

Exploring the Moderating Role of Health Promoting Leadership on Burnout and
Willingness to Take Leave

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ABSTRACT

Employees and organizations are consistently being studied for the wellness of employees. There have been gaps in viewing workers as individuals and in catering to their specific needs. In more recent years, researchers have seen emerging impacts of organizational and employee wellness as employees desire more benefits within work. As an increasing issue, employee wellness poses challenges to both employees and their employers. This has led to topics such as burnout, willingness to take leave (WTTL) and health promoting leadership (HPL) to be explored. Burnout is a psychological and physical state of chronic emotional and physical exhaustion, often accompanied by a sense of reduced personal accomplishment and a feeling of cynicism or detachment from work. Willingness to take leave is an employee's readiness or eagerness to request and use time off from work. Additionally, health promoting leadership is defined as an approach to leadership within organizations that prioritizes the physical, mental, and emotional well-being of employees.

**Exploring the Moderating Role of Health Promoting Leadership on Burnout and
Willingness to Take Leave**

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CHAPTER ONE: INTRODUCTION

Employees and organizations are consistently being studied for maximum efficiency and successful production (Becker & Stafford, 1967; Lin & Orvis, 2016). Following this organizational focus, employee wellness is an important topic as employees desire more benefits within work (Dulebohn et al, 2009; Yamamoto, 2011). As a crucial issue, employee wellness poses challenges to both employees and their employers (Demerouti et al., 2001; Richardson, 2017). Thus, there has been research into the areas of burnout, willingness to take leave (WTTL) and health promoting leadership (HPL). The following proposal will explore these three constructs and determine their relationships.

Burnout is typically operationalized as “a psychological state of emotional exhaustion, depersonalization and a feeling of reduced professional accomplishment that can occur among individuals working with other people in some capacity” (Napoles, 2022, p. 20). It is persistent across most occupations aligning with high demand tasks and schedules (Angerer, 2003; Aronsson et al., 2017). More specifically, burnout in the workplace is seen emerging from high pressure environment and tasks, however, is defined by the individual. With employees’ needs and wants at work being unique to the individual, it is at times difficult to express interventions for all to diminish burnout. However, without practices in place, negative consequences such as absenteeism, decreased engagement and interpersonal conflict will occur (Sun & Bunchapattanasakda, 2019).

Via the theoretical framework of the job-demand resources (JD-R) model, both job demands, and job resources are antecedents of burnout (Demerouti et al., 2001; DeRigne et al., 2016). The model describes the consequences of an imbalance of job demands and job

resources that create dissatisfaction, fatigue, and lack of engagement from employees (Chen et al., 2018). This model will be utilized in the exploration of burnout's interaction with other concepts with the goal of concluding vital relationships.

As burnout has been explored, employees' willingness to take leave has also emerged as an important topic (Jackson et al., 1986; Ahola et al., 2017). Despite its importance in potentially resolving burnout's negative effects, the willingness of employees to take time off is unexplored in the literature. Thus, this topic will be researched further as willingness to take leave is aligned with burnout's antecedents such as stress, conflict, and job role ambiguity (Freudenberger, 1971; DeRigne et al., 2016).

Similarly, HPL incorporates organizational procedures that prioritize and advance employee well-being where employees can address burnout (Dunkl et al., 2015). Health promoting strategies such as leaders displaying awareness of the health of their employees as well as shifting the climate in which the company is operated has shown to address burnout. Overall supporting an employee's satisfaction through HPL typically leads to supporting shared consequences of employee burnout (Bregenzer, 2020). Further research can explore the operational aspects of HPL to decrease burnout within employees. Within this context, HPL should influence an employee's WTTL as it influences employee satisfaction (Yao et al., 2021). Moreover, burnout should lead to increased absenteeism, decreased engagement, and general feeling of fatigue (Cherniss, 1992; Sabagh & Saroyan, 2018). These factors impact WTTL as burnout diminishes an employee's WTTL thus displaying the antecedents for this concept. This construct presents a need for investigation in support of burnout and WTTL. These findings may offer insightful

information and practical consequences that will help create happier, more effective workplaces.

Burnout

Burnout, originating in the late 20th century, developed by Herbert Freudenberger, typically refers to a state of physical and emotional exhaustion caused by prolonged exposure to stressors, often associated with work or caregiving responsibilities (Freudenberger, 1974). The study of burnout has become more prevalent over the years with environmental, culture and social changes. Following Freudenberger's creation, in the 1980s, Maslach Burnout Inventory (MBI) was developed as a method of measuring the concept of burnout. More specifically, this measure added to the discussion of burnout by targeting human service professionals in emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981). Emotional exhaustion occurs when emotional resources are depleted, and workers feel they are no longer able to give more of themselves at a psychological level. Depersonalization is operationalized as an unfeeling and impersonal response to others. Additionally, personal accomplishment is how satisfied an employee is with their execution of work tasks (Maslach & Jackson, 1981). The above can be accelerated by increased demands, unfit work culture and lack of support (Maslach & Leiter, 2006). Most recently, the MBI measure has been updated to rename these factors as exhaustion, cynicism, and personal efficiency, respectively. For this research, the MBI General Survey (MBI-GS) will be used, but there have been adaptations to MBI to include student use (MBI-S) and educator use (MBI-ES).

H1a: Burnout will have a significant negative association with willingness to take vacation leave.

H1b: Burnout will have a significant negative association with willingness to take sick leave.

H1c: Burnout will have a significant negative association with willingness to take FMLA.

As defined above, burnout is a physical and mental reaction caused by work type, organizational and social factors. Regarding work type, if the tasks one is given to complete are not feasible within the time limit, too challenging, or excessive; this will lead to burnout. When an employee receives tasks that are out of their scope and create stress, burnout can occur due to emotional exhaustion (Shepherd et al., 2010). This can be done in a variety of ways such as an influx of smaller tasks with unrealistic deadlines or amounts of work outside of the skill set of the employee. Additionally, the work environment and culture in the organization can lead to burnout. For example, within every organization, there are written and unwritten rules. Due to the unregulated nature of unwritten rules, high reaching definitions of success such as staying overtime until a project is done and working on weekends can contribute to consequences such as stress, fatigue, and lowered self-esteem (Salvagioni et al., 2017). These side effects are innate within an employee experiencing burnout. Lastly, work influences one's life outside of work and one's interactions at work. Employer relations (as seen by HPL) are very impactful on the employee's motivation, perception of effort and satisfaction within the organization. For burnout to be decreased, one needs to have positive relations with co-workers and employers (Jimenez et al., 2017).

