

Non-Conformism as a Mediator of the Leadership-Well-Being Relationship in the Dutch Healthcare Sector

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In this study, a model is developed and tested to examine the influence of non-conformism on the relationship between the perceived leadership style and work engagement and the level of sickness absence amongst Dutch healthcare professionals. The results of this study showed that the perceived transformational leadership style is strongly positive related to work engagement, whereby work engagement is negatively related to sickness absence. The results of this study also showed non-conformism to be a significant influencer of the leadership style-work engagement relationship. Because of the strategic importance of human capital in healthcare, it is important that leaders practice effective leadership to improve well-being and organizational performance.

Keywords: work engagement, leadership, non-conformism, well-being, sickness absence, organizational performance

INTRODUCTION

Given the large staff shortage in healthcare (worldwide), Burmeister et al. (2018) attempted to find out which factors play a role in the departure and absenteeism of nursing staff. The research was conducted through survey research in Australia, Iceland, Italy, South Korea, Lebanon, Turkey and the United States (6,203 respondents in total). Burmeister et al. (2018) conclude through this study that the departure and high absenteeism of nursing staff can be reduced by increasing job satisfaction and by making sufficient staff available, regardless of country and hospital. The research by Seepersaud, Singh, Rodrigues and Alonzo (2019) shows that the department in which employees work with a higher degree of job satisfaction has lower absenteeism than in the departments in which employees work with a lower degree of job satisfaction.

Logically, the manager plays an important role in the availability of sufficient staff and the job satisfaction of the staff. This is confirmed, among other things, by the research within a mental health care institution by Elshout, Scherp and Van der Feltz-Cornelis (2013). They conclude that the leadership style

of the manager, the communication between manager and employees and the application of illness protocols by managers influence absenteeism and job satisfaction. The influence of leadership on absenteeism is also demonstrated in the study by Frooman, Mendelson and Murphy (2012) which shows that both legal and illegal absenteeism is influenced by leadership style. In addition, it appears that the manager not only plays an important role in the field of absenteeism and the working atmosphere, but also influences the engagement of the employees (e.g., Babcock-Roberson & Strickland, 2010; Kodden, 2011; Blomme & Kodden, 2014; Blomme, Kodden & Beasley-Suffolk, 2015). This is also supported by the research of Soane, Shantz, Alfes, Truss, Rees & Gatenby (2013) and Van Ingen, De Ruiter, Peters, Kodden & Robben (2021) who show through their research that meaningful work increases employee engagement, and that engagement is associated with a lower rate of absenteeism. Shimazu, Schaufeli, Kamiyama, & Kawakami (2015) also investigated the effect of work engagement and workaholism on future absenteeism by means of a two-year longitudinal study (among 1,196 employees). In contrast to workaholism, the study shows a negative effect between work engagement and future absenteeism.

Given the current situation in healthcare, high work pressure, high absenteeism and little time for the patient, there is a need for enthusiastic staff who know how to deal with such stressful circumstances and who are less likely to drop out. It is therefore interesting to investigate how leadership style can positively influence employee engagement. The two components 'leadership style' and 'enthusiasm' are therefore included in the conceptual model, in which engagement plays a mediating role between leadership style and the degree of absenteeism.

A possible way to positively influence employee engagement is to promote an attitude of non-conformity among employees (Gino, 2016; Kodden, Van Ingen, & Langeweg, 2020). Non-conformity is defined by Gino (2016) as "behaviour that deviates from organizational norms, others' actions, or common expectations, to the benefit of the organization." This form of work-related autonomy seems to have a positive influence on employee engagement. By not conforming to the norms of the organization or the behavior of colleagues, this can bring about a sense of freedom and creativity (Runco, 2004). According to Gino (2016) and Kodden et al. (2020), non-conformity not only has a positive effect on employee engagement, but employees also experience a lower workload and commitment to the organization increases.

This study tries to build a bridge between organizational and psychological theories as the impact of perceived leadership style on employee engagement and well-being. This paper's definition of employee engagement is analogous to the definition of work engagement by Bakker (2009). Vitality refers to a state of mind in which man feels very energetic, fit, strong and tireless, dedication refers to a state of mind in which man feels very engaged by his work, which is inspiring, and man feels proud and enthusiastic about, and absorption refers to a pleasant state of mind in which man is fully immersed in work." (Bakker, 2009).

The main research question is as follows:

To what extent does the perceived leadership style of managers influence the non-conformist behavior and engagement of healthcare workers and does this lead to less absenteeism?

THEORY AND HYPOTHESES

Theorized Mechanism for Work Engagement on Employee Well-Being

Employee well-being and sickness absence are an important aspect within every organization and are generally seen as important measuring instruments. For example, Statistics Netherlands also conducts various studies into absenteeism percentages within various sectors and occupational groups. The absenteeism percentage is calculated by Statistics Netherlands based on the total number of sick days of the employees in relation to the total of available (work calendar) days of the relevant period (in percentages). In view of the high absenteeism rate in the healthcare sector, this provides sufficient grounds for investigation.

