



**X TOXIC
BOSSSES
MAY CAUSE
HEALTH RISK**



Bad leaders don't just squander productivity and engagement. Employee health is also on the line.

ANALYSIS BY KENNETH M. NOWACK

In the world of work, employees are often engrossed in “arranged marriages,” paired with a boss or manager not of their choosing and whose personalities may not closely align with their own.

Of course, most people naturally try to avoid toxic individuals when possible, but sometimes it's made more difficult when the “emotional vampire” is the boss. In a 2005 *Harvard Business Review* article, Harvard professors Tiziana Casciaro and Miguel Sousa Lobo wrote that people are generally more willing to put up with likable but less competent colleagues and bosses than those who are skilled and productive but treat others as “jerks.”

Most global surveys consistently suggest that one of the key drivers for high employee engagement, trust and performance cultures is having supportive and strong relationships with peers and managers. Gallup estimates

in its “2015 State of the American Manager: Analytics and Advice for Leaders” that managers account for at least 70 percent of the variance in overall employee engagement scores.

Toxic leaders undoubtedly can become a liability to organizations, affecting such outcomes as absenteeism, stress disability claims, hostile workplace lawsuits and health. A 2004 meta-analytic review of 208 studies by UCLA’s Sally Dickerson, now at Pace University, and Margaret Kemeny found that socially related stressors are particularly physiologically activating.

Specifically, conditions characterized by low controllability and high social-evaluative threats are associated with the greatest

tion, greater longevity and fewer illnesses.

One example is a study published in 2011 by Arie Shirom, professor emeritus at Tel Aviv University, who followed 820 healthy adults for 20 years. Employees were asked to judge the quality of relationships with their co-workers. Controlling for lifestyle factors such as smoking, obesity and depression, those who had the lowest social support at work were 2.4 times more likely to die compared with those most satisfied with their peer relationships during the study.

Finally, two separate studies of 3,205 men and 1,204 women, followed for 15 years by Marko Elovainio at the University of Helsinki, both found that employees who worked for toxic bosses and experienced

physical pain both follow similar physiological pathways in our brain. Additionally, both lead to the same negative outcomes of stress, depression, immune suppression and fatigue.

In her 2006 study, UCLA’s Naomi Eisenberger used the latest technology to peer into the inner workings of our brain called functional magnetic resonance imaging, or fMRI, while participants were involved in a social exercise (virtual ball-tossing game Cyberball) designed to provoke feelings of social isolation, hurt and rejection.

Eisenberger studied what part of the brain was activated while a group of subjects played a computer game with other individuals they didn’t know. Comparison of fMRI brain activity in participants who thought they were being ignored and rejected during this collaborative game revealed greater activity in the part of the brain associated with physical pain (anterior cingulate cortex).

Additionally, the participants who were rejected also reported feeling psychological distress based on self-report measures. Eisenberger’s study was one of the first to confirm that there is substantial overlap between social and physical pain.

Everyone has experienced physical pain, and one of the things many might do is take an over-the-counter pain reliever. But as Eisenberger and her team demonstrated, physical pain isn’t the only kind of pain we might experience. Our feelings can also be hurt from feeling slighted, having our ideas rejected or even being given feedback people experience as evaluative. Researchers wondered whether a common analgesic pain reliever, such as acetaminophen, could also blunt social pain.

So Nathan Dewall at the University of Kentucky asked healthy college students to take acetaminophen or a placebo twice a day consecutively for three weeks. Using the same Cyberball experimental design as in earlier research, those who took acetaminophen reported experiencing significantly fewer hurt feelings and had less neural pain circuits activated in fMRIs than those taking the placebo.

When toxic leaders are identified, provide such individuals with coaching and 360-degree feedback to address their interpersonal and social deficits and increase their awareness about how their behavior affects others.

cortisol response up to 60 minutes after the stressful encounter. Other nonsocial stressors showed that cortisol, known as the stress hormone, returned to baseline levels 21 to 40 minutes later, suggesting that negative interpersonal interactions can on average elevate our level of stress 50 percent longer than stressors that are largely task- or performance-oriented.