Job-Demands Resource Model (JD-R)

Comparatively, Job-Demands Resources Model (JD-R) is a model of burnout. According to Demerouti and colleagues (2001) and Alarcon (2001), this model mentions the job demands (operationalized here in many ways such as deadlines, workload, and shiftwork) and resources (the physical or metaphorical benefits to the employee) for the causes of burnout. Within these two concepts, there is an imbalance present when employees do not have accessible solutions to demands, creating burnout. More specifically, with too many jobs demands and a lack of resources--fatigue, dissociation, and a lack of motivation occurs (Demerouti et al., 2001; Downes et al., 2021). The methods and nature of work can innately decrease or increase burnout within employees. Employers and the nature of one's work can contribute to burnout willingly or unwillingly.

The Job-Demands Resource Model emphasizes the importance of accessible resources for all to combat the fatigue that follows feelings of overstimulation and an imbalance of tasks for the ill-equipped employee. Resources act as preventive and protective factors, serving as a buffer for the adverse effects of this imbalance (Lopez-Martin & Topa, 2019). Having knowledge of this model will assist in counteracting undesirable effects and increasing desired effects. The above interplay provides a framework in which one can foster a balance and cope with challenges as a working professional.

Burnout is a negative state for any individual to embody. While experiencing burnout, one typically has physical and mental consequences. Physical health issues include insomnia, a weakened immune system, and cardiovascular illnesses. Mental health challenges include depression, anxiety, and chronic stress (Armon et al., 2008; Bronkhorst et al., 2015). These conditions typically are developed or accelerated by burnout. For

example, an individual with chronic anxiety that displays burnout will have significantly higher anxiety with burnout compared to without burnout (Golonka et al., 2018).

Overall, these consequences are impacting organizations and employees alike. When employees are experiencing burnout and are unable to function at their normal level of performance, decreased success is predicted for the company. In the same sense, employees experiencing burnout feel unable to function at this normal level at work, creating an unsatisfactory view of the work tasks and the organization (Leitao et al., 2021).

Employees' Willingness to Take Leave

Many employees find work unnecessarily stressful or exhausting. According to a study conducted by the National Institute for Occupational Safety & Health (NIOSH), approximately 40% of employees find their daily work stressful (Fritz et al., 2013). However, the notion of taking time off work is not on many employees' minds. Many feel an obligation to fulfill tasks no matter the negative consequences. To measure employees' willingness to take leave, the Employee Willingness to Take Leave Scale (WTTLS) was developed by Akers in 2018. This scale measures an employees' inclination to take advantage of leave.

Employer leave is traditionally offered through vacation leave, The Family and Medical Leave Act (FMLA) and sick leave. While companies vary in their guidelines regarding these benefits, employers typically include some type of leave for their employees. However, the only legally required leave is the FMLA (US Department of Labor, 2023). All terms of leave are agreed upon before an employee's first start date but can be changed throughout an employee's time with the organization. While searching for a job,

employees have a chance to weigh their options and employers compete in hopes of attracting the best talent (Siyal & Garavan, 2020).

To date, not much research has explored the antecedents of willingness to take leave within employees. More specifically, these causes remained relatively underexplored in the workplace. Exploring this topic further will be of importance and significance within the proposed research. Thus, this present research chooses to identify and reason why employees take leave or choose not to take leave.

Created in 1993, the FMLA allows qualified employees of covered employers to unpaid, job-protected leaves of absence for qualifying personal and/or health reasons, with the right to continue their group health insurance coverage under the same terms and circumstances as if they had not taken the leave (US Department of Labor, 2023). Approximately 15% of employees enrolled in FMLA. However, few employees take advantage of this act due to the unpaid nature. Typically, FMLA leave is in place from 12 to 26 weeks depending on the reasoning why an employee needs to take leave. Organizations can also have input if this leave extends the minimum set by the US Department of Labor. Regardless, in an average household leave without pay cannot be sustained long term (Mayer, 2013).

Sick leave is the most typical form of voluntary benefits from an organization; however, this type of leave varies in its definition. In general, sick leave is defined as the absence from work permitted because of illness (US Department of Labor, 2023). Some organizations offer this leave as any medical appointment for the employee or immediate family. Some organizations enlist a stricter definition, offering the leave only to the individual employee and only if they have a documented sickness. Following the

aforementioned pattern, employees have taken less and less sick leave each year, especially if it is unpaid. Traditionally, salary-based employees receive paid sick leave whereas hourly based employees receive unpaid sick leave (The Bureau of Labor Statistics, 2023).

Many businesses in the U.S. provide workers with paid or non-paid vacation leave. The average number of vacation days offered within the US is 10, across all organizations (The Bureau of Labor Statistics, 2023). Vacation leave involves taking time away in a different location to relax and recharge. Despite this, many employees do not take a vacation (Fakih, 2014). This type of leave is typically decided by hours worked or days accumulated at the organization. Therefore, hourly part-time employees are limited in their access to vacation leave and salary full-time workers typically have increased access (Altonji & Usui 2007; Kim, 2019).

Employees not taking FMLA type leave often have unnecessary stress and increased symptoms of injury. The stress that results from this can lead to increased anxiety, burnout, and a general decline in quality of life. Employees and employers lack productivity creating presenteeism (Mayer, 2013). A lack of FMLA leave creates wider societal and financial ramifications. Work-life imbalance can infringe on family dynamics and decrease parental roles. Economically, delayed treatment and higher turnover rates result in higher healthcare expenses for both companies and employees (Grestel & McGonagle, 1999; Bartel et al., 2023). An ongoing high-stress workplace culture burdens society and has an adverse effect on general wellbeing.

When employees do not take advantage of leave and employers do not offer leave, there can be consequences for all. Employees not participating in sick leave have few positives. However, employees on average believe that if they do not take sick leave, they

will be rewarded in some compacity at work. Some rewards include job retention and promotions for employees who disengage with sick leave (Kramer & Zilberman, 2009; Markussen, 2012). When employees use sick leave, they can recover from illness, resume full productivity at work, and prevent the spread of illness to their coworkers, which lowers the overall cost of absence for businesses. Without sick leave, these positives are taken away, leading to the opposite effect. Nearly half of all U.S. workers in the private sector (47%) do not receive paid sick time, increasing these negative effects (Lovell, 2004; Davison & Blackburn, 2023). Some of these effects include negative health consequences for employees (such as an inflammation of a present illness), employee contagiousness, decreased productivity, more employee turnover, lost income, presenteeism, poorer child health outcomes, and a greater demand on health care resources (Markussen, 2012).

These consequences are shared by vacation leave as well. Many employees see paid vacation leave as a valuable benefit even if the position has lower income. Many organizations will lose talent if vacation leave is not offered, especially for salary positions. Additionally, if flextime or other benefits are not offered in place of vacation leave, the employee will come to resent their job (Davison & Blackburn, 2023). However, without using this vacation time many employees lose a fraction of their earnings. Many employees stay at work due to demands accompanied by deadlines that can lead to burnout, absenteeism in addition to the shared consequences above (Wisniewski, 1990; Yamamoto, 2011). Employees need to feel valued and appreciated in their work environment or quiet quitting, burnout, and other negative consequences will occur. When taking advantage of vacation leave, employees feel more satisfied, engaged, and motivated at work. These

feelings are often due to a needed break and feeling of relaxation and restorative process amongst the otherwise daily tasks (Yamamoto, 2011).

