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Health-oriented leadership's impact on the well-being of healthcare workers: Assessment with a mediated model

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Abstract. In the face of growing stress in the workplace, employers are particularly interested in management practices focused on maintaining the psychological health of employees. This study examines the effect of the perception of health-oriented leadership (HoL) on the well-being of healthcare workers who have severe psychosocial working conditions in order to increase interest in employee well-being and provide leadership with a central role in this regard. The paper examined psychological wellbeing (PWB), job satisfaction, and life satisfaction together while attempting to determine whether HoL directly and indirectly (via PWB) affected work and life satisfaction based on the JD-R model. The methodological basis of the study was the provisions of the human resource theory management and the theory of leadership. Data was collected from 187 employees (convenience sampling) of a healthcare organization operating in a province in Turkey with the survey technique and analyzed using the SPSS and Smart PLS software. The findings revealed that HoL affects job satisfaction and life satisfaction. The study ultimately deducted that it was important to exhibit HoL behaviors for employee well-being. Among possible directions for further research could be a longitudinal design of analysis, as well as expanding the sample by including private healthcare organizations and additional locations.

Keywords: health-oriented leadership; employee well-being; psychological well-being; job satisfaction; life satisfaction; healthcare workers; Turkey.

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Влияние модели HoL на благополучие работников здравоохранения: роль психологического равновесия

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Аннотация. В условиях растущего стресса на рабочем месте особый интерес работодателей вызывают управленческие практики, ориентированные на поддержание психофизиологического здоровья сотрудников. Наиболее целостной из таких практик является модель здоровье-ориентированного лидерства (HoL – health-oriented leadership). Исследование направлено на анализ влияния модели HoL на благополучие работников, включающее три компонента – психологическое равновесие (PWB), удовлетворенность работой и жизнью в целом. Наличие прямого и косвенного (посредством PWB) воздействия HoL определялось с помощью модели «спрос – ресурсы» на рабочем месте (JD-R). Методологическую основу работы составили теории управления человеческими ресурсами и лидерства. Использовались методы факторного анализа. Исследование проведено на примере сферы здравоохранения, характеризующейся сложными психосоциальными условиями. Информационной основой послужили результаты опроса 187 сотрудников одной из государственных клиник Турции. Обработка данных осуществлялась в статистических программах SPSS и Smart PLS. Полученные результаты свидетельствуют о наличии как прямого, так и косвенного влияния HoL на удовлетворенность респондентов работой и жизнью. Подтверждена роль психологического равновесия как медиатора в анализируемом взаимодействии. Показано, что следование принципам здоровье-ориентированного лидерства является определяющим фактором повышения общего благополучия работников. Возможным направлением дальнейших исследований является применение лонгитюдного метода, а также расширение выборки за счет клиник частной формы собственности и дополнительных локаций.

Ключевые слова: здоровье-ориентированное лидерство (HoL); благополучие сотрудников; психологическое благополучие; удовлетворенность работой; удовлетворенность жизнью; работники здравоохранения; Турция.

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INTRODUCTION

As work environments become more and more stressful, issues regarding employee health and well-being have caused an important concern for organizations, because employee well-being is important not only for employees themselves, but also for organizations and even public life [llies, Schwind, Heller, 2007]. Since the concept of well-being refers to optimal psychological functionality, increased well-being leads to higher productivity, lower absenteeism rates and less turnover intention [Darr, Johns, 2008; Ford et al., 2011; Wright, Bonett, 2007]. Therefore, it is necessary to determine the variables that can improve well-being as well as the positive outcomes that increased well-being can lead to in work and private life. Examining the literature reveals that the efforts to ensure employee well-being are focused on leadership styles and are an important workplace resource [Montano et al., 2017; Nielsen et al., 2017]. One of these leadership styles, health-oriented leadership (HoL), is a more up-to-date and holistic approach which combines the mechanisms underlying leaders' impacts on the health and well-being of employees [Franke, Felfe, Pundt, 2014; Pundt, Felfe, 2017]. HoL is a leadership style that takes into account the behavioral aspects of leadership as well as leaders' values and awareness regarding their followers' health. Previous studies support the structure and validity of HoL while also suggesting that it improves employee health [Franke, Felfe, Pundt, 2014; Klug, Felfe, Krick, 2019; Köppe, Kammerhoff, Schütz, 2018]. Assessments made on the relationship between HoL and well-being are based solely on theoretical implications (arguments) or different indicators of processes that lead to well-being, such as stress, burnout and depression [Kaluza et al., 2021a; Santa Maria et al., 2019]. Therefore, the study holistically discusses psychological well-being (PWB), job satisfaction and life satisfaction, the most obvious indicators of employee well-being [Page, Vella-Brodrick, 2009] and examines HoL's effect on these variables.

