

RELATIONSHIP OF TRANSFORMATIONAL LEADERSHIP TO THE HEALTH AND WELLBEING OF EMPLOYEE: THE MEDIATING ROLE OF TRUST IN THE LEADER

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Leadership is one of the most relevant psychosocial factors for organizations in the XXI century (Sparks, Faragher & Cooper, 2001). The transformational leadership style has been the most studied in relation to different health outcomes and welfare work, mainly in contexts of developed countries (Skakon, Nielsen, Borg & Guzman, 2010). Leaders who use this style seek to optimize the individual, group and organizational development and innovation, through one or more of the four behavioral dimensions that comprise transformational leadership (Bass, 1985): idealized influence, inspirational motivation, intellectual stimulation and individualized consideration. Among the mechanisms that could explain their relationship to employee health, trust in the leader has been theoretically relevant and used as the basis of indicators of excellence in the work environment globally as developed by the consulting firm Great Place to Work®. However, there are few empirical studies that account for this mechanism and those published only analyze the relationship with indicators of affective well-being. Moreover, it has been necessary to validate these relationships in countries with different cultural values to those which have traditionally been investigated (Pillai, Scandura & Williams, 1999). Therefore, the objectives of this study are directed to deepen the understanding of the relationship between transformational leadership and the health and well-being of employees, analyzing employees of developing countries, and trust in the leader as a mediator mechanism, evaluating simultaneously, both indicators of health problems (symptoms of discomfort) and psychological and affective (job satisfaction) well-being.

Methodology: a quantitative, correlational and cross-sectional study was performed. The sample consisted of 598 employees of different organizations in two developing countries (Colombia and Mexico), whose cultural values, according to Hofstede (1997), differ from those of countries that have traditionally studied the transformational leadership style. The Mexican sample consisted of 278 employees (n valid = 270), belonging to 8 companies (6 Merida and 2 of Cuernavaca) and the sample of Colombia was of 320 employees (n valid = 292) belonging to 5 companies of Bogota. The questionnaire was composed of different scales that assessed the perception of employees of Transformational Leadership, trust in the leader and the self-reported symptoms of discomfort, psychological well-being and job satisfaction. Self-efficacy at the workplace was also assessed as another mediator and as control variables age, sex, educational level, time on the occupation, time of the relationship with the leader, and positive and negative affect were assessed. Common method variance was controlled and the measurement scales were verified using confirmatory factor analysis (CFA). The respective descriptive and internal consistency analyzes were performed. Partial regressions with each of the welfare indicators were conducted. The proposed relationships in the research model were analyzed jointly and through structural equations: the role of transformational leadership on issues of health and well-being of employees directly, and indirectly through trust in the leader as mediator mechanism also controlling for sociodemographic data, affection and self-efficacy at work.

Results: The means and standard deviations of the variables of the study will be presented as well as the correlations among them. The results of the regressions and adjustment to the proposed model will also be presented. The model was modified according to the significance of relationships and the fit index criteria. The final model showed that transformational leadership relates only to two of the three indicators of health and well-being: job satisfaction and symptoms of discomfort. These relations were fully mediated by trust in the leader. Neither transformational leadership nor trust in the leader were related to psychological well-being. None of the sociodemographic variables were significant in the model, nor self-efficacy at work. The positive and negative affect did play an important role as a common factor method, relating both to transformational leadership and trust in the leader, as well to welfare indicators. The regression results corresponded with those obtained in the final model.

Discussion and Conclusions: The results confirm the relationship of transformational leadership with job satisfaction and mediation of trust in the leader, to the contexts in which the study was conducted. Furthermore, our results indicate that the possible effect of transformational leadership on health and well-being of the employee would be limited to promote affective aspects of welfare, but not necessarily boost employee's sense of purpose and his/her perceived ability to cope with existential challenges (psychological well-being). This entails an important discussion about the concept of well-being and its differences from the philosophical currents of hedonism and eudaimonia, differences that are not usually done in studies examining transformational leadership and welfare outcomes, confusing affective and psychological well-being. This confusion, besides being conceptually mistaken, has serious practical implications, as differential relations of each type of well-being with physical health outcomes have been found (Vásquez, Hervas, Rahona and Gomez (2009).

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