Health Promoting Leadership

Health promoting leadership (HPL) has been widely studied and labeled as a supportive leadership technique in which a supervisor can influence subordinates (Dunkl et al., 2015). Beginning in the early 1900s, HPL was first thought of in terms of leadership styles. These concepts such as trait theory and behavioral theory dictated what behaviors great leaders should encompass (Khan et al., 2015). Then in the late 20th century came transformational leadership created by James MacGregor Burns, who emphasized the leader's role in inspiring and motivating followers (Burns, 2004). In the early 2000s health psychology and wellness within the workplace came to the forefront of research. This is where HPL was solidified. As a concept, HPL can be implemented as an aid in boosting employee morale, motivation, and satisfaction within organizations. HPL promotes and provides methods to aid in employee benefits, collaboration and inclusivity, and overall preventative measures. Employers can demonstrate HPL by providing rewards for employees such as extra paid time off (PTO), bonuses, and preferred shifts (Spiess & Stadler, 2016). Due to its beneficial approach, in this research, the Health Promoting Leadership Scale (HPLS) will be used to measure the concept of leaders supporting their employees and to what degree this support is displayed (Dunkl et al., 2015).

H2a: Health promoting leadership will have a significant positive association with willingness to take vacation leave.

H2b: Health promoting leadership will have a significant positive association with willingness to take sick leave.

H2c: Health promoting leadership will have a significant positive association with willingness to take FMLA.

Regardless of an employees' responsibility within an organization, employees seek some variation of support and validation from others. Depending on the role an employee is in, this support can differ and come in various levels. However, a lack of support, or HPL within an organization can affect an employee with their daily tasks. The antecedents of this measure can be categorized into three general groups: leadership practices, organizational environment, and employee traits. Antecedents within leadership practices such as employees' disclosure, leaders' HPL skills, and leaders' goal conflict lead to increased employee health if displayed correctly (Pischel et al., 2022). In other words, the more equipped and knowledge a leader is in HPL, the more successfully they can meet their employees' needs. The leader's perspective can also play a role in HPL. If the leader believes in and values HPL, they will be more likely to enact practices that support the health of employees. The leader will naturally be inclined to care more about the health of their employees and thus display efforts to support subordinates (Tjulin et al., 2019).

Moreover, regarding the category of organizational environment, the work atmosphere is especially important in the support of HPL. Employees typically have preference for the nature of their work tasks, equating to different leadership needs. This can be driven by the responsibility of the task, the challenge of the task or the time frame (Turgut et al., 2020). In leadership, giving thought to what environment will be beneficial to the individual will contribute greatly to employee success and overall health. Within the organizational environment proper training, recognition, rewards, and incentives enhance the organizational environment (Kaluza et al., 2020). Lastly, employee traits are another

antecedent of HPL. In the interplay regarding relationships between leaders and employees, employees' interactions with leaders affect HPL. Organizations tuned in to employees' needs and their work style supports HPL and determines either the success or failure of leaders. Therefore, employee traits and catering to the individual's needs aids in HPL (Kaluza et al., 2020).

HPL has a variety of consequences. Implementing HPL practices will lead to positive outcomes such as employee wellness, leadership development, employee satisfaction, and employee engagement. Leaders that value employee growth, empowerment, and communication are frequently those who promote health. If the employees see this translated into the workspace, they are more likely to be engaged. Moreover, job satisfaction increases as a result, which may increase their loyalty to the company. These traits contribute to a positive work environment, allowing everyone in the organization to work successfully (Goetzel et al., 2014). Employees are more productive when they are in good physical and mental health. HPL establishes productivity by implementing practices that promote health. By lowering absenteeism, presenteeism, and turnover, health promoting leaders can establish a work climate that promotes productivity (Aldana & Pronk, 2001; Goetzel et al., 2014).

Pervious research has shown that burnout and HPL have a negative relationship. Meaning, as HPL practices are implemented or when employees rate a higher level of HPL, burnout decreases (Neville & Cole, 2013). As a beneficial measure, HPL can influence organizations' employees' health directly by showing health awareness or indirectly by changing working conditions. Health promoting leadership encompasses leadership practices that reduce burnout in employees by naturally creating an environment where

employees feel valued and motivated at work, leading to lower levels of exhaustion and depersonalization (burnout). In other words, the concept of HPL targets risk factors of burnout such as lack of social support, unclear job expectations, and high workload, overall decreasing burnout (Dunkl et al., 2015).

H3: Health promoting leadership will have a significant negative association with burnout.

HPL plays a moderating role in burnout because of its intermediary role in affecting employee health. This concept modifies the relationship between leadership behaviors and outcomes (Goetzel et al., 2014). Leaders display direct influence on employee health, promoting a supportive organizational climate and culture. In shaping organizational culture and processes, HPL serves as a moderator for workplace health and therefore within the relationship between burnout and WTTL (Kranabetter & Niessen, 2017).

Within the moderating role of HPL regarding WTTL, there is little research due to its relatively recent emergence. As a result, there are gaps in the understanding and knowledge of these two concepts. The proposed research will help close gaps that are present by exploring these two concepts more and seeing if they interact. More specifically, the research will determine if there are any mechanisms within HPL that will enhance or diminish WTTL.

H4a: Health promoting leadership will moderate the relationship between burnout and willingness to take vacation leave, such that, as health promoting leadership increases, the association between burnout and willingness to take vacation leave will weaken.

H4b: Health promoting leadership will moderate the relationship between burnout and willingness to take sick leave, such that, as health promoting leadership increases, the association between burnout and willingness to take sick leave will weaken.

H4c: Health promoting leadership will moderate the relationship between burnout and willingness to take FMLA, such that, as health promoting leadership increases, the association between burnout and willingness to FMLA will weaken.

CHAPTER TWO: METHODS

Participants

In order to collect data and explore the relationships between WTTL, HPL and burnout participants were acquired via an online panel provided by Connect CloudResearch. To qualify to take the survey, participants needed to be 18 years or older and currently working part-time or full-time. The participants were compensated \$2.50 for successful completion of the survey. After completing data collection, the results indicated that 297 participants filled out the survey.

