ETHICAL LEADERSHIP AS A WAY TO PROMOTE WORK-RELATED WELL-BEING

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MASTER'S THESIS

Nursing Science

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December 2015

UNIVERSITY OF TURKU
Department of Nursing Science

TAATILA, JOHANNA: Ethical leadership as a way to promote work-related
well-being
Master's thesis, 72 pages, 12 appendix pages
Nursing Science
December 2015

The purpose of this study was to clarify the connections of ethical leadership with the work-related well-being of employees. Additionally, the role of occupational health care in ethical leadership that promotes work-related well-being was analyzed. The objective of the study was to produce knowledge to support the development of ethical leadership and work-related well-being as well as to find ways for occupational health care to support organizations in these actions.

The target groups of this study consisted of the managers (N=43) and employees (N=336) working in one organization in the Finnish energy industry. The population was studied in November 2014 using census. The data was gathered with two different web-based surveys containing structured and open questions. The survey for managers consisted of background questions and statements concerning ethical leadership, work-related well-being and occupational health care. The employee questionnaire consisted of questions about background and statements about work-related well-being and ethical leadership. The structured questions were analyzed with SPSS Statistical Program and the open questions using inductive content analysis.

At least 80 % of the managers saw their actions as ethical in all but one part of ethical leadership. The work-related well-being of the employees was found best in the area of ability to work (91 % agreed) and lowest in the area of experience of ethical leadership (67 % agreed). The results showed a strong positive connection between ethical leadership and all the components of work-related well-being. The managers and employees were generally quite happy with the services of occupational health care but managers saw some problems with the collaboration with occupational health care. Several ways to improve work-related well-being and collaboration with occupational health care were found. One of the most important things was thought to be offering ways to maintain ability to work and making these actions visible.

Investing in ethical leadership and work-related well-being is extremely important for the success of an organization and the societal benefits cannot be forgotten either. The role of occupational health care in promoting the health and well-being of employees is substantial. Occupational health care should offer managers more tools to recognize difficult situations and acting in them as well as encourage managers to seek help from occupational health care without hesitation in problematic situations of leadership.

Keywords: Ethical leadership, work-related well-being, occupational health care

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Tämän tutkimuksen tarkoituksena oli selventää eettisen johtamisen ja työntekijöiden työhyvinvoinnin yhteyksiä. Lisäksi tarkasteltiin työterveyshuollon roolia esimiesten apuna työhyvinvointia edistävässä eettisessä johtamisessa. Tutkimuksen tavoitteena oli tuottaa tietoa eettisen johtamisen ja työhyvinvoinnin kehittämisen tueksi sekä löytää työterveyshuollolle tapoja tukea organisaatioita näissä toimissa.

Tutkimuksen kohderyhmän muodostivat yhden suomalaisen energia-alan yrityksen esimiehet (N=43) ja työntekijät (N=336). Tutkimus toteutettiin marraskuussa 2014 käyttäen kokonaisotantaa. Aineisto kerättiin kahden erillisen strukturoituja ja avoimia kysymyksiä sisältävän verkkokyselyn avulla. Esimieskysely koostui taustatietokysymyksistä sekä eettistä johtamista, työhyvinvointia ja työterveyshuoltoa koskevista väittämistä. Työntekijäkysely koostui taustatietokysymyksistä sekä työhyvinvointia ja eettistä johtamista koskevista väittämistä. Strukturoidut kysymykset analysoitiin SPSS-tilasto-ohjelmiston avulla ja avoimet kysymykset käyttäen induktiivista sisällön analyysiä.

Vähintään 80 % esimiehistä näki oman toimintansa eettisenä kaikilla paitsi yhdellä eettisen johtamisen osa-alueella. Työntekijöiden työhyvinvointi oli korkein työkyvyn osalta (91 % samaa mieltä) ja matalin eettisen johtamisen kokemuksen osalta (67 % samaa mieltä). Tulosten mukaan eettisellä johtamisella oli vahva positiivinen yhteys kaikkien työhyvinvoinnin osa-alueiden kanssa. Esimiehet ja työntekijät olivat yleisesti melko tyytyväisiä työterveyshuollon palveluihin, mutta esimiesten mielestä yhteistyössä työterveyshuollon kanssa esiintyi joitakin ongelmia. Tulosten avulla voitiin löytää useita tapoja työhyvinvoinnin sekä työterveyshuoltoyhteistyön parantamiseksi. Yksi tärkeimmistä asioista yhteistyön parantamisessa oli työkykyä ylläpitävän toiminnan lisääminen ja siihen liittyvien toimien näkyväksi tekeminen.

Eettiseen johtamiseen ja työhyvinvointiin panostaminen on erittäin tärkeää yrityksen menestymisen kannalta eikä paremman työhyvinvoinnin yhteiskunnallisia etuja voida unohtaa. Työterveyshuollon rooli työntekijöiden terveyden ja hyvinvoinnin edistäjänä on huomattava. Työterveyshuollon tulisi tarjota esimiehille enemmän työkaluja hankalien tilanteiden tunnistamiseen ja niissä toimimiseen sekä kannustaa hakemaan helpommin apua työterveyshuollolta johtamisen ongelmatilanteissa.

Asiasanat: Eettinen johtaminen, työhyvinvointi, työterveyshuolto

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1   INTRODUCTION

Leadership has a significant connection with the working climate and relationships in the workplace (Juuti & Vuorela 2011; Kuoppala et al. 2008), the amount of sick leaves, age of retirement and the well-being of employees in the work community (Kuoppala et al. 2008). The ethicality of leadership has been shown to have a connection with the desired effects of work-related well-being on employees (Brown et al. 2005; Juuti & Vuorela 2011; Kuoppala et al. 2008) in increasing people's ability but also the willingness to work (Sosiaali- ja terveysministeriö [STM] 2011). This shows that leadership and especially ethical leadership plays a significant role in improving work-related well-being of employees (Brown et al. 2005; Juuti & Vuorela 2011; Kuoppala et al. 2008; STM 2011).

Occupational health care plays its own important role in promoting work-related well-being and it also plays a part in helping managers improve the well-being of employees. (STM 2013; Työterveyslaitos [TTL] 2013a.) The Ministry of Social Affairs and Health in Finland has set a goal for lengthening the lifelong working time by three years by the year 2020. Well-being at work is in the last resort dependent of the actions made in the guidance of managers and occupational health care and the input of every employee. (STM 2011.)

According to a report by the Finnish Institute of Occupational Health in 2012 the annual costs of insufficient well-being at work amounted to 41 billion euros. (TTL 2013b). According to the calculations of the Confederation of Finnish Industries sickness absences cause major loss of income to its member companies. The economic and public health costs cannot be ignored either. (Pyöriä 2012; Suutarinen 2010.) In the future it would be important to pay more attention to work-related well-being and its components and especially the part that leadership plays in promoting it.

The purpose of this study was to clarify the connections of ethical leadership with the work-related well-being of employees. Additionally, the role of occupational health care in ethical leadership that promotes work-related well being was analyzed. The objective of the study was to produce knowledge to

support the development of ethical leadership and work-related well-being as well as to find ways for occupational health care to support organizations in these actions.

2 BACKGROUND

2.1 Leadership

Leadership can be seen as the exercise of influence in a group context (Johnson 2012). It's a process of social influence that a person can use to harness the professional skills of employees (Chemers 1997; Johnson 2012). Leaders further the needs, wants and objectives that are shared by leaders and followers (Johnson 2012). Leadership is the pursuit of common goals towards which leaders and followers function in collaboration (Chemers 1997; Johnson 2012; Leach & Gyurko 2012). Leaders have a responsible role for the overall direction of the group. Leaders face the challenges of power when trying to live up to ethical demands and responsibilities. (Johnson 2012.) Leadership is sometimes confused with management. Where leadership is interaction with other people management is a process of coordinating actions. It is also allocation of resources. (Leach & Guyrko 2012.)

The reality of leadership is quite complex. The interpersonal processes are influenced by intrapersonal characteristics. Influence is an important part of leadership and it means that leaders affect others. Leadership requires interaction between leaders and followers. Leadership can occur between a leader and an individual, group, organization, community or society. Traditionally leadership has been associated with a position of authority, control and power over subordinates. This type of mindset is, however, rather old-fashioned because there are much less those who are in a position of authority than those who are considered leaders within organizations these days. There are some characteristics that are considered typical in leadership. These characteristics can be seen in Figure 1.

- Personal mastery: competence in tasks
- Values: acting as per common and personal values
- Service: links information learned in a classroom to the community
- Interactiveness: ability to form good relationships
- Understanding context: adjusting leadership in different contexts
- Management of meaning: mastering both verbal and non-verbal situations
- Balancing: Ability to multitask and balance between different goals
- Continuous learning: ability to constantly transform and learn new things
- Effective decision making: ability to make affective decisions based on facts
- Political understanding: participating in various political processess
- Modeling: ability to pass on learned beliefs and practices to followers
- Integrity: integrity is always expected from a leader

Figure 1. Leadership characteristics (modified from Leach & Guyrko 2012, 3–4)

2.2 Ethical leadership

Ethical leadership has become a rather hot topic in organizational practice. There are great expectations towards organizations to promote ethical leadership throughout the organizational hierarchy. (Mayer et al. 2009.) A review of relevant literature reveals that research on ethical leadership focuses on a Western-based perspective (Brown et al. 2005). Ethical leadership is commonly seen as the demonstration of normatively appropriate conduct (Brown et al. 2005) and the promotion of this conduct to followers (Detert et al. 2007; Piccolo et al. 2010; Walumbwa & Schaubroeck, 2009). This description seems rather vague as it does not specify any particular norms ethical leaders can refer to. Many researchers have called for specification of the relevant norms for ethical leadership (Giessner & van Quaquebeke 2010).

In the beginning of the 1900's, an American pioneer of organisational studies, Mary Parker Follet, stated that management is the art of getting things done through people (Feldt et al. 2012). Good leadership comprises the idea of ethicality (Feldt et al. 2012). An ethical leader is an example of trustworthiness

and honesty to his subordinates (Feldt et al. 2012; Johnson 2012; Johnston 2004). Ethical leadership includes the idea of a responsible way of using power. A leader must not exceed his authority. A good and ethical leader also gives his subordinates the power and responsibility that is rightfully theirs. (Keselman 2012; Price 2008.) Yet there's only fairly little research focusing on the ethical dimensions of leadership (Brown et al. 2005; Den Hartog & De Hoogh, 2009; Toor & Ofori, 2009; Treviño et al. 2006).

Throughout history people have been ruminating on larger-than-life questions such as what is the essence of life. At the same time great effort has been put on finding out how to achieve this good life which is an essential part of ethicality. A good life is, however, only one part of ethicality. (Juuti 2002.) Questions about how people should act in certain situations are in the centre of ethical reasoning and also ethical leadership. The ideal of goodness can only be achieved through a certain ethical depth in a person. (Juuti 2002; Solomon & Stone 2002.)

Understanding the core of ethical leadership requires letting go of the idea of trying to create a new ism or a leadership style. A good example of this is transformational leadership style which is widely seen as an ethical leadership style. There can be cases in which transformational leaders are considered unethical. On the other hand, transactional leadership, which is considered the antithesis of transformational leadership, can also be used by ethical leaders to induce reinforcement of positive behaviors through rewards and punishments. (Brown et al. 2005; Giessner & Quaquebeke 2010.) The idea of ethical leadership is not to question the already existing ideas of management or leadership but to deepen our understanding about the interactive and fruitful activity that we call leadership (Juuti 2002).

Determining whether the actions of a person are ethical is not always completely straightforward. Laws and norms make it easier to define the acceptability of actions but there are also other issues to be taken into account. (Johnson 2012; Juuti 2002.) Different cultures or communities may have their own motives to act in certain ways (Johnson 2012; Juuti 2002; Mendonca & Kanungo 2006). Ideals also change with time. In addition, people don't always

realize that what is good is not necessarily right. (Juuti 2002.) There are four different components that can be found in ethical leadership in the Western society. These are honesty, selflessness, the ability to motivate and encouragement. (Resick et al. 2006.) Ethical leadership can also be characterized through ethical values such as making good actions and avoiding bad ones, respecting human dignity, being just (Johnston 2004; Keselman 2012; Price 2008; Treviño et al. 2000), caring, humane (Keselman 2012; Price 2008) and using power responsibly (Johnston 2004; Keselman 2012; Price 2008).

The acts of an ethical leader are moral and he follows ethical standards (Johnson 2012; Johnston 2004; Treviño et al. 2000). In order to be a moral leader one has to be a moral person. The morality of a person is in a way a prerequisite of ethicality in a person and therefore of the ethicality of leadership. (Johnson 2012; Treviño et al. 2000.) Actions often speak louder than words and that is one of the main reasons why it is often thought that what makes a leader ethical is not what he says but what he does. So a leader has to walk the walk and not only talk the ethical talk, so to speak. (Treviño et al. 2000). A moral/ethical manager rewards ethical conduct and disciplines unethical conduct in order to set the standards of ethical actions within an organization (Treviño et al. 2000). An ethical leader acts as a role model to his employees acting as a vital component in creating an ethical climate which in turn results in desired organizational outcomes. (Brown et al. 2005; Treviño et al. 2000; Treviño et al. 2003).

An ethical leader faces questions like, what is the path towards which I'm guiding my subordinates like or how do my actions affect the people working with me? In conclusion it could be said that there are several characteristics that are used to describe ethical leadership but a pattern can be seen in the concepts used to describe it in literature. Table 1 presents the main characteristics of an ethical leader described by several researchers. Many words have been used to describe the same concepts that have been drawn together in this table.

