

# Leaders' strategies for dealing with own and their subordinates' stress in public human service organisations

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Accepted 19 October 2007

## Abstract

Despite the acknowledged key role of leaders for psychosocial work environment, few studies focus on *how* leaders can decrease work-related stress. To gain deeper knowledge of leaders' perceptions and strategies for dealing with their own and their subordinates' stress in public human service organisations (HSO), qualitative interviews were made with leaders from hospitals and regional social insurance offices ( $n = 21$ ), and analysed in line with grounded theory method. The leaders handled subordinates' stress and perceived leadership demands by *acting as shock absorber* (core category) and used strategies characterised as *leading in continuous change whilst maintaining trustworthiness*. To cope with their own stress from perceived leadership demands, they tried to *sustain their own integrity* (core category) by either *identifying* with or *distancing* themselves from the leader role. The strategies for dealing with leaders' own and subordinates' exposures to stressors was pervaded by perceived leadership demands and are probably influencing each other. Supportive structures and improved communication about everyday dilemmas seem to be needed in order, not just to prevent stress reactions, but to improve the basic conditions for practicing leadership in HSO.

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**Keywords:** Coping behaviour; Social support; Role ambiguity

## 1. Introduction

The psychosocial work environment and the negative trend in occupational stress constitute significant challenges, especially in the human service organisations (HSOs) of today (Härenstam and MOA Research group, 2005). Despite the acknowledged key role of leaders in psychosocial work environment (Stordeur et al., 2001; Corrigan et al., 2002; Bass et al., 2003), only a limited number of studies focus on *how* leaders can decrease work-related stress among subordinates (Nyberg et al., 2005) and among themselves.

### 1.1. The importance of leadership on subordinates' health in HSO

The importance of leadership on subordinates' health has been highlighted in several studies. Support from the organisation and leaders, and how leadership is practised, e.g. in dealing with conflicts, providing support and availability, has been connected to work-related health among subordinates in HSOs (Bourbonnais et al., 2006; Lagerström et al., 1998; Dellve et al., 2003; Eriksen, et al., 2003). In a combined qualitative and quantitative study, HSO leaders' awareness and attitudes related to responsibility for workplace health influenced the type of health-promoting strategies that they used and their effect on employees' health (Dellve et al., 2007). Theorell et al. (2001) showed that an intervention in the form of a psychosocial training programme for HSO leaders decreased stress indicators among subordinates. Van Diernendonck et al. (2004) explored the relationship

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between leadership behaviour and subordinates well-being and found that the link between the two was best described by a feedback loop.

### 1.2. Leadership challenges in HSO

Although leaders represent a group who have high decision latitude, they are also subjected to high psychosocial demands, i.e. an “active” job (Karasek and Theorell, 1990). However, in HSOs the basic conditions for practising leadership may be complex (Pousette, 2001; Härenstam and MOA Research group, 2005). This can lead to extra strain, particularly in client-oriented organisations, through conflicting demands and interests (Maslach et al., 2001; Pousette, 2001). Further, the leader role has sometimes been experienced as weak and indistinct in politically governed organisations (Vingård, 2002). The relation between the ability versus responsibility to influence can be unclear (Suominen et al., 2005). Lack of clarity of leader role, responsibility and decision latitude within politically ruled HSOs may create special demands that influence leaders’ strategies and perceived opportunities.

### 1.3. HSO leaders’ own stress

Few empirical studies have focused on the HSO leaders’ own stress. According to Rodman and Bell (2002), health-care leaders may operate within a culture of acceptance and expectation of work stress. Their stress was qualitatively related to overload, interruption, responsibility and relationships. Bernin et al. (2001) showed a relation between psychological strain as well as corporate culture and stress response among leaders. Lower levels of stress indicators, among male leaders, correlated to their perceived psychosocial support. Increased levels of biological indicators of stress were seen among leaders who experienced their work environment as bureaucratic, and experienced hard organisational climate, hassles at work and a hard managerial role (Bernin et al., 2001). However, little is known about the kind of coping strategies leaders themselves use in order to handle their own and their subordinates’ psychosocial work environment in a beneficial manner.