The study aims to contribute to the literature on leadership and well-being in at least three ways. Firstly, the study examined the indicators of well-being (psychological well-being, job satisfaction and life satisfaction) that are particularly important in the healthcare industry. That is because the working environment in the healthcare industry inherently contains many negative and stressful conditions that may undermine employee well-being [Gomes, Teixeira, 2016]. Staff shortages, excessive workloads, shift work, violence, emotionally challenging tasks [Agarwal, Sharma, 2011; Rössler, 2012] and the additional burdens brought along by COVID-19 [Hao et al., 2021; Yan et al., 2020] have led employees working in this industry to have poor psychological well-being, job satisfaction, and life satisfaction [Bozdağ, Ergün, 2020; Gkliati, Saiti, 2022; Obadeji et al., 2018]. Therefore, these essential well-being indicators need to be increased for healthcare workers. Secondly, the study assumed that the well-being indicators could be increased with the perception of HoL and examined the relationships between these variables for the first time. Thirdly, it was thought that PWB, a psychological variable in the research model, could be a mediator in the relationships between HoL and job satisfaction and life satisfaction, leading to the creation of a research model based on the job demands-resources (JD-R) model. Therefore, the study attempted to determine how HoL affects job satisfaction and life satisfaction, which are indicators of well-being.

CONCEPTUAL FRAMEWORK AND HYPOTHESES

Health-oriented leadership (HoL). Franke, Felfe and Pundt [2014] defined HoL as leaders taking into account the health and stress levels of themselves and their followers, carrying out activities aimed at being healthy. This leadership style involves leaders directly affecting employee health through their behaviors and communication, as well as shaping their duties, business processes and working conditions to have an indirect effect on their health [Franke, Felfe, 2011; Franke, Felfe, Pundt, 2014]. Moreover, within the framework of social cognitive learning theory [Bandura, Walters, 1977], leaders act as role models through their own behaviors [Kaluza et al., 2021a]. Therefore, a leader exhibiting health-conscious behaviors aimed at improving health may encourage employees to behave in a way that improves their own health [Köppe, Kammerhoff, Schütz, 2018].

The concept of HoL is divided into leader-oriented (SelfCare) and employee-oriented (StafCare) HoL [Klug, Felfe, Krick, 2019]. The leader-oriented perspective is based on the leader's way of dealing with their own health and serves as a prerequisite for health-oriented leadership behavior [Franke, Ducki, Felfe, 2015]. This perspective includes behaviors related to both the leader's lifestyle (e.g., healthy nutrition, regular exercise) and work pattern (e.g., time management, delegation of authority) [Pundt, Felfe, 2017]. The employee-oriented perspective is related to the importance that leaders place on their followers' health in the workplace, their attitudes towards protection, and their actions [Klebe, Klug, Felfe, 2021]. Since this study focuses on the employee-oriented side of the model, it would be more accurate to define HoL as "the leader being aware of the conditions and activities that affect the health of the employees, taking into account their health and providing the necessary conditions and activities for their health" [Kerse, Soyalın, Özdemir, 2021, p. 1801].

HoL consists of three components: health awareness, health value and health behavior [Franke, Felfe, 2011]. *Health awareness* refers to leaders' attention and sensitivity towards health issues. It involves the leader concentrating their attention on health risks in the workplace and perceiving warning signals [Franke, Felfe, Pundt, 2014]. *Health value* relates to leaders' attitudes towards being healthy. This component shows how much interest and care leaders express towards health problems in the workplace [Santa Maria et al., 2019]. Finally, *health behavior* refers to leaders' behavior patterns and activities aimed at improving employee health [Franke, Felfe, Pundt, 2014]. This behavior includes creating healthy working conditions and motivating followers to exhibit healthy behaviors in the workplace [Klug, Felfe, Krick, 2019]. Therefore, HoL is defined as recognizing the importance of health, being aware of health-related problems, and providing a healthy and appropriate environment in order to be a leader in a healthy environment.

Studies on HoL support the claim that HoL and its components have positive effects on employee health [Franke, Felfe, Pundt, 2014; Klug, Felfe, Krick, 2019; Vonderlin et al., 2020]. HoL has the potential not only to strengthen followers' health, but also to define the broader implications for followers' attitudes and behaviors related to work [Pundt, Felfe, 2017]. Indeed, a study by Santa Maria et al. [2019] concluded that HoL has a strong negative relationship with employees' levels of burnout, depression and physical complaints. Other recent studies have suggested that HoL reduces psychosomatic complaints [Köppe, Kammerhoff, Schütz, 2018] and turnover intention [Bregenzer et al., 2020], while increasing psychological capital [Arnold, Rigotti, 2020].

Relationship between HoL and psychological wellbeing. PWB is the positive individual perception of self and ability to use the current potential effectively and at the highest level [Ryff, Singer, 2006]. This includes the individual exhibiting self-acceptance, having a purpose in life, developing positive relationships with others, ensuring personal development, having a command of the environment and being able to act autonomously [Ryff, 1989; Ryff, Keyes, 1995]. An individual with PWB has a purpose in life and sees a potential in themselves to achieve this goal. Moreover, they have a positive sense of self and develop healthy relationships with others. These individuals can act independently and make their own decisions. They can constantly improve themselves and effectively manage the world around them in order to achieve their goals in life.