Table 1. Characteristics of an ethical leader

Characteristic	Reference (in alphabetical order)
Communicativeness (interactiveness, communication)	Brown et al. 2005; Juuti 2002; Treviño et al. 2003
Honesty (integrity, sincerety, trustworthiness, words and actions meet)	Brown et al. 2005; Feldt et al. 2012; Johnson 2012; Resick et al. 2006; Treviño et al. 2000; Treviño et al. 2003;
Justice (just, fair, does the right thing, responsible way of using power)	Brown et al. 2005; Johnson 2012; Johnston 2004; Keselman 2012; Price 2008; Treviño et al. 2000; Treviño et al. 2003;
Unselfishness (selfless, unselfish)	Johnson 2012; Mendonca & Kanungo 2006; Resick et al. 2006
Good motivational skills (encouraging)	Resick et al. 2006
Normatively appropriate conduct (obides ethical standards and laws, moral)	Brown et al. 2005; Johnson 2012; Johnston 2004; Juuti 2002; Mendonca & Kanungo 2006; Treviño et al. 2000; Treviño et al. 2003;
Rewards ethical conduct	Brown et al. 2005; Treviño et al. 2000; Treviño et al. 2003
Disciplines unethical conduct	Brown et al. 2005; Treviño et al. 2000; Treviño et al. 2003

2.3 Work-related well-being

Work-related well-being or well-being at work is comprised of many things including employees' health, coping, workplace safety, control over one's work and working/organizational climate but most of all good leadership. The basis of work-related well-being is an employee that is feeling physically, mentally and socially well. A healthy working community ensures competence, productiveness and competitiveness in an organization. (Juuti & Vuorela 2011.) In Finland work-related well-being is promoted mainly at the workplaces by the

joint forces of managers, occupational health care and occupational safety personnel. (Juuti & Vuorela 2011; STM 2012; Suutarinen 2010; TTL 2013).

Organizational climate has an impact on work flow, absorption, work enjoyment, motivation and learning new things. Support from supervisors, being aware of organizational goals and feedback on performance are also necessary in creating well-being at work. When work is experienced as good, it allows the person to derive motivation from it. Job resources like autonomy, social support, performance feedback and learning opportunities are significant because they further motivation. (Orsila et al. 2011.) It is important that employees find the work rewarding and supportive of life management. (Juuti & Vuorela 2011.) Work-related well-being is always a subjective experience and it is influenced not only by work but also by the person's own life experiences and personal history. (Orsila et al. 2011.)

Concepts like meaningfullness, job satisfaction (which could be thought as the synonym for contentment with work), job engagement and work motivation are tightly linked to work-related well-being and to each other. Ideas of work-related well-being differ according to different disciplines. In economics, for example, job satisfaction is thought to be equated with work-related well-being where in health sciences job satisfaction is only one part of work-related well-being. This is why the subject is often studied from a single viewpoint rather than from a combination of them. This also makes it harder to create a consistent picture of work-related well-being. (Juuti & Vuorela 2011; Mamia 2009; Orsila et al. 2011.) Job engagement is a rather new concept and it is explained as a positive reaction towards the job that is characterized by motivation, dedication and absorption. It shares many of the characteristics of job satisfaction and these concepts are therefore very close to each other in meaning. (Xanthopoulou et al. 2009).

Work-related well-being also includes things like the physical working environment, avoiding stress and burnout, being content with the work itself and the workplace, relationships at work, atmosphere, motivation, mental fulfillment and the balance between work and one's personal life. The combination of these things creates the basis of work-related well-being. (Juuti & Vuorela 2011;

Mamia 2009.) Other factors of work-related well-being include mainly work ability, perceived stress, work flow, personality, self-esteem and optimism. Work ability consists of work demands and individual resources. It is one of the key concepts of work-related well-being. (Orsila et al. 2011.) The most important precondition of work-related well-being is perhaps the balance between the job's demands and job control. The experienced meaningfulness of work has reduced in the 21st century. This is why one of the most important factors of work-related well-being is coping at work. Neglecting work-related well-being weakens solidarity and motivation, exposes to work-related illnesses and eats away the basis of the organization. (Pyöriä 2012.) In health care work-related well-being also has an effect on how patients are cared for; i.e. it has been found that high work stress is associated with hospital-associated infection among patients (Virtanen et al. 2009).

The subject of work-related well-being is often approached through negative perspectives like stress, burnout and dissatisfaction when the focus should be more on how to prevent these unwanted problems and how to promote well-being at work. (Orsila et al. 2011.) The main components of work-related well-being have been combined in Figure 2 which helps in understanding the relationships of these components.
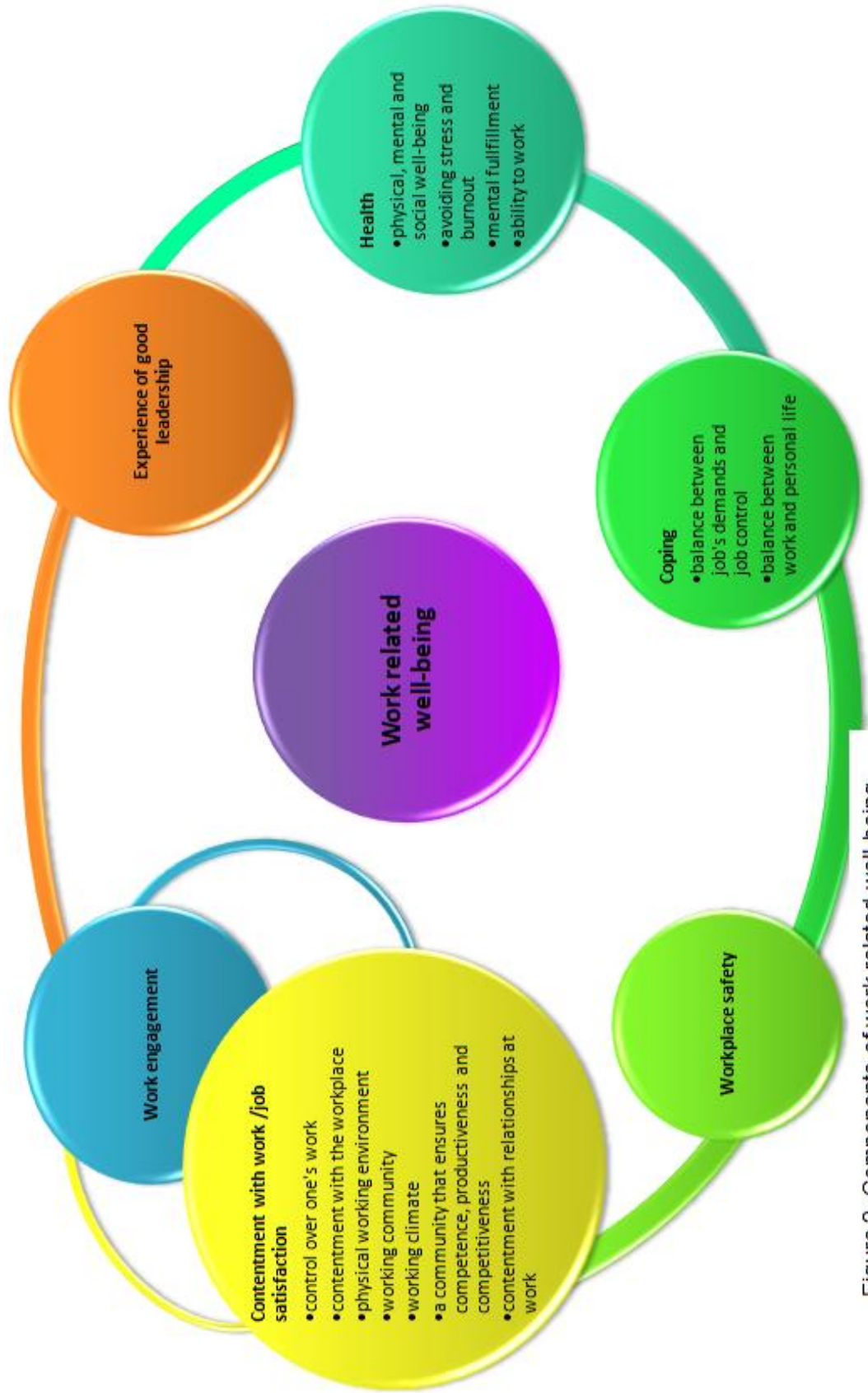
Figure 2. Components of work related well-being

Work related well-being

Health
- physical, mental and social well-being
- avoiding stress and burnout
- mental fullfillment
- ability to work

Experience of good leadership

Coping
- balance between job's demands and job control
- balance between work and personal life

Work engagement

Workplace safety

Contentment with work /job satisfaction
- control over one's work
- contentment with the workplace
- physical working environment
- working community
- working climate
- a community that ensures competence, productiveness and competitiveness
- contentment with relationships at work

2.4 Leadership as a component of work-related well-being

Leadership has a rather direct connection with the atmosphere and relationships of a workplace as well as the amount of sick leaves of the employees, the age of retirement (Juuti & Vuorela 2011; Kuoppala et al. 2008) and the well-being, satisfaction and dedication of employees (Brown et al. 2005; Juuti & Vuorela 2011; Kuoppala et al. 2008). Work-related well-being has been covered fairly well in research literature during the past decades. (Kahn & Byosiere 1992). However, the link between ethical leadership and work-related well-being has not been researched much. Most of the research found in this area focuses on the connections of ethical leadership and job satisfaction which is only a part of work-related well-being. (see Brown et al. 2005; Neubert et al. 2009; Treviño et al. 2000.)

It is easier to understand the experience of ethicality in leadership and satisfaction or well-being at work through certain emotions. The polarity of positive and negative emotions has its roots in ethics. When simplified, this means that good and bad can be distinguished through the satisfaction of needs and desires. Right and wrong can be set apart by following certain universal rules but virtue and vice are attributes of personal character. So, a positive emotion is connected to satisfaction and emotions define whether a person experiences certain situations as ethical or unethical. Negative emotions have been linked to the deterioration of health. (Solomon & Stone 2002.) An unfavorably perceived supervisor has been found to possibly have a clinically significant impact on supervisees' cardiovascular functioning and is therefore a potential workplace stressor causing decline in work-related well-being (Wager et al. 2003).

Ethical leadership is known to be good for business in many ways but most of all it has a direct link to employee commitment, satisfaction and comfort which are all contributing to work-related well-being. (Brown et al. 2005; Treviño et al. 2000; Brown & Treviño 2006). Not only does superiors' ethical leadership enhance their subordinates' job satisfaction (Brown et al. 2005; Brown & Treviño 2006; Neubert et al. 2009) but top management organizational support for ethical issues also leads to middle managers' affective organizational

commitment and sharing the organization's values which again leads to subordinate job satisfaction (Brown & Treviño 2006; Ikola-Norrbacka 2010; Kim & Brymer 2011; Mayer et al. 2009). Ethical leadership also has an indirect influence on employees' job satisfaction. The indirect effect involves shaping perceptions of ethical climate, which in turn, engender greater job satisfaction and affective organizational commitment. The influence of ethical leadership behavior on ethical climate is enhanced when the manager is perceived to be interactionally just. (Neubert et al. 2009.) While ethical leadership at all organizational levels is important it is the immediate supervisors that most directly influence employee behavior (Mayer et al. 2009).

2.5 Occupational health care in Finland

Occupational health care is the expert in the relationship between work and health. Together with employers it takes care of employees' ability to work and function as well as occupational safety. Occupational health services (OHS) vary quite a lot even among European Union countries. Finland provides primary care with preventive measures. The difference between primary care in OHS and other primary health care is the possibility of OHS to have an influence in workplaces by supporting work ability and improving working conditions. (Kimanen et al. 2011.)

The Finnish Council of State laid down a regulation of a good standard for occupational health care in the beginning of the year 2014. The most central concept in this regulation is occupational health collaboration which means joint forces of employers, employees and occupational health care to execute the occupational health care act. (TTL 2015.) In addition to the occupational health care act (Työterveyshuoltolaki 21.12.2001/1383) there are four laws that regulate the organizing of occupational health care in Finland: Occupational safety and health act (Työturvallisuuslaki 23.8.2002/738), Primary health care act (Kansanterveyslaki 28.1.1972/66), Health care act (Terveydenhuoltolaki 30.12.2010/1326) and Health insurance act (Sairausvakuutuslaki 21.12.2004/1224). (STM 2014.)

The goal of the occupational health care is to promote employees' health and ability to work and function during the different stages of a working career as well as help in preventing work-related illnesses and accidents. It also promotes the health and safety of work and working environments as well as the functioning of working communities. The Finnish Strategy for social protection and the Government programme stress the facts that coverage, quality and impressiveness of the occupational health care should be added and that the preventive actions of occupational health care should concentrate in the sustenance of ability to work, evaluation of the health hazards of work and recognizing decline in working ability. They also state that occupational health care should be further developed in order to better prevent disability to work and improve the possibilities to work for those who are able to work part time. Early care and rehabilitation require the seamless collaboration of occupational health care, employers and health care in general. (STM 2014.)

In Finland employers are obliged to provide occupational health care services for employees. The employers can provide these services themselves or buy them from health care centers, private health care practices or other service providers. Municipalities are obliged to provide occupational health care services for those employers in the area that are willing to use them. Entrepreneurs can provide these services for themselves. (STM 2014.)

The Finnish occupational health care system is well-developed and constantly evolves to meet changing criteria. The coverage and efficiency of the Finnish occupational health care system is very good compared to other systems internationally. (Räsänen 2005.) There are three crucial factors that have affected this: The Occupational Health Care Act enacted in 1978 (Työterveyshuoltolaki 1.1.2002 1383/2001), the 50 % compensation paid for employers for occupational health care costs and the social consensus about the necessity of occupational health care as well as how it should be improved. (Räsänen 2005.)

During the first decades of the 21st century stress and other special work-related risks will increase because of the fast ageing of the workforce and rapid changes in working life. The ability of occupational health care to evolve will be

weighed and especially the ability of occupational health care to take part in the process of increasing the ability to work in collaboration with workplaces. The integration of occupational health care with organizations' production processes means making the development of working communities and work surroundings a priority over the traditional individual-oriented way of putting occupational health care into practice. The successful actions to increase ability to work also call for customer orientation and quality services. Adopting the principles of good occupational health care practice is hoped to decrease the variation in the quality of occupational health care services. The coverage of services for entrepreneurs and small employers should still be further developed. With the increase in the amount of atypical ways of working it will be a challenge to secure these services for everyone in the future. (Räsänen 2005.)

3   PURPOSE, OBJECTIVES AND RESEARCH QUESTIONS

The purpose of this study was to clarify the connections of ethical leadership with the work-related well-being of employees. Additionally, the role of occupational health care in ethical leadership that promotes work-related well being was be analyzed. The objective of the study was to produce knowledge to support in developing ethical leadership and work-related well-being as well as to find ways for occupational health care to support organizations in these actions.

The research questions are as follows:
1. What are the managers' views about ethical leadership?
2. How are ethical leadership and work-related well-being of employees linked to each other?
3. What are the manager's views about collaboration with occupational health care?
4. How can occupational health care support managers in ethical leadership?

