IUL School of Social Sciences
Department of Social and Organizational Psychology

To what extent does empathy in leadership effect employee wellbeing?

Dissertation submitted as a partial requirement for the conferral of Master's in science in Emotions

by

Virginia Maria Ramos Pedro

Supervisor:
Professor Doutor Nelson Campos Ramalho, Assistant Professor, ISCTE-IUL
Co-supervisor:
Professora Doutora Maria Augusta Gaspar, Assistant Professor, School of Human Sciences, Universidade Católica Portuguesa

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Abstract

In an organizational context, emotions are a fundamental feature of social architecture, especially in relationships with others, team management, and decision making. It is an environment full of emotions, in which leaders must be able to understand and know how to manage the emotions of their team members without compromising the performance of their organization. Empathy - creating interpersonal relationships and bonds between people - is critical to strengthening the relationship between leaders and their teams, building the foundation for effective leadership in the well-being of organizations. Assuming that empathy might have both positive and negative outcomes, the aim of the present study is to inspect the outcomes of the leader's empathy, and contribute to understanding what is the right balance for empathy in leadership. The study was conducted among business workers in the Portuguese market. From a total of 279 participants invited to respond to an online survey, only 184 returned valid surveys. The final sample was gender balanced (males 51.9%) with ages ranging from 20 to 65 years old (M = 41.4, SD = 11.09); respondents have a degree or higher level of education (83.2%) and organizational tenure ranging from 1 year to more than 20 years, with the median set in the 6 to 10 years tenure. The study findings indicate that leaders stir up emotions, both positive and negative and that there is a strong association between leaders' empathy and emotions whereby the former acts as mediator; the generated negative emotions, in turn, stir up negative markers of employees' well-being.

Keywords: Empathy, emotions, leadership, perspective taking, empathic concern, personal distress, employee's well-being.

Resumo

Em contexto organizacional, as emoções são uma característica fundamental da arquitetura social, especialmente no relacionamento com outras pessoas, na gestão das equipas e na tomada de decisão. É um ambiente cheio de emoções, no qual os líderes devem ser capazes de compreender e saber como gerir as emoções dos membros das suas equipas sem comprometer o desempenho da sua organização. A empatia – considerada como uma emoção que cria relações interpessoais e laços entre as pessoas - é fundamental para fortalecer o relacionamento entre os líderes e as suas equipas, construindo a base para uma liderança eficaz no bem-estar das organizações. Pressupondo que a empatia pode ter resultados positivos e negativos, o objetivo do presente estudo é inspecionar os resultados da empatia do líder e contribuir para perceber qual é o equilíbrio certo para a empatia na liderança. O estudo foi realizado com pessoas que trabalham no mercado português. De um total de 279 participantes convidados a responder ao questionário on-line, obtivemos 184 pesquisas válidas. A amostra final foi equilibrada, em termos, de género (homens 51,9%), com idades compreendidas entre 20 a 65 anos (M = 41,4, DP = 11,09); os entrevistados possuem um nível de escolaridade superior (83,2%) e uma antiguidade que varia entre 1 ano a mais de 20 anos, com uma mediana situada entre 6 a 10 anos. Os resultados do estudo indicam que os líderes mexem com as emoções das suas equipas, positivas e negativas, e que existe uma forte associação entre a empatia dos líderes e as emoções, em que, o líder atua como mediador; as emoções negativas geradas, por sua vez, despertam marcadores negativos no bem-estar dos colaboradores.

Palavras-chave: Empatia, emoções, liderança, tomada de perspetiva, preocupação empática, desconforto pessoal, bem-estar dos colaboradores.

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Glossary

CFA – Confirmatory Factor Analysis

CFI - Comparative Fix Index

IRI – Interpersonal reactivity Index

PT – Perspective taking

EC – Empathic Concern

PD – Personal Distress

FS – Fantasy scale

SAM – Self Assessment Manikin

PAD – Pleasure, Arousal, Dominance

LMSX – Leader Member Social Exchange

PANAS – Positive Affect Negative Affect Schedule

GHS – General Health Symptoms

SEM – Structural equations Modelling

SB – Santorra-Bentler

RMSEA – Root Mean Square Error

TLI – Tucker Lewis Index

I.V. – Independent variable

M.V. – Mediator variable

D.V. – Dependent variable

O.L.S. – Ordinary Least Squares

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I. Introduction

The evolution of organizational science has been based upon questioning some of the long-standing assumptions created by the rationalism, back in the end of the XIX century (Wren & Bedeian, 2009). Amongst these assumptions, one of the most central – rationality as the way to maximal effectiveness in management – has been also one of the most targeted but resilient across time, trying to generate increased results from fewer resources (Somogyi, Buchko, & Buchko, 2013). In fact, that results are generated through people; and developing an understanding of employees is an essential element for effective management and well-being in an organization (Goleman, Boyatzis, & Mckee, 2002; Somogyi et al., 2013). One of the stronger points to shape the views on rationality arose from Psychology, where bounded rationality (e.g. Simon, 1997; Tversky & Kahneman, 1974), paradox (Quinn, 1988), and also emotions (e.g. Fisher & Ashkanasy, 2000) had played an important and inescapable role in understanding, predicting and managing organizational behavior.

As an important part of organizations, leaders have also been studied at the light of these emerging dimensions and scholars have been acknowledging the criticality of emotions for decision-making, team management, and the overall effectiveness of leadership (Dasborough, 2006; George, 2008; Mencl, 2009; Simon, 1987). What the organizations need now is to realize the benefits of cultivating leaders who generate the emotional resonance required for the development of employees and the promotion of better relationships between managers and employees (Goleman et al., 2002; Mencl 2009). Leaders need to analyze and understand the factors that influence the employee's emotional reactions and balance the results and the well-being of the organization without losing their identity (Decety & Jackson, 2004; Eisenberg, Miller, Eisenberg, & Miller, 1987; Eisenberger, Fasolo, & Davis-LaMastro, 1990; Goleman et al., 2002; Kellett, Humphrey, & Sleeth, 2006).

Within human emotional experience, empathy is of special interest (M. H. Davis, 1983, p.113; in Dietz & Kleinlogel, 2014). In a broad sense it refers to the reactions of one individual to the observed experiences of another, defined as a multidimensional construct with two components: affective and cognitive (Burch, Bennett, Humphrey, Batchelor, & Cairo, 2016; Cliffordson, 2002; M. H. Davis, 1983; Decety & Jackson, 2004; Eisenberg, 2000). Whilst cognitive empathy refers to understanding, or considering, feelings and emotions of others, while being aware that one isn't experiencing the same emotion due the same cause, affective empathy refers to feeling the emotions of others, but without losing the recognition of one's own emotions, described as other-oriented emotional responses motivated by and consistent

with the perceived well-being of someone in need (Batson, Fultz, & Schoenrade, 1987; Burch et al., 2016; Rogers, 1957; Wade, Hoffmann, & Jenkins, 2014; Valiente et al., 2004). Social in nature, it promotes interpersonal relationships and creates bonds between people (Burch et al., 2016; C. M. Davis, 1990; Muller & Little, 2014).

In face of the above, we cannot but acknowledge that empathy is a crucial pillar in organizations, spawning genuine concern with the well-being of others, motivating pro-social actions, facilitating people to engage with each other, assisting social cognition and promoting interpersonal relationships (Haxby, Hoffman, & Gobbini, 2000; Mencl & May, 2015; Reynolds & Scott, 2000; Salovey & Mayer, 1990; Scott, Colquitt, Paddock, & Judge, 2010; Somogyi et al., 2013).

In an organizational context, people's emotions and moods are influenced by several situations and events that occur every day, and leaders who manage and perceive these emotions in their team members may achieve better performance, as some studies indicate that under such leaders employees report fewer somatic complaints and higher levels of positive affect (McColl-Kennedy & Anderson, 2002; Scott et al., 2010). Moreover, empathy is thought to underpin the affective and cognitive skills required for the leadership task (Goleman et al., 2002; Pescosolido, 2002).

There is yet insufficient knowledge about the impact of empathy in an organizational context. The aim of this study is to inspect the outcomes of the leader's empathy, which we assume, based on our revision of literature can encompass both positive and negative outcomes, and contribute to the understanding of the right balance for empathy in leadership.

In the current study, we address the questions: what effect does leader empathy have on employees' emotions and wellbeing? Does it promote positive emotions only or negative one's as well? And how does it affect team's member's perception of control with their leaders? – we will focus on measures of wellbeing such as health indicators or one's perception of control while interacting with one's leaders. We expect as a result of empathy in leadership, that team members in an organization with empathic leaders, to experience fewer disease symptoms and a substantial perception of control. To achieve this, we designed a hypothetic deductive study that quantitatively tests a model linking empathy, leadership, emotions, perception of control and general health symptoms. So, in this study we review the main constructs and theories concerning the central problem (empathy, leadership, emotions, health symptoms, perception of control) to draw a mediated model tested with hierarchical ordinary least squares (OLS) regressions.

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II. Review of the literature

Emotions in organizations and leadership

Emotions play an important role in organizations, especially in interpersonal relationships, because of their strong influence on thoughts and behaviors (Dabke, 2016), in decision making (Muller, Pfarrer, & Little, 2014). Emotions can be defined as highly intense, abrupt and disruptive affective states, of short duration (Damásio, 1995; LeDoux, 1996), that are triggered by specific stimuli (internal and external) and carry on action tendencies (Frijda, 1986) as well as physiological and behavioral changes (PankSepp, 1998a), that require attention -pressing concerns, signaling the focus - (George, 2008) and drive attention - biasing cognitive activity – (Ohman, Flykt, & Esteves, 2001).

In the organizational context, according to Fischer and Ashkanasy (2000), employees experience a full range of specific workplace emotions - they report feeling positive and negative emotions, based on pleasantness and activation dimensions (Ashkanasy, 2003). Employees have autonomy in how they engage in these emotions (Heaphy, 2017) this is because the emotions one experiences influence how one acts in response to an event, provoking an impact on one's well-being, physical health, social behavior and performance (Lazarus & Smith, 1990).

Leaders don't just plan, control and budget, they aren't merely rational or technical (Brown & Brown, 1992), they are human beings with a full range of positive and negative emotions (George, 2008). Organizations, as social entities, with people and not machines, need to create and develop a culture rich in emotions (Brown & Brown, 1992). Such is a process full of emotions (Scott et al., 2010). Everyday leaders have to manage teams and make decision without putting at risk the performance of the company; they have to lead their teams to know when and why they are dissatisfied (Blanke, Rauers, Riediger, et al., 2016), as this is part of the leadership process, to improve goals performance and manage the emotions of teams (Humphrey & Sleeth, 2002; Kellett, Humphrey, & Sleeth, 2006; Pescosolido, 2002). In critical situations for organizations, empathic leaders being sensitive to the well-being of their teams, have the ability to make decisions without undermining the well-being of the organization as a whole (Dietz & Kleinlogel, 2014; Macdonald & Macdonald, 2015).