It is important to gain a deeper understanding of the leadership conditions that may support or hinder leaders’ opportunities to influence and improve their own and their subordinates’ psychosocial work environment. The aim of this study was to gain a deeper knowledge of leader’s own perceptions and strategies for dealing with their own and their subordinates’ stress in HSOs.

## 2. Method

A qualitative approach and a systematic explorative method (grounded theory) were used to identify central processes as perceived by individual leaders. These processes could emerge on either individual-,

group-, organisational-, structural- or/and societal levels (Charmaz, 2000; Dellve et al., 2002). The HSOs studied were regional social insurance offices and hospitals in the western region of Sweden. Qualitative interviews were made with leaders regarding experienced ability to influence and improve their own and their subordinates’ psychosocial work environment.

### 2.1. Studied organisations, group, setting and sampling procedures

A strategic sampling of leaders was used to reflect various conditions related to leaders dealing with the psychosocial work environment. The selection of leaders covered the following range of variations: organisation, hierarchical level (operative- and middle-level), age and gender (Table 1), also geographic (i.e. provincial—metropolitan) area.

### 2.2. Data collection

Qualitative interviews were made with 21 respondents. Qualitative open questions were used in order to let the respondent describe with own words the process and strategies for dealing with own and subordinates’ stress. We used the term “stress” as an assembling term for stressors and stress reactions. However, to gather as rich data as possible, the interviewer followed the respondent’s conception of the term. When coding the data, it appeared that what was seen as a stressor for some, could be a (coping) strategy for another.

Each interview lasted about an hour and covered the following areas.

- The respondent’s own opinion on the causes of stress: stress in general, their own stress, the subordinates’ stress (and the perceived relationships between these areas).

Table 1  
Characteristics of the study group

	Hospital leaders	Social insurance office leaders
Hierarchical level		
Operative	7	6
Middle	4	4
Gender		
Female	6	5
Male	5	5
Age (years)		
27–40		3
41–52	5	3
53–65	6	4
Total (n)	11	10

- The respondent's opinion on his/her own opportunities for dealing with and influencing the psychosocial environment.
- Strategies and approaches that can hinder or promote the ability to influence the psychosocial work environment.

The same researcher within the research group made all the interviews. They were taped and transcribed, 11 of them verbatim, the rest based on preliminary categories, until theoretical saturation of concept was achieved (Charmaz, 2000).

### 2.3. Analysis of data

The raw data were collected stepwise, simultaneously coded and analysed in line with grounded theory method (Glaser and Strauss, 1967; Charmaz, 2000). The analysis in grounded theory studies comprises a rigid and systematic process of coding and comparison of raw data, as well as the parallel use of theoretical memos and ideas (Charmaz, 2000, 2006). The first step in coding aimed at transforming and conceptualising raw data into theoretical constructs. In other words, the researcher identified and labelled the substance in the raw data, compared data and codes constantly to identify differences and similarities and sorted codes with the same content into categories. Each category was then further developed and related to its subcategories, dimensions or properties. The last coding step aimed at integrating and refining categories to form a dense and saturated theory. For example, in the first step in coding (i.e. in vivo coding, Charmaz, 2006) the preliminary category “being involved in a lot” emerged, primary as a stressor. When comparing data, identifying similarities and differences, this preliminary category evolved into the categories “leading in continuous change” and “leading whilst maintaining trustworthiness”. In the last theoretical coding step, the core category “Acting as a shock absorber” integrated the subcategories and dimensions.

In order to meet criteria for scientific rigour in qualitative research (credibility, dependability, conformability and transferability) (Lincoln and Guba, 1985), the preliminary codes and aspects of validity in this study were discussed within the research group in every step of the analysis. Seminars were held eight times to enable in-depth discussion and reflection on validity of codes, categories and relations between them. The preliminary results were also communicated to and confirmed by the leaders involved, and by other groups of leaders in HSOs. The constant comparison method was used to strengthen reliability and adequacy of evidence. This was believed to be the case when similar relationships between phenomena frequently emerged from the data. Also, similar findings of other researchers can validate and extend our findings. The core category describes the basic social process that is centrally related to all other categories. Theoretical memos were systematically used to link, and verify, analytical

interpretations with the empirical data. The result is a theoretical model (a substantive theory) of individuals' perspectives in a bounded context.