4   METHODS

4.1 Study design

The interest of this study was the managers and employees working in the same organization. This study used a quantitative, descriptive and correlational study design (Figure 3.). The method of data collection was a web-based survey using two different instruments consisting of structured and open questions. The survey was carried out using Webropol software. The choice of study design was guided by the purpose of the study and the research questions. The study design guided the definition of the population and sample of the study as well as the method of measuring, method of data collection and the method of data analysis. (Grove et al. 2013; Kelley et al. 2003.)

Sample
- The managers N=43 and employees N=336 of one organization in the energy industry

Instruments
- Two different structured instruments: one for managers and one for employees

Data collection
- A web-based survey using Webropol-software 11-12/2014

Data analysis
- Statistical data analysis of the structured questions using SPSS-software
- Inductive content analysis of the open questions

Figure 3. Study design

Using a descriptive correlational study design it was possible to describe the connections between different variables. The study design was selected because it fit the purpose of the study well. The design was not experimental and it didn't include interventions. (Grove et al. 2013; Kelley et al. 2003). The advantage of a web-based survey was that it was easy and quick to reach a vast amount of people (Heikkilä et al. 2008). The organization was chosen

because of its adequate size which allowed studying managers working in multiple levels of leadership and it was also possible to reach a comprehensive picture of the work-related well-being of employees. It was impossible to recognize individual persons from the answers.

4.2 Population and sample

The population of this study consisted of the managers (N=43) and employees (N=336) working in one organization in the Finnish energy industry. The population was studied using census which means that every unit in the population was studied (see Grove et al. 2013). Inclusion criterion for the managers was that the person had to be working in a managerial position in the organization. The single exclusion criterion was that a person was working in a managerial position but had no subordinates. The inclusion criterion for the employees was that the person had to be currently working in the organization so employees on different types of leaves such as maternity leave were excluded from the study. The purpose of the criteria was to get a sample that was representative of the population (see Grove et al. 2013).

4.3 Research instruments

The data were gathered using two different questionnaires that were newly created for this study. One questionnaire was created for managers and one for employees. The questionnaires contained structured and open questions. The structured questions were Likert-scaled: disagree (1), partially disagree (2), neither agree nor disagree (3), partially agree (4) and agree (5). There was no existing survey that could be used for managers so a new questionnaire consisting of six parts was created. The survey for managers was meant to create a general picture of the attitudes of managers towards the link between ethical leadership and work-related well-being as well as whether the background variables and managers' own work-related well-being had a connection with ethical leadership. Also, the thoughts of managers about collaboration with occupational health care were mapped. The first part (statements 1–11) consisted of demographics. The second part (statements 12–16) explained the manager's own work-related well-being. Because the

connection between ethical leadership and work-related well-being hasn't been researched much, there was no solid theoretical base that could be used when creating the third part (statements 17–31) of the questionnaire for the manager survey that was used to figure out the connection between ethical leadership and work-related well-being. Therefore, the ethical leadership and work-related well-being questions in the manager survey were based on the characteristics of ethical leadership (Table 1) as well as the components of work-related well-being (Figure 2) and what was known about the connection between them based on the literature review.

The fourth part (statements 32–41) consisted of questions concerning the collaboration between managers and occupational health care. The fifth part (statements 42–46) consisted of questions concerning the improving of the collaboration between manager and occupational health care in the organization. The final part consisted of three open questions created to figure out managers' views about ethical and unethical leadership as well as their opinions about how to improve the work-related well-being of employees in collaboration with the occupational health care.

Several existing questionnaires for work-related well-being were found but they were often very long or missing some areas of well-being needed to cover in this survey. So, a new questionnaire was created for the employee survey based on the components of work-related well-being. The questionnaire for the employees consisted of three parts. Part one (statements 1–3) was demographics. Part two (statements 4–23) concerned the employees work-related well-being. A section illustrating thoughts about ethical leadership was included in to the work-related well-being part of the questionnaire so that it could later be turned into a sum variable and compared with other sum variables concerning statements about work-related well-being in general. The last part consisted of one open question that was used to find out the respondents' opinions about what matters concerning the working community, leadership or occupational health care were in need of improving within the organization.

4.4 Data collection

The data was gathered through two different web-based surveys (Webropol) from the managers and employees of one organization in the energy industry in November 2014. The questionnaire for the managers was piloted (N=8). The questionnaire for the employees was assessed (fall 2014) by human resource personnel of the organization before the actual collection of the data. The assessment showed the questionnaire to be functional in what it was measuring and therefore no further piloting was seen necessary. The data collection was initiated with recruitment of the respondents with the help of a contact person from the organization. First a bulletin of the upcoming study was posted on the intranet website of the organization. Then a covering letter was sent by email to the managers of the organization. The email contained the link to the actual Webropol-survey. The respondents were given ten days to answer the survey and one reminder email was sent after a few days of the opening of the link. After the completion of the first survey the survey for employees was done following the same pattern.

4.5 Data analysis

The structured questions were analyzed using IBM's SPSS 22.0 for Windows Statistical Program. The open questions were analyzed using inductive content analysis. (Grove et al. 2013.) Background variables in the questionnaire for the managers included sociodemographics and variables concerning leadership. Background variables in the questionnaire for the employees were consisted of sociodemographics. Tables of variables can be seen in Appendices 3 and 4. Some of the results concerning sum variables are shown already in this paragraph of "Data analysis" in the same tables where the forming of sum variables is presented (Tables 2 and 4).

4.5.1 Survey for managers

The statistics used to describe background variables were frequencies, percentages and ranges. Sum variables were formed from the statements according to previously determined themes that were used to create the

questionnaire. The themes were based on characteristics of ethical leadership and components of work-related well-being. The themes were named: trust towards the subordinate, encouragement, supportive leadership, help from occupational health care, collaboration with occupational health care and development of collaboration with occupational health care. Cronbach's alpha coefficients (α) were calculated in order to determine the internal consistency of the sum variables created (see Hair et al. 2010). The process of creating the sum variables is shown in Figure 4. The formed sum variables are shown in Table 2 and the statements that are included in each sum variable can be found in the list of variables in Appendix 3.
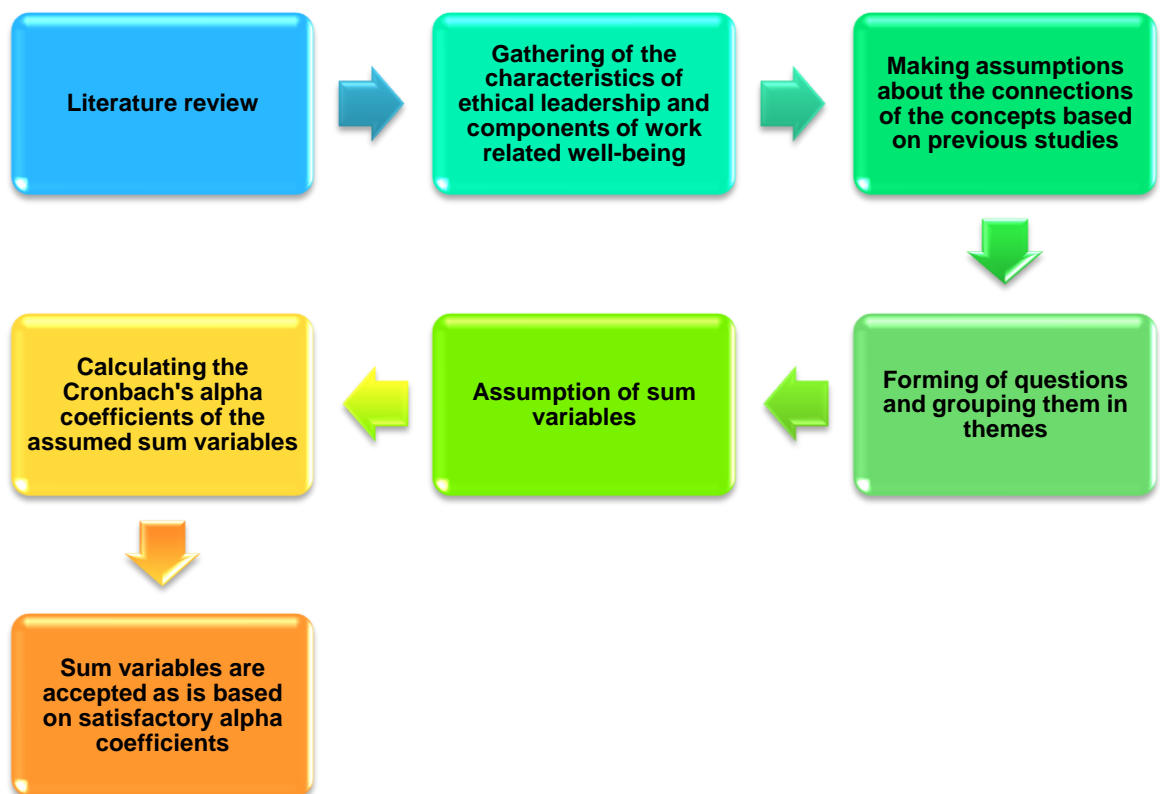

Figure 4. Process of creating sum variables in the survey for managers

Table 2. Sum variables in the survey for managers

Sum variable	Mean	Std. Deviation	Minimum	Maximum	Cronbach's alpha
Manager's work-related well-being (5 items)	4,20	0,69	1,80	5,00	0,68
Trust towards employees (5 items)	4,42	0,51	2,60	5,00	0,75
Encouragement for employees (4 items)	4,02	0,56	2,75	5,00	0,78
Supportive leadership (6 items)	4,18	0,40	3,67	5,00	0,65
Help from occupational health care (6 items)	3,53	0,82	2,17	5,00	0,92
Collaboration with occupational health care (4 items)	2,41	0,91	1,00	4,00	0,87
Development of collaboration with occupational health care (5 items)	2,99	0,74	1,20	5,00	0,82

Regression analysis was used to explore the relationships between background variables and sum variables. Regression analysis was chosen because it helps in understanding change in the typical value of the dependent variable when independent variables vary. When creating regression models it is important that the sample size is adequate. Models with one independent variable can successfully be drawn together even with sample sizes starting from 20. However, a model with several independent variables requires a sample size of at least 50 and preferably 100. Due to small sample size (N=35) in the survey for managers the model of one independent variable was used. Standardized regression coefficients (Beta value, β) that illustrate the degree of effect of the variable are presented from the final regression models. Standardized beta values allow for direct comparison between coefficients in a multiple regression model. Statistical significance tests of regression coefficients are required in regression analyses. Levels used for statistical significance were $p < 0,05$ and $p < 0,01$. Coefficient of determination (R^2) is presented with the results as a measure of the explanatory power of different regression models in the study. (see Hair et al. 2010.)

Kruskal-Wallis test was used to compare differences between different units in the survey for managers. Since the sample size was rather small (N=35) and normal distribution could not be assumed it was better to use Kruskal-Wallis test than the basic one-way analysis of variance. Kruskal-Wallis test suits opinion scales well. The level used for statistical significance was $p<0,05$. (see Hair et al. 2010.)

4.5.2 Survey for employees

The statistics used to describe background variables were frequencies, percentages and ranges. The components of work-related well-being were used as a guide in creating sum variables. Exploratory factor analysis was used to find consistencies in the Likert-scaled statements and then to form sum variables to calculate the values of the variables measuring the same thing. The primary purpose of the factor analysis was to clarify the underlying structure among the variables in the analysis. There was no clear theory about the themes concerning work-related well-being. Factor analysis was chosen because it is a good tool for analyzing the structure of correlations among a large number of variables and defining sets that are highly interrelated. The method of factor analysis used was principal component analysis with oblimin rotation. Cronbach's Alpha coefficients (α) were calculated in order to determine the internal consistency of the sum variables created from the factors. (see Hair et al. 2010.)

The results of the principal component analyses with oblimin rotation helped form themes (work engagement, ability to work, working climate and ethical leadership) based on the components of work-related well-being from the statements in the questionnaire for the employees. The statements describing ethical leadership formed the clearest factor in the preliminary factor analysis and it suggested that the statements describing ethical leadership had a high correlation with many of the elements concerning work-related well-being. These statements were therefore separated from the following analyses. Each item of ethical leadership loaded on its appropriate factor with primary loadings exceeding .671. The last question about occupational health care was excluded

from the sum variables because the question had no significance in the area of work-related well-being.

Another analysis was performed using only the statements describing work-related well-being. Three factors were formed from the statements describing work-related well-being. The statement "The requirements of my work are in balance with my resources" had a high loading in two different factors and additional tests were used to determine in which factor it should be placed. Cronbach's Alpha coefficients (α) were calculated in order to determine the placement of this statement and the internal consistency of all the sum variables created from the factors.