For example, various relationships have been found in the current literature between job satisfaction and absenteeism. An interesting addition to this is the research by Ybema, Smulders, Paulien and Bongers

(2010), who investigated whether job satisfaction is the cause or the consequence of absenteeism. Their findings show that job satisfaction and absenteeism mutually influence each other. This means that dissatisfied employees are more likely to be absent, and employees who are absent are likely to be less satisfied with their jobs. People who are dissatisfied with their job are more likely to be absent in the future, and people who are often absent are more likely to be less satisfied with their job. The role of job satisfaction on absenteeism has been included as a mediating variable in the study by Elshout et al. (2013). This research shows that there is a relationship between leadership style and the degree of absenteeism through the job satisfaction of healthcare workers. For example, Frooman, Mendelson and Murphy (2012) investigated different leadership styles and absenteeism, divided into legitimate (actually sick) and illegal (absent from work without being sick) absenteeism, from which it can be concluded that absenteeism is influenced by the perceived leadership style. Very recently, the study of Labrague, Nwafor and Tsaras (2020) was published, a study into the effect of leadership among 770 nurses working in a hospital in the Philippines. This research shows that toxic leadership, measured by four dimensions; self-promoting, narcissistic, intemperate, and humiliating behaviors, causes stress and absenteeism, among other things.

The findings of Schaufeli and van Rhenen (2006) and Blomme & Kodden (2014) show that positive and negative emotions play an important role in employee well-being. Negative emotions can lead to health problems and burnout, with positive emotions benefiting the well-being and enthusiasm of employees. This is also in line with the findings of the study by Reijenga et al. (2004), in which work-related causes such as the working atmosphere influence absenteeism. It is clear that there are many facets that may influence the degree of absenteeism due to illness. These factors should be managed as much as possible by the manager, as absenteeism is an important responsibility within the duties of a manager within the healthcare sector.

Based on the research of Schaufeli & Van Rhenen (2006), Reijenga et al. (2004) and Blomme & Kodden (2014) the influence of the mood of employees on the degree of absenteeism through the construct 'enthusiasm' is hypothesized as being of high importance. For example, both the study by Schaufeli et al. (2009) and the study by Shimazu et al. (2015) show a negative relationship between work engagement and absenteeism. Soane et al. (2013) also found various relationships between work engagement and absenteeism. This research shows that the employee engagement increases with meaningful work, and that engagement goes hand in hand with low absenteeism. In the following paragraphs we will therefore further discuss the theoretical aspects of work engagement and leadership style and the possible relationships to absenteeism due to illness.

Hypothesis 1: *Within the health care industry work engagement will be negatively related to sickness absence.*

Leadership Styles and Work Engagement

In this study, we expect that the leadership style influences the degree of work engagement and absenteeism within the Dutch healthcare sector. This expectation is supported in part by the research of Elshout, Scherp and van der Feltz-Cornelis (2013) and Blomme, Kodden & Beasley (2015), in which the relationship between different leadership styles on absenteeism and work engagement were investigated. The article by Blomme et al. (2015) also discusses various characteristics of leadership and their expected effect on employee engagement. In addition, they suggest a conceptual model for further research that examines the relationship between different leadership styles and work engagement. Years of study have been done on different forms of leadership style and different definitions have been established. McCleskey's (2014) study conducts an extensive analysis of existing literature on three leadership styles, namely situational leadership, transformational leadership and transactional leadership. Transformative and transactional leadership are, according to Saleem (2015), the most frequently researched and tested forms of leadership style worldwide. In addition, these forms of leadership are considered important within the public sector (Rukmani, Ramesh, & Jayakrishnan, 2010), and are therefore included in this study. Another potentially interesting form of leadership is the ethical leadership style, which according to Brown, Treviño, and Harrison (2005) is associated with perceived effective leadership, employee satisfaction and commitment, and their willingness to report problems to management. However, during the validation of

this construct, the accompanying questionnaire was found to be unclear by the healthcare workers. It was therefore decided not to include this form of leadership style in the study. As a counterpart to transactional and transformational leadership, the laissez-faire leadership style is used in this study.