## 3. Results

### 3.1. Story line

The leaders attempted to handle stress at the workplace by *acting as shock absorbers* (core category). Perceived leadership demands served as basic stressors. Being a leader in public HSOs, in our time, was characterised as *leading in continuous change*, i.e. structuring tasks and stabilising the staffing situation. And, *leading whilst maintaining trust*, i.e. strengthening their position, communicating and filtering problems, supporting and encouraging subordinates (Fig. 1). In order to reduce stress reactions among subordinates and handle perceived leadership demands to maintain their role as leaders, they used these strategies to balance demands and maintain trust from both higher and lower levels of the organisation.

Their own work-related stress was related to perceived leadership demands and raised feelings of loneliness, insufficiency and frustration. These feelings were reactions to poor support, limited decision latitude and ethical dilemmas. To manage their own stress, they tried to *sustain their own integrity* (core category). This was characterised

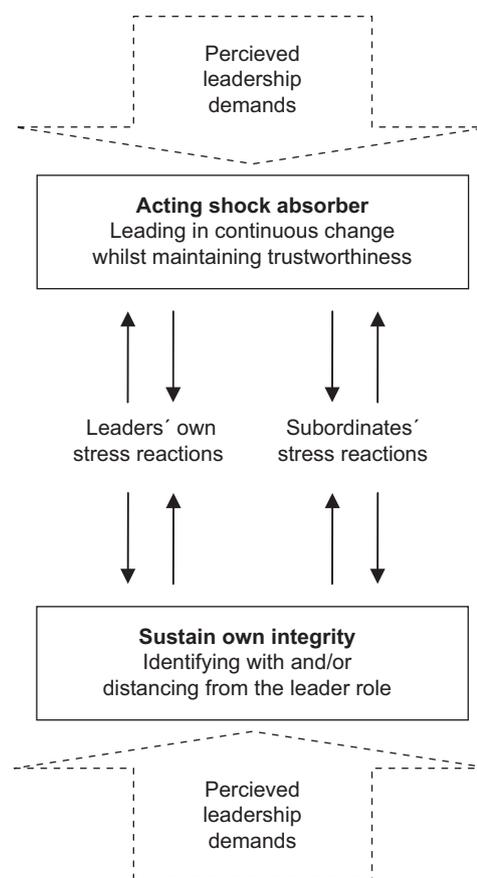


Fig. 1. Acting as shock absorber and sustain own integrity.

as either *identifying* with or *distancing* themselves from the leader role.

### 3.2. Handling workplace stress: acting as shock absorber

Through strategies aimed to balance demands and maintain trust, both from higher and lower levels in the organisation, leaders used themselves as stabilising factors by *acting as shock absorbers*. This was characterised as *leading in continuous change* and *leading whilst maintaining trustworthiness*. At the same time, some of the strategies could generate strain for the individual leader. To be a successful and trustworthy leader, one should keep within the budget, meet expected production levels and maintain a stable staffing situation. The respondents felt they had to deal with these assignments, and the strain it could generate, alone, with lack of support and trust.

R: I must keep within the budget and we shall produce a certain amount and fulfil the expectations and it's my duty that we do so, in the best ways with available resources. At that time, one can feel alone.

#### 3.2.1. Leading in continuous change

According to the leaders, new events and circumstances seemed to arise unexpectedly, and were often outside their control. The interpretation of directives from the political leadership was that the tasks should be performed at the same level of quantity and quality, but with fewer resources. General changes in society, e.g. regarding social reforms and increased access to information, also contributed to the experienced unstable situation. This instability led to demands on capability to lead in conditions of continuous organisational and social change. The leaders' coping strategies for meeting and reducing negative effects of the continuous change were to *structure work* (i.e. increase efficiency and reduce stress) and *stabilise the staffing situation* (i.e. reduce turnover and ensure sufficient competence).

To structure their own work and increase efficiency, a strict agenda was prioritised, sometimes at the sacrifice of their regular working time. Another more or less explicit coping strategy was to ignore some tasks and "hope for the best".

R: Well, maybe not so deliberate, but I've noticed that in fact it's not the end of the world if some things are left undone. If you don't bother with certain things, they sometimes have a tendency to solve themselves.