Once all the significant loadings had been identified, each variable's communality was examined in order to determine the amount of variance accounted for by the factor solution for each variable. The communalities were viewed in order to assess whether the variables met acceptable levels of explanation. The accepted level of communality was >0,5 (see Hair et al. 2010). All variables except one (My job description is clear and I understand the goals of my work: communality 0,448) exceeded this level. This one statement did, however, have a good loading (0,67) in the first factor so it was accepted in it. The process of creating the sum variables in the survey for employees can be seen in Figure 5 and the results of the factor analyses can be seen in Table 3.
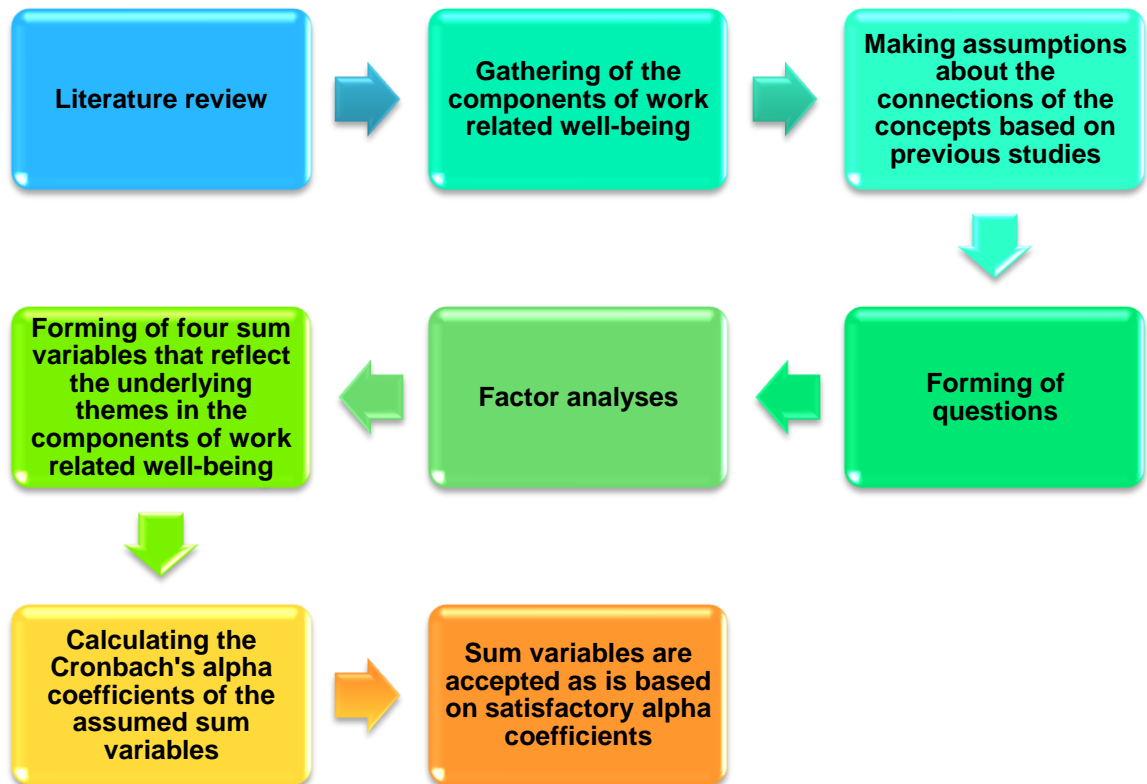
Figure 5. Process of creating sum variables in the survey for employees

Table 3. Results of principal components analysis of the work-related well-being items (N=193 employees)

Items	Factor loadings		
	Factor 1	**Factor 2**	**Factor 3**
Factor 1: Work engagement			
My work duties are interesting and challenging.	**,83**	,14	,30
I think I have a job that suits me.	**,82**	,20	,23
I enjoy my work.	**,77**	,33	,50
My work contribution is important to the success of the organization.	**,71**	,24	,09
My job description is clear and I understand the goals of my work.	**,67**	,23	,31
Factor 2: Ability to work			
I feel that my physical ability to work is good.	,26	**,81**	,08
My work and my free time are in balance with each other.	,06	**,76**	,40
I feel that my mental ability to work is good.	,48	**,76**	,34
The requirements of my work are in balance with my resources.	,52	**,55**	,40
Factor 3: Working climate			
It is easy to bring up difficult subjects in my working community.	,39	,37	**,74**
I haven't faced bullying or harassment in my work.	,22	,05	**,72**
I am able to concentrate on my work without too many distractions.	,21	,50	**,60**
It is easy for me to ask for help from my colleagues.	,25	,28	**,58**
My views are valued in my working community.*	,63	,28	**,56**

*Cronbach's alpha coefficient was calculated in order to determine the appropriate factor for this last item. Due to a higher value α=0,700 > α=0,642 the item was placed in factor 3 instead of factor 1.

The sum variables formed based on the factor analyses are shown in Table 4. The statements that are included in each sum variable in the survey for employees are shown in the list of variables in Appendix 4.

Table 4. Sum variables in the survey for employees

Sum variable	Mean	Std. Deviation	Minimum	Maximum	Cronbach's alpha
Work engagement (6 items)	4,16	0,75	1,60	5,00	0,83
Ability to work (3 items)	4,24	0,67	1,25	5,00	0,71
Working climate (5 items)	3,93	0,70	2,00	5,00	0,70
Ethical leadership (5 items)	3,79	0,93	1,00	5,00	0,88

The connections between sum variables and background variables were searched using Spearman's correlation and linear regression analysis. The level used for statistical significance was $p<0,05$. Regression analysis was used the same way as in the survey for managers to explore the relationships between background variables and sum variables and the same values are presented in the regression models. A model with several independent variables was used due to the adequate sample size (N=193) in the survey for employees. (see Hair et al. 2010.)

5 RESULTS

5.1 Participants in the survey for managers

The mean age of the respondents (N=35) was 42 years (range 27–61 years). Most of the respondents (77 %, n=35) were male and 23 % (n=8) were female. A little over a half of the respondents (57%, n=20) had a higher academic degree, 34 % (n=12) a lower academic degree, 6 % (n=2) a vocational degree and 3 % (n=1) had a postgraduate degree.

There were 21 respondents (60%) working in an immediate superior positions, eight (23 %) in middle manager positions and six (17 %) in executive positions. The respondents had been working in the organization from 0 to 31 years (mean 7,1 years). One of the respondents had not answered this question. Respondents' working time in the organization can seen in Table 5.

Table 5. Respondents' working time in the organization

Time	n
less than a year	6
1–5 years	13
6–10 years	9
11–20 years	3
over 20 years	3

The respondents (n=34) had been working in their current positions on average 2,7 years (range 0–25 years). Ten of the respondents (29 %) had been working in their current positions for under a year. The respondents had been working in a managerial position during their entire working careers on average 10,3 years (range 0–30 years). There were 16 respondents (46 %) that had been working in managerial positions for ten or more years. The amount of direct subordinates was on average seven (range 2–15) and the amount of indirect subordinates twelve (range 0–120). Most (66 %) of the respondents (n=23) did not have indirect subordinates. The managers were working in four different units within the organization (N=35, missing 2): Unit A: 41 % (n=15), unit B 11 % (n=4), unit C 16 % (n=6) and unit D 27 % (n=10).

Most (91 %) of the respondents (n=32) didn't belong in a group or committee promoting work-related well-being. Only one of the respondents felt that their own actions had no significant effect on the work-related well-being of employees. The managers' own work-related well-being is shown in Table 6.

Table 6. The managers' work-related well-being

Statement	Agree (5)	Partially agree (4)	Neither agree nor disagree (3)	Partially disagree (2)	Disagree (1)	Mean	Std. deviation
I enjoy my work.	6 % n=2	17 % n=6	51 % n=18	23 % n= 8	3 % n=1	4,54	0,70
I think I have a job that suits me.		3 % n=1	3 % n=1	20 % n=7	74 % n=26	4,66	0,68
The requirements of my work are in balance with my resources.	6 % n=2	11 % n=4	6 % n=2	23 % n=8	54 % n=19	4,09	1,27
My views are valued within my working community.	3 % n=1	6 % n=2	6 % n=2	31 % n=11	54 % n=19	4,29	1,02
My work and my free time are in balance with each other.	9 % n=3	23 % n=8	9 % n=3	37 % n=13	23 % n=8	3,43	1,31

5.2 Participants in the survey for employees

The average age of the respondents (N=193) was 40 years (range 22–64 years).The majority (66 %) of the respondents (n=128) were male and 34 % (n=65) were female. About a fourth (24 %) of the respondents (n=45) had a higher academic degree, 42 % (n=81) had a lower academic degree, 30 %

(n=58) had a vocational degree. The respondents had been working in their current positions from 0 to 36 years the average time being 6,0 years. A minority (6 %) of the respondents (n=11) were working in fixed-term positions and 94 % (n=182) of the respondents had contracts valid for the present. The respondents were working in four different units within the organization (N=190, missing n=3): unit A 38 % (n=73), unit B 11 % (n=21), unit C 35 % (n=67) and unit D 15 % (n=29).

5.3 Managers' views about ethical leadership

The statements about ethical leadership that promotes work-related well-being were separated into three sums: trust towards the subordinate, encouragement and supportive leadership. These sum variables were shown in Table 2 (see chapter 4.5.1). The results show that in the survey for managers, the respondents mainly considered their leadership styles to be ethical. At least 80 % of the managers saw their actions as ethical in all parts of ethical leadership except in the field of encouragement and performance appraisal (statements 9 and 15) where only 51% and 66 % of managers agreed. The managers' opinions about ethical leadership that promotes work-related-well being are shown in Table 7.

Table 7. Ethical leadership that promotes work-related well-being

Statement	Agree (5)	Partially agree (4)	Neither agree nor disagree (3)	Partially disagree (2)	Disagree (1)	Mean	Std. deviation
I succeed in clearly defining the duties to my subordinates.	23 % n=8	71 % n=25	6 % n=2	-	-	4,17	0,51
I trust that my subordinates will carry out their duties self-directedly.	54 % n=19	37 % n=13	3 % n=1	6 7 % n=2	-	4,40	0,81
I instruct my subordinates to work more as a team than as individuals in order to reach the goals of work.	49 % n=17	34 % n=12	14 % n=5	3 % n=1	-	4,29	0,83
I thank my subordinates for work tasks that are carried out well.	37 % n=13	54 % n=19	11 % n=4	3 % n=1	-	4,34	0,54
I acknowledge the well carried out work tasks of my subordinates by giving them recognition.	31 % n=11	54 % n=19	11 % n=4	3 % n=1	-	4,14	0,73
I ask for the opinions of my subordinates in problematic situations considering work.	57 % n=20	40 % n=14	-	3 % n=1	-	4,51	0,66

Statement	Agree	Partially agree	Neither agree nor disagree	Partially disagree	Disagree	Mean	Std. deviation
I provide my subordinates with opportunities to affect their own work.	60 % n=21	37 % n=13	3 % n=1	-	-	4,57	0,56
I keep my subordinates posted about the changes considering the working community.	46 % n=16	43 % n=15	8 % n=3	3 % n=1	-	4,31	0,76
I find new ways to encourage my subordinates.	11 % n=4	40 % n=14	46 % n=16	3 % n=1	-	3,60	0,74
I give my subordinates individual feedback on well carried out work tasks.	26 % n=9	57 % n=20	9 % n=3	9 % n=3	-	4,00	0,84
I succeed in creating the operational preconditions to support the working of my subordinates.	43 % n=15	46 % n=16	11 % n=4	-	-	4,31	0,68
I find new answers to resolving methods that have been found unworkable.	37 % n=13	57 % n=20	6 % n=2	-	-	4,31	0,58
I am able to change my way of working in accordance to the feedback I have gotten.	34 % n=12	54 % n=19	11 % n=4	-	-	4,23	0,65

Statement	Agree	Partially agree	Neither agree nor disagree	Partially disagree	Disagree	Mean	Std. deviation
I am able to recognize changes in my subordinates' work-related well being by performance appraisal.	34 % n=12	54 % n=19	11 % n=4	-	-	4,23	0,65
I am able to have an effect on my subordinates' work-related well being with the help of performance appraisal.	23 % n=8	43 % n=15	29 % n=10	6 % n=2	-	3,83	0,86

The open questions were analyzed using inductive content analysis (see Grove et al. 2013). The answers formed five characteristics of ethical leadership according to managers that are shown in Figure 6. The process of inductive content analysis is shown in Table 8. The original answers from the respondents first formed eleven categories. Five higher categories were drawn together from the previous eleven. These highest categories formed the five characteristics of ethical leadership. The first characteristic was abiding by rules and norms. This included abiding by ethical and organizational values as well as laws. The second characteristic was treating employees respectively as individuals. According to managers an ethical leader takes the individual needs and abilities of employees into account and respects the employee. The third characteristic was communicativeness. The respondents thought that an ethical leader is conversational and maintains dialogue within the team during difficult times as well. Communicative leadership also included listening to the opinions of employees and openness. An ethical leader is open, shares knowledge, clearly informs the employees about changes and openly brings up ethical deviations as well. The fourth characteristic was justice. Being just also involves being fair and treating people equally. The last characteristic was honesty. Managers thought that an ethical leader should be honest and reliable.

- abiding by rules and norms
- treating employees respectively as individuals
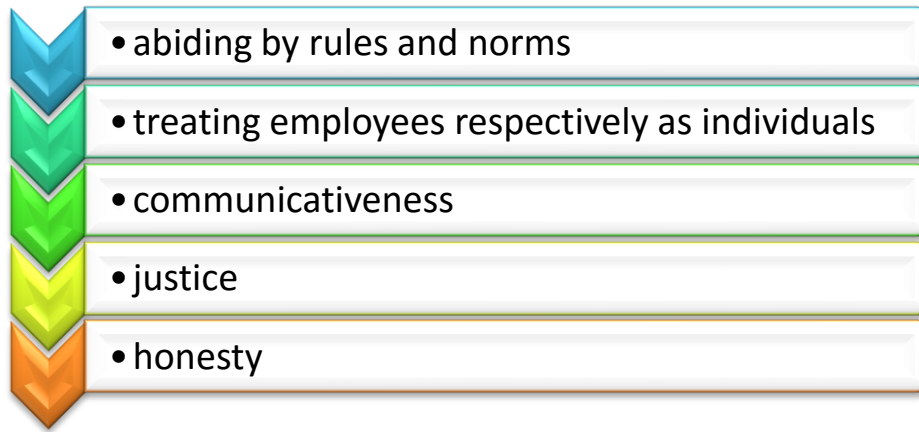- communicativeness
- justice
- honesty

Figure 6. Characteristics of an ethical leader according to managers (n=30)

Table 8. Inductive content analysis of what managers see as ethical leadership

Characteristic of ethical leadership	Lower category	Original answer
Abiding by rules and norms	**Abides by ethical values**	- Is ethical - Makes decisions based on shared values - Values the employees' well-being over financial gain
	Abides by laws	- Abiding by laws and rules - Makes sure that legal obligation are fulfilled
	Abides by organizational values	- Acts according to organizational values - The same shared values hold througout the organization - Acts in a way that reflects organizational values that everyone should aim to abide
Treating employees respectively as individuals	**Takes the individual needs of employees into account**	- Takes individual needs into account - Sees the employee as an individual person instead of just another employee - Understands different situations in life with different employees. - Understands the importance of balance between individual situations and work community needs
	Respective	Acts respectively towards employees Appreciates the employee

Characteristic of ethical leadership	Lower category	Original answer
Communicativeness	**Communicational**	- Maintains good dialogue within teams even in difficult situations - Conversational leadership
	Open	- Openness - Shares information - Acts openly - Informs about changes clearly Maintains open communication
Justice	**Just**	- Justice - Work is being done in a way that is just in the eyes of the employee as well as the employer - Treats people justly
	Equal, fair	- Is fair - Is equal in leadership - leads equally - Treats people equally regardless of sex, religion etc. - Doesn't let prejudice to have an effect in leadership
Honesty	**Honest**	- Honesty - Is honest to everyone - Acts in an upright way
	Reliable	Is reliable

In order to distinct ethical leadership from unethical leadership the managers were also asked to tell what constitutes unethical leadership in their point of view. There were six characteristics formed for unethical leadership that are shown in Figure 7. Accordingly, nine respondents thought that unethical leadership was simply the opposite of ethical leadership.