Naidu and Van der Walt (2005) argue that transactional leadership involves a leader-follower relationship in which the leader distributes rewards or punishments to the follower based on the work performed. This statement is in line with van Hartog and Van Muijen (1997), who argue that transactional leaders are seen as traditional leaders who reward their employees on the basis of agreements that have been fulfilled, whereby it is clear to employees which goals must be achieved and what reward is involved. The focus is on achieving goals and rewards. Rewards and incentives to motivate employees to do the job well and to take action when mistakes are made are notable features of such leaders. According to Rukmani et al. (2010), transactional leadership is necessary for effective management of a department, assessment of performance, standards and career prospects. The latter seems to be important for companies in transformation. This is also confirmed in the research of Naidu and Van der Walt (2005) which, contrary to their own expectations, shows that transactional leadership is needed to support the implementation of transformation interventions (employees need clearly assigned goals), and that employees expect to be made aware of their mistakes. The positive effect of the reward component in the transactional leadership style on engagement creates the expectation that transactional leadership has a positive effect on employee engagement. This leads us to the following hypothesis:

Hypothesis 2a: *Within the health care industry transactional leadership will be positively related to work engagement.*

According to several studies, transformational leadership has a positive effect on satisfaction, involvement and effectiveness within the organization (e.g., Bass, 2000; Chu & Lai, 2011; Derue, Nahrgang, Wellman, & Humphrey, 2011; Ivey & Kline, 2010). According to Bono and Judge (2003), employees with a transformational leader value their work and see their work as congruent with their own beliefs. In addition, it appears that if the instructions from the manager are regarded as challenging by the employees, this promotes engagement (Crawford et al., 2010). Blomme et al. (2015) also expect a positive effect between transformational leadership and engagement, in particular due to the inspiring and motivating properties of a transformational leader and the degree of support and feedback, which creates a bond between the organization and the employees. These are all elements that are important to deal with stressful situations and challenges in a positive way (Crawford et al., 2010), which is very useful in healthcare.

Hypothesis 2b: *Within the health care industry transformational leadership will be positively related to work engagement.*

Although transactional and transformational styles can represent both active and passive forms of leadership (Rukmani et al., 2010), the laissez-faire leadership style is described as an extremely passive leadership style (Hartog, Muijen, & Koopman, 1997; Yammarino, Spangler, & Bass, 1993). According to Blomme et al. (2015), managers with this form of leadership are disengaged or inactive and do not take responsibility when necessary. This lack of leadership does not benefit the enthusiasm of the employees. The article by Blomme et al. (2015) states that poor leadership styles will have a negative effect on employee engagement. The hypothesis is therefore as follows:

Hypothesis 2c: *Within the health care industry laissez-faire leadership will be negatively related to work engagement.*

Given the expected effect of the three leadership styles on employee engagement and the indirect effect of leadership style on absenteeism, the following hypothesis is formulated:

Hypothesis 3: *Within the health care industry work engagement will have a mediating effect on the relationship between leadership style and absenteeism.*

Non-Conformism as a Mediating Factor Between Leadership Style and Work Engagement

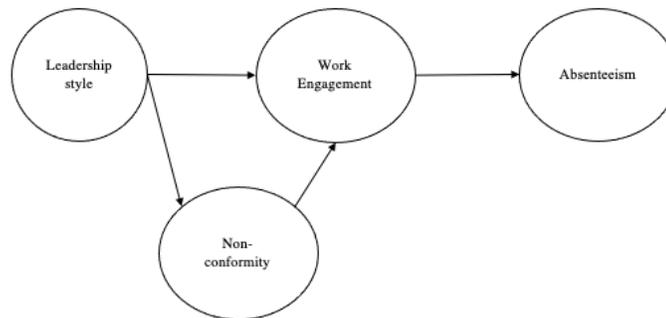
Work engagement increases among employees who find their work fun, satisfying and interesting (e.g., Kodden & Van Ingen, 2019; Breevaat, Bakker, Demerouti, & Derks, 2016; Nijhuis, van Beek, Taris, & Schaufeli, 2012). According to Kahn (1990), this meaningfulness lies in the type of work, division of roles and interactions within the work. Given the many rules and procedures that are mainly imposed by the government, there is little room for care employees to make their own contribution. The healthcare sector must strictly adhere to the quality requirements and rules set by the government. There are strict protocols that healthcare workers must adhere to. The framed job descriptions in which the activities and responsibilities are clearly described also provide little opportunity for personal input and self-development. The many rules and procedures may have a negative impact on the engagement of healthcare workers. This is at the expense of autonomy in work, which plays an important role in strengthening engagement (Kodden & Groenveld, 2019; Skaalvik & Skaalvik, 2014).