Since PWB affects both the individual's work life and personal life [Avey et al., 2010], studies attempting to determine the variables that affect well-being have become common. Many personal and organizational variables such as personality, psychological capital, organizational support, organizational justice, working environment, social support, physical health and stress level were determined to affect PWB [Loretto et al., 2005; Medzo-M'engone, 2021; Park et al., 2017]. Leadership is thought to be another one of these variables. Since leaders have the power to shape contextual conditions (e.g. interpersonal relationships and organizational climate) as well as working conditions (e.g. task and work design, HR practices), they have a significant impact on employees' PWB [Hannah et al., 2020]. Indeed, studies have shown that positive leadership behaviors and leadership support [Gilbreath, Benson, 2004; Skakon et al., 2010], transformational leaders [Arnold et al., 2007; Kelloway et al., 2012] and servant leaders [Erkutlu, Chafra, 2016] appear to positively affect employee PWB. Since HoL also affects employee well-being [Kaluza et al., 2021a; 2021b], it is likely to affect PWB, which is an indicator of well-being.

The relationship between HoL and PWB can be explained with reference to the JD-R model [Bakker, Demerouti, 2014]. JD-R is a model that provides a theoretical framework for work characteristics, psychological conditions and how their outcomes are associated while also providing insights into practices to improve employee well-being [Wingerden, Bakker, Derks, 2017]. In the model, job demands relate to aspects of the work that require effort and are associated with certain physiological and psychological costs [Demerouti et al., 2001], while job resources represent the physical, psychological, social or organizational aspects of the work used to achieve business goals and promote personal development [Schaufeli, Bakker, 2004]. While demands negatively affect employee health and well-being [Demerouti, Bakker, 2011], resources enable employees to improve their well-being and perform better [Bakker, Demerouti, 2007]. Taking into consideration that leadership is possibly be an important workplace demand or resource for affecting employee well-being [Bakker, Demerouti, 2016; Nielsen et al., 2017] and that HoL is also a job resource [Krick, Felfe, Pischel, 2021], employee well-being, and therefore PWB, are likely to increase with HoL behaviors. Examining the literature reveals that there have been no studies addressing the relationship between HoL and PWB, while there are studies that suggest that HoL affects employee wellbeing [Kaluza et al., 2021b]. On the other hand, although the relationship between HoL and PWB is not examined, there are studies that suggest that HoL positively affects psychological resilience, which is considered a psychological and internal resource (e.g. [Kerse, Soyalın, Özdemir, 2021]). Considering that PWB is also a psychological and personal resource [Tesi, Aiello, Giannetti, 2019] and an indicator of overall well-being [Hausler et al., 2017], it can be said that this relationship may also be present in the relationship between HoL and PWB. Therefore, the following hypothesis can be developed:

H₁: HoL positively and significantly affects PWB.

Relationship between HoL and job satisfaction. Job satisfaction is a positive emotional state that occurs as a result of an employee's evaluation of the job and organizational environment [Locke, 1969]. This reveals how the employee feels about different aspects of their job and how content they are with the conditions [Yuh, Choi, 2017]. Job satisfaction, which is one of the most popular subjects of research in the literature on management and organizational behavior, is closely related to many positive outcomes related to the job and the organization

[Aletraris, 2010; Ziegler, Hagen, Diehl, 2012]. Employees with high levels of job satisfaction are more committed to their organizations [Brown, Walters, Jones, 2019], build quality relationships with their colleagues, and encourage innovation and creativity [Bushra, Ahmad, Naveed, 2011]. They exhibit organizational citizenship behavior [Subardjo, Tentama, 2020] and increase organizational success [Voon et al., 2011]. Therefore, satisfaction is an important concept for organizations and should be addressed together with its precursors. Examining the literature reveals that these precursors have situational factors such as personality traits, working conditions, organizational practices, leadership, and relations with managers and colleagues [Bakotić, 2016]. This study takes HoL into account since leadership (i.e. leaders) is a factor that significantly impacts employee job satisfaction [Puni, Mohammed, Asamoah, 2018].