The data was analyzed to determine any careless answering, abnormal data points and missing data. First, the three validity checks embodied within the survey were inspected to delete any participant who failed to answer these questions correctly. These validity checks allowed participants to answer in a promoted response (e.g., "Answer "1-Rarely" for this question."). Eleven participants were found to not pass the validity checks (i.e. not answer the questions correctly) within the burnout matrix. Two participants were found not to pass the validity check within the willingness to take leave matrix, and five participants were found not to pass the validity check within the health promoting leadership matrix. In total, 18 participants were deleted from this data check due to the participants failing to answer the validity checks correctly. Additionally, the careless package (Yentes & Wilhelm, 2023) was utilized to determine any abnormal patterns (with the function: mahad) and participants indicating the same answer consecutively (with the function: longstring). In terms of the abnormal patterns, 21 additional items were deleted from the data set, due to these data being flagged as unusual. Lastly, the longstring function indicated one participant answering the same response 14 times in a row, another

participant answering the same response nine times in a row and two participants answering the same response eight times in a row. Therefore, these four participants were also deleted from the data set. Taken together, all these evaluations lead to a total of 43 participants being deleted from this data set or approximately 14.5% of the data was deemed unusable. After cleaning that data, there were 254 participants remaining.

Following the collection of data, the responses were analyzed once again. The cleaned data included demographics such as age, work hours per week, work from home versus in-person, race, ethnicity, tenure, organization/industry type, commute in minutes per employee, and gender. According to the data, the average age of employees was 38 years old ($SD= 9.55$) with the youngest participant at 20 years old and the eldest participant at 70 years old. Additionally, this data set indicated 142 men (55.91%) and 110 (43.31%) women, $SD= 0.50$, $\bar{x}= 1.44$. There were two individuals who identified as non-binary or third gender. For the purposes of these analyses, these individuals were not used when conducting analyses. For race, 32 (12.60%) individuals identified as African American, 24 (9.45%) participants identified as Asian/Asian American, 186 (73.23%) individuals identified as White/Caucasian, while eight (3.15%) participants identified with two races. These participants were coded as “mixed race” for the sake of analyses. Additionally, five participants (1.97%) decided to write in the race they identified. These responses included South Asian, Latino (two), Native American (this individual also indicated that they were of mixed race and therefore was counted within that category) and Hispanic. With ethnicity, 23 (9.06%) participants identified as of Hispanic origin while 231 (90.94%) believed these descriptors did not match them. Additionally, the lowest hours worked per week was 22 hours for these employees with the highest equaling 65

hours. The average work hours per week was approximately 41.29 hours per week ($SD=4.85$). It is also important to note that two employees worked less than 30 hours per week. These individuals were included in the analyses but traditionally, employees will be offered benefits at a minimum of 30 hours worked per week (US Department of Labor, 2023) and therefore these employees might have not had leave offered to take advantage of. Also, an employee's time at an organization was considered. The lowest tenure for participants was one year while the highest tenure equaled 36 years. The average tenure was 7.71 years with $SD=7.59$. Additionally, participants were asked how often they work in person. The results indicated 48 (18.90%) participants work fully remote, seven (2.76%) participants go into work one day a week, 16 (6.30%) participants go into work two days a week, 49 (19.29%) participants go into work three days a week, with 24 (9.45%) participants going into work four days a week. Lastly, 110 (43.31%) people work in-person for the full traditional work week of five days. The average days a week employees went to work in-person was 4.28 days with the $SD=1.19$.

Organizational type was also noted in this data collection. 76.38% or 194 participants noted that they work for-profit, 20 (7.87%) individuals noted that they work non-profit with 16 (6.30%) participants working within the government. Additionally, 10 (3.94%) individuals indicated they work within healthcare, while 13 (5.12%) participants indicated they worked in education. Lastly, there was a write-in option for this question for individuals who thought their career did not fit the given options. There was one participant who utilized this option, writing in that this individual works in "quality control." Data was also collected regarding commute time. The lowest commute time in minutes was zero (i.e. a remote worker) where the highest was 100 minutes. The average

commute time was 23.42 minutes ($SD = 21.68$). Participants also indicated the industry the person is employed in. This was a write in response with the top three most common answers of IT/technology (39; 15.35%) banking/finance (31; 12.20%), and healthcare (20; 7.87%).

Measures

Maslach Burnout Inventory-- General Survey (MBI-GS)

Maslach originated the Burnout Inventory in 1996 to determine level of burnout, defined here as “a psychological state of emotional exhaustion, depersonalization and a feeling of reduced professional accomplishment that can occur among individuals working with other people in some capacity” (Napoles, 2022, p. 20). According to this survey, participants rank their level of association with key work-related phases on a 7-point Likert scale ranging from Never (0) to Everyday (6). The scale consists of three categories divided into five exhaustion items six professional efficacy items, and five cynicism items. Once correlated, the rankings will relate to an overall burnout rating. Higher scores fall in line with higher levels of burnout, while lower rankings fall in line with lower levels of burnout. The General Survey is a shortened validated version of the original Burnout Inventory created for many occupations. This measure has shown validation across the three categories, and as a general burnout measure (Leiter & Schaufeli, 1996, Napoles, 2022). Similarly, with this sample, acceptable internal consistency was present when tested ($\omega = 0.95$). Therefore, the General Survey will be used in an aggregated manner to test the relationship between other measures and burnout.

Employees' Willingness to Take Leave Scale (WTTLS)

Developed in 2018 Employees' Willingness to Take Leave Scale (WTTLS) collects data on attitudes towards sick leave, vacation leave and leave associated with the Family and Medical Leave Act (FMLA). Statements within each category were created to conclude how individual and organizational support would affect leave. Each of these separate categories has five questions each in which the participant would answer them on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The subscales demonstrated acceptable factor structure and internal consistency in previous research (Akers, 2018). Similarly, with this sample, each of these subfactors displayed internal consistency when tested. Willingness to take leave regarding sick leave was determined to appropriate reliability, ($\omega = 0.85$), as well as willingness to take vacation leave ($\omega = 0.85$). Additionally, willingness to take leave associated with the FMLA determined an acceptable level ($\omega = 0.76$). Higher scores align with higher levels of willingness to take leave and vice versa.

Health-Promoting Leadership Scale (HPLS)

Dunkl and colleagues developed the Health Promoting Leadership Scale (HPLS) in 2015 to recognize factors that can favorably affect employees' working environment, an interaction between the organization and the individual. This scale consists of seven categories, each with three statements that the participants rate 0 (Never) to 6 (Always) depending on their personal workplace experience. These categories include health awareness, low workload, control, reward, community, fairness, and value fit. This measure has been studied displaying internal consistency and validity (Yao et al., 2021). Similarly, with this sample, internal consistency was displayed when tested ($\omega = 0.98$). Higher scores align with higher levels of HPL and vice versa.