One possible way to provide employees with more responsibility and variety is non-conformity (Gino, 2016; Kodden et al., 2020). The translated definition of Gino (2016) reads as follows: “behavior that deviates from organizational norms, the actions of others, or general expectations, for the benefit of the organization” (p. 4). This means that employees can deviate from the standards if this is in the interest of the organization. On the other hand, it appears that non-conformity is not always applied in the interest of the organization. For example, it appears that resistance arises among individuals who feel compelled to conform to a certain choice and therefore feel that their (choice) freedom is limited. This can cause non-conformist behavior in response to regain the sense of freedom (Brehm & Sensenig, 1966; Kodden et al., 2020). It can be argued that conformity always takes place in group processes, but that the response of the individual depends on how conformity will affect the individual and how this is experienced by the individual. For example, non-conformist behavior can also be triggered if employees feel that managers are not treating them fairly (Litzky, Eddleston, & Kidder, 2006). In this case, the non-conformity does not stem from organizational interest, but personal interest. For example, Gino (2016) underlines that it is important that there is a balance between conformism and non-conformism in order to put the interests of the organization first. A striking finding in the field of conformism is made in the study by Hewlin, Dumas and Burnett (2017), in which the degree of (fake) conformism is examined on the degree of leadership integrity. This study shows that the degree of (fake) conformism among employees increases if a high degree of leadership integrity is experienced, assuming that this is in the interest of the organization. Through these findings, they argue that a positive characteristic of leadership does not always have a positive effect on employees. In addition, they measure a negative effect between (fake) conformism and work engagement. This means that non-conformity may have a positive effect on work engagement. The many rules and procedures within healthcare and the sense of freedom and ownership that non-conformity can entail, give rise to the expectation that non-conformity will influence the relationship between the leadership style received and engagement. This has led to the following hypothesis:

Hypothesis 4: *Within the health care industry non-conformity will have a mediating effect on the relationship between leadership style and work engagement.*

To be able to test these 4 hypotheses and research to what extent leadership style and non-conformity influence the levels of work engagement and absenteeism, we use the following explanatory model (FIGURE 1).

FIGURE 1
EXPLANATORY MODEL



METHOD

Sampling

The data was collected via an online questionnaire that was distributed via mail, containing an anonymous link, and by means of convenience and snowball sampling. Our sample consisted of professionals working in the Dutch healthcare sector. A total of 353 professionals began the study and 110 filled in the online survey completely. More than three-quarters of the respondents were women (80.0%). The division according to the various age groups was as follows: Less than 1 % of the respondents were younger than 20 years, 26,4% belonged to the age group 21-35, 35,5 % belonged to the age group 36-50, 32,7 % belonged to the age group 51-63 and 4,5 % were older than 64. As regards the length of the employment relationship, 88,2% had been in service longer than two years.

Data Analysis

To identify the directions and strengths of relationships of the variables used within our explanatory model, correlation analyses techniques are used. Hierarchical stepwise regression analyses are finally used to examine which variable is most important in explaining leadership, work engagement, non-conformism and absenteeism. PLS-SEM (Partial Least Squares Structural Equation Modelling) was used for the regression calculation and to check the reliability of the model, since PLS-SEM provides more accurate calculations, especially for regression calculations with (several) mediating constructs.

Measures

The measurement instruments used in this study are based on organizational and psychological theories. Most of the questions used were derived from valid tests, for example the UBES (Schaufeli & Bakker, 2004). To verify if the data was suitable for factor analysis, we first checked the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO value), which was found to be satisfactory (0.8). The Bartlett's Test of Sphericity was found to be significant ($p=0,000$). Cronbach's Alpha of all factors had a value of at least 0.6 which is considered to be a reasonable indication of sufficiently reliability.

The questionnaire for the leadership styles transactional and transformational leadership was drawn up on the basis of the Multifactor Leadership Questionnaire (MLQ) developed by Bass and Evelio (1989), which has been used and analyzed in several studies. This questionnaire is used by several researchers (e.g., Rukmani et al., 2010; Singer & Singer, 1986; BabcockRoberson & Strickland, 2010). The questionnaire in this study is the Dutch version of the MLQ8Y which has been translated and validated by Hartog, Muijen and Koopman (1997). The questionnaire validated and translated by Hartog et al. (1997) provides employees with 36 statements about their direct supervisor. A five-point scale indicates how often the statement applies to their manager (1; not at all / 2; now and then / 3; sometimes / 4; regularly / 5; often). The MLQ consists of three subscales: transformational leadership, transactional leadership and laissez-faire leadership. The transformational leadership questionnaire contains 18 items, transactional leadership

contains 9 items, and laissez-faire leadership contains 7 items. When performing the factor analysis of the transformational leadership construct, the construct shows one component, which means that the different items measure the same thing. In addition, the AVE is 72.58% when using the 18 items, and the Cronbach's Alpha is 0.977, meeting the intended threshold value of 0.7. Subsequently, a factor analysis was performed on the 9 items of the questionnaire regarding transactional leadership. Here 2 components emerged, however the load of the items is highest on 1 component. In addition, the AVE on this component is 58.48%, which is sufficient. The Cronbach's Alpha also gives a value of 0.910, which is well above the threshold value, which does not increase further when an item is removed. Finally, a factor analysis was performed on the items for measuring laissez-faire leadership style. This now shows 1 component, which means that all items measure the same. However, 2 items (questions f and g) show a loading of <0.5. In addition, the Cronbach's Alpha increases when the items are removed from 0.842 to 0.890 and the AVE increases from 53,91% to 69,51%. It was therefore decided to remove the 2 items. The high value of transformational and transactional leadership is in line with Ivey & Kline (2010) who measured a Cronbach's Alpha of 0.96 and 0.84, respectively.