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Empathy in Leadership

Many studies define empathy as a multidimensional construct with two components (affective and cognitive) that develop over time, considered as a vicarious experience through which the individual is aware of the thoughts and feelings of other people, experiencing affective states more congruent with the situation of the other, than with their own situation (Chlopan, Marianne, Carbonell, & Hagen, 1985; de Vignemont & Singer, 2006; Duan & Hill, 1996; Sampaio & Menezes, 2011) as a fundamental aspect of social and relationships interactions (Grühn, Rebucal, Diehl, Lumley, & Labouvie-Vief, 2008).

By sharing the emotional state of others, we also share their emotional and motivational meaning, empathy provides knowledge about environmental, which means, that empathy is an effective tool for acquiring knowledge about the values of the world that is around us (de Vignemont & Singer, 2006). Contributing to leadership (Carmeli et al., 2003), as a fundamental construct (Gentry, Weber, & Sadri, 2011), taking the role of the other and adopting an alternative perspective vis-à-vis oneself (Gow, 1998). This idea is argued by Salovey and Mayer (1990) when they consider empathy as the capacity to understand the motives, values and emotions of another person (Choi, 2006) as if it were a process of influence, a way to bond people together (Humphrey & Sleeth, 2002).

As early as 1920 Thorndike (cit. in Chlopan et al., 1985) suggested that there are three main types of intelligence: abstract, mechanical, and social. Defining social intelligence, of which empathy is part, such as the ability to live with people in general, to have knowledge of social technical issues and to be susceptible to stimuli from other members of the group, and to perceive the temporary moods or personality traits underlying others. According Martin Hoffman (2000), emotional empathy is like an emotional state triggered by emotional state or situation of the other, feeling what another feels or would feel in the same situation; cognitive empathy involves as being the ability to know what another person is thinking or feeling. That is, cognitive empathy is how the concept of ‘‘theory of mind” and emotional empathy means experiencing a similar emotion (Rueckert & Naybar, 2008) requires living and knowing (Davis, 1990). In that, the affective sharing (emotional contagion), reflects the capacity to share or become affectively aroused by others’ emotional states at least in valency and intensity, responding with the same emotion to the emotion of the other person (Decety & Yoder, 2016; Duan & Hill, 1996) and empathic concern is the motivation to take care for another’s well-being. On the other hand, perspective taking (cognitive empathy) is the ability to consciously put oneself into the mind of another person to understand what she is thinking or feeling taking the role of the perspective of another person, which develop over time (Decety & Yoder, 2016;

Duan & Hill, 1996; Sampaio & Menezes, 2011). Others researchers (Blanke, Rauers, Riediger, et al., 2016; de Castro, Gaspar, & Vicente, 2010; Wai & Tiliopoulos, 2012) go even further, that cognitive empathy is an ability to understand and predict the behavior of others, particularly in terms of mental states, which can be used to manipulate others for our benefit or to help them without suffering emotional contagion.

Clearly, leaders can perceive the emotions of the people around them and develop empathy (Carmeli, 2003). With reference to the literature, the empathy of a leader and the way he/she uses it in the management of the company is very valuable for its performance, since, more and more, the emotional issues are thought to interfere in the processes of an organization (Maia & Cruz, 2013).

Accordingly, and because empathy is the ability to understand the feelings of others and their meaning (C. M. Davis, 1990), it is considered a central feature of a helping relationship (Reynolds & Scott, 2000), of understanding the emotional needs of others and using this comprehension to make better decisions and communicate more effectively for the betterment of the person and organization (Macdonald & Macdonald, 2015). The notion of responsibility for the experiences of the other (Peeters, Arts, & Demerouti, 2016) requires interpersonal interactions to converge among the members of the organization (Muller et al., 2014) and can support leadership behaviors oriented towards the development of relationship entailing consideration, trust, respect and value for other's feelings (Choi, 2006).

Being empathic is an important aspect of interpersonal behavior and moral conduct (Gow, 1998), which implies that an effective leader has to maintain a good balance between hard and soft skills, needs to provide appropriate support, a clear sense of purpose and goal orientation. Leaders need to balance the cognitive and affective components of empathy (Dabke, 2016) because they cope with many stakeholders in decision making and conflict settling (Holt & Marques, 2012).

In this sense, leaders should exert empathy and sensitivity with moral solidarity and concern, especially in difficult times, they can influence the team's emotions and attitudes in support to goals and objectives including feelings of excitement, enthusiasm and optimism (Humphrey & Sleeth, 2002). Leadership is about raising its influence in the management process, of the leaders and the team to achieve organizational objectives where emotions plays an important role in maintaining their morale and commitment (Ashkanasy, 2003; Cheng & Low, 2012).

Leadership is a relationship and emotional relationships are the lifeblood of any business, as people relate to and care about their leaders because of the way they make them

feel (Humphrey & Sleeth, 2002). So, we can define leadership as a development process that involves influence, reflection, making choices and a total commitment (Holt & Marques, 2012). If the essence of leadership is based on the functional relationship between the leader and the followers, then leaders who have empathic abilities can better organize, motivate and help their teams members achieve their goals (Ciulla, 2010; Maia & Cruz, 2013). They also have the ability to relate to and connect with the teams members for inspiring and empowering their lives (Eragula, 2016), perceiving member's emotions, feelings, needs and help them to regulate their emotions to achieve desirable goals (Holt & Marques, 2012). Empathic leaders use empathy and show employees that they care (Cheng & Low, 2012; Gentry et al., 2011; Young et al., 2017) because through daily interaction with their employees, they have the opportunity to recognize, monitor, discriminate and attend to their emotions (Muller et al., 2014). The various facets of empathy can be seen as tools through which people connect with each other to achieve results (Blanke, Rauers, & Riediger, 2016).

In fact, in the organizational context, empathy has been considered as the ability to understand and to interpret the emotions of the others (M. H. Davis & Davis, 1980a) within organization units and to improve members' well-being and performance (Okun, Shepard, & Eisenberg, 2000; Scott et al., 2010). It is considered one of the dimensions of emotional leadership (Humphrey & Sleeth, 2002) that satisfies the follower's need for affiliation. The empathic leader builds strong relationships with their teams members and get more collaboration in decision making (Macdonald & Macdonald, 2015), increasing trust and building strong emotional bonds (Choi, 2006). Empathy has been treated as a leadership asset for the organizations, enabling followers' behavior conducive to positive organizational outcomes (Nielsen, Randall, & Yarker, 2013). The processes by which empathic leadership become advantageous to organizations, includes the ability to make team members develop a sense of belongingness, uniqueness and, acceptance, that promotes innovative work (Randel, Galvin, Shore, Ehrhart, Chung, Dean & Kedharnath, 2018). An effective leader is nonetheless required to be impartial, as high levels of empathy can obscure decision making, which in turn, can lead to self-sacrificing behaviors that benefit others rather than reaching their own goals (Grant & Schwartz, 2011).

The downside of empathy in organizations and leadership

The positive view of empathy in the workplace and in leadership has been proposed for such a long time (e.g. Bell & Hall, 1954) that it seems to have gained the status of taken-for-granted in leadership studies. However, as undisputed as it might be, there is evidence that emotions can be both beneficial and detrimental for performance, with the negative side illustrated by phenomena such as distress, burnout, feelings of depersonalization and other negative psychological consequences (Ashkanasy & Humphrey, 2011). In a busy environment, empathy may deplete one's mental resources; jobs that require constant empathy can lead to fatigue and acute incapacity to empathize that's driven by stress, and burnout (Cross, Rebele, & Grant, 2016). For example through a process of over-identification with patients in nurses versus hardiness (Chikovani, Babuadze, Iashvili, Gvalia, & Surguladze, 2015), in therapists (Book, 1988) and also in doctors (Howard Book, 2015). A clinician's empathic distress can be more intense than the patient's actual distress triggering it (Lewis, Haviland, & Barret, 2000) because an overabundance of empathy can be detrimental in patient-physician relationship and can avoid the neutrality that is necessary in clinical decision (Hojat et al., 2009). So, physicians who are predisposed to becoming overly empathetic to negative situations need the ability to down-regulate their empathic response, so as to remain effective (Howard Book, 2015; Newton, 2013).

While empathy is an important construct for creating bonds between people, it may also build up barriers when the empathic behavior is not appropriate, bringing costs to the person who sacrificed something of value to others (Burch et al., 2016). All people want to be valued and treated as important, they want to be listened to, and leaders need to always listen to what their team members have to say (Cheng & Low, 2012), but when leaders feel a high degree of empathy they may experience difficulties in decision making such as who to promote, demote or dismiss.

Not only such degree of empathy can hinder such critical decisions it may also be manipulated (Ashkanasy & Humphrey, 2011), especially by higher-ranking members of the organization, as they can manipulate information that has been conveyed by high empathy leaders who accurately read and assess teams' emotions, and then utilize this information to formulate strategies with which they can get what they want (Wai & Tiliopoulos, 2012). Or by the leaders themselves, although that is less likely, as empathy (at least in its emotional dimension) tends to foster prosocial behavior (Gaspar, 2016).

However, lack of empathy is not positive either (Baldoni, 2011) and may take leaders to overlook or ignore potential harm inflicted to the team in the process (Wai & Tiliopoulos,

2012), leading to a growing discontentment within the team (Holt & Marques, 2012) and to low task performance. Managers with high empathy are more committed to managing emotions (Humphrey & Sleeth, 2002). And whist, in the short run, firms can reduce costs by having a lower empathic response that results in immediate productivity gains, in the long run, that will not payoff, with have a negative impact on customer service and productivity (Ye, Dong, & Lee, 2017).

Other views of empathy portray it as a poor adviser to decide how to act because of its inherent bias and lack of fairness (Bloom, 2017) because of how the consequences are handled and the options considered (Muller et al., 2014); it has also been suggested that high levels of empathy run the risk of damaging task performance, obscuring judgment, and leading to self-sacrifice behaviors that benefit others at the expense of their goals (Breithaupt, 2012; Grant & Schwartz, 2011). Empathy brings back focus on human well-being, as people with high empathy feel uncomfortable in taking decision who putting their teams in a unpleasant situations (Cross et al., 2016; Dietz & Kleinlogel, 2014). If, on the one hand, empathy increases pro-social behavior and well-being among people, on the other hand, high levels of empathy can be emotionally aversive and weaken such pro-social behavior and well-being, cultivating feelings of distress (Grant & Schwartz, 2011). And, while leaders inspire their teams (Choi, 2006), giving them a meaning, a purpose and a sense of great value (Nielsen, Randall, Yarker, & Brenner, 2008) leading teams to exceed expectations (Choi, 2006) empathy is often not well considered in organizations. Two possible reasons resulted from a study with business students (Holt & Marques, 2012): that empathy interferes in ethical or rational decision making, being perceived as a sign of weakness; there is a gap between business and the human component and is considered as a fleeting and situational skill.

To sum up, despite the advantages of empathy in organizations, especially in leadership roles, we believe that it is worth raising the concern that we may be facing a too-much-of-a-good-thing phenomenon (TMGT), whereby emotion regulation is crucial to ensure that empathy does not leave people vulnerable to negative consequences (Newton, 2013). Perhaps excessive and deficient empathy hamper the strength and responsibility to make the right decisions that people should cultivate – as some authors put it - virtues are virtuous at mean or intermediate levels, i.e., the effects of virtues on human well-being and effectiveness should be curvilinear, taking the shape of an inverted U (Grant & Schwartz, 2011; Hojat et al., 2009). These authors conclude that the outcomes are like an inverted U because too-much-of-a-good-thing (TMGT) have costs at high levels (Grant & Schwartz, 2011) can be wonderful (Antonakis,

House, & Simonton, 2017), but need to be moderate against the philosophy to do-more-with-less, that implies a managerial myopia over profits.