The structuring of subordinates' work aimed at defining and setting explicit goals, work processes and terms of employment. This was also a way of preventing group conflicts or conflicts between the leader and their subordinates due to lack of clarity in the above-mentioned. Another dimension of the structuring of work was how work tasks were adapted to and divided among staff in order to increase efficiency and/or time for reflection.

Leaders were of the opinion that it was necessary to stabilise the staffing situation in order to reduce stress. Society today, with increased demands of efficiency, commitment and ability to adapt to new information and continuous change, was perceived as stressors and created stress reactions among the staff. The slimmed organisation led to vulnerability in managing daily work, but also decreased opportunities for subordinates to recover from work strain. The leaders were concerned about how this seemed to create a vicious circle/downward spiral towards increased turnover and sick leave. The leaders tried to stabilise the staffing situation by creating a supportive, trustful and secure working climate. Other ways of stabilising staff were working hard on recruitment and being strict about granting leave (for vacation, competence development, etc.).

R: And then we've had a situation that's been very turbulent. There's been trouble and people have been on the point of quitting but now it's turned around. I've worked hard to sort things out and I've also taken part in the daily work on the ward. I've talked to people, I've created a secure environment. I've been there with information and given them all the support I could.

#### 3.2.2. Leading whilst maintaining trust

The leaders felt that they had to be loyal, trustworthy and active in organisational change and decision processes, towards both upper and lower levels of the organisation. In order to improve their space for negotiation and trust, the leaders needed to *strengthen their position* downwards as well as upwards in the hierarchy. *Communicating and filtering*, as well as *supporting and encouraging* strategies were also used to maintain trust in both higher and lower levels of the organisation.

Strengthening one's position, i.e. reinforcing indispensability, was performed in more or less formal and informal ways. In order to make themselves indispensable and gain better decision latitude, leaders used more informal strategies such as being careful to act in a socially correct manner and/or use rhetorically adapted language, or more formal strategies such as taking responsibility for a larger operative area and showing their capability by maintaining a stable staffing situation and keeping within the budget. The effect could be easier access to organisational resources, such as better support from the human resources department. Leaders expressed an awareness that these strategies could lead to decreased resources in another part of the organisation where the leader had a weaker position. This dilemma could give rise to feelings of guilt, violating their own integrity.

R: ... and of course that's good for me, but it's certainly not fair. No, I don't think so. (silence)

I: That comes with you having been given more responsibility?

R: Mm. Of course it's really good that they make it easier for you. But there are more managers who are new, who might have needed it more ...

In communicating with executives and colleagues, success could be discussed but not failure. Hoping to appear competent and having the situation under control, leaders withheld and filtered work task problems. In order to protect executives and subordinates, they took full responsibility for burdensome tasks related to impossible directives and demands. This protective strategy was also described when their own stress could become a psychosocial strain and burden for the people around.

R: It takes a few years before you learn what to send upwards. It's no use communicating that things are difficult or that you're overloaded or have too much to do. It always comes back.

I: How does it come back?

R: Unprocessed. It's your problem, solve it yourself. Doesn't matter what you'd expected, a pat on the back or ...

Communicating decisions and goals to subordinates was sometimes experienced by the leaders as a tough balance to maintain their trustworthiness. The conflict between remaining loyal to organisational decisions and their own values could raise feelings of limited decision latitude and being forced to go against their own values. This was managed by separating their own opinion from that of the executives in communicating decisions to subordinates.

R: ... I've also been honest and said that I, as a private person, do not always agree with the messages that I have to put across. But I, as a manager, mean something different ... These are two separate things. It's also a stress factor in itself, having to go against my own personal views sometimes.

Encouraging and supporting strategies were described as being essential in times of stress and uncertainty. The leaders felt it was important for their trustworthiness to give rewards to the staff, especially when pressure of work was high. Being available in a concrete physical sense and acting normatively was used in order to monitor and control the working climate. Rewards occurred mostly as informal benefits, such as providing opportunities for competence development and allowing staff members to influence their work schedules and time off duty. Being able to temporarily increase manpower during periods of great pressure was another supportive tool. Small but important types of encouragement were, for example, providing a cake for the coffee break or arranging massage for tired shoulders.