Work engagement was measured using the Utrecht Work Engagement Scale (UBES) which was drawn up by Schaufeli and Bakker (2003). Used, among others, in the research of Bakker, Schaufeli, Leiter and Taris (2008). The 15-item variant was administered in this study. The items scored on a 7-point scale from never (0) to daily (6) measure employees' work experience in terms of 'enthusiasm'. The questionnaire contains the three dimensions as described in the theory, namely: Vitality: bursting with energy, feeling strong and fit, being able to work tirelessly for a long time, having great mental resilience and perseverance. Dedication: feeling strongly involved in the work, experiencing the work as useful, meaningful, inspiring and challenging, being proud and enthusiastic about the work Absorption: pleasantly absorbed in work, which makes time seem to stand still and makes it difficult to detach from work. For the measurement of the conceptual model, a uni-dimensional construct was chosen in which all 15 items are included. To assess the construct, a factor analysis was performed on the 15 items. All items give an acceptable loading of >0.5 and the Cronbach's Alpha is 0.958 (>0.7). The AVE is also sufficient and amounts to 64.08%. Subsequently, three dummy constructs were constructed for the three dimensions of vitality, dedication and absorption. In this way, the regression analysis can also look at possible differences within these characteristics of work engagement.

For the construct absenteeism, the number of working days absenteeism was determined by taking the average of the range as the value (with the exception of 0 sick days, which remains 0). For the answer option '21 or more', an amount of 23 working days absenteeism is assumed. Subsequently, the number of days of sick leave was corrected for the size of the employment. This means that for a large employment contract the number of days of sick leave is divided by 1 and for a small contract divided by 1/3, etc. As a result, the number of days of sick leave is higher for a small contract and lower for a larger contract. This means that the minimum value remains 0 and the maximum value 69: maximum number of sick days (23)/small employment (0.33). In this way, the amount of absenteeism due to illness is corrected for the amount of employment. Since after this correction the construct consists of 1 item (number of sick days), a factor analysis is not necessary.

The questionnaire of Mehrabian and Stefl (1995) was used to measure the construct of non-conformity, which uses a scale of -4 (strongly disagree) to +4 (strongly agree). In order to measure non-conformity, the questionnaire was partly reversed, because all questions with the exception of questions 2, 7, 9 and 11 measure conformity. In this way, non-conformity is measured, as it is also included in the conceptual model. After performing the explorative factor analysis, it turned out that 3 factors can be distinguished with a variance explained on 1 component of 38.036% (<50%). In addition, the Cronbach's Alpha is 0.681, which is below the target threshold of 0.7. This led to the removal of the 4 items with a loading below 0.5 and subsequent factor analysis. Now the factor analysis shows that all items load on 1 component with a variance extracted of 56.033% and a Cronbach's Alpha of 0.865.

RESULTS

Table 1 shows the correlations of the variables within the conceptual model. Work engagement and non-conformity both correlate with two leadership styles. The correlation matrix shows a negative (significant) relationship between transactional leadership and non-conformity ($r = -0.378$, $p < 0.01$) and between laissez-faire leadership and non-conformity ($r = -0.379$, $p < 0.01$). The correlation between laissez-faire leadership and work engagement is also negative and significant ($r = -0.214$, $p < 0.05$), in line with hypothesis 2c. In addition, the correlation between transformational leadership and work engagement is positive and significant ($r = 0.406$, $p < 0.01$), consistent with hypothesis 2b. No significant correlation between transactional leadership and engagement has been found. However, a significant correlation can be seen between a number of leadership styles, namely transformational leadership and transactional leadership ($r = 0.483$, $p < 0.01$) and laissez-faire leadership and transformational leadership ($r = -0.322$, $p < 0.01$). These mutually significant correlations between the leadership styles may indicate that they are used in combination by the leaders. No significant correlations were found for absenteeism due to illness. It is also striking that the degree of engagement among the respondents is high (mean=5.28), and the absenteeism of the respondents is low (mean=0.51).

