work engagement is an important mediator between job resources and outcomes on commitment and performance (Hakanen & Roodt, 2010). Engaging leadership is a job resource (see Bakker & Demerouti, 2007), since engaging leaders are physically present in the organization and can build strong social networks and interactions with their staff (Alimo-Metcalfe & Alban-Metcalfe, 2005). Thereby, engaging leadership stimulates personal growth, learning and development, focuses on achieving goals and tries to reduce the demands of work (Alimo-Metcalfe, 2008; Alimo-Metcalfe & Alban-Metcalfe, 2005). Therefore, we proposed that work engagement mediate the relationship between engaging leadership and the outcome variables in a similar way as proposed for job resources in the positive motivational process of the JD-R model (Bakker & Demerouti, 2007; Schaufeli & Bakker, 2004). Though earlier studies did find work engagement to be positively related with both in- and extra-role performance (Schaufeli & Bakker, 2004), current findings did not confirm the mediating hypothesis for *extra effort*. Although we found a strong direct effect between engaging leadership and self-reported extra effort, this relationship could not be explained by work engagement. So, apparently, engaging leadership elects self-reported extra effort directly or through other moderator or mediating processes. We have found support that the relationships between engaging leadership and *quality of care*, *job satisfaction* and the *intention to leave* were partly mediated and *stress reduction* was fully mediated by work engagement. The partly mediating effects showed not only that work engagement was a mechanism explaining *part* of the relationship between engaging leadership and the outcome variables, it also showed that

engaging leadership, in itself, still had a direct effect on the outcomes. The fully mediated effect of work engagement on the relationship between engaging leadership and job-related stress showed us that job related stress was only predicted by work engagement. So, apparently, work engagement is more important for reducing job-related stress than engaging leadership. These findings extend theory of engaging leadership by demonstrating that work engagement was an important factor in explaining *how* engaging leadership is associated with beneficial outcomes for organizations. Simply put, irrespective of other moderator or mediating variables, part of the effect of engaging leadership was explained by work engagement. These findings thereby supported a role for engaging leadership in the positive motivational process of the JD-R model.

Practical contributions

First of all, the findings indicated that engaging leadership can be a useful leadership style for first-line managers in Dutch healthcare organizations. Current study showed that there is a beneficial value in establishing engaging leadership and we are convinced that development programs would benefit from considering engaging leadership as a part of the program. The insights of current study and other studies about engaging leadership (e.g. Alimo-Metcalfe & Alban-Metcalfe, 2005; Alimo-Metcalfe et al., 2008) might therefore be useful in leadership and management development and training programs, at least for Dutch healthcare managers.

Moreover, current findings suggest that the influence of engaging leadership on the quality, well-being and attitudes towards the organizations existed fully or partly through work engagement and therefore work engagement has shown to be a strong predictor for beneficial outcomes. Work engagement has already shown to be a better predictor for job performance than job involvement, job satisfaction and intrinsic motivation (Rich, Lepine, & Crawford, 2010). Rich et al. (2010) thereby suggested that rather than spreading resources over various practices aimed at improving a variety of attitudes and motivational states, it may be worthwhile to focus resources on practices that enhance work engagement. This study has shown that work engagement even mediated, and therefore predicted, some other attitudes and motivational states. Therefore, it might be used as additional argumentation for the suggestion of Rich et al. (2010) to focus resources on work engagement more than on other attitudes and motivational states. For leadership development, the suggestion of Rich et al. (2010) implicate that resources might be focused on leadership that induce work engagement. What made this research so strong is that we have shown that engaging leadership is capable of inducing work engagement. Therefore, it

is a strong argument for promoting development and training programs aimed at improving work engagement and we recommend engaging leadership as a model for achieving engagement through leadership.

Finally, although we consider the fact that organizations have to find the best possible way to fit new insights into the organization, embedding engaging leadership *in the culture* might be especially worthwhile. By behaving in ways that liberate leadership of others as well, engaging leadership can build internal leadership capacity (Alimo-Metcalfe & Alban-Metcalfe, 2008). Engaging leadership empowers and develops potential and therefore it not only strengthens human capital, but also social capital in the organization (Alimo-Metcalfe & Alban-Metcalfe, 2008; 2011). Engaging leadership notifies the importance of social capital, by promoting open communications among all stakeholders, by enabling people to act collectively and by expanding networks (Alimo-Metcalfe & Alban-Metcalfe, 2008; 2011; Hitt & Ireland, 2002). Creating social capital is important for an organization to establish competitive value (Hitt & Ireland, 2002).