Psychosocial risk factors in the work environment such as excessive workload, work-life imbalance, value misfit, perception of injustice, and lack of control in business processes are important job demands that reduce employee well-being and satisfaction and increase work stress [Eriksson et al., 2008]. These job demands may be reduced through HoL behaviors. Indeed, leaders who exhibit these behaviors support employees by creating working conditions that provide more resources and change their perception of employees' work characteristics, enabling them to prevent the negative effects of job demands on job satisfaction [Jiménez, Winkler, Bregenzer, 2017]. Furthermore, a leader showing interest in employee health and well-being creates a sense of belonging in employees and improves the positive psychological climate as it reflects the organization's attitude towards them [Bregenzer et al., 2019]. In line with the JD-R model [Demerouti et al., 2001], this accumulation of resources at work helps reduce workload and stress. Moreover, having more resources increases employees' confidence in their ability to cope with job demands [Krick, Felfe, Pischel, 2021]. Ultimately, job satisfaction can be increased by making working conditions compatible with employees' expectations from the organization. As a matter of fact, findings in the literature [Krick, Felfe, Pischel, 2021] support this claim, which is that HoL increases job satisfaction. In light of these explanations and findings, the following hypothesis was proposed:

H₂: HoL positively and significantly affects job satisfaction.

Relationship between HoL and life satisfaction. Life satisfaction is the subjective assessment of an individual's own life based on certain criteria and a subjective judgment of how satisfied they are with current situations [Diener et al., 1985]. Life satisfaction, which is also an important indicator of psychological health, is a large structure that shows whether the individual likes life in general [Heller, Watson, Ilies, 2004] and different habitats [Levine et al., 2017]. Human life has many different but closely connected aspects such as family, work, social life, health, and leisure time [Lambert et al., 2018]. Since life satisfaction is a complex function of the satisfaction received from these aspects of life [Pavot, Diener, 2008], it is affected by. Since individuals spend most of their lives at work, business life represents an important part of life for most [Heller, Judge, Watson, 2002]. Therefore, some factors related to work and the organization are likely to affect life satisfaction (or vice versa) [Erdogan et al., 2012]. HoL is one of these factors related to the organization that has effects on life satisfaction.

Life satisfaction requires creating positive working conditions as well as removing negative ones [Erdogan et al., 2012]. However, working conditions can be quite challenging and contain many sources of stress [Urguijo, Extremera, Villa, 2016]. This can be reduced through HoL behavior. Since leaders' main responsibilities include providing the resources necessary for employees to successfully complete their work [Perry et al., 2010] and healthoriented leaders provide the conditions and factors to ensure employees' physical and psychological well-being [Kerse, Soyalın, Özdemir, 2021], HoL behaviors help create a suitable, low-stress work environment. In other words, these leaders care about employee health and improve work life by designing a health-oriented (low stress) working environment [Franke, Felfe, Pundt, 2014]. The positive effect brought on by an organizational climate in which health is prioritized and the factors causing stress are removed is also reflected on employees' lives outside of the organization. They can pay more attention to other aspects of their lives such as family, social life and leisure. Therefore, these resources obtained in the working environment are not only limited to the work environment, but also spread to different aspects of life, ultimately increasing life satisfaction levels [Li et al., 2018]. This is consistent with the the spillover model, which suggests that satisfaction in a certain aspect of an individual's life will also spread to other aspects of their life [Heller, Judge, Watson, 2002]. Therefore, it is likely that HoL increases job satisfaction [Krick, Felfe, Pischel, 2021] and that this increase is ultimately reflected on private life. Therefore, the following hypothesis was proposed:

H₃: HoL positively and significantly affects life satisfaction.

Relationship between PWB and job satisfaction. It may be possible to relieve the pressure of job demands on employees in an organizational environment with sufficient resources [Bakker, Demerouti, 2007]. According to the JD-R model, PWB is an important personal resource for overcoming adverse conditions and challenges at work [Wright, Bonet, 2007]. Individuals with a high level of PWB are more optimistic, more resistant to problems, and have higher self esteem [Mayordomo et al., 2016]. They feel more competent in controlling the work environment and are, therefore, ready to realize their potential to achieve their goals [Esen, Besdil, Erkmen, 2021]. Therefore, PWB is likely to improve job satisfaction, as an employee's ability to overcome problems in the workplace and positively assess the working environment may depend on their PWB [Wright, Bonet, 2007]. As a matter of fact, findings in the literature also support this claim [Esen, Besdil, Erkmen, 2021; Jones, Hill, Hen, 2015]. Therefore, the following hypothesis was developed:

H₄: PWB positively and significantly affects job satisfaction.