What’s more, current studies show a significant link between relationships with one’s boss and other colleagues with diverse outcomes such as enhanced immunity, less job burnout, decreased depression, enhanced job satisfac-

tion, greater longevity and fewer illnesses. One example is a study published in 2011 by Arie Shirom, professor emeritus at Tel Aviv University, who followed 820 healthy adults for 20 years. Employees were asked to judge the quality of relationships with their co-workers. Controlling for lifestyle factors such as smoking, obesity and depression, those who had the lowest social support at work were 2.4 times more likely to die compared with those most satisfied with their peer relationships during the study. Finally, two separate studies of 3,205 men and 1,204 women, followed for 15 years by Marko Elovainio at the University of Helsinki, both found that employees who worked for toxic bosses and experienced

The Pain of Rejection

So why do poor relationships at work make us feel so bad?

One possible reason appears to be social rejection, bullying, emotional pain and

Building on this research, Ohio State University doctoral candidate Geoffrey Durso had a group of students who had taken acetaminophen or a placebo evaluate both pleasant and unpleasant images to better understand just how our brain processes strong emotions in general. Relative to the placebo, the painkiller muted not just negative but also positive emotions with greater effect as the intensity of emotions increased — positive emotions were blunted by 20 percent and negative emotions 10 percent.

Health at Risk

Can bad bosses contribute to hypertension, absenteeism and even coronary heart disease? It appears that working for a toxic boss might indeed be a health risk.

In 2003, Nadia Wager, now at the University of Bedfordshire, found that employees had higher blood pressure when they worked with a troublesome supervisor and lower blood pressure when they worked with a more supportive supervisor. In her field study, blood pressure was measured every 30 minutes over a 12-hour period for three days. Statistically significant differences were observed for those working for supervisors perceived to be less favorable.

Working for a bad boss is also associated directly with absenteeism due to illness at work. Another prospective study of 506 males and 3,570 females, by University of Helsinki's Mark Elovainio, measured "perceived justice," or supervisory practices and positive leadership behaviors, and absenteeism due specifically to illness and self-reported health.

The rates of absence due to sickness among those perceiving low justice were 1.2 to 1.9 times higher than among those perceiving high justice. These associations remained significant and meaningful even after statistical adjustments were made for other behavioral risks like heavy workload, job control and social support.

In one longitudinal study published by Mika Kivimäki from the University College London, 6,442 male British civil ser-

Q&A: Professor Marko Elovainio, University of Helsinki

Kenneth M. Nowack: The concept of 'justice' is something you have studied extensively for many years. Can you provide a brief explanation of what it is and why it is important?

Marko Elovainio: An increasing number of empirical studies suggest that the extent to which employees are treated fairly and justly in the workplace may affect their health. Organizational justice is a concept defining the decision-making rules applied and the quality of social interaction at work. Organizational justice can be divided into three categories: procedural justice (characteristics of the decision-making procedures), distributive justice (effort-reward balance of outcomes) and relational justice (trustful and respectful interpersonal treatment of employees by their supervisors). Low organizational justice has consistently shown to be associated with occupational strain and with negative emotional, behavioral and physiological reactions such as inflammation, sleeping problems, poor health habits such as drinking, cardiovascular regulation and cognitive impairments, and with a high rate of work absenteeism. Additionally, low justice has been associated with job dissatisfaction, retaliation, workplace aggression, lower work commitment and withdrawal from the job.

Nowack: Have you found any trends or consistent findings among the three types of justice concepts?