Study goals and questions

The main goal of this study is, in view of the aforementioned positive and negative features of empathy, to inspect the outcomes of the leader's empathy, and contribute towards understanding the right balance for empathy in leadership. Specifically, we attempt to address the following questions: What effect does leader empathy have on employee's emotions and wellbeing? Does it promote positive emotions only or negative one's as well? And how does it affect team's member's perception of control with their leaders?

Wellbeing is conceptualized as a state that encompasses not only good health but also a sense of accomplishment and the experience of positive emotions, because they are critical to helping individuals and communities, not just to endure and survive, but also to flourish (Seligman, 2000). Happy people have a functioning emotion system that can react properly to life events (Diener & Seligman, 2002), which they perceive differently from non-happy people in the same contexts and situations, based on their previous expectations, values, and experiences (Diener, Suh, Lucas, & Smith, 1999). Well-being as a dynamic process is considered by many researchers as a multifaceted construct that includes people's emotional responses, social relationships and global judgments of life satisfaction (Diener et al., 1999; Forgeard, Jayawickreme, Kern, & Seligman, 2011).

Recent models of human wellbeing proposed by Seligman's assume that well-being involves the nurturing of one or more of the five following elements: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA), that can be assessed by measuring a range of subjective and objective constructs (Diener, Seligman, Choi, & Oishi, 2018; Forgeard et al., 2011).

If empathic leaders are contributing to team member's wellbeing - we should expect, as stated in our hypothesis 1: a positive association between empathy in leaders to positive emotion in employees. In addition, and in line with a recent study (Scott et al., 2010) where employees who reported somatic complaints made less progress toward their goals and felt lower levels of positive affect and higher levels of negative affect, and employees with empathic managers experienced lower average levels of somatic complaints, and daily goal progress was more strongly related to positive affect. This means more well-being and self-worth, which in turn increases the perception off being more in control while working with their leaders (Ng,

Sorensen, & Eby, 2006; Paul E. Spector, 1986), we should also expect employees with empathic leaders to display fewer physical symptoms and increase perception of control**.**

Because of the multidimensional nature of empathy, the empathic distress component might be a source of concern in leaders; so, our hypothesis 2 entails that – the empathic distress of leaders may increment negative affect in their employees, as well as their physical symptoms.

It is crucial that a leader is able to inspire, motivate, maintain stability and create commitment toward common goals, mission or vision (Knippenberg & Hogg, 2003; Rukmani, 2010). A leader is required to add cohesion, inter-member coordination, mature communication, trust, influence, problem solving and clear norms and rules, this implies ensuring team satisfaction, participation and desire to work together (Sundstrom & Futrell, 2015). A clearly effective leadership involves developing goals and objectives and knowing how to achieve them; transmitting knowledge and appreciation of workplace activities and team behavior; generating and maintaining excitement, enthusiasm, confidence, optimism in the organization, as well cooperation and trust; encouraging flexibility in decision making and change processes; establishing and maintaining a meaningful identity in all organization (Ashforth & Saks, 2000; Côté & Gilbert, 2009; George, 2008; Graen & Mary, 1995; Kellett et al., 2006).

Often, a leader's perception is linked to his or her mental abilities to perform complex tasks as well as emotional skills (Humphrey & Sleeth, 2002), so leaders need to be closer to their team members and experience their feelings because all work for the same objective (Ciulla, 2010) and therefore, their function is the ability to meet the needs of team members (Bell & Hall, 1954b) and to make them feel understood and valued, while strengthening their leadership position (Muller et al., 2014). As a consequence, leaders who recognize their own capabilities and limitations tend to be more positive (Ashkanasy & Humphrey, 2011), to resort to their emotions to help subordinates cope with negative events, to be empathic listeners (Spears, 2010), activating their emotions to improve the organization's performance regardless of whether the emotional valence is positive or negative, and they transfer their emotions to team members by emotional contagion (Skinner & Spurgeon, 2005). The empathic behavior in leaders build trust with their teams, help to focus on individual and organizational outcomes, improve their motivation, better performance in job satisfaction, collective sense, group cohesion, better organizational behavior, and better self-management (Choi, 2006), so their behavior impacts the emotional well-being of the team (Skakon, Nielsen, Borg, & Guzman, 2010). Consequently, teams with high empathic leaders are better prepared to deal with stress at work, are more motivated to achieve their goals and to provide superior service in customer

satisfaction (Humphrey & Sleeth, 2002; Humphrey, 2013). All these outcomes, make empathic leaders are more pro-social (Brief & Motowidlo, 1986), more successful in motivating and leading teams, creating a competitive advantage for them and increasing organizational results (Macdonald & Macdonald, 2015). We can say that the influence of positive psychology is effective in the psychological well-being of team members, as well as in the decrease of depressive symptoms (Grant & Schwartz, 2011), that is, the more empathic the leaders are with their teams, the more reliability the effectiveness return from their teams (Choi, 2006) because they can exhibit attitudes and behaviors that in turn can lead to more effective and positive organizational change (Avey, Wernsing, & Luthans, 2008).

This leads us to hypothesis 3: There should be a relationship between empathy (PT measure) and employee well-being, mediated by the leadership behavior, whereby leader increased positive affect should increase employee well-being, and increased negative affect increase lack of wellbeing.

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III. Methodology

Participants

A total of 279 participants responded to an online survey. They were recruited with an invitation to participate through social networking platforms, specifically Facebook and LinkedIn, later emailed both to an IT company and to a professional database network comprehending 800 direct contacts. To be eligible, the respondents must be aged at least 18 years-old and have a paid job.

Data collection took place between June 2017 and August 2017. From the original 279 respondents, only 184 valid surveys were obtained (due to missing values). The final sample was gender balanced (males 51.9%), with ages ranging from 20 to 65 years old (M = 41.4, SD = 11.09). Most respondents have a degree or higher level of education (83.2%, Table 3.1) and organizational tenure ranges from less than 1 year to more than 20 years with the median set in the 6 to 10 years tenure (Table 3.2).

The survey opens with an introductory note, where the purpose of the research, - «The study of the emotional dimension of the relationship between leaders and teams», anonymity, the voluntary nature of participation, the possibility to withdraw and the survey expected duration are explained. It is also emphasized that, in addition to full anonymity, participants are assured that all data collected will be treated with guarantee of confidentiality, in accordance with the ethical norms inherent to scientific research.

Table 3.1.
Distribution of participants according to formal education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 12 year	9	4.9	5.6	5,6
	12 year	18	9.8	11.3	16,9
	Graduation	77	41.8	48.1	65,0
	Masters	50	27.2	31.3	96,3
	Other. Which?	6	3.3	3.8	100,0
	Total	160	87.0	100.0	
Missing	System	24	13.0		
Total		184	100,0		

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Table 3.2.
Distribution of participants according organizational tenure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 1 year	23	12.5	14.5	14,5
	1 to 2 years	27	14.7	17.0	31,4
	3 to 5 years	27	14.7	17.0	48,4
	6 to 10 years	22	12.0	13.8	62,3
	11 to 15 years	20	10.9	12.6	74,8
	16 to 20 years	14	7.6	8.8	83,6
	> 20 years	26	14.1	16.4	100,0
	Total	159	86.4	100.0	
Missing	System	25	13.6		
Total		184	100,0		

Procedure

Surveys were presented with the *Qualtrics* digital tool at the following link: http://isctecis.co1.qualtrics.com/jfe/form/SV_4Zq9okMvM2JR7Kd

Prior to signing up for the survey, participants were presented with an informed consent page, informing about the purpose of the study - the emotional relationship between leaders and their teams – and ensuring the right to interrupt participation at will, anonymity, confidentiality and protection of data, and that the treatment of data would be guaranteed loyalty and justice, and explaining that the study involved no physical discomfort.

Socio-demographic characterization and application of the instruments of the selected measures were presented in the questionnaire (see appendix A).

Data analysis strategy

Data analysis is developed by testing upfront the psychometric quality (by means of factor analysis for construct validity, and reliability by means of Cronbach alpha, which should achieve at least .70). As the measures in use are previously available in literature and have already a known theoretic structure, we opted for confirmatory factor analysis (CFA). The acceptability of the tested solutions via a CFA is judged based on Hair, Black, Babin & Anderson (2010) criteria concerning both the indices and cutoff values. Thus, we considered acceptable any factorial structure that shows a Satorra-Bentler SB χ^2/df < 3.0 with a significant p-value (<.01, although for models comprehending less than 30 parameters and counting with

less than 250 cases this index may be bypassed), a Comparative Fit Index (CFI) of at least .95, Tucker Lewis index (TLI) of at least .95, and Root Mean Square Error of Approximation (RMSEA) below .06. To test hypotheses, we have adopted Structural Equations Modelling (SEM) that use the same criteria of CFA to judge upon model acceptability. In case of model misfit (both for CFA and SEM) we used Lagrange multipliers (Bentler, 1990) to identify the specific variables that may be harmful for the model. Judgment about preserving or removing items followed theoretic considerations.

Measures

Measure of Empathy

IRI (Interpersonal Reactivity Index). Empathy was measured with the Interpersonal Reactivity Index – IRI (Davis & Davis, 1980) 28 item questionnaire that was previously translated and validated for the Portuguese language (Limpo, Alves, & Catro, 2010). The Interpersonal Reactivity Index (IRI) comprises four independent measures, which generate four separate scales, contemplating cognitive and emotional empathy: perspective taking, empathic concern, personal distress, and fantasy. It is a self-report measure consisting of four seven-item subscales, each of which aims to tap a separate aspect of the concept of empathy. The four aspects aim to measure the tendency to experience other-oriented feelings of warmth, compassion, and concern (EC – empathic concern), the tendency to adopt the points of view of others (PT – perspective taking), the tendency to experience self-oriented feelings of distress and discomfort in response to extreme distress in others (PD – personal distress), and the tendency to imaginatively transpose oneself into fictional situations (FS – fantasy scale) (Cliffordson, 2002).

The two of the subscales (empathic concern, EC, and personal distress, PD) correspond to emotional empathy, while one (perspective taking, PT) addresses cognitive empathy tendencies. From the original four factors, we opted to use only three (to the exclusion of fantasy scale) as we found it inadequate for organizational settings and because it shows a weaker relationship with social support. Examples of typical formulations of the items are: "He often has feelings of tenderness and concern for less fortunate people" (EC); "Sometimes, he has difficulty seeing things from the point of view of others" (PT) and "In emergency situations, he feels uncomfortable and apprehensive." (PD).

The IRI items were answered in five points Likert-type scales (1 = Does not describe to 5 = Describes extremely well).