### 3.3. *Coping with one's own work-related stress: sustaining one's own integrity*

Leading in continuous change whilst maintaining trust was related to feelings of loneliness, insufficiency and frustration. Perceived leadership demands with poor support, limited decision latitude and ethical dilemmas gave rise to work-related stress among the leaders. To cope with their own stress, they tried *sustaining their own integrity* (core category). This was characterised as either *identifying* with or *distancing* themselves from the leader role. Both strategies were described by all the leaders, but one strategy was emphasised.

To balance between identifying with and distancing oneself from the role as a leader, different kinds of social support were used. Friends, partners and/or earlier colleagues provided confirmation of being a good leader under the given circumstances. Professional mentors or coaches were used to understand and develop their own functioning as leaders. Discussion partners within the organisation helped to find common and reasonable norms for ambition and performance.

R: ... and not just thinking of the assignment, but also on my self. That you are your own tool in the leader role and every tool needs to be taking care of.

#### 3.3.1. *Identifying*

Leaders that expressed identification with their leader role described being a leader as a part of their "natural way of being". This was helpful in coping with the perceived demands the leader had to deal with in everyday work. Challenges, action and change processes stimulated their motivation and work ability. Through this active approach, they could increase their opportunities to influence and improve the psychosocial work environment.

R: I've got lots of irons in the fire. I've always been like that, and I get more stressed from having little to do. Then I feel bad and depressed. As soon as I get busier I feel good.

These leaders also described a perceived personal responsibility for balancing job demands to maintain their mental balance and work ability. Leaders that strongly identified with their role seemed to use their leisure time to "shut off" input and demands related to social relations and activities, in order to recover from work stress.

R: ... Another thing that comes to my mind now, which is very pronounced when I'm stressed, is that I shut off my private life. I don't want to have anything booked. Just having to go and have a cup of coffee with somebody feels like hard work ...

#### 3.3.2. *Distancing*

Leaders that described distancing strategies strived to keep a certain independence in relation to their leader roles.

One strategy was to have a plan for one's exit from the position. If the leader perceived that there were ways available to change career direction or go back to his/her basic profession, e.g. nursing, it was easier to accept the working conditions associated with leadership. Being aware of attractive alternatives also meant that the prestige associated with leadership was given less subjective value.

The leaders could protect their feeling of integrity and reduce inner conflicts by perceiving their role requirements in terms of impersonal duty. Since decisions from above were made in accordance with democratic principles, the leaders' duty was to implement them. Thus, there was no point in wasting energy on being indignant. If too many inner conflicts appeared, one either protested against decisions that were perceived as wrong, thereby separating oneself from the organisation, or one resigned.

In order to recover from and prevent work stress, they attempted to make sure that life contained more than work. During leisure time, input from people and activities not related to work helped them to "shut off" their professional role. Hobbies, friends, family and children were seen as helpful in order to recover from stress at work.

R: A couple of weeks ago I took a Friday off and went fishing the whole day with two friends. Just shut it all off and, I mean, that's what I feel I can do.

#### 4. Discussion

Being a leader in public HSOs, in our time, was described as dealing with constantly decreasing resources in continuous organisational and societal change. The strategies for dealing with their own and subordinates' stress was pervaded by these perceived leadership demands. Organisational changes and management differences may cause skewed distribution of risks in the work environment. These conditions seem to have influenced the human service sector more negatively than other sectors (Härenstam and MOA Research group, 2005). According to our results, the responsibility for dealing with these conditions has landed on the frontline leaders.

The results show that leaders in HSOs attempted to handle the psychosocial work environment by *acting as shock absorbers* upwards as well as downwards in the hierarchy. More or less explicit strategies were used in order to deal with continuous change whilst maintaining trust. Paradoxically, strategies for meeting challenges could also generate extra strain for the individual leader as well as for subordinates. Acting as shock absorber may in the short run reduce stress reactions among their subordinates. In the long run, however, strategies to handle their own stress seemed to be needed. Strategies to sustain their own integrity altered between identifying and distancing from the leader role and may in turn influence the strategies used towards their subordinates. The deeper knowledge gained about leaders' everyday dilemmas and strategies can have

practical implications at the strategic organisational level, e.g. for how management support to improve ergonomic practices is provided and organised. It also highlights the importance of longitudinal studies that investigate how stressors, copings strategies and stress reactions are interrelated over time.