TABLE 1
MEANS, STANDARD DEVIATIONS AND CORRELATIONS AMONG STUDY VARIABLES

	<i>Mean</i>	<i>Standard deviation</i>	1.	2.	3.	4.	5.
1. Absenteeism	0.51	0.481					
2. Non-conformism	5.35	1.438	,050				
3. Transactional L.	2.71	0.941	,103	-,378**			
4. Transformational L.	3.29	0.977	-,032	-,152	,483**		
5. Laissez faire L.	2.60	0.868	,032	-,444**	,061	-,322**	
6. Work Engagement	5.28	1.072	-,172	,143	,078	,406**	-,214*

** : $p < .01$; * : $p < .05$

To assess the structural model, the influence of the explanatory variables on the dependent variables is examined. Three criteria were used in this study, namely variance explained (R^2), effect size (f^2) and the path coefficient together with the results of the hypothesis testing (Hair et al., 2017). The R^2 -value indicates how much variance the construct accounts for, reflecting the degree of explainability of the model (Hair et al., 2017). The R^2 -value is between 0 and 1, with higher values indicating greater explanatory power. The R^2 -value of engagement is 0.230 and non-conformity shows an R^2 -value of 0.317. The absenteeism construct has a very low R^2 value of 0.046. This can possibly be explained by the difficult predictable value of the construct absenteeism and the context of the research, in this case human behavior (Hair et al., 2019). The effect size (f^2) represents the change on the R^2 -value if a variable is omitted from the model. This can be interesting in mediating or moderation models (Nitzl, Roldan, & Cepeda, 2016). The f^2 -value is preferably higher than 0.02 (Cohen, 1988). Looking at the conceptual model, all influencing variables are higher than 0.02 with the exception of transactional leadership and laissez-faire leadership in relation to engagement. This could mean that these leadership styles have no influence on work engagement.

To measure the hypotheses of this research, the coefficients (relationship between the constructs) are looked at, these are standardized and give a value of between -1 and +1. Whether the relationship between the constructs is significant depends on the standard error obtained by bootstrapping (5000 samples) in PLS-SEM. After performing the bootstrapping, the t-values and p-values and the significance level, among other things, were determined.

TABLE 2
SIGNIFICANCE TEST PATH COEFFICIENTS STRUCTURAL MODEL (DIRECT EFFECTS)

	Path coefficients	P-values	T-statistic
Work Engagement -> Absenteeism	-0.176	0.054	1.611
Laissez-faire -> Work Engagement	0.057	0.317	0.477
Laissez-faire -> Non-conformism	-0.457	0.000	5.032
Laissez-faire -> Absenteeism	-0.057	0.329	0.442
Non-conformism -> Work Engagement	0.218	0.015	2.161
Non-conformism -> Absenteeism	0.001	0.498	0.004
Transaction L. -> Work Engagement	-0.097	0.210	0.807
Transaction L. -> Non-conformism	-0.260	0.006	2.499
Transaction L. -> Absenteeism	0.143	0.149	1.041
Transformational L. -> Work Engagement	0.521	0.000	3.939
Transformational L. -> Non-conformism	-0.209	0.039	1.766
Transformational L. -> Absenteeism	-0.051	0.364	0.347

*p<0,10, **p<0,05, ***p<0,01

The path coefficients and associated p-values (significance) and t-values can be seen in table 2. This table shows that the direct effect between work engagement and absenteeism shows a significant negative relationship (-0.176*) so that hypothesis 1 in this research is supported. Transactional leadership shows a negative effect on work engagement (-0.097), which means that hypothesis 2a was not confirmed in this study. The table then shows that transformational leadership has a significant positive (direct) effect on work engagement (0.521***), which supports hypothesis 2b. The laissez-faire leadership style is also positively associated with work engagement (0.057), in contrast to hypothesis 2c, but this relationship was not found to be significant. In addition, significant (direct) relationships can be found for which no hypothesis has been formulated. The significant relationships were found between laissez-faire leadership and non-conformity (-0.457***), non-conformity and engagement (0.218**), transactional leadership and non-conformity (-0.260***), and transformational leadership and non-conformity (-0.209**).

Since the conceptual model contains several mediating variables, the indirect effects were measured by means of a multiple mediation analysis, so that all indirect effects become visible and the mediating effects between the leadership styles and absenteeism can be assessed without including the effect of non-conformity. is taken, see table 3.

TABLE 3
SIGNIFICANCE TEST PATH COEFFICIENTS STRUCTURAL MODEL (INDIRECT EFFECTS)

	Path coefficients	P-values	T-values
Transformational L. -> Work Engagement -> Absenteeism	-0.091	0.083	1.385
Transformational L. ->Non-conformisme -> Work Engagement -> Absenteeism	0.008	0.137	0.941
Laissez-faire -> Non-conformism -> Work Engagement	-0.099	0.023	1.988
Laissez-faire -> Non-conformism -> Work Engagement -> Absenteeism	0.017	0.130	1.128

	Path coefficients	P-values	T-values
Laissez-faire -> Work Engagement -> Absenteeism	-0.010	0.352	0.381
Transactional L. -> Non-conformism -> Work Engagement -> Absenteeism	0.010	0.177	0.926
Transformational L. -> Non-conformism -> Absenteeism	-0.000	0.499	0.004
Transformational L. -> Non-conformism -> Work Engagement	-0.045	0.081	1.399
Transactional L. -> Work Engagement -> Absenteeism	0.017	0.278	0.588
Transactional L. -> Non-conformism -> Absenteeism	-0.000	0.499	0.004
Transactional L. -> Non-conformism -> Work Engagement	-0.057	0.085	1.375
Laissez faire L. -> Non-conformism -> Absenteeism	-0.000	0.498	0.004