All items were rephrased to depict not one's own behavior but instead the respective leader's behavior. This implies a different evaluation angle which favors a considerable change in the factor structure. Thus, we opted to conduct confirmatory factor analysis which showed unacceptable fit indices (SB-χ^2/df = 4.051, $p < .001$; *CFI* = .716, *TLI* = .679, *RMSEA* = .129). From the 21 items comprehended in these three IRI factors (perspective taking, empathic concern, and personal distress) and after applying the rules stated in the statistical analysis strategy with Lagrange multipliers, we found a 12 item three-factor valid solution (SB-χ^2/df=1.562, p=.006; CFI=.969, TLI=.953, RMSEA=.055). So, perspective taking comprehends 5 items, empathic concern 3 items, and personal distress 4 items (see appendix B for the final structure diagram). All the factors showed good reliability (Cronbach alpha = .887, .801, and .785 respectively).

Measures of Emotions

PANAS (positive and negative affect schedule). We use the Portuguese version of the "Positive and Negative Affect Schedule", elaborated by (Galinha & Pais-Ribeiro, 2012a) constituted by 20 elements (10 positive and 10 negative). PANAS is a scale that consists of several words and phrases that describe different feelings and emotions. Given the length of the questionnaire and the relative relevance of some items to the study proposal, we selected 5 positive and 5 negative items, to make the list more focused on the objectives of the study. The items of positive affect scale were "interested", "enthusiastic", "inspired", "determined" and "proud"; for negative affect scale the chosen items were "distressed", "scared", "nervous", "guilty" and "irritable". Participants were asked to rate the extent to which they experienced each of the emotions: "during the last few weeks" on a five-point scale Likert type, in what way, each adjective describes how they often feel varying from (nothing or very slightly, a little, moderately, quite a lot, very much) (Galinha & Pais-Ribeiro, 2012b; Scott et al., 2010).

The CFA for the bifactorial original solution showed unacceptable fit indices (SB-χ^2/df = 3.212, $p < .001$; *CFI* = .902, *TLI* = .842, *RMSEA* = .110) due to the presence of three items (two from the negative subscale and one from the positive subscale) that Lagrange multipliers identified. After removal of these items the fit indices became acceptable (SB-χ^2/df = 1.645, p = .066; *CFI* = .983, *TLI* = .963, *RMSEA* = .059) and both factors have good reliability (Cronbach alpha = .876 positive emotions, and .760 negative emotions). (see appendix C for final structure solution).

SAM (Self-Assessment Manikin). The Self-Assessment Manikin (Bradley & Lang, 1994) presents a suitable solution to the problems associated with the measurement of emotional response. It is a pictorial scale comprised of small mannequins, a non-verbal, evaluation tool that directly measures pleasure, activation and dominance/control (PAD), based on the self-perception of emotional reactions of the respondent to a stimulus, such as an object or an event. Considering its theoretic structure and previously held data analysis, we opted to follow (Bradley & Lang, 1994) and use these items individually as is.

In the current study we measure participants on the Dominance/control subscale, which is quite adequate to measure how one feels in the dimension that ranges from "small/insignificant/without control" to "big/powerful/in full control" in a situation or facing a given stimulus. The dominance scale shows SAM ranging from a very small figure representing a feeling of being controlled or submissive to a very large figure representing in-control or a powerful feeling (Morris, 1995).

We used SAM after presenting a day-to-day situation involving the leader and the team, whereby the participant was requested to state how she/he felt in regard to that situation. Because there are no universal stimuli, we designed one specifically for this study comprising a meeting, a dialogue, teamwork or ongoing activities. The perceived control/dominance reaction was measured by choosing the appropriate schematic character (manikin) distributed along a five-point scale of intensity.

Measure of wellbeing

General Healthy Symptoms were measured based on (Scott et al., 2010), we used six symptoms removed from the physical symptoms inventory scale (Spector & Jex, 1998), was designed to assess symptoms of which a person would be aware or physical conditions involving discomfort, pain (e.g. headache, fatigue) but not necessary require a doctor, health symptoms were assessed by presenting to the respondents a list of specific symptoms preceded by a question (P E Spector, Dwyer, & Jex, 1988). We choose the symptoms based on their relevance for the context and that have an impact on their wellbeing, according other researchers the most common are fatigue (50%), headache (42%) and backache (35%) (Alves & Jo, 2008). The symptoms chosen were: backache, headache, shortness of breath, nausea, heartburn and fatigue.

Participants were asked to note how often they experienced each of the healthy symptoms in the previous 4 weeks on a scale of 5 points Likert type ranging from 1 = never to

5 = very often (Alves & Jo, 2008; Scott et al., 2010). Cronbach alfa for this subset was .847, indicating a good item consistency.

Its nature is that of a formative construct, i.e. an abstraction that brings together indicators of a specific construct that is not necessarily represented in the respondent's cognitive domain. Therefore, based on theory that sustains (P E Spector et al., 1988) we aggregate the 6 physical symptoms. It is important to note that although, for simplicity sake, we named it GHealth Symptoms (for general health symptoms) it is measuring the lack of health.

Measure of Leadership

LMSX (Leader member social exchange) was measured using the research done by (Jeremy B. Bernerth, Achilles A. Armenakis, Hubert S. Feild, 2007) to test the relationship between subordinates and supervisors' dyads, or how, in some way, the employees' perceptions about their voluntary actions are returned by their leaders. It comprehends eight items (e.g. "My manager and I have a two-way exchange relationship", "When I give effort at work, my manager will return it). We used a five-point Likert-type scale (1= strongly disagree; 5 = strongly agree) response format (Garner, 2010; Liden, Wayne, & Stilwell, 1993).

The confirmatory factor analysis is not valid for the original solution (SB-χ^2/df = 7.769, $p < .001$; *CFI* = .902, *TLI* = .862, *RMSEA* = .192). Lagrange multipliers indicated a valid one-factor solution (SB-χ^2/df = 1.189, $p = .311$; *CFI* = .999, *TLI* = .998, *RMSEA* = .032). The factor showed good reliability (Cronbach alpha = .93) (see appendix D for the final structure solution).

To what extent does empathy in leadership effect employee wellbeing?

IV. Results

Descriptive statistics

In our study means, standard deviation and correlations are shown in table 4.1. From our sample we can perceive a strong correlation between gender, education and organizational tenure with age, being negative with gender (r = -.304; p < .01) and education (r = -.214; p < .01) and positive with organizational tenure (r = .645; p < .01). This means that employees with a younger age had a high degree of education and a lower organizational tenure as generally expected.

In the three scales of empathy, the results showed an average above the scale midpoint for both PT and EC ($M_{\text{perspective taking}}$= 3.14; SD = .98 and $M_{\text{empathic concern}}$= 3.92; SD = .96) which means that employees feel that their leaders tend to understand their needs and care about them, in a scale between 1 to 5, the 3 correspond "describes my leader fairly well" and the 4 "describes my leader very well". For PD the results fall in the lowest values of the scale ($M_{personaldistress}$ = 2.32; SD = .88) which means most respondents stated their leader was not described or only slightly well described by the items implying that in situations of emergency leaders were seen as able to make decisions.

To measure emotions, we used PANAS and SAM scales. Positive affect had a modest average of 3.09 (SD = .95) and negative affect fare lower (M = 2.01; SD = .78). As the scale ranges from 1 to 5, positive affect is reported as being prevalent although in the midpoint of the scale. Positive emotions correlate only with PT scale (r = .258; p < .01) while negative emotions correlate both with PD (r = .411; p < .01) and EC scales (r = -.331, p < .01).

For LMSX the results fell above the scale midpoint (M = 3.37; SD = 1.10) which means that the relationships that employees established with their leaders are good, implying that employees feel their voluntary actions are returned by their leader. The results also show a strong and positive correlation with the PT scale (r = .403; p < .01) and positive emotions (r = .495; p < .01).

Table. 4.1.
Means, standard deviations and Correlations

		med	*sd*	*min-max*	1	2	3	4	5	6	7	8	9	10	11	12
1.	Age	41.4	11.09	20-65	1											
2.	Gender	-	-	-	-,304**	1										
3.	Education	-	-	-	-,214**	-,016	1									
4.	Organizational tenure	-	-	<1-20+	,645**	-,101	-,140	1								
5.	Emp_PerspectiveTaking	3.14	.98	1-5	-,128	,113	-,032	-,091	1							
6.	Emp_PersonalDistress	2.32	.88	1-5	-,190*	,139	-,026	-,124	,096	1						
7.	Emp_EmpathicConcern	3.92	.96	1-5	-,121	,110	,097	-,118	,438**	-,244**	1					
8.	Panas_Positive	3.09	.95	1-5	-,027	-,153	,188*	-,042	,258**	-,063	,104	1				
9.	Panas_Negative	2.01	.78	1-5	-,073	,177*	-,064	-,029	-,024	,411**	-,331**	-,243**	1			
10.	LMSX	3.37	1.10	1-5	-,211**	,047	,162*	-,135	,403**	-,178*	,212**	,495**	-,177*	1		
11.	Manekin_PerceivedControl	3.23	.76	1-5	-,043	-,003	-,070	,006	,117	-,060	-,015	,411**	-,130	,259**	1	
12.	General_Health_Symptoms	2.14	.81	1-5	-,127	,333**	-,100	-,046	,028	,301**	-,143	-,295**	,635**	-,148	-,118	1

Notes. ** $p < .01$, * $p < .05$. Emp. = *Empathy;* LMSX = *Leader Member Social Exchange*

Concerning general health symptoms, the results are below the scale midpoint (M = 2.14; SD = .81). In a scale between 1 to 5, to the question "how often have you experienced the following symptoms in the last 4 weeks" was mostly signaled with a "rarely", thus suggesting results are positive. Furthermore, there was a strong significantly positive correlation with negative emotions (r = .635; p < .01), meaning that feelings of unhappiness and guilt lead to higher impact on general health symptoms. In addition, health symptoms presented a negative correlation with positive emotions and with the perception of control in the relationship with the leader. These results consistently seem to indicate that symptoms increase as the feeling of control decreases in interactions with the leader and as positive emotions decline. This may all occur concurrently, but it is also likely that emotions mediate the relationship between leadership and the wellbeing measures of health and feeling of control.

Hypotheses testing

Mediation between Leadership and wellbeing (emotions' and health measures)

The mediation model that includes LMSX, PANAS subscales, and General Health Symptoms with full paths showed valid fit indices (SB- χ^2/df = 1.475, p = .009; CFI = .979, TLI = .969, $RMSEA$ = .051) where all paths are statistically significant (for p < .01) to the exception of the direct path between LMSX and General Health Symptoms. The mediated model showed two total mediation effects due to the presence of Positive and Negative Affect.

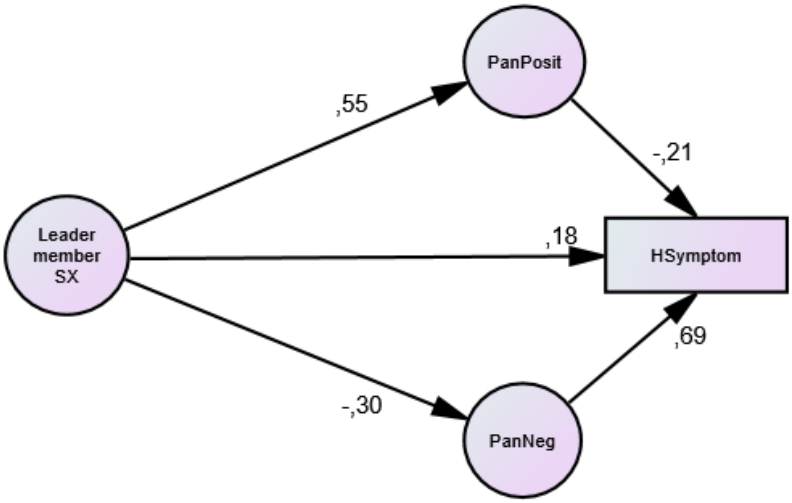

Fig. 4.1. *The relationship model between Leadership and the measures of Well-Bbeing*

To what extent does empathy in leadership effect employee wellbeing?