Relationship between PWB and life satisfaction. Research on well-being and happiness is divided into two perspectives: hedonic and eudaimonic [Ryan, Deci 2001]. Hedonic well-being (i.e., subjective well-being) emphasizes the experience of pleasure and includes life satisfaction and positive and negative affection [Kahneman, Diener, Schwarz, 1999], while eudaimonic well-being (i.e., PWB) focuses on the individual's ability to overcome challenges in life and the virtuous actions they take towards achieving their full potential [Ryff, 1989; Ryff, Keyes 1995]. Life satisfaction, which is an indicator of subjective well-being, is an individual evaluating their guality of life based on their own criteria and concluding that their life is as they want it to be [Diener et al., 1985]. PWB, which is a personal resource [Bakker, Demerouti, 2007], enables the individual to maintain their mental well-being and feel alive [Wilkinson, Walford, 1998], while acting as the motivation for the individual to achieve the life they aim for. PWB, which strengthens the individual's potential to attain the life they desire, can increase the likelihood of an individual positively evaluating their habitat [Fredrickson, 2001], thereby increasing their life satisfaction. Although PWB and life satisfaction are known to have a strong relationship in the literature [Diener et al., 1999], there is an uncertainty about which one affects the other. While some studies suggest that the level of life satisfaction affects PWB [Delhom et al., 2017; Kardas et al., 2019], other studies argue that the level of PWB has a positive effect on life satisfaction [Jung, 2017; Sharbafshaaer, 2019; Randall et al., 2021]. This study assumed that PWB affects life satisfaction. That is to say, when PWB, which reflects the individual's level of happiness and its positive effect on the individual [Wilkinson, Walford, 1998], is high, the individual has a high level of positive feelings regarding their life [Garcia, Moradi, 2013]. Therefore, the individual evaluates their expectations and present conditions positively. Therefore, PWB increases life satisfaction. Thus, the following hypothesis can be developed:

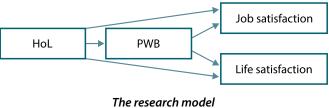
H₅: PWB positively and significantly affects life satisfaction.

Mediating role of the PWB. To summarize the relationships between the variables discussed in the study within the framework of the JD-R model: HoL behavior, which is a positive job resource [Jiménez, Winkler, Dunkl, 2017], will stimulate positive attitudes and behaviors by increasing PWB [Kaluza et al., 2021a], which is a personal employee resource [Tesi, Aiello, Giannetti, 2019], ultimately resulting in job satisfaction [Wright, Cropanzano, 2000]. From a spillover model perspective [Heller, Judge, Watson, 2002], this process will not only be limited to business life but will also be reflected on private life and affect life satisfaction. In other words, the positive experience caused by the increase in resources in work life will be reflected on life in general and lead employees to make more positive evaluations on their lives [Fredrickson et al., 2008] ultimately leading to life satisfaction. Therefore, PWB has a mediating role in HoL's effect on job satisfaction and life satisfaction. In light of these explanations, the following hypotheses regarding mediation will be tested:

H₆: PWB has a mediating role in HoL's effect on job satisfaction.

H₇: PWB has a mediating role in HoL's effect on life satisfaction.

The research model tested in line with the hypotheses is presented in Figure.



Модель исследования

METHODS AND MEASURES

Research data was obtained from healthcare workers working in a hospital in a province in Turkey using the survey method. Due to the ongoing COVID-19 pandemic, data was obtained with the convenience sampling method and voluntary participation. Surveys were handed out and collected approximately 10 days later. Survey data from 187 participants was evaluated. The majority of the participants were female (52.9 %) and married employees (50.8 %). Employees in the 26–35 age range (64.2 %), with an undergraduate education level (52.4 %) and an employment period between 1-4 years (44.4 %) was the majority. In terms of profession, among the participants were nurses (49.2 %), technicians (12.8 %), other (11.8 %), healthcare professionals (6.4 %), medical secretaries (6.4 %), midwives (5.9 %), and doctors (10 %). Data was analyzed using the smart PLS 3.3.7 statistics software.

HoL perception was evaluated using 10 items of the positive health behavior dimension in the HoL StaffCare (followers) scale developed by Franke, Felfe and Pundt [2014] and Pundt and Felfe [2017] and adapted by Kerse, Soyalın and Özdemir [2021]. The scale includes items such as "My supervisor sees to it that I have enough relaxation and recovery" and "My supervisor makes sure that the topic of health receives sufficient attention in our team". Scale items were created using a 5-point Likert scale.

The level of PWB was determined using the 8-item scale developed by Diener et al. [2009]. There scale in-

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The level of job satisfaction was evaluated using the 4-item scale developed by Way, Sturman and Raab [2010]. The scale includes items such as "All in all, I am satisfied with my job" and "In general, I like working here". The items in the scale were answered using a 5-point Likert scale.

The level of life satisfaction was evaluated using the 5-item scale developed by Diener et al. [1985]. The scale includes items such as "In most ways my life is close to my ideal" and "I am satisfied with my life". The items in the scale were answered using a 5-point Likert scale.