- failing to abide by shared values or laws
- pursuing financial gain at the expense of other people
- treating employees unequally
- dishonesty
- disregard
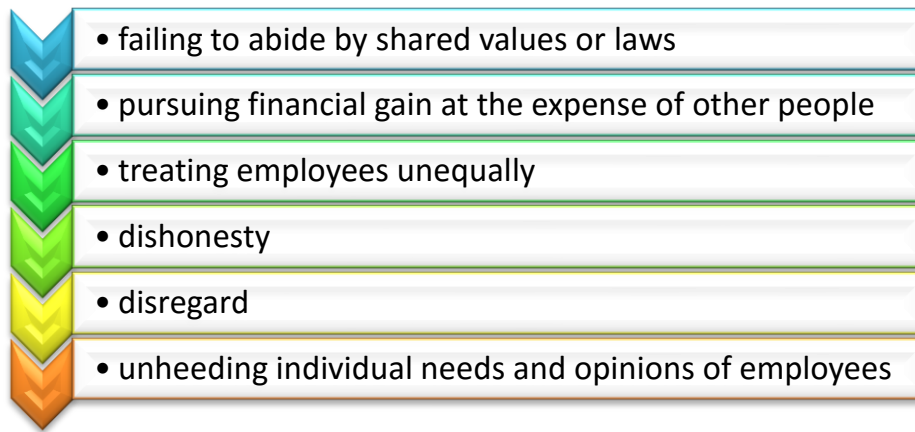- unheeding individual needs and opinions of employees

Figure 7. Characteristics of an unethical leader according to managers (n=30)

The process of inductive content analysis is shown in Table 9. The original answers from the respondents first formed nine categories. Then six higher categories were drawn together from the previous nine. These highest categories formed the six characteristics of unethical leadership. The first characteristic of unethical leadership was failing to abide by shared values or laws. This included acting against ethical norms or organizational values and breaking the law. The second characteristic was pursuing financial gain at the expense of other people. The third characteristic was treating employees unequally meaning favoritism and inequality between employees. The fourth characteristic was dishonesty meaning lying, circumventing the rules and having hidden or double agendas as well as disagreement between words and actions. The fifth characteristic was disregard including underestimation, not concerning oneself with flaws or drawbacks and not listening to the majority's opinion. The last characteristic was unheeding individual needs and opinions of employees. This also included hierarchical leadership.

Table 9. Inductive content analysis of what managers see as unethical leadership

Characteristic of ethical leadership	Lower category	Original answer
Failing to abide by shared values and laws	**Unethical actions**	- Unethicality - Bullying - Not following organizational values or acting against them
	Breaking the law	- Breaking the law - Acting against regulations
Pursuing financial gain at the expense of other people	- Maximizing financial gain at the expense of people - Numbers override everything else	
Treating employees unequally	- Favoring - Unequal treatment of employees - Inequality in treating people	
Dishonesty	**Lying**	- Dishonesty and gimmickry - Withholding information - Plotting - Having hidden or double agendas - Circumventing the rules - Acting behind someone's back
	Disagreement between words and actions	- Words and actions do not meet - Disagreement between words and leadership style
Disregard	**Disregard**	- Disregard - Leaving flaws unattended - Disrespect
	Underestimation	- Underestimation - Not listening to the majority's opinion
Unheeding individual needs and opinions of employees	- Bossing around - Doesn't take individual needs into account - Making rules that aren't based on the employees' daily duties - Hierarchical leadership	

5.4 The link between ethical leadership and work-related well-being

5.4.1 Managers' survey

Work-related well-being of managers had a statistically significant (p<0,05) connection with the sum variable describing relying on employees. According to the regression analysis, those managers who enjoyed their work less relied on their employees more (p=0,001; Beta=0,526; R^2=0,276). According to Kruskal-Wallis test, there were no significant differences between units found in the organization (p>0,05). However, results showed a statistically significant connection (p<0,05) between managers' work-related well-being and one component of ethical leadership: "I Provide my subordinates with opportunities to affect their own work." Results show that when the superior had lower work-related well-being he offered more of these opportunities for his subordinates.

5.4.2 Employees' survey

To explore the connection between ethical leadership and work-related well-being data from the employee survey was used. The analyses were conducted using factor and regression analyses. Statements about employees work-related well-being were separated into four sums: work engagement, ability to work, working climate and ethical leadership. These sum variables were shown in Table 4 (see chapter 4.5.2). The employees' opinions about their own work-related well-being can be seen in table 10.

Table 10. Employees' work-related well-being

Statement	Agree (5)	Partially agree (4)	Neither agree nor disagree (3)	Partially disagree (2)	Disagree (1)	Mean	Std. deviation
I enjoy my work.	48 % n=93	38 % n=74	3 % n=6	9 % n=17	2 % n=4	4,22	1,00
I think I have a job that suits me.	49 % n=95	37 % n=71	4 % n=8	9 % n=17	1 % n=2	4,24	0,96
My job description is clear and I understand the goals of my work.	39 % n=76	44 % n=84	10 % n=19	6 % n=11	2 % n=3	4,14	0,92

Statement	Agree	Partially agree	Neither agree nor disagree	Partially disagree	Disagree	Mean	Std. deviation
The requirements of my work are in balance with my resources.	34 % n=66	47 % n=90	9 % n=17	9 % n=18	1 % n=2	4,04	0,95
My work duties are interesting and challenging.	34 % n=66	42 % n=80	11 % n=22	11 % n=21	2 % n=4	3,95	1,04
My work contribution is important to the success of the organization.	48 % n=93	38 % n=73	9 % n=18	2 % n=4	3 % n=5	4,27	0,91
I feel that my mental ability to work is good.	54 % n=104	35 % n=67	5 % n=9	5 % n=10	1 % n=3	4,34	0,91
I feel that my physical ability to work is good.	57 % n=110	34 % n=65	7 % n=13	3 % n=5	-	4,45	0,74
My work and my free time are in balance with each other.	40 % n=77	42 % n=81	9 % n=18	7 % n=14	2 % n=3	4,11	0,96
My views are valued in my working community.	26 % n=51	43 % n=82	16 % n=30	12 % n=23	4 % n=7	3,76	1,08
It is easy for me to ask for help from my colleagues.	59 % n=114	30 % n=58	8 % n=16	2 % n=4	1 % n=1	4,45	0,78
I am able to concentrate on my work without too many distractions.	18 % n=34	35 % n=67	15 % n=29	24 % n=47	8 % n=16	3,29	1,25
It is easy to bring up difficult subjects in my working community.	21 % n=40	40 % n=77	19 % n=37	18 % n=34	3 % n=5	3,59	1,08

Statement	Agree	Partially agree	Neither agree nor disagree	Partially disagree	Disagree	Mean	Std. deviation
I haven't faced bullying or harassment in my work.	76 % n=146	14 % n=26	3 % n=5	6 % n=12	2 % n=4	4,54	0,96
I can influence my work and duties sufficienlty.	27 % n=52	38 % n=73	17 % n=33	14 % n=26	5 % n=9	3,69	1,14
I get enough possibilities to develop my skills in my working community.	25 % n=48	36 % n=69	17 % n=33	15 % n=28	8 % n=15	3,55	1,23
My superior appreciates my work contribution.	44 % n=84	30 % n=57	17 % n=33	6 % n=11	4 % n=8	4,03	1,10
My superior treats me equally in relation to other employees.	50 % n=97	29 % n=55	13 % n=25	6 % n=12	2 % n=4	4,19	1,02
I get enough feedback from my superior.	17 % n=33	41 % n=79	21 % n=41	16 % n=31	5 % n=9	3,50	1,10
I am satisfied with the services of the occupational health care.	58 % n=112	30 % n=58	7 % n=13	5 % n=9	1 % n=1	4,40	0,85

The connections between sum variables and background variables in the employee survey were searched using Spearman's correlation and linear regression analysis. Descriptive statistics of background variables and sum variables as well as Spearman's correlations are presented in Table 11. The correlation table shows, as expected, that the subject of main interest in the study, ethical leadership, correlates rather highly (from ,51 to ,74) with all three sum variables describing work-related well-being (work engagement, ability to work and working climate). The different elements of work-related well-being also correlate moderately with each other (from ,50 to ,55).

These types of correlations can be expected with multifaceted phenomena such as work-related well-being (see Hair et al. 2010). Due to the nature of the research subject, the three elements of work-related well-being were used as dependent variables separately in the regression analyses. The correlations of independent variables were examined in case of multicollinearity. The highest value of collinearity in the data was ,58 which was acceptable because bivariate correlations of ,70 or higher may result in multicollinearity problems (see Hair et al. 2010).

Table 11. Descriptive statistics and Spearman's correlations of variables in employee survey

Independent variable	Mean	s.d.
1. Gender	1,33	0,47
2. Age	39,94	11,32
3. Highest educational level (1–4)	1,89	0,77
4. Working time (years) in current position	6,01	8,34
5. Nature of employment (fixed-term/valid for present)	1,94	0,23
6. Dummy for organization's unit A	0,38	0,49
7. Dummy for organization's unit B	0,11	0,31
8. Dummy for organization's unit C	0,35	0,48
9. Dummy for organization's unit D	0,15	0,36
10. Ethical leadership	3,79	0,93
Dependent variable (formed sum variables)		
11. Work engagement	4,16	0,75
12. Ability to work	4,24	0,67
13. Working climate	3,93	0,70

Spearman's correlations (according to the numbers matching variables above)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1.												
2.	,16*											
3.	-,27**	-,35**										
4.	,05	,44**	-,34**									
5.	,08	,27**	,08									
6.	-,21**	-,03	,09	-,18*	-,08							
7.	-,18*	,05	-,06	,26**	,02	-,28**						
8.	,32**	-,17*	-,24**	-,04	,04	-,58**	-,26**					
9.	,01	,22**	,26**	,07	,04	-,34**	-,15*	-,31**				
10	-,06	-,09	,01	,27**	,10	-,07	,11	,07	-,09			
11	-,10	-,14*	-,03	,13	,02	-,04	-,00	,14	-,13	,72**		
12	-,08	-,06	-,09	,17*	-,01	-,10	,02	,10	-,02	,51**	,50**	
13	-,09	-,11	,12	,21**	,08	-,09	,00	,03	,09	,74**	,55**	,55**

*Correlation is significant at the 0,05 level (two-tailed test)

** Correlation is significant at the 0,01 level (two-tailed test)

Regression analyses were conducted in three successive steps and the results of these analyses can be seen in Table 12. In the first step only background

variables were used to test relation to the three different elements of work-related well-being separately as dependent variables. There were originally three categorical variables of which two (gender and nature of employment) were already dichotomous so they didn't need to be turned into dummy variables because categorical variables with two levels may be directly used in a multiple regression model. The variable "Level of education" was ordinal and was accepted in the analyses as is. However, four dummy variables were created from the units (A, B, C, D) in the organization in order to use these variables as independent variables in the regression analysis. These unit dummy variables could only be interpreted in relation to their reference categories. (see Hair et al. 2010.) All the background variables in the employee survey were used in the regression analysis as is, in order to determine whether the employees' background had a connection with work-related well-being. A connection was found only in one background variable: working time in current position. It had a negative relation ($p < 0.05$) with ability to work and working climate.

In the second step the sum variable describing ethical leadership was added in to the model. The results show positive relation ($p < 0.01$) to all three elements of work-related well-being. Ethical leadership had the highest β-coefficient (0,74) with working climate as the dependent variable. Adding the sum variable of ethical leadership to the analysis removed the negative relation found in the first step.

In the third step the sum variable of ethical leadership was divided in to the original five items (see appendix 4, statements 21 to 25). The results in this step showed more variation than in the first two steps. When the variables were regressed on work engagement, employee's ability to influence his work duties had the highest regression coefficient which was positive ($β = 0.26$; $p < 0.01$). Skill development and work appreciation had a positive relation with work engagement as well. When the variables were regressed on ability to work, employee's experience of being treated equally with others had the highest regression coefficient that again was positive ($β = 0.23$; $p < 0.05$). Also influence on work duties had a positive relation with ability to work. With working climate the highest regression coefficient was with employee's experience of his work

being appreciated by his superior ($\beta=0,29$, $p<0,01$). Other positive relations with working climate were with influence on work duties and employee's experience of being treated equally with others. Thus, employee's ability to influence his work duties correlates with all the three studied elements of work-related well-being. Employee's experience of getting enough feedback from his superior had no significant connection with any of the elements. The adjusted R^2 value was highest for working climate (0,57).

Table 12. Results of employee survey's regression analyses (Beta coefficients)

N=193	Dependent variable								
	Work engagement			**Ability to work**			**Working climate**		
1. Background variables	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Gender	,16	,10	,09	,11	,07	,07	,07	,01	-,00
Age	,09	,02	,02	,15	,09	,09	,16	,08	,09
Highest educational level	,02	,05	,04	,07	,09	,08	-,10	-,06	-,07
Working time in current position	-,13	-,01	-,01	-,21*	-,12	-,12	-,20*	-,08	-,08
Nature of employment	-,02	,04	,03	-,01	,03	,02	-,08	-,02	-,02
Unit A (dummy)		,03	,03		,09	,09		,04	,05
Unit B (dummy)	,04	,12	,12	,02	,12	,12	,00	,10	,10
Unit C (dummy)	-,09			-,13			-,11		
Unit D (dummy)	,09	,07	,07	-,04	-,00	,00	-,10	-,12	-,10
2. Sum variable									
Ethical leadership (EL)		,69**			,48**			,74**	
3. EL variables índividually									
Influence on work duties			,26**			,21*			,25**
Skill development			,22**			,12			,11
Work appreciation			,23*			-,10			,29**
Equality			,14			,23*			,18*
Feedback			-,03			,15			,04
Adjusted R^2	,01	,47	,49	,02	,23	,23	,02	,56	,57

*Correlation is significant at the 0,05 level (two-tailed test)

** Correlation is significant at the 0,01 level (two-tailed test)

5.5 Manager's views about collaboration with occupational health care

The views of managers about collaboration with occupational health care were sought with the help of fifteen statements. These results were compared with the background variables of managers. From the background variables the managers own work-related well being was turned in to a sum variable using all five variables in the questionnaire ($\alpha=0,68$). The collaboration between managers and occupational health care was calculated using two sum variables ($\alpha=0,92/0,87$). The questions about the development of the collaboration between managers and occupational health care created one sum variable ($\alpha=0,82$). The formed sum variables were presented in Table 2.