##### 4.1. *Conflicting dilemmas and strategies*

By structuring their own work very hard, leaders tried to be as efficient as possible. Closeness and everyday availability in cooperation between leaders and subordinates is necessary to make everyday work safe and smooth, to build trust and to decrease exposure to psychological stressors. Similar results were reported by Nilsson (2003) and Firth-Cozens (2004). At the same time, the leaders' availability for subordinates conflicted with the demands the leader had to fulfil in order to maintain trustworthiness upwards in the organisation. These other demands were prioritised at the expense of their everyday communication and attempts to solve work tasks and problems between the leader and their staff.

To increase efficiency, work tasks were distributed according to individual specialist skills. Restrictiveness regarding competence development was another strategy for achieving stability. In the long run, this could lead to decreased generalist competence, less of learning and flexible organisation, as well as a more monotonous and stressful work situation for the individual worker (Paulsson et al., 2005; Astvik, 2003).

Structuring strategies focused on defining responsibilities and strengthening boundaries between organisation and client. These efficiency-increasing strategies may lead to negative consequences for clients and the quality of care (Firth-Cozens and Mowbray, 2001). For example, individuals may be indiscriminately allocated to one service centre or another, and/or have decreased benefits from the social insurance systems.

Other research concluded that the responsibility for decisions influencing the psychosocial work environment should be better addressed to the decision-makers at a higher administrative level, with power and resources to implement measures, rather than addressed to individual leaders at the operative level (Härenstam and MOA Research group, 2005). Also, our findings imply that strategies, arenas and measures to canalise problems and get adequate support were poor and insufficient. Instead, the strategies of filtering problems upwards and downwards left the leaders all alone with their problems. One motive for filtering (and hiding) problems was to prevent unnecessary worry and stress among subordinates and superiors. Another was to protect oneself from negative consequences. This lack of communication and exchange of information between different levels in the organisation may have consequences for how and on what grounds decisions are made, and how they are actually implemented (Argyris, 1998).

#### 4.2. Commitment or distance to one's own responsibility

In this study, and also in Källemark et al. (2004) study, distress was caused by a perception of more or less individual moral responsibility in combination with restricted circumstances, i.e. limited decision latitude. Ethical dilemmas were related to (lack of) resources, rules versus praxis, conflicts of interest and lack of supportive structures. Moral distress seemed to occur when the individual acted in a loyal and socially correct manner but against his/her own values (morally wrong). Also, when the action was morally right but legally wrong (Källemark et al., 2004). Here, the leaders tried to sustain their own integrity by alternating between identifying with and distancing themselves from the role as a leader.

Distancing strategies were used when leaders had to implement and be loyal to decisions from above that they disliked but could not influence. They tried to sustain their own integrity by having a plan for leaving their post or by speaking out and protesting against decisions made. Protesting is a more active act and thereby probably helps the individual to externalise problems and relieve inner pressure. Protesting may not be seen as an alternative for a "loyal" leader. Strategies where leaders choose to leave instead of speaking out may affect the organisation both economically (e.g. recruiting a new leader) and strategically (unvoiced information and increased risk of groupthink) (Janis, 1972).

The general demands on HSOs, today more than ever, mean that the same level of performance should be maintained with fewer resources. In order to meet these demands, workers and leaders must be fully engaged in their work. Distancing as a coping strategy may thus imply that in order to preserve their mental balance, human service workers actually perform at a lower level than intended or imagined by the higher-level decision-makers. Theories of individual and collective rationality presuppose that individuals are aware of own and other's (collective) outcome of their choices and strategies. To gain an as positive outcome as possible for the collective, the key-stones are cooperation and trustworthiness (Kollock, 1998). If the higher-level decision-makers are not made aware of the true situation, due to filtering, general organisational irrationality may result (Argyris, 1998). Passive and covert coping may result from the lack of support and trust the respondents experience from their own superiors. However, it will not promote health in the long run (Bernin et al., 2001).