Limitation and future research

Although the findings of this study are generally supportive of our hypotheses, our research design had limitations that could be addressed in future research. First, more research is needed to understand more clearly how engaging leadership, work engagement and the outcome variables (extra effort, quality of care, well-being and intention to leave) are interrelated. Although the JD-R model gave theoretical reasons to presume causal ordering of our mediating model, other causal models might be plausible as well. To fully understand how work engagement and outcome variables are related, researchers could consider the impact that these variables have on work engagement. For example, the spiral model of efficacy beliefs (Salanova, Bresó, & Schaufeli, 2003) showed that self-efficacy and work engagement might interact together and initiate gain spirals. Individuals who have more efficacy beliefs are found more likely to be engaged and individuals who are engaged are found to show more efficacy beliefs (Salanova, Bresó, & Schaufeli, 2003). Thereby, lack of decisional involvement, job autonomy, supportive management and feedback on performance have been significantly associated with low levels of engagement (Demerouti, Bakker, Nachreiner, Schaufeli, 2000). This indicates that there are more variables that might have influenced the found results, which are not measured.

To get a better understanding of the worth of this study, future research can obtain control variables in the model.

Second, the mediating and outcome variables were all obtained from self-report measures, and therefore it is likely that method variance inflated the relationships among these variables. Therefore, taken into consideration that we wanted to measure the quantity and quality employees deliver, it might be better and more interesting to use more objective measures. For example, it would have been interesting to add client reports for the quality of care delivered by employees or to include measure of profitability (e.g. obtained annual reports). Furthermore, longitudinal research could have given more insight of the competitive value of engaging leadership for healthcare organizations in the long run.

Third, the degree to which the findings can be generalized to other healthcare branches and other sectors is questionable. For example, although a wide range of branches were invited; the participating organizations were all operating the field of youth and mental healthcare. Mental and youth care organizations in the Netherlands often work in relative small teams and they see their fist-line manager on regular basis. For example, employees of a home care organization have more solitaire work and their manager might influence them less. Future research interested in healthcare leadership might want to investigate this kind of difference in healthcare branches in order to fully understand how different work environments impact leadership. On the other hand, research on engaging leadership and work engagement have shown almost identical results in different sectors, both non-profit and profit (Alimo-Metcalf & Alban-Metcalf, 2002; Alban-Metcalf & Alimo-Metcalf, 2007; Schaufeli & Bakker, 2003).

Finally, Schaufeli and Bakker (2003) indicate that the UWES, used to measure work engagement, can both be seen to measure an one-dimensional as well as a three dimensional construct. They indicate that when one is interested in the concept of work engagement as such, the total score can be used. The same goes for the six dimensional model of engaging leadership, as assessed by the research version of the TLQ. Similar to Schaufeli and Bakker (2003)'s argumentation, the high correlation between the six dimensions and the high value for the Cronbach's alpha of the total scale supported an one-dimensional model over a six-dimensional model. The main disadvantage was that, by doing this, current research was not able to establish understanding of the specific dimensions of the engaging leadership questionnaire (TLQ). Thereby, the research version of the TLQ is much shorter than the complete version and contains

fewer dimensions. To be able to more fully understand which dimensions of engaging leadership were responsible for what results, future research might use the full version of the TLQ to identify which dimension of TLQ leads to what specific outcomes. It would give a more colorful picture of the behaviors of the engaging leader and the attitudes, states and behaviors it evokes. Our hope is that current study, and the interesting results obtained, will encourage others to pursue which of the, or other, explanations underlie the relationships between engaging leadership, work engagement and the outcome variables.

Conclusion

We view the concept of engaging leadership as highly promising for leading healthcare organizations. Therefore, we recommend organizations to focus resources on practices that enhance engaging leadership and work engagement in organizations. Current study provided the first association between engaging leadership and work engagement. Future research should aim to further understand the interaction of the constructs and fit engaging leadership in the JD-R model. We might best end with a quote of Alimo-Metcalfe and Alban-Metcalfe (2008): “[engaging leadership] *is a way forward that enables organizations to build leadership capacity, while at the same time creating an environment in which employees can give more, and experience higher levels of motivation and well-being*”.

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