Analyses

To analyze burnout, willingness to leave (WTTL) and health promoting leadership (HPL), a quantitative and cross-sectional approach was utilized. To look at the strength of relationship between the variables of interest, correlations were conducted. Then, to look at the relationship between willingness to take leave (e.g., vacation leave, sick leave and FMLA), burnout and HPL hierarchical regressions was conducted. To analyze the association between HPL and burnout, an additional hierarchical regression was conducted. Within these regressions, age, gender and tenure were utilized as control variables. These variables were chosen due to their significance in the possibility of confounding the results. These variables might affect the relationship between the variables of interest. This was found supported in past literature describing these variables as possible covariates for burnout (Abate et al., 2018; Innstrand et al., 2011) and HPL (Turgut et al., 2020). WTTL has had limited research thus far and therefore it was reasonably concluded that WTTL would follow the above pattern. Lastly, an additional exploratory analysis was conducted between remote versus in-person employees (i.e. days worked in-person per week) and WTTL (divided into vacation leave, sick leave, and vacation leave) via a regression.

CHAPTER THREE: RESULTS

Before analyses, outliers and lack of data relevance were deleted from the data set based off VIF (Fox & Weisberg, 2019) and influence (R Core Team, 2022). For influence, the threshold was determined that any value over three standard deviations from the mean was to be considered an outlier. From these analyses there were no outliers deemed from the data set and therefore no additional items were deleted. Moreover, all subsequent models met assumptions check via QQ plots (R Core Team, 2022).

For the initial exploration of the variables of interest, a correlation matrix of the variables was conducted to determine the strength of their associations (Harrell, 2022). Age, gender, and tenure were concluded to have low correlation with the other variables of interest. The remaining variables had strong correlations with no abnormal values.

Additionally, the correlation matrix found support to hypotheses 1a-1c, 2a-2c and 3. More specifically, the correlation displayed a significant negative result between burnout and HPL, $r = -.53, p < .001$. Additionally, the correlation displayed a significant positive result between HPL and all three dimensions of WTTL, $r = .55, p < .001$ (WTT-VL), $r = .50, p < .001$ (WTT-SL), $r = .54, p < .001$ (WTT-FMLA). Moreover, the correlation displayed a significant negative association between burnout and all three dimensions of WTTL, $r = -.42, p < .001$ (WTT-VL), $r = -.35, p < .001$ (WTT-SL), $r = -.35, p < .001$ (WTT-FMLA).

Table 1
Correlation Matrix

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. HPL	4.96	1.30	1.00						
2. BO	3.10	1.25	-.53**	1.00					
3. WTT-VL	3.97	0.90	.55**	-.42**	1.00				

4. WTT-SL	3.68	0.99	.50**	-.35**	.67**	1.00		
5. WTT-FMLA	3.84	0.88	.54**	-.35**	.64**	.67**	1.00	
6. Age	37.96	9.55	-.04	-.11	.11	.01	.04	1.00
7. Tenure	7.71	7.59	-.00	-.14*	.08	-.01	.07	.34**
								1.00

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. * indicates $p < .05$. ** indicates $p < .01$.

To further explore how health promoting leadership and burnout predict willingness to take vacation leave (WTT-VL), while controlling for age, gender and tenure, hierarchical regressions were conducted. Model one (a multiple regression with age, gender, and tenure) displayed a non-significant result of these variables, $F(3, 248) = 1.52$, $R^2 = .02$, $p = .210$, 90% $CI[0.00, 0.04]$. Comparatively, model two (age, gender, tenure, WTT-VL, burnout and HPL) displayed a significant result. More specifically, health promoting leadership and burnout displayed a significant relationship with WTT-VL. When adapting the above model (two) to include the interaction between HPL and burnout, an overall significant result of the model was found, however the interaction was found nonsignificant $F(5, 246) = 24.53$, $R^2 = .34$, $p < .001$, 90% $CI[0.25, 0.40]$. Due to this result, model two will be utilized for analyses. In support of hypothesis 1a, burnout was found to have a negative association with WTT-VL. In support of hypothesis 2a health promoting leadership was found to have a positive association with WTT-VL, $F(5, 246) = 24.53$, $R^2 = .33$, $p < .001$, 90% $CI[0.24, 0.39]$. Model two significantly added the variance in model one, $\Delta R^2 = .32$. More specifically, as burnout increased by one unit, WTT-VL decreased by 0.11 units. This indicates that as an employee feels more burnout, they are less likely to take advantage of vacation leave, controlling for age, gender and tenure. Moreover, as HPL increased by one unit, WTT-VL increased by 0.33 units.

This indicates as an employee perceives more HPL, they are more likely to take advantage of vacation leave, controlling for age, gender and tenure. The above analysis also explored hypothesis 4a, however there was no support found for this moderation.

Table 2

Regression results using WTTL-VL as the criterion

Model	Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	Fit	Difference
1	(Intercept)	3.63**	[3.16, 4.10]	0.24	<.001			<i>R</i> ² = .018 90% CI[.00,.04]	
	Age	0.01	[-0.00, 0.02]	0.01	.155	.01	[-.01, .03]		
	Gender	-0.11	[-0.34, 0.11]	0.11	.329	.00	[-.01, .02]		
	Tenure	0.01	[-0.01, 0.02]	0.01	.492	.00	[-.01, .01]		
2	(Intercept)	2.31**	[1.54, 3.08]	0.39	<.001			<i>R</i> ² = .333** 90% CI[.24,.39]	ΔR^2 = .315** 90% CI[.24, .39]
	Age	0.01	[-0.00, 0.02]	0.01	.068	.01	[-.01, .03]		
	Gender	-0.06	[-0.25, 0.13]	0.10	.532	.00	[-.00, .01]		
	Tenure	0.00	[-0.01, 0.02]	0.01	.651	.00	[-.00, .00]		
	HPL	0.33**	[0.24, 0.41]	0.04	<.001	.16	[.09, .22]		
	BO	-0.11*	[-0.19, -0.02]	0.05	.021	.01	[-.01, .03]		
3	(Intercept)	1.61**	[0.48, 2.73]	0.57	.005			<i>R</i> ² = .340** 90% CI[.25,.40]	ΔR^2 = .008 90% CI[-.01, .02]
	Age	0.01	[-0.00, 0.02]	0.01	.086	.01	[-.01, .02]		
	Gender	-0.06	[-0.25, 0.13]	0.10	.529	.00	[-.00, .01]		
	Tenure	0.00	[-0.01, 0.02]	0.01	.770	.00	[-.00, .00]		
	HPL	0.47**	[0.28, 0.66]	0.10	<.001	.06	[.02, .11]		
	burnout	0.10	[-0.16, 0.36]	0.13	.438	.00	[-.01, .01]		
	HPL:BO	-0.04	[-0.09, 0.01]	0.03	.094	.01	[-.01, .02]		

Note. A significant *b*-weight indicates the semi-partial correlation is also significant. *b* represents unstandardized regression weights. sr^2 represents the semi-partial correlation squared. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