Individual commitment, or "moral competence", is a favoured trend in present working life (Docherty and Huzzard, 2003). Strongly identifying with the role as a leader may be related to performance-based self-esteem (PBSE) (Hallsten et al., 2005). Persons with PBSE have an internal force to strive and may identify strongly with their occupational role and its performance, instead of seeking help and support from others. In research on stress and burnout, "overcommitment" or "intrinsic reward" has been

suggested as risk factors (Siegrist, 1996; de Jonge et al., 2000). Persons high in PBSE may become engaged to an unhealthy degree in intrinsically rewarding jobs. Thus, distancing oneself from the leader role could be seen as an individual rational choice (Kollock, 1998) and may be a health-promoting coping strategy for the individual leader. But on the other hand, it is also necessary for a leader to communicate with and be available for his/her staff. This may not work if the leader is psychologically distanced from his/her role. In our clinical work with patients suffering from disorders related to work stress, we have found in a large majority of cases that distanced or overloaded superiors constitutes part of the problem, resulting in insufficient social support for the workers. This lack of support may result in uncertainty concerning performance goals, and unlimited latitude for tendencies towards overcommitment among staff. One may speculate that this mechanism is also one that must be utilised in order to achieve more human service production with fewer resources. Distancing may also be an indicator of an ongoing burnout process (Maslach, et al., 2001; Hallsten et al., 2005) that may be caused by strong motivation to fulfil the demands imposed by higher-level decision-makers, subordinates and/or clients.

#### 4.3. The need for supportive structures

A balance between identifying with and distancing oneself from the leader role is probably most health-promoting, in terms of stress and coping strategies. Balancing tools were related to social support and active time off work. Leaders with a balanced relationship to work could benefit the organisation. Such a leader brings input from different perspectives, and the subordinates get a role model for a healthy relationship to work. Leaders with an active and problem-solving coping style can be assumed to practise a more health-promoting and desirable leadership than those with a more passive one (Firth-Cozens and Mowbray, 2001; Stordeur et al., 2001; Corrigan et al., 2002).

Social support from individuals and networks are most probably important tools for leaders in managing their role requirements and the strains associated with them. There seemed to be a lack of organisational support in dealing with daily work task dilemmas. This finding is in line with earlier studies (Källemark et al., 2004). To strengthen the individual leader in dealing with strain and work situation, different types of management programmes have been tested and evaluated (Jansson von Vultée et al., 2004). The effects were not as great as expected. This could indicate that basic working conditions and opportunities to communicate openly around everyday work task problems depend on more than the individual leader's coping strategies. Leadership is not an individual role but a relationship among many individuals' roles and contextual factors. Individual coping strategies are not enough in reducing moral distress. Some of the strategies used by

leaders when dealing with stress at the workplace may be counterproductive, in terms of production efficiency, organisational decision-making as well as stress prevention. Supportive structures within the work organisation are needed. Within these structures, communication and discussion of how to handle these ethical dilemmas should both be possible and be allowed (Kälvemark et al., 2004).

#### 4.4. Methodological limitations

Qualitative methods make it possible to explore and illustrate complex relations in a more contextual manner. The result is a substantive empirically grounded theory. However, perceived stress and coping is a socially constructed and presumably changing concept. This will lead to limitations regarding wider generalisations of the results in a broader time- and cultural perspective (Charmaz, 2000). A strategic sampling of leaders was used to catch eventual variations of strategies related to organisation, hierarchical level (operative- and middle-level), age and gender, also geographic (i.e. provincial—metropolitan) area. Due to the limited sample from a complex type of work, all qualitative dimensions of relevance for this study may not have been identified. The results should be interpreted with this limitation in mind.

## 5. Conclusion

The strategies for dealing with leaders' own and subordinates' exposures to stressors was pervaded by perceived leadership demands and are probably influencing each other. Supportive structures and improved communication about everyday dilemmas seem to be needed in order, not just to prevent stress reactions, but to improve the basic conditions for practicing leadership in HSO.

## Acknowledgements

We are grateful to the Board of the Institute of Stress Medicine for financial support, to the leaders who participated and to Gudrun Swan for carefully transcribing the interviews.

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