The managers' opinions about collaboration between managers and occupational health care are shown in Table 13 and the development of the collaboration of managers and occupational health care within the organization in Table 14.

Table 13. Collaboration between managers and occupational health care

Statement	Agree (5)	Partially agree (4)	Neither agree nor disagree (3)	Partially disagree (2)	Disagree (1)	Mean	Std. deviation
It is easy to ask for help from occupational health care in the problem situations of leadership.	20 % n=7	17 % n=6	40 % n=14	17 % n=6	6 % n=2	3,29	1,15
The occupational health care always helps in the problem situations of leadership if needed.	17 % n=6	23 % n=8	43 % n=15	17 % n=6	-	3,40	0,98
The distribution of work between managers and the occupational health care considering issues of work-related well-being is clear.	17 % n=6	31 % n=11	37 % n=13	11 % n=4	3 % n=1	3,49	1,01
It is easy and effortless to collaborate with the occupational health care.	34 % n=12	29 % n=10	34 % n=12	3 % n=1	-	3,94	0,91
Occupational health care supports leadership that promotes work-related well-being.	17 % n=6	23 % n=8	51 % n=18	9 % n=3	-	3,49	0,89
Occupational health care and managers meet often enough.	-	17 % n=6	17 % n=6	31 % n=11	34 % n=12	2,17	1,10

Statement	Agree	Partially agree	Neither agree nor disagree	Partially disagree	Disagree	Mean	Std. deviation
Occupational health care is constantly aware of the state of work-related well-being in the working community.	3 % n=1	17 % n=6	40 % n=14	20 % n=7	20 % n=7	2,63	1,09
Occupational health care sufficiently reports about the changes that have been happening in the state of work-related well-being.	-	17 % n=6	17 % n=6	46 % n=16	20 % n=7	2,31	0,99
Occupational health care sufficiently reports about the changes that are about to occur.	-	23 % n=8	29 % n=10	26 % n=9	23 % n=8	2,51	1,10
Occupational health care and managers have a consistent view about matters considering the promoting of work-related well-being.	20 % n=7	26 % n=9	49 % n=17	6 % n=2	-	3,60	0,88

Table 14. The development of the collaboration of managers and occupational health care within the organization

Statement	Agree (5)	Partially agree (4)	Neither agree nor disagree (3)	Partially disagree (2)	Disagree (1)	Mean	Std. deviation
Education meant for managers regarding work health is sufficiently available.	6 % n=2	14 % n=5	34 % n=12	37 % n=13	9 % n=3	2,71	1,02
Unit differences in the promotion of work-related well-being have been acknowledged sufficiently.	3 % n=1	14 % n=5	49 % n=17	29 % n=10	6 % n=2	2,80	0,87
Instructions considering the promotion of work-related well-being are clear enough.	3 % n=1	29 % n=10	40 % n=14	26 % n=9	3 % n=1	3,03	0,89
There are enough tools targeted at managers for supporting the work-related well-being of subordinates.	6 % n=2	17 % n=6	51 % n=18	23 % n=8	3 % n=1	3,00	0,87
Surveys about work-related well-being are carried out often enough in the organization.	20 % n=7	31 % n=11	23 % n=8	23 % n=8	3 % n=1	3,43	1,15

Regression analysis was used to explore connections between background variables and sum variables of occupational health care statements in the manager survey. Significant connections were found only between a couple of sum variables. Belonging in a group or a committee promoting work-related well-being had a statistically significant connection with the sum variable

describing the occupational health care's ability to help and act as a support for managers in promoting work-related well-being. Those who didn't belong in such a group or committee in the organization thought they got more help from occupational health care (p=0,004; Beta=0,471; R2=0,222). Higher education correlated with managers' experience of getting more help from occupational health care and experience of a well working collaboration with occupational health care.

Longer working time in the organization correlated with managers' experience of a well working collaboration with occupational health care. Also, longer working time in current position correlated with managers' experience of getting more help from occupational health care and experience of a well working collaboration with occupational health care.

5.6 Ways for occupational health care to support managers in ethical leadership

Most of the employees (88 %) were satisfied with the services of the occupational health care. There were still many opinions about how these services could be improved. The answer to how the occupational health care could support managers in ethical leadership was sought after with an open question in the managers' survey. The question emphasized the promotion of work-related well-being of employees through the joined efforts of managers and occupational health care. The answers were analyzed using inductive content analysis to find out what are the most important things to focus on when looking to improve the collaboration between managers and occupational health care. According to the respondents, one of the most important needs of improvement was providing ways to maintain ability to work and making these functions visible. The ways to do this were motivating employees, listening to their opinions and offering more theme days and campaigns linked to work-related well-being. The respondents also thought it to be essential that employees were treated and seen as individuals when planning new ways to improve work-related well-being.

Work--related well-being was seen as a very personal issue and that big differences in well-being can be seen between different individuals so one

model doesn't necessarily fit all. Regular surveying of workplace atmosphere was also seen as an important issue. It was said that these surveys could be carried out at need. The respondents hoped the reporting of the results of these surveys to be open and honest. It was thought especially important that contact between managers and occupational health care would be improved. It was seen essential that the operations of occupational health care would be better explained to managers and that managers would always be informed about any changes in these operations. Creating congruent operations models with occupational health care was seen as an essential part of this collaboration. Managers also thought that occupational health care should participate in team meetings and/or the meetings of the well-being at work group. Sharing ideas and keeping the occupational health care posted about what is going on in the organization was seen as an important issue.

The employees were asked what they considered to be things in need of improvement regarding the working community, leadership or occupational health care. The answers were analyzed using inductive content analysis by first separating the answers into three different groups according to the three parts of the original question. The groups were: working community/organization, leadership and occupational health care. Subcategories were formed under these groups. These categories can better be seen in Table 15.

Table 15. Things in need of improvement regarding the working community, leadership or occupational health care

Working community/ organization	Collaboration	
	Openness	
	Organizational clarity	
	Payroll system	
	Centralization of operations	
	Taking responsibility	
	Informing	
Leadership	Feedback	giving feedback
		giving recognition
	Resource allocation	resourcing of staff
		focusing on the essential
	Quality of leadership	
	Inequality within the working community	
	Knowing the subordinates' duties	
	Orientation	
	Ageism	
	Influencing one's work	
	Flexibility	
	Motivation	
	Trustworthiness	
Occupational health care	Improvement of occupational health care services	Equal possibilities to use services
		More extensive services
		Regular health check-up
	Improvement of physical well-being at work	Air conditioning
		Quiet work surroundings
		Electric table

Working community/organization

There was a call for better **collaboration** among teams because of a feeling that different teams don't know each other well enough and that there isn't enough joint effort within the organization. It was also thought important that there would be more **openness** as in open conversation instead of hiding things

and that even problems would be openly discussed within teams. The overall atmosphere within the organization should be open. **Organizational clarity** was seen a little bit problematic. It was stated that there should be more organizational clarity so that everyone would know their duties and who is responsible for what. There was a thought that the organizational structure is too heavy and should be simplified. Also leadership and decision-making should be simplified and leadership culture developed in order to get rid of old concepts. The **payroll system** was thought to be a bit unfair and the salary to be too low in relation to the difficulty of duties. There was a wish that more personal bonuses would be given in order to make employees committed to the organization. **Centralization of operations** to the main office got some negative remarks and there was a hope to get more opportunities to work in branch offices when possible. A general hope considering every employee was that people would **take responsibility** and not pass on duties. Also, **informing** needed to be improved. There was a call for more open, better and up-to-date informing of things between everybody within the organization. Teams should have more shared meetings and there should be common guidelines considering informing.

Leadership

There was a wish that more **feedback** would be given from the managers to the employees and that included giving honest and straight feedback more often. Feedback also included giving recognition to employees. The employees hoped that when a job is especially well done or when the employee has had to make an extra effort it would be acknowledged with thanks from the manager. **Resource allocation** could be divided into two subcategories that were resourcing of staff and focusing on what is essential. It was said that there is often too much work to be done in relation to the amount of employees. This was also thought already to have an effect on business. Focusing on what is essential meant not hurrying when it wasn't necessary, using resources wisely and focusing on doing a job well. The **quality of leadership** was thought to be in need of improvement in some cases. It was considered important to follow organizational values. The suggested solution to this was either giving more training opportunities or creating new operations models.

Inequality within the working community was thought to be a problem caused by superiors favoring certain employees. It was thought that all employees should be treated equally by the managers. Another subject in need of improvement was the manager not **knowing the subordinates' duties**. It was thought to be difficult if not impossible for the manager to make good decisions when these duties are not clear to them. It was also said that if there really is a need for micromanagement, then the manager should be especially well acquainted with the duties of the employee. **Orientation** was seen as an important issue as well. It was thought that basic orientation should include introducing the new employee to the organization and the working community. There was also thought to be some **ageism** within the organization. Some felt that the managers favored younger employees when offering possibilities to move on in one's career. It was also thought that the knowledge of older employees was not appreciated or utilized enough. There was thought to be room for improvement with the ability to **influence one's own work**. There was a wish to get more possibilities for job rotation and chances for talent development.

There was a demand for managers' **flexibility** in offering opportunities for different ways of working like remote working or working from home and possibilities to combine family and work. **Motivation** of employees was seen as an important way of creating a positive working atmosphere and as a way to encourage high performance. Lastly, **trustworthiness** of the superior was seen important and especially the obligation to maintain secrecy.

Occupational health care
Improvement of occupational health care services included having equal possibilities to use occupational health care services among all employees, having more extensive occupational health care services and getting a regular health check-up. **Improvement of physical well-being at work** included having better air-conditioning, having quieter work surroundings and having the possibility to use an electric table in order to change working positions.

6 DISCUSSION

6.1 Validity and reliability of the study

A literature review was conducted for this study in order to get an understanding of previous research done about ethical leadership and its connections with work-related well-being. The ambiguity of the subject made mapping of relevant literature quite challenging. There were many differences in how ethical leadership and work-related well-being were described in different studies. This is due to the different outlooks on the subjects in disciplines and in different countries. Most of the research found on the subject only touches on it or the views on the subject are very narrow. This can especially be seen with work-related well-being which is often discussed only from the perspective of job satisfaction. Occupational health care systems are also very different in different countries and that is why this matter was only discussed from a Finnish point of view in this study. These matters weaken the reliability of the review and complicate making generalizations from the results of the study (Grove et al. 2013).

A descriptive, correlative study design was chosen because the purpose was to get descriptive information about ethical leadership and work-related well-being as well as about the collaboration of managers and occupational health care in promoting work-related well-being. The correlative study design allowed studying the connections of ethical leadership with the work-related well-being of the entire personnel in the organization as well as the comparison of that with the experience of ethical leadership and its connections with the work-related well-being of employees. This enabled reaching an understanding of the connections in an organizational level instead of on only an individual level. Choosing a suitable study design added to the validity of the study. (Grove et al. 2013.)

Validity is the extent to which the questionnaire corresponds accurately to the research questions. The questionnaire can be reliable without being valid. Also, reliability is not the only proof of the validity of the questionnaire. Reliability means the consistency and the repeatability of the measures. (Grove et al.

2013; Polit & Hungler 1999.) There was no existing survey that could be used for managers. The questionnaire for the managers was created based on the distinctive features of ethical leadership and components of work-related well-being found in previous studies on the subject. There were several existing questionnaires for work-related well-being but they were often very long or missing some areas of well-being needed to cover in this survey. Cronbach's Alpha coefficients (α) were calculated as a measure of reliability of the research instruments. This was done in order to determine the internal consistency of the questionnaires. This measure of reliability ranges from 0 to 1 with values of 0,6 to 0,7 deemed the lower limit of acceptability. Values under 0,6 were not accepted in this study and values of 0,7 and higher were considered good. Based on the alpha coefficients the surveys in this study were considered to be quite consistent and the questions measured the same phenomenon well. (Hair et al. 2010.) Using information from previous studies when creating the questionnaires helped in adding to the validity of the study (Grove et al 2013).

Piloting a questionnaire is essential especially when it is newly created for the study. (Grove et al. 2013; Polit & Hungler 1999). The questionnaire for the managers was piloted in two parts on a sample (n=8) similar to the target group before the actual collection of the data. The questionnaire was first piloted on four people. Some alterations were made in the questionnaire after the first piloting to make sure that the questions were understood correctly. After the alterations were made the questionnaire was piloted again on four people (different than the first ones). No additional changes needed to be made because no inconsistencies or wrongly understood questions were found in the second round.

The piloting added to the reliability of the study because some of the original questions were found incoherent or were badly formed and these could be corrected before the actual survey. This was done in order to make sure that the questions were seeking answers directly to the research questions. The questionnaire for the employees was assessed in the target organization by human resource personnel and compared to similar questionnaires previously used in the organization to assess the work-related well-being of employees. It was decided that the new questionnaire covered some areas that had not been

previously mapped and also the length of the questionnaire was found much more convenient than the previously used ones that required a lot of time and energy from the respondents. The questionnaire was therefore accepted as is and no additional piloting was needed. The study was implemented in such a way that it could be repeated in any organization at any time. This added to the reliability of the study (Grove et al. 2013; Polit & Hungler 1999.)

The research method used in this study was the survey method. One of the limitations of surveys is the tendency of respondents to answer in a socially acceptable way. It can also sometimes be difficult to find a target group that is big enough and that offers a representative sample of the population. (Nirmala & Edison 2011.) The chosen organization was found suitable for the purpose of this study because of its adequate size which allowed studying managers working in multiple levels of leadership and it was also possible to reach a comprehensive picture of the work-related well-being of employees. Limitations of surveys also include possible measurement errors and the sample size remaining too small. The sample sizes in surveys vary quite a lot. (Nirmala & Edison 2011.) The sample size of the managers remained quite small (N=35) so no vast assumptions could be made from the manager data. This may have affected the reliability of the study. However, the sample size of the employees (N=193) was found quite adequate.