To determine how health promoting leadership and burnout predict willingness to take sick leave (WTT-SL), hierarchical regressions were conducted, controlling for age, gender and tenure. Model one (a multiple regression with age, gender, and tenure) displayed non-significant results, age, gender, and tenure, $F(3, 248) = 0.07$, $R^2 = .00$, $p = .976$, 90% CI[0.00, 1.00]. Moreover, model two (age, gender, tenure, WTT-SL, burnout, and health promoting leadership) displayed a significant model result. However, burnout displayed a non-significant result while health promoting leadership displayed a significant positive relationship with WTT-SL. When adapting the above model (two) to include the interaction between health promoting leadership and burnout, an overall significant result of the model was found, however the interaction was found nonsignificant, $F(6, 245) = 14.54$, $R^2 = .26$, $p < .001$, 90% CI[0.17, 0.32]. Due to this result, model two will be utilized for analyses. In support of hypothesis 2b, health promoting leadership was found to have a positive association with WTT-SL, $F(5, 246) = 16.83$, $R^2 = .26$, $p < .001$, 90% CI[0.17, 0.31]. Model two significantly added the variance in model one, $\Delta R^2 = .25$. Moreover, as HPL increased by one unit, WTT-SL increased by 0.33 units. This indicates that as an employee perceives more health promoting leadership, they are more likely to take advantage of sick leave, controlling for age, gender and tenure. The above analysis also explored hypothesis 4b, however there was no support found for this moderation. Additionally, the above analysis explored burnout and WTT-SL as noted in hypothesis 1b and found no support for this association.

Table 3
Regression results using WTTL-SL as the criterion

Model	Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>P</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	Fit	Difference
1	(Intercept)	3.66**	[3.14, 4.17]	0.26	<.001				
	Age	0.00	[-0.01, 0.02]	0.01	.837	.00	[-.00, .00]		
	Gender	-0.05	[-0.30, 0.20]	0.13	.688	.00	[-.00, .01]		
	Tenure	-0.00	[-0.02, 0.02]	0.01	.852	.00	[-.00, .00]		
								$R^2 = .001$ 90% CI[.00,1.00]	
2	(Intercept)	2.28**	[1.39, 3.16]	0.45	<.001				
	Age	0.00	[-0.01, 0.01]	0.01	.713	.00	[-.00, .00]		
	Gender	-0.00	[-0.22, 0.22]	0.11	.984	.00	[-.00, .00]		
	Tenure	-0.00	[-0.02, 0.01]	0.01	.616	.00	[-.00, .01]		
	HPL	0.33**	[0.23, 0.43]	0.05	<.001	.13	[.07, .19]		
	BO	-0.09	[-0.19, 0.01]	0.05	.085	.01	[-.01, .03]	$R^2 = .255^{**}$ 90% CI[.17,.31]	$\Delta R^2 = .254^{**}$ 90% CI[.18, .33]
3	(Intercept)	1.50*	[0.19, 2.80]	0.66	.025				
	Age	0.00	[-0.01, 0.01]	0.01	.793	.00	[-.00, .00]		
	Gender	-0.00	[-0.22, 0.21]	0.11	.983	.00	[-.00, .00]		
	Tenure	-0.01	[-0.02, 0.01]	0.01	.513	.00	[-.01, .01]		
	HPL	0.49**	[0.27, 0.71]	0.11	<.001	.06	[.02, .10]		
	BO	0.14	[-0.16, 0.44]	0.15	.365	.00	[-.01, .01]		
	HPL:BO	-0.05	[-0.11, 0.01]	0.03	.110	.01	[-.01, .02]	$R^2 = .263^{**}$ 90% CI[.17,.32]	$\Delta R^2 = .008$ 90% CI[-.01, .02]

Note. A significant *b*-weight indicates the semi-partial correlation is also significant. *b* represents unstandardized regression weights. *sr*² represents the semi-partial correlation squared. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively. * indicates $p < .05$. ** indicates $p < .01$.

To determine how health promoting leadership and burnout predict willingness to take FMLA (WTT-FMLA), hierarchical regressions were conducted. Model one (a multiple regression with age, gender, and tenure) displayed non-significant results, $F(3, 248) = 0.49, R^2 = .01, p = .689, 90\% CI [0.00, 0.02]$. Moreover, model two (age, gender, tenure, WTT- FMLA, burnout and health promoting leadership) displayed a significant model result. However, burnout displayed a non-significant result while health promoting leadership displayed a significant relationship with WTT- FMLA. When adapting the above model (two) to include the interaction between health promoting leadership and burnout, an overall significant result of the model was found however the interaction was found nonsignificant, $F(6, 245) = 18.07, R^2 = .31, p < .001, 90\% CI [0.22, 0.36]$. Due to this result, model two will be utilized for analyses. In support of hypothesis 2c, health promoting leadership was found to have a positive association with WTT-FMLA, $F(5, 246) = 21.15, R^2 = .30, p < .001, 90\% CI [0.21, 0.36]$. Model two significantly added the variance in model one, $\Delta R^2 = .30$. Moreover, as HPL increased by one unit, WTT-FMLA increased by 0.34 units. This indicates that as an employee perceives more health promoting leadership, they are more likely to take advantage of FMLA, controlling for age, gender and tenure. The above analysis also explored hypothesis 4c, however there was no support found for this moderation. Additionally, the above analysis explored burnout and WTT-FMLA as noted in hypothesis 1c and found no support for this association.

Table 4
Regression results using WTT-FMLA as the criterion

Model	Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	Fit	Difference
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1	(Intercept)	3.68**	[3.22, 4.14]	0.23	<.001			$R^2 = .006$ 90% CI[.00,.02]	
	Age	0.00	[-0.01, 0.01]	0.01	.718	.00	[-.00, .01]		
	Gender	0.01	[-0.21, 0.23]	0.11	.950	.00	[-.00, .00]		
	Tenure	0.01	[-0.01, 0.02]	0.01	.335	.00	[-.01, .02]		
2	(Intercept)	2.13**	[1.36, 2.90]	0.39	<.001			$R^2 = .301^{**}$ 90% CI[.21,.36]	$\Delta R^2 = .295^{**}$ 90% CI[.22, .37]
	Age	0.00	[-0.01, 0.01]	0.01	.509	.00	[-.00, .01]		
	Gender	0.05	[-0.14, 0.23]	0.10	.623	.00	[-.00, .01]		
	Tenure	0.01	[-0.01, 0.02]	0.01	.367	.00	[-.01, .01]		
	HPL	0.34**	[0.25, 0.42]	0.04	<.001	.18	[.11, .24]		
	BO	-0.05	[-0.14, 0.04]	0.05	.237	.00	[-.01, .01]		
3	(Intercept)	1.51**	[0.39, 2.64]	0.57	.001			$R^2 = .307^{**}$ 90% CI[.22,.36]	$\Delta R^2 = .006$ 90% CI[-.01, .02]
	Age	0.00	[-0.01, 0.01]	0.01	.573	.00	[-.00, .01]		
	Gender	0.05	[-0.14, 0.23]	0.09	.623	.00	[-.00, .01]		
	Tenure	0.01	[-0.01, 0.02]	0.01	.448	.00	[-.01, .01]		
	HPL	0.47**	[0.27, 0.66]	0.10	<.001	.06	[.02, .11]		
	BO	0.13	[-0.13, 0.39]	0.13	.332	.00	[-.01, .01]		
	HPL:BO	-0.04	[-0.09, 0.01]	0.03	.142	.01	[-.01, .02]		