Table 4.2.
Relationship between Leadership and Well-Being

			Standardized estimate	Unstandardized Estimate	S.E.	C.R.	*P*
PanPosit	<---	Leader_member_SX	.549	.578	.091	6.379	***
PanNeg	<---	Leader_member_SX	-.299	-.268	.081	-3.325	***
HSymptom	<---	PanNeg	.693	.716	.095	7.540	***
HSymptom	<---	PanPosit	-.210	-.184	.067	-2.749	.006
HSymptom	<---	Leader_member_SX	.176	.163	.075	2.187	.029

Notes: *** $p < .001$; Panposit = *Panas Positive*; PanNeg = *Panas Negativ*e; SX = *Social Exchange*; HSymptom = *HealthSymptom*

LMSX relation with employees favors the development of emotions, both negative (β = -.299) and positive (β = .549) that lead to cumulative health symptoms ($\beta_{negative}$ = .693; $\beta_{positive}$ = -.210). Conversely, for a 99% confidence interval, the leadership-member relation does not have a significant direct effect (β = .176, p = .029). It is worth noting that the "LMSX - Negative Emotions – General Health Symptoms" path shows a considerably stronger impact (indirect effect = -.207) than its counterpart involving positive emotions (indirect effect = -.116) which might suggest that negative behaviors within the leader-members social exchange may be more detrimental for members' health than those that could compensate it (of a positive valence). Overall the model explains a substantial proportion of variance in health symptoms (R^2 = 49%).

Table 4.3.
Synthesis of LMSX emotion mediated relation with General Health Symptoms

I.V.	***M.V.***	***D.V.***	***Results***
LMSX	POSITIVE AFFECT	GHEALTH	Total Mediation No direct effect was found, Indirect effect significant. There is evidence that General Health is influenced by LMSX via this mediator
LMSX	NEGATIVE AFFECT	GHEALTH	Total Mediation No direct effect was found, Indirect effect significant. There is no evidence that General Health is influenced by LMSX via this mediator

Notes. I.V = *Independent Variable*; M.V. = *Mediator Variable*; D.V. = *Dependent Variable*; LMSX = *Leader Member Social Exchange*; GHealth = *General Health*

To what extent does empathy in leadership effect employee wellbeing?

Mediation between Leadership and Perception of Control (Dominance)

The mediation model that includes LMSX, PANAS subscales, and Perceived Control with full paths showed valid fit indices (SB- χ^2/df = 1.499, p = .007; *CFI* = .979, *TLI* = .968, *RMSEA* = .052) where all paths are statistically significant (for $p < .01$) to the exception of the direct paths between LMSX, Negative Emotions and Perception of control (dominance). The mediated model showed one total mediation effect (.202) via Positive Affect.

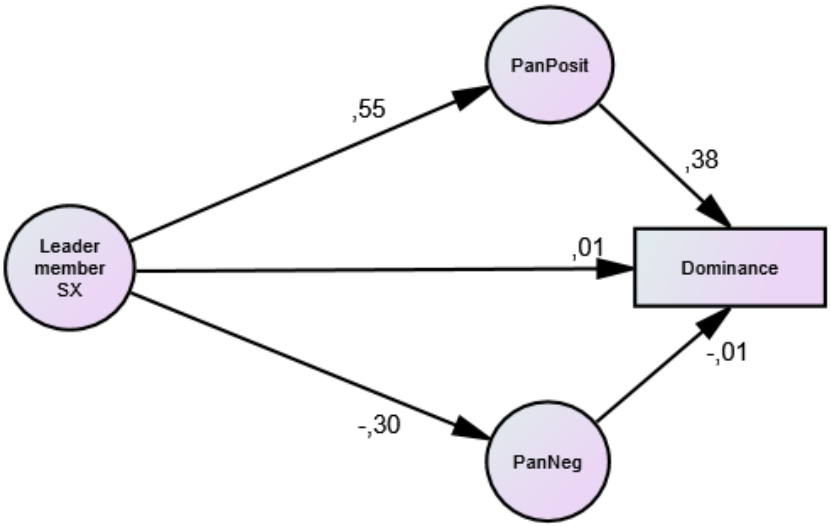

Fig. 4.2. *The relationship model between Leadership and Perceived Control*

Table 4.4.
Relationship between Leadership and Perceived Control

			Standardized estimate	Unstandardized Estimate	S.E.	C.R.	*P*
PanPosit	<---	Leader_member_SX	.549	.573	.090	6.372	***
PanNeg	<---	Leader_member_SX	-.304	-.286	.085	-3.373	***
Dominance	<---	PanNeg	-.014	-.014	.086	-.165	.869
Dominance	<---	PanPosit	.380	.344	.084	4.105	***
Dominance	<---	Leader_member_SX	.009	.008	.088	.092	.927

Note. *** $p < .001$; PanPosit = *Panas Positive*; PanNeg = *Panas Negative*; LMSX = *Leader Member Social Exchange*

LMSX relation with employees favors the development of emotions, both negative (β = -.304) and positive (β = .549) that lead to a feeling of control but only via positive emotions ($\beta_{positive}$ = .380; $\beta_{negative}$ = -.014, p = .869). No direct effect was observed between LMSX and

perceived control (β = .009, p = .927). Overall the model explains a modest proportion of variance in perceived control (R^2 = 15%).

Table 4.5.
Synthesis of LMSX emotion mediated relation with Perceived Control

I.V.	***M.V.***	***D.V.***	***Results***
LMSX	POSITIVE AFFECT	PERCEIVED CONTROL	Total Mediation No direct effect was found, Indirect effect significant. There is evidence that Perceived Control is influenced by LMSX via Positive Affect
LMSX	NEGATIVE AFFECT	PERCEIVED CONTROL	No Mediation Neither direct effect nor Indirect effect are significant. There is no evidence of a mediation effect

Notes: I.V. = *Independent Variable*; M.V. = *Mediator Variable*; D.V. = *Dependent Variable*; LMSX = *Leader Member Social Exchange*

Mediation model between Empathy and Emotions with LMSX as mediator, integrating the previous mediated model (between LMSX and General Health Symptoms)

The mediation model that includes Empathy, LMSX, and both PANAS dimensions with full paths to General Health Symptoms showed valid fit indices ($SB\text{-}X^2/df$ = 1.423, p = .001; *CFI* = .956, *TLI* = .945, *RMSEA* = .048). The results found for the previously tested mediation model between LMSX, Panas and General Health Symptoms converged with the model tested alone. The paths between empathy and emotions vary considerably depending on the empathic dimension and the valence of the emotion. Therefore, to make the analysis simpler we will focus on each empathic dimension once at a time.

For Perspective Taking we found a total mediation via LMSX. The first path (Perspective Taking --> LMSX) shows a positive and significant association (*Beta* = .541, p < .001) and the ensuing path (LMSX --> Positive Emotions) follows a similar pattern (*Beta* = .540, p < .001) and the corresponding indirect effect is .283. The same sort of mediation is seen on the path that links it with negative emotions (*Beta* = -.290, p = .011) with a corresponding indirect effect of a lesser magnitude (-.124).

For personal distress we found a total mediation via LMSX towards positive emotions (indirect effect = -.155) but a partial mediation via LMSX towards negative emotions (indirect effect = .068, direct effect = .321). In both cases the betas showed the expected valence being

negative between personal distress and LMSX (*Beta* = -.290, *p* = .004). The total effect upon negative emotions is large (.389).

For empathic concern there is only a statistically significant path with negative emotions (*Beta* = -.337, *p* = .021) being thus a direct effect only, ruling out any possible mediation effect.

It is worth noting that no direct significant effect was found between empathy and general health symptoms, as theoretically expected.

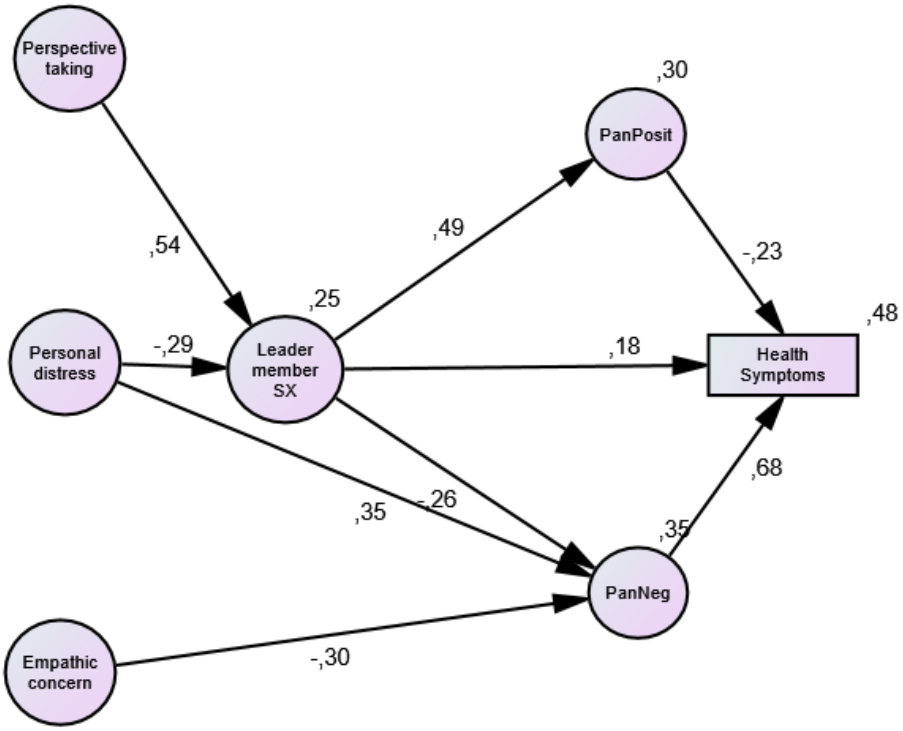

Fig. 4.3. *The relationship model between Empathy, Leadership, Affect and General Health Symptoms*

Table 4.6.
The relationship between Empathy, Leadership, Affect and Health Symptoms

			Standardized Estimate	Unstandardized estimate	S.E.	C.R.	*P*
LMSX	<---	Perspect. Taking	.541	.521	.113	4.592	***
LMSX	<---	Personal Distress	-.289	-.286	.099	-2.889	.004
LMSX	<---	Empathic Concern	-.208	-.231	.138	-1.680	.093
PanNeg	<---	Empathic Concern	-.337	-.348	.151	-2.304	.021
PanNeg	<---	Personal Distress	.344	.317	.107	2.957	.003
PanPosit	<---	LMSX	.491	.542	.110	4.917	***

To what extent does empathy in leadership effect employee wellbeing?