VALIDITY AND RELIABILITY ANALYSES

Internal consistency reliability, convergent validity and discriminant validity analyses were carried out in order to determine the reliability and validity of the scales in the study. The Cronbach Alpha, rho_A and CR (Composite Reliability) values were examined for the internal consistency reliability of the scales (see Table 1). The scale's internal consistency reliability was ensured since these values (Cronbach Alpha, rho_A and CR) were greater than 0.70 [Hair et al., 2017]. Then, the factor loads (confirmatory factor load) and AVE (Average Variance Extracted) values of the scale items were examined to determine the convergent validity. The examination revealed that the factor loads (JS2, PWB2 and PWB6) of the items of some scales were lower than the reference value of 0.40 and decreased the AVE value, leading them to be excluded from the analysis. Carrying out the analysis again revealed that the factor loads and AVE values of all the remaining items in the scales were higher than 0.40 and 0.50, respectively [Hair et al., 2017]. Therefore, convergent validity was ensured. Finally, the Fornell-Larcker criterion and HTMT (Heterotrait-Monotrait Ratio) values were examined to determine divergent validity (Table 2). Since the Fornell-Larcker criterion values (AVE values are square root values) are greater than the existing correlation coefficients with other variables [Fornell, Larcker, 1981], the first condition for divergent validity was met. Examining the HTMT values revealed that these values were lower than 0.90 [Henseler, Ringle, Sarstedt, 2015]. Therefore, divergent validity was ensured.

Indicators	Factor loadings	Cronbach's Alpha	rho_A	CR	AVE	
HoL1	0.847	0.971	0.972	0.971	0.770	
HoL2	0.942	-	-	-	-	
HoL3	0.871	-	-	-	-	
HoL4	0.916	-	-	-	-	
HoL5	0.875	-	-	-	-	
HoL6	0.773	-	-	-	-	
HoL7	0.892	-	-	-	-	
HoL8	0.870	-	-	-	-	
HoL9	0.892	-	-	-	-	
HoL10	0.890	-	-	-	-	
JS1	0.854	0.873	0.880	0.872	0.579	
JS3	0.755	-	-	-	-	
JS4	0.767	-	-	-	-	
LS1	0.871	0.867	0.870	0.865	0.519	
LS2	0.649	-	-	-	-	
LS3	0.817	-	-	-	-	
LS4	0.735	-	-	-	-	
LS5	0.713	-	-	-	-	
PWB1	0.752	0.838	0.839 -	0.835	0.629	
PWB3	0.701	-	-	-	-	
PWB4	0.777	-	-	-	-	
PWB5	0.590	-	-	-	-	
PWB7	0.706	-	-	-	-	
PWB8	0.778	_	-	_	_	

Table 1 – Findings on internal consistency reliability and convergent validity Таблица 1 – Результаты анализа надежности внутренней согласованности и конвергентной валидности

Note: HoL is health-oriented leadership; PWB is psychological well-being; JS is job satisfaction; LS is life satisfaction.

Table 2 – Discriminant validity results using the Fornell-Larcker criterion and HTMT

Таблица 2 – Проверка дискриминантной валидности с использованием критерия Форнелла – Ларкера и соотношения «гетеротрейт – монотрейт»

Scales Mean	Moon	S.D.	Fornell-Larcker Criterion			нтмт				
	Weatt		1	2	3	4	1	2	3	4
1. HoL	2.999	1.088	(0.878)	-	-	-	-	-	-	-
2. JS	3.087	0.901	0.630	(0.793)	-	-	0.625	-	-	-
3. LS	3.412	0.845	0.473	0.631	(0.761)	-	0.472	0.624	-	-
4. PWB	3.526	0.675	0.400	0.567	0.542	(0.720)	0.395	0.565	0.535	-

Note: HoL is health-oriented leadership; PWB is psychological well-being; JS is job satisfaction; LS is life satisfaction.

HYPOTHESIS TEST

After confirming that our research model meets psychometric characteristics, the hypothesis was analyzed. The partial least squares structural equation modeling (PLS-SEM) and bootstrapping (5,000 bootstrap samples) methods were used for the analyses (Table 3). Before examining the findings regarding the direct and indirect effects, values such as those indicating a problem of multicollinearity between variables, the magnitude of the effect, and predictive power were examined (Table 4). It was confirmed that there was no problem regarding multicollinearity connections due to the fact that the VIF values were lower than 5 [Hair et al., 2017]. The R² values were found to be 0.515 for job satisfaction, 0.372 for life satis-

faction, and 0.160 for PWB. Due to the f² values indicating the magnitude of the effect between the structures being higher than 0.02 [Sarstedt, Ringle, Hair, 2017], the effect was concluded to be present in the model. Finally, the Q² values, which indicate the predictive power of the findings regarding the research model, were checked. Due to these values (JS = 0.303; LS = 0.195; PWB = 0.076) being higher than 0 [Hair et al., 2017], the model was confirmed to ensure support regarding predictive power. In addition, the SRMR value for the research model was found to be 0.061, supporting model fit due to the value being lower than 0.07 [Bagozzi, Yi, 2012].