*p<0,10, **p<0,05, ***p<0,01

The indirect effects in Table 3 represent the path coefficients of the relationship between the independent and dependent variables through the mediating variable, namely non-conformity and work engagement. The table shows that the relationship between transformational leadership and absenteeism is mediated by the variable work engagement (-0.091*). The direct relationship between transformational leadership and absenteeism is not significant, which means that the relationship between transformational leadership and absenteeism is fully mediated by the variable work engagement. This corresponds to hypothesis 3, but this does not apply to transactional leadership and laissez-faire leadership. The table then shows that the indirect effect between laissez-faire leadership and work engagement, via non-conformity, is negatively significant (-0.099**). This also applies to the relationship between transactional leadership and engagement, via non-conformity (-0.057*) and the relationship between transformational leadership and engagement, via non-conformity (-0.045*). In order to assess whether there is complete mediation, the direct effect is also examined here. The direct effect between transformational leadership and work engagement is significant, however, this is a positive effect, which means that there is partial mediation between transformational leadership and work engagement through non-conformity. For the other two leadership styles, the direct effect on work engagement is not significant, but the indirect effects on work engagement are significant. This means that non-conformity mediates both transactional leadership and laissez-faire leadership entirely with engagement. This supports hypothesis 4, in which partial mediation was measured for transformational leadership and full mediation for the other two leadership styles.

Finally, the total effects between the variables are included in the table below. This is the sum of the path coefficients of the direct effects and indirect effects (if any) between the variables. For example, the path coefficient between transformational leadership and engagement (0.475***) is the sum of the direct effect (0.521***) and indirect effect (-0.045*). If the total effect is significant and the direct effect is not significant, it means that the total effect between the independent variable (leadership style) and dependent variable (sick leave) is mediated by one or more variables. In that case, this relationship consists exclusively of indirect effects (Nitzl et al., 2016).

TABLE 4
SIGNIFICANCE TEST PATH COEFFICIENTS STRUCTURAL MODEL (TOTAL EFFECTS)

	Path coefficients	P-values	T-values
Laissez-faire -> Work Engagement	-0.042	0.353	0.376
Transformational L. -> Work Engagement	0.475	0.000	3.814
Transactional L. -> Work Engagement	-0.154	0.104	1.258
Laissez-faire L. -> Absenteeism	-0.050	0.318	0.474
Transactional L. -> Absenteeism	0.170	0.097	1.298
Transformational L. -> Absenteeism	-0.134	0.152	1.029

*p<0,10, **p<0,05, ***p<0,01

In contrast to the direct and indirect effects, the overall effect between transactional leadership and absenteeism is significant (0.170*). This may indicate that the mediating variables do not add value in this relationship (Nitzl et al., 2016). This relationship was not included as a hypothesis in the study.

CONCLUSIONS, DISCUSSION AND SUGGESTIONS FOR PRACTICE

The aim of this study was to gain insights into the effects of leadership, work engagement and non-conformism on absenteeism. This study has shown that there is a direct relationship between work engagement and absenteeism (-0.176*) within Dutch healthcare workers, this relationship corresponds with the literature of Shantz & Alfes (2014) and Soane et al. (2013) and confirms the hypothesis 1 of this study. This may be an interesting tool for managers within the healthcare sector given the high absenteeism in this sector. By focusing on influencing the enthusiasm of the care employees, absenteeism may decrease.

No significant direct effect was found between the three leadership styles and absenteeism, which is in agreement with research by, among others (Frooman et al., 2012) in which an effect was only found between leadership style and absenteeism when using a mediating or moderating variable. In this study, the mediating variable work engagement was chosen. The direct relationship between transactional leadership and engagement has been found to be negative and not significant, in contrast to hypothesis 2a and the literature of Crawford et al. (2010), among others. A possible explanation is that the reward component within the leadership style, which is expected to (positively) influence the degree of engagement, is perceived as less important within the healthcare sector. Salaries within the healthcare sector are low and healthcare workers generally choose healthcare for other reasons. According to Pandey and Stazyk (2008), compassion is the motivation that seems to apply to healthcare workers in particular.

However, a direct relationship was found between transformational leadership and work engagement (0.521***), confirming hypothesis 2b within this study. This is in line with, among others, the research by Babcock-Roberson and Strickland (2010) and Breevaart et al. (2014), which also found positive effects between transformational leadership and engagement. This also confirms the expectation of Blomme et al. (2015) who expect a positive effect on engagement, particularly due to the inspiring and motivating properties of a transformational leader and the degree of support and feedback. This may also explain the direct relationship between laissez-faire leadership and work engagement, hypothesis 2c, which has not been confirmed (0.057). There may be a greater need within the healthcare sector for leadership, motivation and direction to increase engagement, in line with the findings of the study by (Breevaart et al., 2014). This could also mean self-managing teams like this regularly is implemented within the healthcare sector, will not be effective due to a lack of direction, attention and leadership.