			Standardized Estimate	Unstandardized estimate	S.E.	C.R.	*P*
PanNeg	<---	Perspect. Taking	.225	.202	.121	1.670	.095
PanNeg	<---	LMSX	-.246	-.229	.094	-2.442	.015
PanPosit	<---	Perspect. Taking	.080	.085	.129	.661	.509
PanPosit	<---	Empathic Concern	.024	.029	.157	.184	.854
PanPosit	<---	Personal Distress	-.038	-.041	.112	-.369	.712
HSympt	<---	PanNeg	.164	.160	.092	1.741	.082
HSympt	<---	PanPosit	.019	.018	.101	.181	.856
HSympt	<---	LMSX	.141	.153	.125	1.217	.224

Notes: *** $p < .001$; PanPosit = *Panas Positive*; PanNeg = *Panas Negative*; LMSX = *Leader Member Social Exchange*; HSympt = *Health Symptoms*

Mediation model between Empathy and Emotions with LMSX as mediator, integrating the previous mediated model (between LMSX and Perceived Control)

The mediation model that includes Empathy, LMSX, and both PANAS dimensions with full paths to Perceived Control showed valid fit indices ($SB\text{-}X^2/df = 1.364$, $p < .001$; $CFI = .961$, $TLI = .951$, $RMSEA = .045$). The results found for the previously tested mediation model between LMSX, PANAS and Perceived Control converged with the model tested alone. The paths between empathy and emotions vary considerably depending on the empathic dimension and the valence of the emotion. Following previous strategy, for simplicity and clarity sake, we will focus on each empathic dimension, once at a time.

For Perspective Taking we found a total sequential mediation via LMSX and Positive Affect. The first path (Perspective Taking --> LMSX) shows a positive and significant association ($\beta = .542$, $p < .001$) and the ensuing path (LMSX --> Positive Emotions) follows a similar pattern ($\beta = .490$, $p < .001$). The last path (Positive Emotions --> Perceived Control) is also significant ($\beta = .403$, $p < .001$). The corresponding sequential indirect effect is .141. This sequential mediation is not observed in the case of Negative Affect.

Likewise, for personal distress we found such a sequential total mediation via LMSX and positive affect to perceived control (indirect effect = -.084) where the first path shows a significant β of -.290 ($p < .004$) and the remaining show the same magnitude as previously stated. A partial mediation is observed between personal distress and negative affect via LMSX (indirect effect = .072, direct effect = .330). The total effect upon negative emotions is large (.402).

For empathic concern there is only a statistically significant path with negative emotions ($\beta = -.338$, $p = .023$) being thus a direct effect only, ruling out any possible mediation effect.

To what extent does empathy in leadership effect employee wellbeing?

Again, no direct significant effect was found between empathy and perceived control, as theoretically expected.

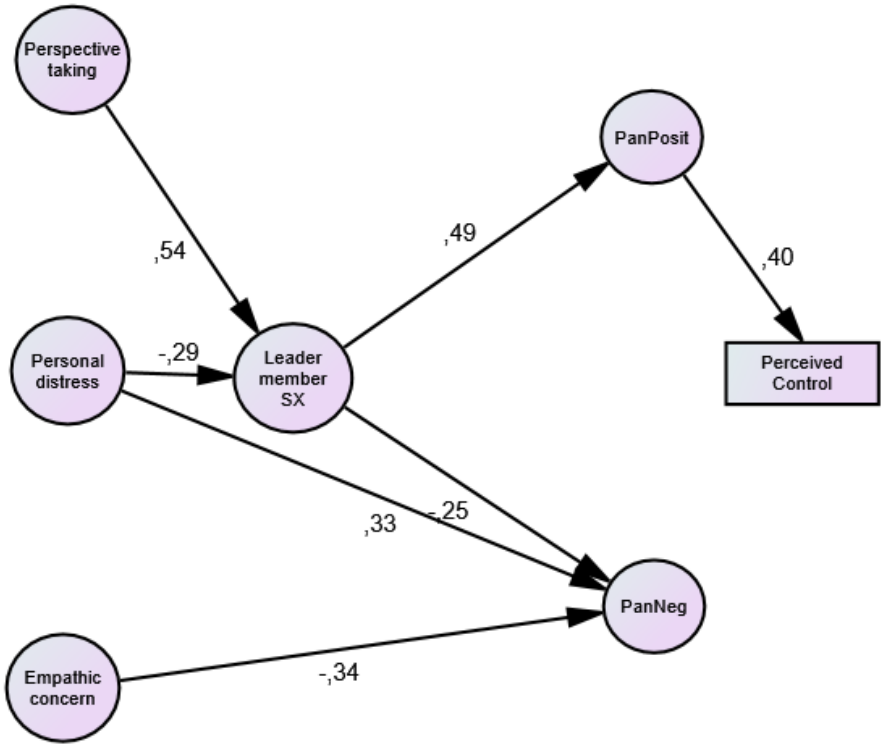

Fig. 4.4. *The relationship model between Empathy, Leadership, Affect and Perceived Control*

Table 4.7.

The relationship between Empathy, Leadership, Affect and Perceived Control

			Standardized Estimate	Unstandardized estimate	S.E.	C.R.	*P*
LMSX	<---	Perspective Taking	.542	.522	.114	4.595	***
LMSX	<---	Personal Distress	-.290	-.286	.099	-2.894	.004
LMSX	<---	Empathic Concern	-.209	-.232	.138	-1.684	.092
PanNeg	<---	Empathic Concern	-.338	-.362	.159	-2.269	.023
PanNeg	<---	Personal Distress	.330	.314	.115	2.732	.006
PanPosit	<---	LMSX	.490	.535	.109	4.913	***
PanNeg	<---	Perspective Taking	.217	.202	.127	1.589	.112
PanNeg	<---	LMSX	-.248	-.239	.098	-2.436	.015
PanPosit	<---	Perspective Taking	.079	.083	.126	.660	.509
PanPosit	<---	Empathic Concern	-.001	-.001	.154	-.009	.993
PanPosit	<---	Personal Distress	-.058	-.062	.110	-.566	.572
PControl	<---	PanNeg	-.004	-.004	.085	-.050	.960

To what extent does empathy in leadership effect employee wellbeing?

			Standardized Estimate	Unstandardized estimate	S.E.	C.R.	*P*
PControl	<---	PanPosit	.403	.350	.082	4.254	***
PControl	<---	LMSX	.004	.004	.087	.044	.965

Notes: *** $p < .001$; LMSX = *Leader Member Social Exchange*; PanNeg = *Panas Negative*; Panposit = *Panas Positive*; PControl = *Perception of Control*

Model with all paths

Overall, the model is suggestive of a logical path between leader's empathy, the way they relate with team members (taken from a perspective of social Exchange), the emotions they enact in followers, and impacts they have both in the feeling of perceived control and cumulative health.

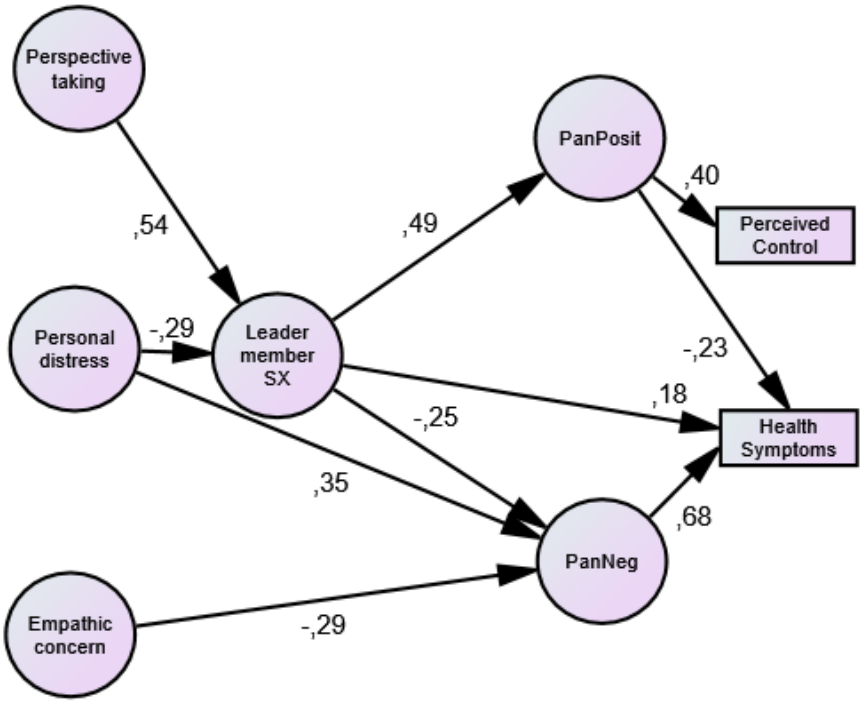

Fig 4.5. *The relationship model between Empathy, Leadership, Emotions and the measures of Well-Being and Perception of Control*

The SEM conducted with all constructs simultaneously measured showed valid fit indices ($SB\text{-}X^2/df$ = 1.371, $p < .001$; *CFI* = .958, *TLI* = .948, *RMSEA* = .045). The resulting model preserved significant paths from the models analyzed separately for perceived control

and health symptoms. There are six cases of a three-path sequential mediation in the model. For parsimony sake, the standardized coefficients are shown in the figure (Fig. 4.5) and total, direct and indirect effects are jointly reported in a table (Table 4.8).

Table 4.8.
The relationship between Empathy, Leadership, Emotions and measures of Well-Being and Perception of Control

		Distal predictors			Proximal predictors			R^2
		Perspective taking	Personal distress	Empathic concern	LMSX	Pan Neg	Pan Posit	R^2
Total effects	LMSX	**.541**	**-.289**	**-.206**	.000	.000	.000	25.0%
	PanNeg	.096	**.424**	**-.242**	**-.254**	.000	.000	35.2%
	PanPosit	**.348**	**-.205**	-.115	**.490**	.000	.000	29.5%
	PControl	.143	-.085	-.047	**.202**	-.002	**.404**	16.5%
	HSymptoms	.083	**.282**	-.175	-.103	**.678**	**-.232**	48.5%
Direct effects	LMSX	.541	-.289	-.206	.000	.000	.000	
	PanNeg	.234	.351	-.295	-.254	.000	.000	
	PanPosit	.083	-.063	-.014	.490	.000	.000	
	PControl	.000	.000	.000	.004	-.002	.404	
	HSymptoms	.000	.000	.000	.183	.678	-.232	
Indirect effects	LMSX	.000	.000	.000	.000	.000	.000	
	PanNeg	-.138	.073	.052	.000	.000	.000	
	PanPosit	.265	-.141	-.101	.000	.000	.000	
	PControl	.143	-.085	-.047	.199	.000	.000	
	HSymptoms	.083	.282	-.175	-.286	.000	.000	

Notes: LMSX = *Leader Member Social Exchange*; PanNeg = *Panas Negative*; PanPosit = *Panas Positive*; PControl = *Perception of Control*; HSymptoms = *Health Symptoms*

Overall, a model is as useful as it is able to explain maximum variance in the dependent variables. In this case, the model explains 48.5% of health symptoms variance and 16.5% of perceived control.