The benefits of surveys include the possibility to collect vast numbers of data from large groups in a small amount of time. Also, the information is accurate and easy to outline (Nirmala & Edison. 2011). The size of the organization allowed the data for both surveys to be gathered easily at the same time. The downside of the survey method is that the amount of data is emphasized more than the depth of it and the gathered data may have been left a bit superficial. (Nirmala & Edison 2011.) The two separate sets of data gathered in this study cannot be directly compared with each other which lowers the validity and reliability of this study. However, in both surveys the data could be separated according to four units within the organization which allowed both sets of data to be examined side by side. Even though no vast assumptions could be made from these results, the results of the comparison give direction to further studies.

6.2 Ethics of the study

The ethicality of the study was taken into account from the beginning of the study by first obtaining the proper permits. The research permit was applied from the senior vice president and HR director of the target organization. The organization was asked to name a contact person when applying for the permit. The contact person helped in conducting the study. The anonymity of the respondents and the organization was protected throughout the study. This was guaranteed by the fact that the questionnaire was answered electronically using the Webropol software so it was impossible to single out the respondents. It was completely voluntary to take part in the study and this was emphasized in the covering letters. The respondents had the possibility to refuse to take part in the study. (Tutkimuseettinen neuvottelukunta 2012.)

Anyone except the researcher had no access to the electronic files related to the study. The name of the organization will not be published when reporting the study. The sufficiently large sample and the way in which the answers were collected ruled out the possibility of imprintment of the respondents. (TENK 2012.) The favouring of the ethical committee of the University was not needed because the criteria for the preliminary estimate were not fulfilled. (Laki lääketieteellisestä tutkimuksesta 10.9.2010/794).

6.3 Overview of the results of the study

6.3.1 Managers' views about ethical leadership

The managers seemed to have a good sense of what constitutes ethical leadership and they considered themselves to be ethical leaders. The results of the inductive content analysis of the managers' survey resulted in six characteristics of ethical leadership. There was some variation in the characteristics compared to previous research on the subject but the characteristics were nevertheless at most parts coherent and consistent with the ones found in previous studies. It was somewhat surprising that managers had such a good understanding of what is expected from an ethical leader since the descriptions of ethical leadership vary quite a lot and there has been calls

for more specification of the norms for ethical leadership in research literature (see Giessner & van Quaquebeke 2010).

The first characteristic, "abiding by rules and norms", was completely in line with the normatively appropriate conduct described by many researchers (see Ikola-Norrbacka 2010; Johnston 2004; Johnson 2012; Mendonca & Kanungo 2006; Trevino et al. 2000; Trevino et al. 2003). The second characteristic found in this study, "treating employees respectively as individuals", had some similarities with justice but the emphasis on individuality of a person set it apart from justice. Justice was, however, a characteristic that could be found both in this study as well as in previous studies (see Brown et al. 2005; Johnston 2004; Johnson 2012; Keselman 2012; Price 2008; Trevino et al. 2000; Trevino et al. 2003). Brown (2005), Juuti (2002) and Trevino et al. (2003) described communicational skills as an important part of ethical leadership. The managers in this study also recognized communicativeness as a characteristic of an ethical leader. Lastly, honesty was found important by both the managers in this study and researchers previously (see Brown et al. 2005; Feldt et al. 2012; Johnson 2012; Resick et al. 2006; Trevino et al. 2000; Trevino et al. 2003).

At least 80 % of the managers saw their actions as ethical in all parts of ethical leadership except in the field of encouragement and performance appraisal. This result was consistent with the result from the survey for employees where employees mainly considered themselves to be lead ethically. This means that managers have the knowledge needed to act as ethical leaders and according to the results in this study they succeed quite well in using this knowledge to everyone's advantage. The fact that employees see their superiors' actions as ethical goes to prove that these results are in line with certain norms that have been found to affect peoples' behavior and how they see the behavior of others (Johnson 2012; Juuti 2002; Mendonca & Kanungo 2006).

6.3.2 The link between ethical leadership and work-related well-being

All but one of the managers believed that their own actions had a significant effect on the work-related well-being of employees. It is important for managers to acknowledge this fact since leadership has been shown to have a strong

connection with well-being at work (see Brown et al. 2005; Juuti & Vuorela 2011, Kuoppala et al. 2008; Trevino et al. 2000, Brown & Trevino 2006). The managers' own overall well-being at work was good but there was some hesitance seen with the statement "My work and my free time are in balance with each other" where 31 % (n=11) of the respondents disagreed or partially disagreed. This could be seen as a problem with ethical leadership rising from above from the superiors of these managers. They have a big part in controlling the workloads of the managers. Top management support on ethical issues has been shown to lead to middle managers organizational commitment (see Brown & Trevino 2006; Kim & Brymer 2011; Mayer et al. 2009).

The work-related well-being of the employees was found highest in the area of ability to work where 91 % of the respondents agreed with the statements. It was lowest in the area of experience of ethical leadership where 67 % of the respondents agreed with the statements. This leads to the conclusion that even though managers see themselves as ethical leaders, employees don't agree in all parts of ethical leadership. This is consistent with the findings of Orsila et al. (2011) that the experience of well-being at work is always subjective and influenced by many things and what Solomon & Stone (2002) have said about positive and negative emotions being connected to a person and those emotions affecting the persons feelings of satisfaction.

The results of regression analyses showed a positive connection between ethical leadership and all the components of work-related well-being. The connection was especially significant with working climate. The appreciation received from the superior correlated highly with working climate. This supports the fact that ethical leadership and work-related well-being are strongly linked to each other (see Brown & Trevino 2006; Kim & Brymer 2011; Mayer et al. 2009) and that ethical leadership is tightly linked to the atmospheres and relationships of a workplace (see Juuti & Vuorela 2011; Kuoppala et al. 2008). The ability to affect one's work, skill development and appreciation of work had a high connection with work engagement which has been shown to induce an overall positive reaction towards work, hence improving well-being at work (see Xanthopoulou et al. 2009). Ability to work had a high correlation with employees' experience of being treated equally as well as with employees'

ability to influence their own work duties. It has been shown in previous studies that autonomy and performance feedback from supervisor as well as new learning opportunities are significant in motivating the employees and promoting their work-related well-being (see Orsila et al. 2011).

The managers' own work-related well-being had a significant connection with one component of ethical leadership: "I provide my subordinates with opportunities to affect their own work". Curiously the connection was so that when the managers' work-related well-being was poorer, they offered more of these opportunities to employees. No previous studies were found to support this finding.

6.3.3 Managers' views about collaboration with occupational health care

The employees were quite satisfied with the services of the occupational health care. As much as 88 % of the employees considered themselves to be satisfied with these services. The level of satisfaction was slightly lower in the survey for managers but still satisfactory. Two thirds of the managers were generally satisfied with the actions of occupational health care. These results are most likely explained by the fact that there are laws that regulate the mandatory occupational health care services in Finland and the coverage and efficiency of these services is thought to be very good internationally (see STM 2015; TTL 2015).

However, the collaboration with occupational health care was not seen completely uncomplicated. With questions concerning leadership only a little over a third of the managers felt they were getting enough help from the occupational health care. Two thirds of the managers thought there wasn't enough exchange of information and meetings with occupational health care. The managers had no clear opinion about whether or not the forms and amount of collaboration with occupational health care were sufficient. Nearly half of the managers hoped to get more training and education regarding work-related well-being. It has been stated that there is a call for more collaboration between workplaces and occupational health care because of the changes happening in

modern working life to meet the changing regulations and standards of occupational health care (STM 2014; TTL 2015).

6.3.4 Ways for occupational health care to support managers in ethical leadership

Several ways to improve work-related well-being and collaboration with occupational health care were found from the answers of managers in open questions. One of the most important things was thought to be offering ways to maintain ability to work and making these actions visible. This was thought to be possible with the help of motivating employees and listening to their opinions as well as organizing more theme days and events concerning work-related well-being. Sustenance of ability to work is also one of the key goals of the Finnish strategy for social protection and the government programme (STM 2014). Additionally, it was seen essential for employees to be seen as individuals when planning new ways to improve work-related well-being. With the differences in individuals, one model doesn't necessarily fit all. This was consistent with Finnish government goals to acknowledge the fact that employees have different types of needs in different stages of working life when it comes to health and ability to function (STM 2014).

Mapping the working climate was seen very important as well. There was a call for a better contact between managers and the occupational health care especially in matters like informing the managers about the functions of occupational health care. It was also seen essential that all operations models would be created in collaboration with the occupational health care. Overall, it was thought to be important that occupational health care is kept updated about changes in the organization. This wish was consistent with the goals of occupational health care to develop in offering more customer oriented services and to become a part of organizations' production processes (Räsänen 2005). The findings of this study show that the same needs are recognized in organizations as well.

Results indicate that managers see the promotion of work-related well-being as an important issue and hope for more tools to help in reaching this goal.

Managers find it important that the role of occupational health care in matters concerning the promotion of work-related well-being is widened. Also, the threshold for seeking help from occupational health care in the problematic situations of leadership should be lowered. In the future managers hope to be better informed about the services and operations of occupational health care and believe this would help in promoting ethical leadership. Employees consider themselves to be lead quite ethically but see that there is room for improvement. In matters concerning the promotion of work-related well-being employees see the role of occupational health care substantial.

In order to make true comparisons and assumptions from the results, a vast data from a large organization or consisting of several organizations should be gathered. The subject itself is challenging when these connections have not been previously studied much. The study gives, however, ideas for the development of occupational health care and it's collaboration with organizations by offering insight into supporting managers in ethical leadership that promotes work-related well-being.

7 CONCLUSIONS

With the changes happening in working life more attention is being paid to how employees should be lead and to the standards of work-related well-being of employees. There is an increasing interest in the benefits of ethical leadership to not only the outcomes of work but also the health and well-being of employees. The purpose of this study was to clarify the connections of ethical leadership with the work-related well-being of employees. Additionally, the role of occupational health care in ethical leadership that promotes work--related well-being was analyzed. The objective of the study was to produce knowledge to support the development of ethical leadership and work-related well-being as well as to find ways for occupational health care to support organizations in these actions.

Results show that managers have a good sense of what constitutes ethical leadership and they consider themselves to be ethical leaders. Ethical leadership and work-related well-being are strongly linked to each other and ethical leadership is tightly connected with the atmospheres and relationships of the workplace. Occupational health care has an important role in helping managers understand the needs of employees in matters concerning work-related well-being.

Investing in ethical leadership is extremely important for the success of an organization because leadership has a direct connection with the work-related well-being of employees, and hence with the productivity and competitiveness of an organization. The societal benefits of improved work-related well-being cannot be ignored either. The role of occupational health care in promoting the health and well-being of employees is substantial. Therefore, occupational health care should act as a vital part of the actions of promoting work-related well-being and especially as a support for managers in developing the ethical leadership style that promotes work-related well-being. Occupational health care should offer managers more tools to recognize difficult situations and acting in them as well as encourage them to seek help from occupational health care without hesitation in problematic situations of leadership.

7.1 Subjects for further studies

The connections of ethical leadership with the work-related well-being of employees were described in this study. Additionally, the role of occupational health care in ethical leadership promoting work-related well-being was described. Six subjects for further studies are given based on the results of this study.

Firstly, this study was conducted in one organization so it did not allow comparison between different organizations. In the future, it would be useful to compare organizations from different lines of business to find out whether the differences in trades affect ethical leadership or the experience of work-related well-being.

Secondly, comparison could be made in different health care settings. Further studies could be conducted for example to find out possible differences in public and private health care settings. The focus should be on how health care is being lead in them as well as whether it has a connection with the work-related well-being of health care employees.

Thirdly, in this study the role of occupational health care in supporting ethical leadership promoting work-related well-being was studied. It would be beneficial to find out how occupational health care could support in preventing the negative effects of unethical leadership in work-related well-being. Also, it would be important to analyze the reasons for unethical leadership.

Fourthly, the managers in this study mentioned the need for more tools to support them act in difficult situations of leadership. To help develop ethical leadership it should be mapped what kind of tools occupational health care should offer to support ethical leadership. The development of these tools and testing them as well as validity in different contexts would be important.

Fifthly, the rather small data from the manager survey in this study did not enable comparison of different levels of leadership in order to maintain the anonymity of the respondents. With a larger data gathered in a different study it

would be possible to find out whether there is a difference in ethical leadership in different levels of leadership like top management and middle management with immediate superiors. This type of research would allow the development towards a more ethical style of leadership and would contribute to the well-being of employees.

Finally, it would be useful to approach the subject of this study from a multi-national prospect. This would enable comparison of study results in order to see whether there are factors that affect the ethicality of leadership and the experience of work-related well-being in different cultural settings.

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Database searches

Database	Date of search	Search terms	Limits	Results	Chosen by title	Chosen
Cinahl	10.8.2014	ethic* AND (leader* OR manage*) AND (well-being OR satisf*) AND (work OR job OR employ* OR occupation*)	-	135	9	6
Cinahl	10.8.2014	("Ethical leadership" OR "leadership ethics" OR "ethical management" OR "ethics in management" OR "management ethics" OR "administrative ethics" OR "ethics in administration") AND (well-being OR satisf*) AND (work OR job OR employ* OR occupation*)		2		0
Cinahl	10.8.2014	"Ethical leadership" OR "leadership ethics" OR "ethical management" OR "ethics in management" OR "management ethics" OR "administrative ethics" OR "ethics in administration"		138	15	11
Cinahl	10.8.2014	(MH "Leadership") AND (MH "Ethics+") AND (MH "Job Satisfaction+")		32	3	2

Database searches

Database	Date of search	Search terms	Limits	Results	Chosen by title	Chosen
PubMed (Medline)	10.8.2014	ethic* AND (leader* OR manage*) AND (well-being OR 74atisfy*) AND (work OR job OR employ* OR occupation*)	2004-2014	559		
PubMed (Medline)	10.8.2014	"Leadership"[Mesh] AND "Morals"[Mesh] AND "Job Satisfaction"[Mesh]AND English[lang]	English	32	10	1
Science Direct (Elsevier)	10.8.2014	(MH "Leadership") AND (MH "Ethics+") AND (MH "Job Satisfaction+")		31	5	3
Science Direct (Elsevier)	10.8.2014	("Ethical leadership" OR "leadership ethics" OR "ethical management" OR "ethics in management" OR "management ethics" OR "administrative ethics" OR "ethics in administration") AND ("job satisfaction" OR "well-being at work" OR "work related well-being")	2004–2014	375	8	4
Medic	10.8.2014	(eetti* eti*) AND (joht* esimie*) AND vaikut* AND (työhyvinvoi* työtyytyväi* työssäjaksa*) AND työterv*	-	9		0

Researchers, place of study, year of publishment	Purpose of the study	Study design	Data and data collection	Main findings
Brown, Treviño & Harrison USA 2005	To lay the necessary conceptual and empirical groundwork that might advance knowledge about ethical leadership	Construct development	Seven interlocking studies Study 1: N=154 (MBA students), 48-item survey Study 2: N=127 (a sample of employees from a financial services firm), 10-item survey (ethical leadership scale = ELS) Study 3: N=184 (sample, same firm as study 2) Study 4: Expert rating investigation to ensure content adequacy of the ELS and its distinction from related leadership constructs. 20 faculty and doctoral students in management and industrial-organizational psychology as content raters Study 5: N=87 (MBA students), ELS-survey and other leadership related questions Study 6: N=123 (undergraduate seniors in business), survey using several instruments	Ethical leadership is related to consideration behavior, honesty, trust in the leader, interactional fairness, socialized charismatic leadership and abusive supervision but is not subsumed by these. Ethical leadership predicts outcomes like perceived effectiveness in leaders, followers' job satisfaction and their willingness to report problems to management.