In addition, an interesting outcome in this study is that work engagement fully mediates the relationship between transformational leadership and absenteeism (-0.091*), and the conclusion may be drawn that transformational leadership is an appropriate leadership style to positively influence the engagement of healthcare workers and thus reduce absenteeism. This does not apply to the transactional and laissez-faire leadership style, where no significance was found for the indirect effects. This partly confirms hypothesis

3. Since no direct effect was found between these two leadership styles and work engagement, this may mean that another variable in relation to absenteeism is more appropriate. This may be interesting to investigate further, especially for organizations where a high degree of transactional leadership is perceived by employees. Table 2 shows that the perceived leadership style within the respondents of this study mainly concerns transformational leadership.

Finally, the mediating effect of non-conformity was measured between the three leadership styles and work engagement. Hypothesis 4 is confirmed as non-conformity between all leadership styles shows a mediating effect on work engagement, with full mediation observed for transactional leadership and laissez-faire leadership (-0.057* and -0.099*, respectively). This means that the relationship between both transactional and laissez-faire leadership and engagement is negative, and is fully explained by non-conformity. This relationship is negative in all cases, including transformational leadership (-0.045*), where the direct relationship, on the other hand, was found to be positive (competitive partial mediation). This opposite direction means that non-conformity partly explains the negative relationship between transformational leadership and engagement.

The partly mediating relationship between transformational leadership and work engagement may indicate that another variable influences this relationship (Hair et al., 2017). The positive direct relationship between transformational leadership and engagement (0.521***) and the negative indirect (mediating) relationship via non-conformity (0.045*) may make it interesting to further investigate which variable might influence the relationship between transformational leadership and engagement (positively) influences. The fully mediating effect of non-conformity between transactional leadership and engagement and laissez-faire leadership and engagement means that both leadership styles decrease healthcare worker engagement through the influence of non-conformity. This can possibly be explained by the negative direct effect of these two leadership styles on non-conformity (transactional leadership -> nonconformity - 0.260*** and laissez-faire leadership -> non-conformity -0.457***). Transactional leadership is expected to leave little room for personal input due to the many rules and procedures and strict focus on results. Laissez-faire leadership may actually provide too little guidance to employees, so that non-conformity is not motivated and employees may be more inclined to conform to their colleagues. It may be concluded from this that these leadership styles negatively influence the degree of non-conformity and, as a result, healthcare workers become less engaged. This is also supported by the direct relationship between non-conformity and work engagement, which appears to be positive and significant (0.218***), which means that non-conformity does positively influence employee work engagement in accordance with the theory of (Gino, 2016). If non-conformity is negatively influenced by the leadership style and the manager encourages employees to conform more, this has a negative effect on engagement. It is therefore important to apply the right leadership style to positively influence non-conformity and thus increase the engagement of the healthcare staff. Especially given the theory that once employees become engaged in their work, they often remain engaged (Bakker et al., 2012; Xanthopoulou et al., 2009).

In addition to the interesting findings of this study, there are also a number of limitations. For example, within the construct of non-conformity, a number of items were removed due to too low factor loadings. Perhaps other outcomes are possible if these questions are formulated differently and can therefore be retained, so that the construct contains more items. In addition, the existing theory within the healthcare sector is often limited to the target group of hospitals, which may explain deviating results, but which can at the same time provide an interesting addition to the current theory.

This study looked at three leadership styles, possibly there are other leadership styles that negatively influence the effect on absenteeism through work engagement. This could be interesting for further research. For example, it might be interesting to investigate the effect of ethical leadership on absenteeism through work engagement. According to Brown et al. (2005), this leadership style is associated with, among other things, satisfaction and dedication and the willingness to report problems to management. This leadership style was not used in this study because the intended questionnaire was perceived by the healthcare workers as unclear. The questionnaire could possibly be adapted and re-validated so that the questions are better understood by the respondents. This may also provide new insights into the positive (significant) direct effect between non-conformity and engagement by further investigating which other

leadership styles may positively influence the degree of non-conformity and subsequently increase employee engagement. In contrast, non-conformity does not appear to explain the relationship between leadership style and the vitality dimension within the construct of engagement. This may make it interesting to further investigate what might be a suitable variable to promote the vitality of employees, and thus to promote the degree of engagement of employees.

Finally, the size of the number of respondents may influence the results, so it would be interesting to apply this study to a larger number of respondents. In addition, this (cross-sectional) quantitative study could perhaps be investigated longitudinally to demonstrate causality, and qualitative research through interviews could possibly provide more insight into the answers of the respondents and remove any ambiguities about the questionnaire.

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