The analysis of the model will separate distal from proximal contributors, i.e. the ones that are thought of as direct predictors (negative affect, positive affect and LMSX) are taken as proximal; those that theoretically act through one of these (empathic dimensions) are taken as distal.

The largest distal contributor of health symptoms is personal distress of the leader that has a direct effect of .282 followed by empathic concern that cushions the negative effects of

personal distress with an effect of -.175. The proximal largest contributor to health symptoms is clearly negative affect with a direct effect of .678 followed by positive affect with a direct effect of -.232. In both cases the contribution of negative constructs surpasses the magnitude of the positive ones, thus suggesting negative emotional processes prevail over positive in producing health symptoms. The largest distal contributor of perceived control is perspective taking (.143) which is quite modest when compared with the proximal effect of positive affect (.404).

The sequential three-path mediations found in the model can be judged on the indirect effects. These are only possible between "perspective taking – health symptoms", "perspective taking-perceived control", "personal distress – health symptoms", and "personal distress - perceived control". The respective indirect effects were: .083; .143; .282, and -.085.

The simple mediation paths (two path mediation models) are also helpful in understanding simpler processes operating to produce both perceived control and health symptoms. LMSX is the key variable in producing both outcomes (-.286 in health symptoms, and .199 in perceived control).

In summary, the model explains how leaders' empathy produce emotions via LMSX, which in turn influence health symptoms, especially via negative emotions, and perceived control, via positive emotions. The model highlights the critical role that LMSX plays and how perspective taking (as expression of empathy) produces it, and subsequently favors positive affect in followers. In turn, positive affect is linked both to a heightened sense of control and lower health symptoms to mitigate the strong impact negative emotions have in harming health.

To what extent does empathy in leadership effect employee wellbeing?

V. Discussion

The present study had as main objective view of the positive and negative features of empathy, which was to inspect the outcomes of the leader's empathy and contribute towards understanding the right balance for empathy in leadership, in an organizational context. We attempted to answer the following questions: what effect does leader empathy on employee's emotions and well-being? Does it promote positive emotions only or negative one's as well? And how does it affect team's member's perception of control with their leaders?

Toward that goal, we develop a mediation model between empathy, leadership, emotions, heath symptoms and worker's perceived control or dominance in interactions with their leader, so as to understand the impact of the leader's empathy in various aspects of workers' well-being.

Empathy in Leadership

In the literature little has been reported on how empathic leaders influence their teams at work (Scott et al., 2010; Somogyi, Buchko, & Buchko, 2013), described it as a moral emotion concerning the welfare of others that facilitate interpersonal relationship and positively influence people to engage in prosocial behavior (Mencl & May, 2015). In another study, (Scott et al., 2010) author's found that employees with an empathic manager experienced lower levels of somatic complaints and one of the reasons for that was that empathic managers provide more social support.

In our study, and as expected, the results reveal that good leaders stir up emotions, both positive and negative. This is in line with studies showing that, the way the leader understands, motivates and inspires the teams returns a total commitment and involvement from them, because when employees perceived high support from their leader or from their organization, they expressed stronger feelings of loyalty and recognition to the organization (Eisenberger et al., 1990).

Our findings also show there is a strong association between empathy and positive and negative emotions through the leader social exchange (LMSX) that acts as mediator, which in turn, will generate via emotions an impact in the disease symptoms and perception of control. The results indicate that of the 3 scales of empathy, the perspective taking (PT) is the one that has a stronger link with the leader (LMSX), and in turn, results indicate a strong association of the leader with worker's positive emotions. We can see the same sort of mediation in the link with negative emotions but with a lesser magnitude. The other two empathy scales (personal

distress and empathic concern) have a negative relation with the LMSX in which the personal distress has a negative impact and relevant on LMSX and the empathic concern despite the negative relation, is not significant. The absence of a significant relationship between these two variables, might mean that worker's don't like to be treated in a more emotional way by the leader; according the philosophy of TMGT, they like to be understood and respected in their daily of tasks because high levels of empathy can hamper the task performance by cultivating the feeling of "owner" or "dad", obscuring the prosocial behavior and violate the principles fairness and justice (Grant & Schwartz, 2011). If we would turn these results into guidelines, they favour the cognitive dimension of empathy over emotional empathy in leadership, as regards generating wellbeing (measured by indicators such as symptoms and sense of control). On the negative side, the path beginning with Personal distress – with and without mediators - health symptoms, was by far the strongest in producing leadership-based health symptoms in team members. Thereby, results are suggesting that a leader should avoid getting that much involved in other's problems and emotions, as that has a negative impact on the team.

The results also indicate, as expected, that there isn't a direct effect between empathy and health symptoms, and the same applies to the perception of control (dominance) in worker's interactions with their leaders.

Although the findings of the present study show that the paths between empathy and emotions vary considerable depending on the empathic dimensions and the valence of the emotion, they also demonstrate that emotions are associated with healthy symptoms, especially the negative emotions that had a big positive and strong impact on general health symptoms, thereby supporting the view that negative emotion negatively affects the well-being of employees (Watson & Pennebaker, 1989).The fact that in our results positive emotions had a weaker impact in healthy symptoms and a strong and positive relation to the perception or feeling of control (measure by SAM dominance) of employees with their leaders, seems to support the view that a positive relationship between team members and leaders gives employees more confidence, increases their accountability and produces more commitment (Eisenberger et al., 1990) and engagement, which contributes to better organizational performance (Chan, 2018). Our results are also consistent with previous studies (Scott et al., 2010) proposing that employees are affected by the empathy of their leaders because leadership behavior seems to be a major factor influencing leadership effectiveness (Skinner & Spurgeon, 2005).

We confirmed hypotheses 1 and 3 that empathic leaders had a positive effect on well-

being of employees and in the perception of control. According to (Goleman et al., 2002; Knippenberg & Hogg, 2003) health leaders who can understand their team's emotions may well contribute to their increased motivation as well as to the level of optimism and commitment to organization's mission, vision and goals, being able to achieve stability and harmony on the teams.

However, our hypothesis 2 that personal distress causes a decrease of well-being via negative emotions, is confirmed if we consider the direct effect only. Employees who intensely experience their negative emotions, are prone to a person's suffering, that is, an aversive emotional reaction such as discomfort based on the recognition of another person's emotional state or condition (Decety & Jackson, 2004; Decety, Bartal, Uzefovsky, & Knafo-Noam, 2015; Decety & Yoder, 2016). But if we consider the association between PD and negative emotions, via LMSX as mediator, there is a negative correlation not relevant between the two variables. This can be justified because leaders with personal distress struggle to provide task-oriented support and to help others, because of their lack in self-confidence (Davidovitz, Mikulincer, & Shaver, 2007).

Hence, we recommend that organizations implement training programs for leaders and their team members to improve their emotional competences in the workplace. Such training programs ought to emphasize the development of the cognitive dimension of empathy (Perspective taking), address topics like interpersonal relationships, recognizing one's own emotions and those of others, emotion regulation, and bolster listening and communication skills, following our model in the three blocks ELA – Empathy, Leader & Affects.

Limitations and Future directions

The current study has some limitations:

The fact that the questionnaire was a self-report may entail some biased responses, due to respondents' social desirability in their answers. Other point with the self-report questionnaire used to assess the emotions is that the respondents may eco the way they feel, at the moment, they are answering to determine how they have felt over in last 4 weeks.

Another limitation to this research was the fact that we could not obtain an IRI total measure because we had previously decided to remove the Fantasy scale from the questionnaire (for inadequacy to an organizational context) and the construct is indeed four-dimensional.

A third limitation was the fact that we considered many variables and the sample size, from a total of 279 we obtain 187 answers, which is a small sample.

We did not find a correlation between empathic concern and LMSX, so for future

research. we propose to investigate this absence of a relationship, since it is not possible to retrieve the answer to why does this happen from our results. It is conceivable that high levels of empathy overshadow prosocial behavior and violate the principles of fairness and justice (Grant & Schwartz, 2011)

Other future investigations should analyze the impact of an empathic leader in the performance of their team members and determine the costs and benefits within the organization, for different teams. Or, validate the impact of empathy between co-workers at which point brings a better performance in the organizations.

VI. Conclusions

Considered as an essential aspect of 21st century leadership, empathy can't be ignored if we wish to prevent further ethical disasters in the business world (Holt & Marques, 2012). Importantly, empathy encompasses the ability to understand the affective experiences of other people, and then expressing this understanding through suitable behavior directed at those other people, often giving up self-interest, listening, understanding and not judging the other (Maia & Cruz, 2013). Being empathic is a complex demanding, strong yet subtle and gentle way of being (Rogers, 1975). It is not easy to be empathic and it is clear that empathy affects many constructs within the organization, since the individual to the team members and even to the organizational level (Burch et al., 2016).

With this research we attempted to provide a better understanding of the role of leader empathy. Our results strengthened our belief that empathy may improve managerial effectiveness and employee well-being, if it is applied correctly (Young et al., 2017). Retention, satisfaction, commitment and motivation of employees are some of the results that can be influenced by the empathy and behaviors of their leaders. By improving leaders' understanding of their teams, empathy can help build relationships that deliver positive results for organizations.

Concluding, we can say that leaders should be aware that empathy is an important feature for the well-being of their teams and the organization as a whole (Somogyi et al., 2013) and they have an essential role in managing the emotions of their teams.

VII. References

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To what extent does empathy in leadership effect employee wellbeing?

Appendix

To what extent does empathy in leadership effect employee wellbeing?

Appendix A. Questionnaire

Este estudo de investigação faz parte da dissertação de mestrado em Ciências em Emoções do ISCTE-Instituto Universitário de Lisboa e pretende estudar a dimensão emocional na relação da liderança com as equipas.

A sua participação é muito importante. Ao aceitar participar neste estudo está a contribuir para a investigação no campo da psicologia das emoções. A sua participação neste estudo é voluntária e terá sempre a possibilidade de se retirar do estudo, a qualquer momento, se assim o entender, não ficando os seus dados disponíveis para o estudo. O questionário não lhe toma mais de 12 minutos. Todos os dados recolhidos são confidenciais e anónimos e serão utilizados exclusivamente no âmbito deste estudo académico. Por favor leia atentamente todas as questões que lhe vão ser colocadas e responda da forma mais honesta possível, uma vez que não existem respostas certas nem erradas. Se tiver dúvidas ou para mais informação sobre o estudo poderá contatar os investigadores Virgínia Pedro (vmrpo@iscte-iul.pt) Prof. Nelson Ramalho (Nelson.Ramalho@iscte-iul.pt) ou a Profª Augusta Gaspar (Augusta.Gaspar@iscte-iul.pt). Muito obrigada!

To what extent does empathy in leadership effect employee wellbeing?