Examining the findings on direct effects in Table 4, HoL positively affected PWB (β = 0.400; p < 0.05), job satisfac-

Effects	Effects Path coefficient		S.D. T Statistics		Status			
Direct effects								
$HoL \rightarrow JS$	0.479	0.073	6.589	0.000	H2 is supported			
$HoL \rightarrow LS$	0.305	0.095	3.218	0.001	H3 is supported			
$HoL \rightarrow PWB$	0.400	0.081	4.955	0.000	H1 is supported			
$PWB \rightarrow JS$	0.375	0.083	4.508	0.000	H4 is supported			
$PWB \rightarrow LS$	0.420	0.092	4.573	0.000	H5 is supported			
Indirect effects								
$HoL \rightarrow PWB \rightarrow JS$	0.150	0.048	3.142	0.002	H6 is supported			
$HoL \rightarrow PWB \rightarrow LS$	0.168	0.058	2.919	0.004	H7 is supported			

Table 3 – Findings on the direct and indirect (mediation) effects Таблица 3 – Результаты анализа прямых и косвенных эффектов медиации

Note: HoL is health-oriented leadership; PWB is psychological well-being; JS is job satisfaction; LS is life satisfaction.

Table 4 – Research model results Таблица 4 – Выводы по модели

Scales	VIF	f ²	Scales	R ²	Q ²
$HoL \rightarrow JS$	1.191	0.398	JS	0.515	0.303
$HoL \rightarrow LS$	1.191	0.124	51		
$HoL \rightarrow PWB$	1.000	0.191	LS	0.372	0.195
$PWB \rightarrow JS$	1.191	0.244	PWB	0.160	0.076
$PWB \rightarrow LS$	1.191	0.235	ΓVD		

Note: HoL is health-oriented leadership; PWB is psychological well-being; JS is job satisfaction; LS is life satisfaction.

tion (β = 0.479; p < 0.05) and life satisfaction (β = 0.305; p < 0.05). Therefore, H₁, H₂ and H₃ are supported. Moreover, PWB positively affected job satisfaction (β = 0.375; p < 0.05) and life satisfaction (β = 0.420; p < 0.05); therefore, H₄ and H₅ were accepted.

This study used the mediation criteria of Zhao, Lynch and Chen [2010] as reference for the mediation hypotheses. The study followed the steps of the mediation effect decision tree for this purpose. In addition to the direct effects (Table 4), the findings revealed that HoL indirectly affected job satisfaction ($\beta = 0.150$; p < 0.05) and life satisfaction ($\beta = 0.168$; p < 0.05) through PWB. Moreover, it was concluded that the mediation was partial due to the path coefficients being positive in the relevant findings. Therefore, hypotheses H₆ and H₇, which were developed for mediation, are supported.

DISCUSSION

The increase in psychosocial risk factors in work life has been negatively reflected in the health and well-being of employees. On the other hand, the development of positive organizational behaviors understanding has increased interest in issues relating to health and wellbeing. Therefore, this study attempted to explain the effect of HoL on employee well-being in the specific case of a public hospital in Turkey. The model was developed based on the JD-R model and used cross-sectional data to investigate the basic mechanism that connects HoL, PWB, job satisfaction and life satisfaction. Furthermore, the study examined whether PWB has a mediating role in HoL's impact on job satisfaction and life satisfaction. The findings revealed that HoL increased employee job satisfaction and life satisfaction both directly and through PWB. Therefore, the obtained findings support and expand on results of previous studies investigating the effect of HoL on different indicators of well-being [Arnold, Rigotti, 2020; Kaluza et al. 2021a; 2021b; Klug, Felfe, Krick, 2019; Santa Maria et al., 2019; Vonderlin et al., 2021]. Although there are no studies in the literature that address the relationship between HoL, PWB and life satisfaction, our findings were in line with similar studies that adopted a human-oriented positive leadership approach [Chughtai, 2018; Nielsen et al., 2008; Vincent-Höper et al., 2017]. The theoretical and practical implications are outlined below along with some recommendations for future studies.

Theoretical implications. This study contributes to the literature on leadership and well-being for the following reasons. Our initial findings supported the assumption that HoL not only strengthens employee health, but also has far-reaching results regarding employees' perceptions on and attitudes towards work and overall life [Klebe, Klug, Felfe, 2021; Pundt, Felfe, 2017]. Therefore, the study expanded and enriched the literature on HoL, which still requires further investigation [Rudolph, Murphy, Zacher, 2020; Vonderlin et al., 2021].

The second contribution is a detailed examination of the relationship between HoL and well-being, which is an important goal in life. When studies investigating the relationship between HoL and employee well-being are examined [Grimm, Bauer, Jenny, 2021; Kaluza et al., 2021a; 2021b, Santa Maria et al., 2019], it is seen that comments pointing at HoL improving employee well-being are made using theoretical implications or different indicators that lead to well-being. Employee well-being is claimed to consist of three key components: subjective well-being (life satisfaction), well-being in the workplace (job satisfaction) and PWB [Page, Vella-Brodrick, 2009]. This study is the first holistic study to examine the impact of HoL on employee well-being by addressing the indicators of these key components of employee well-being all together. Thus, the study clarified the view that HoL improves employee well-being and how the relationships between the indicators of well-being emerged.