			Study 7: Data from three matched sub-samples within workgroups in a single organization N=285/285/485, survey	
Den Hartog & De Hoogh, The Netherlands, 2009	To examine the relationships of two forms of perceived ethical leader behaviour (fairness and integrity and empowering behaviour) with subordinates' trust and commitment from a levels-of-analysis perspective, using within and between analysis (WABA)	Survey	N= 84 work groups reporting to a leader in five organizations in The Netherlands, two different scales were used	Perceived ethical leader behaviour was positively related to trust as well as affective and normative commitment and negatively to continuance commitment. Perceived empowering behaviour was more strongly related to affective commitment than perceived fairness and integrity. Perceptions of empowering behaviour in relation to trust and commitment vary both within and between groups.
Detert, Trevino, Burris & Andiappan, USA 2007	To study the effect of 3 modes of managerial influence (managerial oversight, ethical leadership, and abusive supervision) on counterproductivity, which was conceptualized as a unit-level outcome that reflects the existence of a variety of intentional and unintentional harmful employee behaviors in the unit.	Longitudinal study	N=265 (Food-Co restaurants), both objective data based on internal company records and perceptual data from surveys	Managerial oversight and abusive supervision significantly influence counterproductivity in the following periods, whereas ethical leadership does not.
Kim & Brymer, USA 2011	To investigate the effects of ethical leadership on a manager's job satisfaction	Survey	N=30 hotels, mail survey	Executives' ethical leadership is positively related to their middle managers' job

	and affective commitment, which in turn influence that manager's behavioral outcomes (e.g., extra effort and turnover intention) that can further impact the hotel's performance			satisfaction and their affective organizational commitment. Middle managers' job satisfaction is positively related to organizational commitment, but job satisfaction does not necessarily lead to their willingness to exert extra effort.
Kuoppala, Lamminpää, Liira & Vainio, Finland 2008	To study the association between leadership and well-being at work and work-related health.	A systematic review and meta-analysis	109 articles were analyzed	There was moderate evidence that leadership is associated with job well-being, sick leave and disability pension. The evidence was weak on that leadership is associated with job satisfaction but not with job performance.
Mayer, Kuenzi, Greenbaum, Bardes & Salvador, USA 2009	To examine the relationships between top management and supervisory ethical leadership and group-level outcomes (e.g., deviance, OCB).	Survey	Data from 195 units, N=904 employees and N=195 supervisors, two different survey	There is a negative relationship between both top management and supervisory ethical leadership and group-level deviance, and a positive relationship with group-level OCB. The effects of top management ethical leadership on group-level deviance and OCB are mediated by supervisory ethical leadership.
Neubert, Carlson, Kacmar, Roberts, Chonko, USA 2009	To investigate the influence of ethical leadership behavior, as demonstrated by managers, on perceptions of ethical climate and, in turn, on	Survey	N=250, web-based survey	Ethical leadership has both a direct and indirect influence on follower job satisfaction and affective commitment. The indirect effect of ethical

	the job satisfaction and affective organizational commitment of organizational members. In addition the moderating influence of perceptions of interactional justice on the relationship of ethical leadership to ethical climate was examined.			leadership involves shaping perceptions of ethical climate, which in turn, engender greater job satisfaction and affective organizational commitment. When interactional justice is perceived to be high, this strengthens the ethical leadership-to-climate relationship
Piccolo, Greenbaum, Den Hartog & Folger, USA 2010	To test a model in which the effects of ethical leadership on task and citizenship performance are mediated by task significance, autonomy, and effort.	Survey	N=174 junior- and senior-level undergraduate students and N=107 masters of business administration students, web-based survey	The positive effect of ethical leadership on follower effort was mediated by task significance. By allowing employees voice in organizational decisions, using rewards to encourage ethical behavior, and injecting ethical values in regular business activity, ethical leaders enrich the autonomy and significance of work. This sense of task significance then translates into extra effort and higher levels of the task and citizenship aspec ts of job performance.
Resick, Hanges, Dickson, Mitchelson, USA 2006	To identify the key characteristics that conceptually define what it means to be an ethical leader.	Literature review and statistical analysis of data from the Global Leadership and Organizational effectiveness project	A review of the western-based leadership and ethics literatures / Research Program, GLOBE's team of approximately 180 social scientists from around the world collected data from approximately	The findings of this study indicate that Character/Integrity, Altruism, Collective Motivation, and Encouragement – four components that characterize ethical leadership in western societies –

			17,000 middle managers from 931 organizations in 62 different societies and three different industries	are universally supported, and viewed as behaviors and characteristics that contribute to a person being an effective leader across cultures. At the same time, however, cultures also differed in the degree of endorsement for each dimension.
Toor & Ofori, Singapore 2009	To conduct an empirical investigation of ethical leadership in Singapore's construction industry.	Survey	N=62 senior level managers, survey	Ethical leadership is positively associated with transformational leadership, transformational culture of organization, contingent reward dimension of transactional leadership, leader effectiveness, employee willingness to put in extra effort, and employee satisfaction with the leader. Ethical leadership bears no correlations with transactional leadership and is negatively correlated with laissez-faire leadership and transactional culture of the organization. The findings also reveal that ethical leadership plays a mediating role in the relationship between employee outcomes and organizational culture.
Treviño, Brown & Hartman, USA 2003	To define the perceived content domain of executive ethical leadership.	Inductive interview-based study	40 semi-structured interviews, 20 with corporate ethics/compliance officers and 20 with senior executives.	Ethical leadership is more than traits such as integrity and more than values-based inspirational leadership. It

				includes a transactional component involving the use of communication and a reward system to guide ethical behavior.
Treviño, Weaver & Reynolds, USA 2006	To provide a coherent, integrated portrait of the current state of the management of individual ethical behavior in organizations.	Literature review		Ethical decision-making research is assumes that ethical behavior is primarily a cognitive process, but recent research in many different areas has challenged that view. The management perspective assumes that management can and should influence employees' ethics-using management levers to increase ethical and decrease unethical behaviors.
Virtanen, Kurvinen, Terho, Oksanen, Peltonen, Vahtera, Routamaa, Elovainio, & Kivimäki, Finland 2009	To examine the association between work hours, work stress, and collaboration among the ward personnel, and the risk of hospital-associated infection among patients.	Cross-sectional study	N=60 patients, data collected from medical records	Long work hours, high work stress, and poor collaboration among the ward staff are associated with hospital-associated infection among patients.
Wager, Fieldman & Hussey, UK 2003	To investigate the role played by employees' perceptions of their supervisors' interactional styles as a possible source of workplace stress that may be associated with increased morbidity and mortality rates from cardiovascular disorders in workers in the	A controlled quasi-experimental field study	Female health care assistants, experimental participants n=13 (worked under two divergently perceived supervisors at the same workplace, on different days) control group n=15 (worked either under one supervisor, or two similarly perceived supervisors), Ambulatory	An unfavourably perceived supervisor is a potent workplace stressor, which might have a clinically significant impact on supervisees' cardiovascular functioning.

	lower strata of organisational hierarchies.		blood pressure was recorded every 30 minutes, over a 12 hour period for three days	
Walumbwa & Schaubroeck, USA 2009	To examine the antecedents and consequences of ethical leadership.	Testing of a theoretical model	N=894 employees and N=222 immediate supervisors in a financial institution, Data from both supervisors and direct reports were collected at two points in time separated by approximately 5 weeks	The leader personality traits of agreeableness and conscientiousness were positively related to direct reports' ratings of the leader's ethical leadership, whereas neuroticism was unrelated to these ratings. Ethical leadership influenced followers' voice behavior as rated by followers' immediate supervisors. This relationship was partially mediated by followers' perceptions of psychological safety.

Background variables	1. Age (years)
	2. Gender: man/woman
	3. Highest educational degree: vocational degree/ lower academic degree/ higher academic degree/ postgraduate degree
	4. Current position in the organization: top brass/ middle management/ immediate superior
	5. Managers' unit in the organization: A/ B/ C/ D
	6. Working time in current position (years/0 means under a year)
	7. Overall working time in a managerial position (years/0 means under a year)
	8. Working time in a managerial position in this organization (years/0 means under a year)
	9. Number of direct subordinates
	10. Number of indirect subordinates
	11. Does the manager belong in a group promoting work-related well-being: yes/ no
	12. Does the manager feel like his/her actions have a significant effect on the work-related well-being of his/her subordinates: yes/ no
	The manager's own work-related well-being/ likert scaled statements: Disagree, partially disagree, neither agree nor disagree, partially agree, agree:
	13. I enjoy my work
	14. I think my job suits me
	15. The requirements of my work are in balance with my resources
	16. My views are valued within my working community
	17. My work and my free time are in balance with each other
Variables describing ethical leadership and work-related well-being/ likert scaled statements: Disagree, partially disagree, neither agree nor disagree, partially agree, agree	18. I succeed in clearly defining the duties to my subordinates.
	19. I trust that my subordinates will carry out their duties self-directedly.
	20. I instruct my subordinates to work more as a team than as individuals in order to reach the goals of work.
	21. I thank my subordinates for work tasks that are carried out well.
	22. I acknowledge the well carried out work tasks of my subordinates by giving them recognition.
	23. I ask for the opinions of my subordinates in problematic situations considering work.
	24. I provide my subordinates with opportunities to affect their own work.
	25. I keep my subordinates posted about the changes considering the working community.
	26. I find new ways to encourage my subordinates.
	27. I give my subordinates individual feedback on well carried out work tasks.
	28. I succeed in creating the operational preconditions to support the working of my subordinates.
	29. I find new answers to resolving methods that have been found unworkable.
	30. I am able to change my way of working in accordance to the feedback I have gotten.
	31. I am able to recognize changes in my subordinates' work-related well being by performance appraisal.
	32. I am able to have an effect on my subordinates' work-related well being with the help of performance appraisal.

Variables describing collaboration between managers and occupational health care/ likert scaled statements: Disagree, partially disagree, neither agree nor disagree, partially agree, agree	33. It is easy to ask for help from occupational health care in the problem situations of leadership. 34. The occupational health care always helps in the problem situations of leadership if needed. 35. The distribution of work between managers and the occupational health care considering issues of work-related well-being is clear. 36. It is easy and effortless to collaborate with the occupational health care. 37. Occupational health care supports leadership that promotes work-related well-being. 38. Occupational health care and managers meet often enough. 39. Occupational health care is constantly aware of the state of work-related well-being in the working community. 40. Occupational health care sufficiently reports about the changes that have been happening in the state of work-related well-being. 41. Occupational health care sufficiently reports about the changes that are about to occur. 42. Occupational health care and managers have a consistent view about matters considering the promoting of work-related well-being.
Variables describing the development of collaboration between managers and occupational health care in the organization/ likert scaled statements: Disagree, partially disagree, neither agree nor disagree, partially agree, agree	43. Education meant for managers regarding work health is sufficiently available. 44. Unit differences in the promotion of work-related well-being have been acknowledged sufficiently. 45. Instructions considering the promotion of work-related well-being are clear enough. 46. There are enough tools targeted at managers for supporting the work-related well-being of subordinates. 47. Surveys about work-related well-being are carried out often enough in the organization.
Sum variables	1. Managers' work-related well-being: Items 13–17 2. Trust towards employees: Items 19,20, 23–25 3. Encouragement of employees: Items 21, 22, 26, 27 4. Supportive leadership: Items 18, 28–32 5. Help from occupational health care: Items 33–37, 42 6. Collaboration with occupational health care: Items 38–41 7. Development of collaboration with occupational health care: Items 43–47

List of variables in questionnaire for employees   Appendix 4.

Background variables	1. Age (years) 2. Gender: man/woman 3. Highest educational degree: vocational degree/ lower academic degree/ higher academic degree/ postgraduate degree 4. Working time in current position (years/0 means under a year) 5. Employees' unit in the organization: A/ B/ C/ D 6. The nature of employment: fixed-term contract/ valid for the present
Work-related well-being of the employee/ likert scaled statements: Disagree, partially disagree, neither agree nor disagree, partially agree, agree	7. I enjoy my work. 8. I think I have a job that suits me. 9. My job description is clear and I understand the goals of my work. 10. The requirements of my work are in balance with my resources. 11. My work duties are interesting and challenging. 12. My work contribution is important to the success of the organization. 13. I feel that my mental ability to work is good. 14. I feel that my physical ability to work is good. 15. My work and my free time are in balance with each other. 16. My views are valued in my working community. 17. It is easy for me to ask for help from my colleagues. 18. I am able to concentrate on my work without too many distractions. 19. It is easy to bring up difficult subjects in my working community. 20. I haven't faced bullying or harassment in my work. 21. I can influence my work and duties sufficiently. 22. I get enough possibilities to develop my skills in my working community. 23. My superior appreciates my work contribution. 24. My superior treats me equally in relation to other employees. 25. I get enough feedback from my superior. 26. I am satisfied with the services of the occupational health care.
Sum variables	1. Work engagement: Statements 7–12 2. Ability to work/health: Statements 13–15 3. Working climate: Statements 16–20 4. Ethical leadership: Statements 21–25