Q1. As frases seguintes pretendem avaliar os seus pensamentos e sentimentos numa variedade de situações. Pense até que ponto cada frase descreve bem a sua chefia direta:

Responda de forma mais honesta possível

1	2	3	4	5
Não descreve	Descreve ligeiramente bem	Descreve razoavelmente bem	Descreve muito bem	Descreve extremamente bem

		1	2	3	4	5
1.	Tem muitas vezes sentimentos de ternura e preocupação pelas pessoas menos afortunadas	○	○	○	○	○
2.	De vez em quando tem dificuldade em ver as coisas do ponto de vista dos outros	○	○	○	○	○
3.	Às vezes, não sente muita pena quando as outras pessoas estão a ter problemas.	○	○	○	○	○
4.	Em situações de emergência, sente-se desconfortável e apreensivo/a	○	○	○	○	○
5.	Quando há desacordo, tenta atender a todos os pontos de vista antes de tomar uma decisão	○	○	○	○	○
6.	Quando vê que se estão a aproveitar de uma pessoa, sente vontade de a proteger.	○	○	○	○	○
7.	Ás vezes, sente-se vulnerável quando está no meio de uma situação muito emotiva	○	○	○	○	○
8.	Por vezes, tenta compreender melhor os outros colocando-se no lugar deles	○	○	○	○	○
9.	Quando vê alguém ficar ferido, tende a permanecer calmo/a	○	○	○	○	○
10.	As desgraças dos outros não o/a costumam perturbar muito	○	○	○	○	○
11.	Quando tenho a certeza que tem razão sobre algum assunto, não perde tempo a ouvir os argumentos dos outros.	○	○	○	○	○
12.	Estar numa situação emocional tensa assusta-o/a	○	○	○	○	○
13.	Quando vê uma pessoa a ser tratada injustamente, nem sempre sente muita pena dela	○	○	○	○	○
14.	Geralmente é muito eficaz a lidar com emergências	○	○	○	○	○
15.	Fica muitas vezes emocionado/a com coisas que vê acontecer	○	○	○	○	○
16.	Acredita que uma questão tem sempre dois lados e tenta olhar para ambos	○	○	○	○	○
17.	É uma pessoa de coração mole	○	○	○	○	○
18.	Tende a perder o controlo em situações de emergência	○	○	○	○	○
19.	Quando está aborrecido/a com alguém, geralmente tenta pôr-se no seu lugar por um momento	○	○	○	○	○
20.	Quando vê alguém numa emergência a precisar muito de ajuda, fica completamente perdido/a	○	○	○	○	○
21.	Antes de criticar alguém, tenta imaginar como se sentiria se estivesse no lugar dessa pessoa	○	○	○	○	○

Q2. Imagine quando no seu dia-a-dia tem interações (reuniões, diálogos, trabalhos em equipa, no dia-a-dia) com a sua chefia. Como se sente em relação ao seu grau de controlo ou dominância face á sua chefia sobre o assunto ou assuntos que motivaram a interação:

submissão (desprovido de controlo) a dominância (com o controlo).

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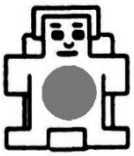
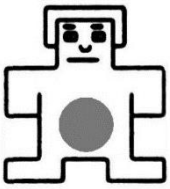
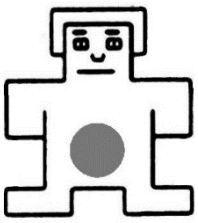
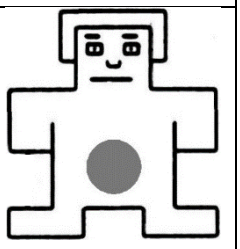
Marque o nível que considera adequado na figura:

Muito submisso	Submisso	Neutro	Dominância	Muita dominância
				

(1) Muito Submisso (2) Submisso (3) Neutro (4) Dominante (5) Muito Dominante

Q3. As seguintes afirmações descrevem **as relações que estabelece com a sua chefia direta**.

1 Discordo totalmente	2 Discordo parcialmente	3 Não concordo nem discordo	4 Concordo totalmente	5 Concordo totalmente

1. O meu gestor e eu temos uma relação mútua	1 2 3 4 5
2. Eu não tenho que especificar as condições exatas para saber que meu gestor está do meu lado	1 2 3 4 5
3. Se eu fizer algo pelo meu gestor, ele ou ela retribuirão	1 2 3 4 5
4. Eu tenho uma relação equilibrada com o meu gestor	1 2 3 4 5
5. Os meus esforços são compensados pelo meu gestor	1 2 3 4 5
6. O meu relacionamento com meu gestor é composto de trocas mútuas, dar e receber.	1 2 3 4 5
7. Quando me esforço no trabalho, meu gestor vai compensar.	1 2 3 4 5
8. As ações voluntárias da minha parte serão compensadas de alguma forma pelo meu gestor	1 2 3 4 5

Q4. Indique com que frequência sentiu os seguintes **sintomas nas últimas 4 semanas**.

Assinale a opção que melhor se adequa a si.

1 Nunca	2 Raramente	3 Ás vezes	4 Frequentemente	5 Quase sempre

Dor de cabeça	1 2 3 4 5
Dor nas costas	1 2 3 4 5

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Falta de ar	1	2	3	4	5
Náusea	1	2	3	4	5
Azia	1	2	3	4	5
Cansaço	1	2	3	4	5

Q5. Esta escala consiste num conjunto de palavras que descrevem diferentes sentimentos e emoções. Leia cada palavra e marque a resposta mais adequada para si. Indique em que medida se sentiu assim durante as últimas 4 semanas.

1	2	3	4	5
Nada ou muito ligeiramente	Um pouco	Moderadamente	Bastante	Extremamente

Interessado	1	2	3	4	5
Perturbado	1	2	3	4	5
Entusiasmado	1	2	3	4	5
Assustado	1	2	3	4	5
Inspirado	1	2	3	4	5
Nervoso	1	2	3	4	5
Determinado	1	2	3	4	5
Culpado	1	2	3	4	5
Orgulhoso	1	2	3	4	5
Irritado	1	2	3	4	5

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Q6. Segue-se um conjunto pequeno de questões de natureza sociodemográfica. Os dados serão utilizados apenas de forma agregada e estão desenhados para permitir a proteção do seu anonimato.

Q7. É do sexo?

- ○ Masculino (1) Feminino (2)

Q8. E tem...? (anos) _____

Q9. Escolaridade

- ○ Até ao 12º ano (1)
- ○ 12º ano completo (2)
- ○ Licenciatura (3)
- ○ Mestrado (4)
- ○ Outra. Qual? (5) _____

Q10. Antiguidade (tempo de serviço na organização atual)

- ○ Inferior a 1 ano (1)
- ○ 1 a 2 anos (2)
- ○ 3 a 5 anos (3)
- ○ 6 a 10 anos (4)
- ○ 11 a 15 anos (5)
- ○ 16 a 20 anos (6)
- ○ Superior a 20 anos (7)

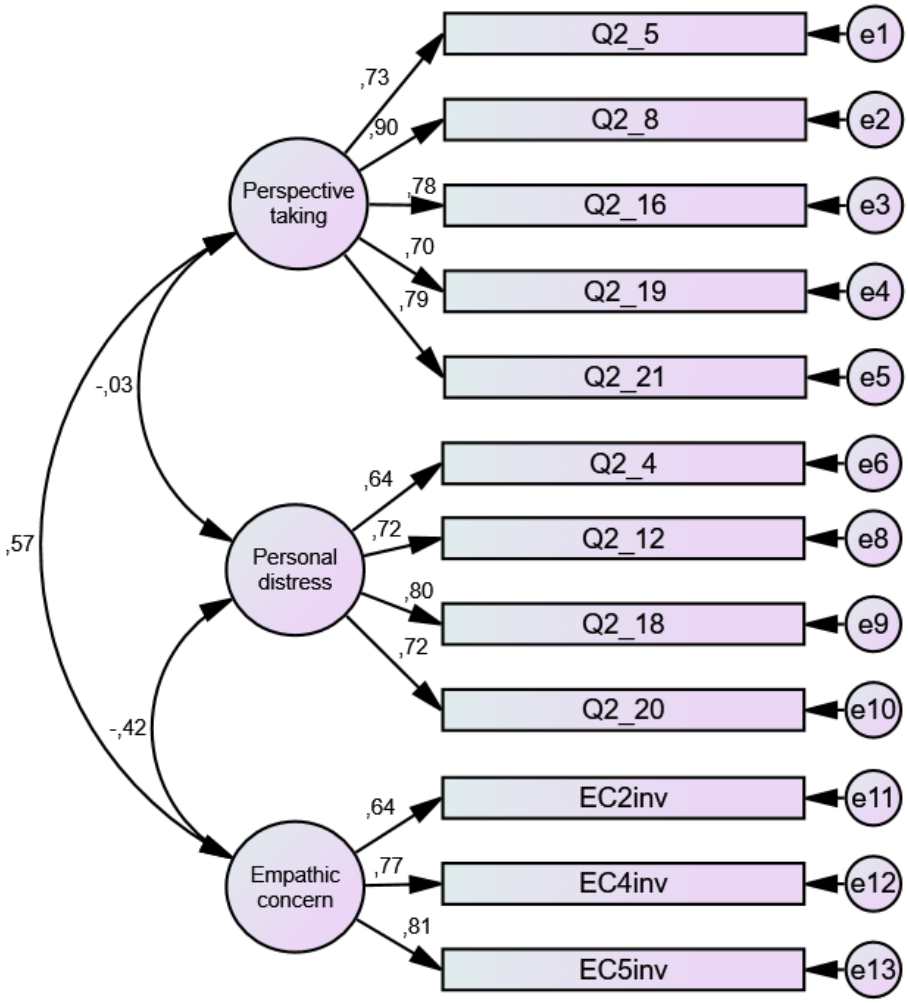
To what extent does empathy in leadership effect employee wellbeing?

O questionário terminou. O seu contributo foi muito importante. Obrigada pela sua colaboração!

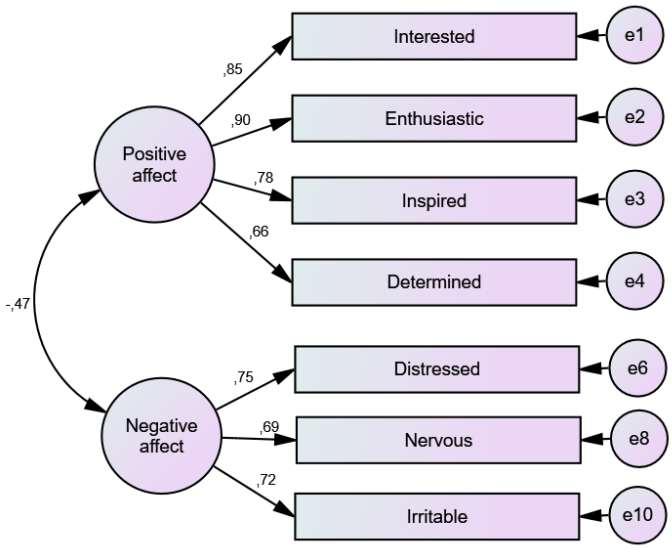
Se porventura desejar partilhar alguma sugestão relativa a este questionário, seja um comentário seja um elemento que sentiu que pudesse estar em falta, muito agradecemos que use o seguinte espaço para o efeito. Se não for esse o caso, reiteramos o nosso agradecimento pela sua colaboração!

_____

Appendix B. Final structure of the IRI diagram



Appendix C. Final structure of the PANAS version



To what extent does empathy in leadership effect employee wellbeing?

Appendix D. Final structure of the LMSX version