The third contribution of this paper is that it is a study that addresses the relationship between leadership behavior and well-being. In their studies, Inceoglu et al. [2018] stated that studies investigating the relationship between leadership and well-being often focus on job satisfaction, which is a component of well-being, and that other indicators of well-being in particular should also be taken into account. Our study responded to this call by addressing different indicators of well-being (PWB, job satisfaction, and life satisfaction) all together and associating them with leadership. PWB was examined as a mediator variable and revealed the mechanism for how HoL affects other indicators of well-being (job satisfaction and life satisfaction). Therefore, the study has revealed that PWB is not only a result of different psychosocial relationships, but can also act as a mediator in the relationship between workplace factors (i.e. HoL) and employee attitudes (job satisfaction and life satisfaction).

This study also made a contribution to the literature on well-being. Research on well-being is based on two different perspectives, which are hedonic and eudaimonic. Although highly interrelated, these two perspectives focus on different areas of well-being [Keyes, Shmotkin, Ryff, 2002]. While there are numerous studies that examine different criteria for well-being together, studies that investigate the relationship that exists between each other are limited [Burns, Machin, 2010; Jones, Hill, Henn, 2015; Keyes, Shmotkin, Ryff, 2002]. Therefore, the direction and level of the relationship between these two types of well-being remains uncertain. This study found that PWB positively affects job satisfaction and life satisfaction, in line with Waterman's claim [1990; 1993] that an individual experiencing eudaimonic life will necessarily experience hedonic pleasure. Therefore, our study concluded that eudaimonic well-being affects hedonic well-being.

Practical implications. Some practical implications can be made based on the study's findings. The findings

confirm that HoL is a valuable resource for improving well-being in healthcare workers. In the literature on leadership, the issue of well-being is not seen as an important result in itself, but mainly as a secondary result variable related to performance [Inceoglu et al., 2018]. Since wellbeing is associated with self-realization and living in the best way, it also has the potential to contribute to many other attitudes and outcomes. PWB, life satisfaction, and job satisfaction can be seen as an important indicator of current well-being as well as an important resource for future well-being [Marcionetti, Castelli, 2022]. Therefore, well-being should be taken as an ultimate goal and not as a performance tool.

While employees' work can be a source of well-being that increases life satisfaction because it is an important part of their lives, it can also be a factor that reduces wellbeing if work-related problems spread to life outside of work. PWB is an important resource that enables employees to tackle difficulties at work and meet their expectations from work [Wright, Bonett, 2007]. The findings of our study have shown that health-oriented leaders can increase employee job and life satisfaction through practices that increase PWB. The momentum provided by PWB in work life will lead to an increase in an employee's job satisfaction, which will in turn increase life satisfaction by spreading to the employee's life outside of work. Therefore, since PWB brings along many positive outcomes, the individual and organizational factors that will increase PWB need to be identified.

The study's findings indicate that it is very important for leaders in healthcare organizations to be health-oriented. As previously stated, the healthcare industry has one of the highest rates of burnout and turnover due to factors such as staff shortages, work overload, and shift work [Agarwal, Sharma, 2011; Rössler, 2012]. For this reason, the factors affecting the burnout and turnover of employees in this industry, which are psychological wellbeing and job and life satisfaction [Ledikwe et al., 2018; Lorber, Treven, Mumel, 2020], need to be increased. This study concluded that these indicators of well-being can be increased with HoL approaches and practices. Therefore, efforts should be made to develop a health-conscious culture, since this type of leadership behavior will only be made effective through its integration into the organizational culture. Leaders, on the other hand, should develop policies and practices that will create a suitable psychosocial working environment to protect and improve the well-being of employees. In leadership training, leaders should be aware of their responsibilities for the health and well-being of their employees.

CONCLUSION

Our study is one of the most comprehensive studies examining HoL's effect on employee well-being with a holistic perspective and has, therefore, made important contributions to the literature on leadership and well-being. But the findings and implications need to be evaluated with their potential limitations in consideration. Although the data was obtained from the healthcare industry due to employees with higher health values having a higher tendency to be affected from HoL behaviors [Franke, Felfe, Pundt, 2014], the data being collected from a single city and healthcare organization reduces the possibility to make generalizations. Moreover, cross-sectional acquisition of data in the study is another limitation that prevents generalization and restricts the examination of causal relationships between variables. Therefore, future studies can use longitudinal or experimental designs and collect data from public / private health organizations in different provinces. Another limitation is that the data were collected during the COVID-19 pandemic, and, therefore, reflect the perceptions of the period. For these reasons, it may be recommended to obtain the data again in the post-pandemic period and to expand the model by adding different mediator and moderator variables. Additionally, PWB, job satisfaction and life satisfaction were the only indicators of well-being discussed in this study. Future studies may develop a research model that involves more indicators of well-being, also taking into account the types of mental or physical well-being.

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