Note. A significant *b*-weight indicates the semi-partial correlation is also significant. *b* represents unstandardized regression weights. *sr*² represents the semi-partial correlation squared. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

To determine the association between health promoting leadership and burnout, a hierarchical regression was conducted. Model one (a multiple regression with age, gender, and tenure) displayed non-significant results, $F(3, 248) = 3.00$,

$R^2 = .04$, $p = .031$, 90% CI[0.00,0.07]. Moreover, model two (age, gender, tenure, burnout, and health promoting leadership) displayed a significant model result. Health promoting leadership displayed a significant result in relation with burnout, $F(4, 247) = 89.23$, $R^2 = .32$, $p < .001$, 90% CI[0.23,0.38]. Model two significantly added the variance in model one, $\Delta R^2 = .29$. This significant result indicates higher ratings of health promoting leadership have lower levels of burnout (controlling for age, gender and tenure) indicating a negative association. Moreover, as HPL increased by one unit, burnout decreased by 0.51 units. The above analysis indicates that hypothesis 3 was supported.

Table 5
Regression results using burnout as the criterion

Model	Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	Fit	Difference
1	(Intercept)	3.52**	[2.88, 4.17]	0.33	<.001				
	Age	-0.01	[-0.03, 0.01]	0.01	.232	.01	[-.01, .02]		
	Gender	0.26	[-0.05, 0.57]	0.16	.103	.01	[-.01, .03]		
	Tenure	-0.02	[-0.04, 0.00]	0.01	.104	.01	[-.01, .03]		
								$R^2 = .035^*$ 90% CI[.00,.07]	
2	(Intercept)	6.19**	[5.44, 6.94]	0.38	<.001				
	Age	-0.01	[-0.03, 0.00]	0.01	.074	.01	[-.01, .02]		
	Gender	0.22	[-0.04, 0.48]	0.13	.101	.01	[-.01, .02]		
	Tenure	-0.02	[-0.04, 0.00]	0.01	.067	.01	[-.01, .03]		
	HPL	-0.51**	[-0.61, -0.41]	0.05	<.001	.28	[.21, .36]	$R^2 = .319^{**}$ 90% CI[.23,.38]	$\Delta R^2 = .285^{**}$ 90% CI[.21, .36]

Note. A significant *b*-weight indicates the semi-partial correlation is also significant. *b* represents unstandardized regression weights. *sr*² represents the

semi-partial correlation squared. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

Additionally, exploratory analyses of variable of WTTTL (i.e. willingness to take vacation leave, willingness to take sick leave and willingness to take FMLA) and remote versus in-person work (operationalized in days the employee works in person ranging from zero days in person (i.e. an remote employee) to five days in person (i.e. work is conducted fully in person) were conducted to observe if any differences between these concepts would add to the discussion of the above conclusions. Regressions (R Core Team, 2022) were conducted to visualize these relationships. All subsequent models met assumptions check via QQ plots (R Core Team, 2022).

A regression was conducted between WTT-VL and days an employee works in person. The regression produced non-significant results, $F(1, 252) = 0.07$, $R^2 = .00$, $p = .796$, 90% CI[-0.07, 0.05]. Indicating that there is no relationship between method of working (i.e. remote versus in-person) and taking advantage of vacation leave (i.e. WTT-VL). Additionally, a regression was conducted between WTT-SL and days an employee works in person. The regression produced non-significant results, $F(1, 252) = 0.03$, $R^2 = .00$, $p = .855$, 90% CI[-0.06, 0.07]. Indicating that there is no relationship between method of working (i.e. remote versus in-person) and taking advantage of sick leave (i.e. WTT-SL). Lastly, a regression was conducted between willingness to take FMLA and days an employee works in person. The regression produced non-significant results, $F(1, 252) = 0.38$, $R^2 = .00$, $p = .540$, 90% CI[-0.08, 0.40]. Indicating that there is no relationship between method of working and taking advantage of FMLA.

Table 6*Regression results using WTT-VL as the criterion*

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	4.00**	[3.73, 4.27]						
Days worked in person	-0.01	[-0.07, 0.05]	-0.01	.796	.00	[.00, .01]	-.02	
								<i>R</i> ² = .000 90% CI[.00,.01]

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr*² represents the semi-partial correlation squared. *r* represents the zero-order correlation. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

Table 7*Regression results using WTT-SL as the criterion*

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	3.65**	[3.35, 3.95]						
Days worked in person	0.01	[-0.06, 0.07]	0.01	.855	.00	[.00, .01]	.01	
								<i>R</i> ² = .000 90% CI[.00,.01]

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr*² represents the semi-partial correlation squared. *r* represents the zero-order correlation. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

Table 8*Regression results using WTT-FMLA as the criterion*

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>SE</i>	<i>p</i>	<i>sr</i> ²	<i>sr</i> ² 90% CI [LL, UL]	<i>r</i>	Fit
(Intercept)	3.91**	[3.65, 4.18]						
Days worked in person	-0.02	[-0.08, 0.04]	-0.02	.540	.00	[.00, .02]	-.04	
								$R^2 = .001$
								90% CI[.00,.02]

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr*² represents the semi-partial correlation squared. *r* represents the zero-order correlation. *LL* and *UL* indicate the lower and upper limits of a confidence interval, respectively.

* indicates $p < .05$. ** indicates $p < .01$.

CHAPTER FOUR: DISCUSSION

Overall in regard to the hierarchical regressions, hypotheses, 1a, 2a, 2b, 2c and 3 were supported controlling for age, gender and tenure. Moreover, in regard to the correlation matrix hypotheses 1a, 1b, 1c, 2a, 2b, 2c and 3 were supported. Hypotheses 1b, 1c, 4a, 4b, 4c were not supported via the hierarchical regressions.

Exploratory analyses between WTTL and method of working produced non-significant results. Therefore, these additional analyses did not add to the above hypotheses. However, these results between WTTL and method of working are important to note as unnecessary decision factors as to why an employee would not take advantage of leave. In other words, due to the small effect sizes, taking advantage of leave was similar across different types of workers (remote versus in-person) and therefore work type may not have much impact into the decision making process for taking leave or not.