Elovainio: The initial interest in the area of organizational justice considered distributive justice and perceptions of equity, but more recent research has emphasized

procedural and relational justice. All forms of justice are important. For example, using a prospective longitudinal design, we studied the relationships between organizational justice and sickness-related absences both before and after a major life event among 25,459 public sector employees working in 2,551 work units. Sickness absences covered the period from 36 months prior to the event until 30 months after the event. Increase in sickness absences after the event was bigger and stayed at a higher level even 30 months after the event, among those who perceived the management practices in their work unit to be relatively unfair. Similar patterns were found for each of the distributive, procedural and interactional dimensions of organizational justice. Some differences between occupational groups have been found in the relative importance of justice dimensions, but differences seem to be surprisingly small.

Nowack: What should organizations do more, less or differently to create a culture of trust and fairness?

Elovainio: Our findings suggest that, when possible, organizations should seek feedback from its employees, increase autonomy, offer possibilities for employees to express their opinions concerning their work, increase decisional control and involve employees more in work-related change efforts. Additionally, organizations should implement general preventive actions against workplace bullying and identify leadership practices that enhance or diminish employee engagement.

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vants were asked to rate supervisory practices — perceived justice at work — and were followed for cardiovascular events for 10 years. Those employees who perceived that their supervisors treated them fairly had 30 percent lower heart disease incidents even after adjustment for other known risk factors.

Toxic leaders can undoubtedly be liabilities, affecting outcomes such as absenteeism, stress disability claims, hostile workplace lawsuits and health.

Finally, Anna Nyberg from the Department of Public Health Sciences at the Karolinski Institute in Sweden found in a three-year prospective study on 3,122 workers that supportive leadership behavior — clarity of goals and role expectations, supplying information and feedback, ability to carry out changes at work successfully and promotion of employee participation and control — were significantly associated with significantly lower cardiac risk and death.

These trends existed even after controlling for such factors as perceived workload, social class, smoking, physical activity, blood pressure and body mass index. These studies and others suggest that toxic leaders may be another independent risk factor to heart disease and just as important as smoking, obesity, high blood pressure, cholesterol and inactivity.

Remedying the Situation

Given the effect of “killer bosses” on employee health and engagement, there are a number of ways that organizations can minimize selecting and promoting such individuals in the first place as well as ways to fairly address the behaviors of these leaders.

To build psychologically healthy cultures, organizations should consider the following suggestions:

- Encourage employees to use their confidential employee assistance programs, or EAPs, when necessary to seek strategies for managing toxic employees and other colleagues.

- When toxic leaders are identified, provide such individuals with coaching and 360-degree feedback to address their interpersonal and social deficits and increase their awareness about how their behavior affects others.
- Make sure organizational engagement surveys are transparent with results communicated back to leaders to identify such “killer bosses” so that some interventions can be considered and implemented.
- Communicate policies and procedure around bullying behavior at work and be consistent with the enforcement of such stated policies.
- Use constructive, consistent and fair constructive confrontation about such toxic behavior to enhance employee morale, engagement and decrease perceived levels of stress.
- Assess for emotional and social competence. Given that Gallup suggests that companies fail to choose the leadership candidate with the right talent for the job 82 percent of the time. However, use caution when using existing popular self-report measures because the majority suffers from recycling other well-established concepts in psychology such as conscientiousness, extraversion, emotional stability, self-efficacy, self-rated performance, ability-based emotional intelligence and cognitive ability.
- Assess future leaders for interest in leading. Minimize the practice of promoting independent contributors into leadership roles when managerial and specialist career paths and compensation opportunities are lacking.
- Provide ongoing feedback on performance progress linked to specific projects/assignments, and link compensation, rewards and bonuses directly to positive and supportive leadership practices that can be observed and measured.
- Use available “big” and “small” data to assess the effect of leadership practices on retaining high-potential talent, absenteeism rates within departments, stress disability claims, and other important metrics that have both productivity and health implications for the organization.
- Incorporate social and emotional competence as one of the defining criteria for inclusion of future leaders in “high potential” leadership programs. **tm**

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