Given these analyses, it is reasonable to conclude that burnout is negatively associated with WTTL but this relationship is diminished when accounting for gender, age and tenure (resulting in a non-significant relationship with WTT-SL and WTT-FMLA). Additionally, overall health promoting leadership plays an instrumental role in willingness to take leave as health promoting leadership displayed a significant positive association with sick leave, vacation leave and FMLA. This supports past literature in which health promoting leadership is seen as a positive implementation at work, driving beneficial outcomes such as increased productivity, employee satisfaction, and employee wellbeing (Yao & Wildy, 2021). Due to the lack of significant interactions with burnout and willingness to take leave, it can be reasonably concluded that burnout does not have a significant impact on an employee's decision to take leave. It is interesting to note that

when controlling for age, gender and tenure, burnout had a significant association with vacation leave (a type of leave that would be commonly used out of needed relaxation) while there was a nonsignificant association with FMLA and sick leave (a type of leave commonly used out of necessity). The results could be reasoned due to one subcategory of burnout—exhaustion. Employees may be too tired, fatigued and therefore create distance between oneself and one's job (Maslach & Leiter, 2016). Future research on this topic would be beneficial to make an overall conclusion. Lastly, exploring the interactions of HPL and burnout, all the moderation analyses produced non-significant results, however HPL and burnout produced a significant result. Therefore, implementing HPL did not impact the association between burnout and WTTL, but may be instrumental in influencing burnout. This may be because burnout was not supported in association with willingness to take sick leave or FMLA. It may also be due to environmental factors or work culture. To justify this conclusion, it might be beneficial to seek qualitative responses to better understand the conditions of the individual at work.

Implications

The above findings of HPL adds to the discussion of implementing correct leadership styles to get the desired influence on followers. Due to HPL displaying a significant negative association with burnout, one can conclude in general that HPL diminishes burnout, and the overall effects burnout displays in employees. However, due to the non-significant result in moderating burnout and the relationship with WTT-SL and WTT-FMLA, HPL needs to be implemented strategically within organizations. In other words, the mechanism for how HPL can support or hinder employee's behavior towards benefits (i.e. sick leave and FMLA) is unknown. Therefore, HPL can be concluded to serve as

an overall support and can be relied on for a general advantage, but additional tools need to be utilized by managers in order to get desired encouragement on taking leave.

Organizational leaders would thus be assumingly more successful in implementing HPL to support employees with a reflective component in mind. Therefore, allowing HPL to be more driven towards the individual and manipulations of this practice can be done to have the highest positive effect as possible.

Within the above relationships burnout is also an important conclusion to explore for organizations. HPL helped diminish burnout in employees, however it is still prevalent under the job-demands framework used for these analyses. Therefore, it is reasonable to conclude that in using HPL can support wellbeing within employees, but managers should display HPL in addition to other beneficial implementations. Such practices can include weekly-check ins and transparent communication to support the natural benefits of HPL. Doing so will allow for a well-rounded approach to employees.

Limitations

Limitations can occur from the aggregation within the data. Due to the scale differences, context and abnormal data can be lost, Similarly, there could be bias in the results due to various job types and differing working conditions. With moderation, a greater sample size could indicate a higher level of significance and validation within the results. Additionally, due to the majority of the sample identifying as white, a more diverse sample would be useful to have more insightful conclusions. Additionally, this study design was cross sectional with self-reporting surveys. This can lead to bias and a lack of proper cause and effect conclusions. To resolve these issues, longitudinal studies can be implemented and replication of the surveys can be done. Moreover, further research can be

completed to further add to the significance of the data. Also, in many of the analyses, the overall model was significant, but the variables of interest were not. Therefore, it might be beneficial to look at the variables individually or perform additional tests to account for multicollinearity or other issues. More specifically, the measure HPL had seven dimensions. One could argue that if separated certain dimensions such as low workload and health awareness, the relationship of HPL as a moderator could alter. Due to the looking at all dimensions as one, this was not a possible conclusion given the current instructions of the measure. In total, replication and additional participants could help solve the above limitations. Additionally, due to two out of the three hypotheses between burnout and willingness to take leave being not supported with hierarchical regressions, future research should explore leave and burnout. Context, environmental factors and one's position at work are all reasonable factors that could impact why burnout does not affect all versions of leave. Lastly, this research has a high impact on society. For example, the results from these analyses can be used to implement into organizations and assist in creating training materials. However, to do so, it is important to observe the context of this data and results to form proper conclusions.

Future Directions

The significant findings in regards to the association between HPL and burnout, and willingness to take sick, vacation and FMLA were instrumental in furthering knowledge surrounding the influence of leadership styles and a manager's effect on employees. Further exploratory studies could be conducted touching on modern employees (given the newfound landscape following the regulations of the COVID-19 pandemic). Moreover, the demands of one at work could be explored more in depth in order to further operationalize

this concept. Additionally, other factors could be analyzed to find support or hinderance between HPL and WTTL. Of note, organizational culture, individual differences, and flextime/teleworking can be looked at to explore the potential altercation of this relationship.

Additionally, the insignificant findings with burnout and WTT-SL and WTT-FMLA via the hierarchical regressions could be furthered explored. Due to the significant findings with burnout and WTT-VL, it would be beneficial to look at variables that play into an employee taking advantage of leave and drawing conclusions to why vacation leave is thought of differently. Further analyses could then support a significant result or further the understanding of why this relationship is mostly non-significant. Additionally, HPL was found to not affect the relationship between burnout and WTT-SL, WTT-VL and WTT-FMLA. Again, looking at what variables affect HPL and WTT-SL, WTT-VL and WTT-FMLA could help explain this relationship and see if another concept was introduced, how this relationship would change. Such concepts that could possibly help or hinder include psychological safety, social encouragement, and organizational norms.

Overall, the conclusions found here are foundational in seeing additional perspectives of these concepts in association with different workplace aspects. In researching further, one should take note of the above findings and analyze additional factors that would add to the discussion.

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Appendix A- IRB Approval Letter



EAST CAROLINA UNIVERSITY
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Notification of Exempt Certification

From: Social/Behavioral IRB
To: [Mark Bowler](#)
CC:
Date: 11/20/2023
Re: [UMCIRB 23-002166](#)
Health Promoting Leadership and Burnout

I am pleased to inform you that your research submission has been certified as exempt on 11/17/2023. This study is eligible for Exempt Certification under category # 2A.

It is your responsibility to ensure that this research is conducted in the manner reported in your application and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

Document	Description
Burnout Consent Form.docx(0.01)	Consent Forms
Burnout Debriefing.docx(0.01)	Additional Items
Burnout Listing.docx(0.01)	Recruitment Documents/Scripts
Burnout Measures.docx(0.01)	Surveys and Questionnaires
Validity Check.docx(0.01)	Additional Items

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

