The joint effects of promotion and prevention focus on performance, exhaustion and sickness absence among managers and non-managers

Joint effects of promotion and prevention

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Received 4 December 2015 Revised 22 June 2016 19 October 2016 3 January 2017 Accepted 6 February 2017

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Abstract

Purpose – The purpose of this paper is to examine the main and interaction effects of self-rated promotion and prevention regulatory focus on self-rated work performance, emotional exhaustion and sickness absence for managers and non-managers separately. The authors expected that promotion focus relates positively to performance and negatively to sickness absence, while prevention focus relates positively to exhaustion and sickness absence, both for managers and non-managers. Furthermore, the authors expected that promotion focus relates positively to performance but also to exhaustion and sickness absence when prevention focus is high, only for managers (i.e. a manager's dual regulatory focus can be an effective but also exhausting leadership strategy).

Design/methodology/approach – The authors tested the hypotheses via moderated regression analyses among two independent groups, managers (n = 241) and non-managers (n = 415).

Findings – Promotion focus was positively related to managers' and non-managers' performance and negatively to non-managers' sickness absence, while prevention focus did not have any main effects. As expected, managers' promotion focus was positively related to managers' sickness absence when managers' prevention focus was high (i.e. dual regulatory focus). Furthermore, managers' promotion focus negatively related to managers' performance when managers' prevention was high, failing to support the hypothesis.

Practical implications – Promotion focus should be enhanced by organizations among leaders and employees. The authors also cautiously discuss the possibility of interventions comparing a promotion focus with dual-focus training.

Originality/value – The authors contribute to the literature by examining the joint (rather than main) effects of promotion and prevention focus on work behavior and the authors address these links among managers and non-managers.

Keywords Quantitative, Absenteeism, Individual behaviour, Work performance, Leader behaviour **Paper type** Research paper

In everyday life, people use different means to pursue their goals. Regulatory focus theory (Higgins, 1997, 1998) suggests that while some people prefer to achieve success or grow (i.e. promotion focus), others prefer to avoid failure (i.e. prevention focus). While it has been sometimes assumed that promotion and prevention regulatory focus have their roots in one's early life (Higgins *et al.*, 2001), regulatory focus is generally considered a malleable state. Extensive experimental research finds that promotion and prevention focus are psychological states that can be induced by situational cues (Baas *et al.*, 2011). Organizational literature agrees in that employees are not promotion or prevention focused



Personnel Review Vol. 46 No. 8, 2017 pp. 1493-1507 © Emerald Publishing Limited 0048-3486 DOI 10.1108/PR-12-2015-0309 by nature. Instead, they may be conditioned to display a promotion or a prevention focus depending on what the work context, including work-related tasks and goals, requires (Brockner and Higgins, 2001).

In other words, there are events or projects at work that call on employees to operate with a promotion focus and others that require them to operate with a prevention focus (Dane and George, 2014). In fact, these two foci may complement each other. For example, a focus on prevention may boost employee growth behaviors but for different reasons than a promotion focus; namely, when there is a threat or undesired state that employees need to overcome (Petrou et al., 2016). So if promotion tasks (e.g. tasks that require creativity) and prevention tasks (e.g. tasks that require vigilance) are equal parts of employees' working lives (Van Dijk and Kluger, 2011), it follows that employees who master and display both of these foci equally well, have increased chances of survival and success. Such a flexible approach to one's work tasks is particularly important for responsible jobs. Employees who have to be flexible and proactive or who supervise others need to display a versatile self-regulatory focus that does not only focus on achieving positive outcomes but also on avoiding negative outcomes (Brockner et al., 2004). Therefore, the link between versatile self-regulation and performance should matter particularly for managers. In the present paper, we refer to a "manager" as anyone who holds supervisory responsibility over at least one other person at work and to a "non-manager" as anyone who does not hold any supervisory responsibilities over others.

Based on conceptualizations of employee regulatory focus as a malleable state rather than trait (Wallace et al., 2009), we set out to address the role of a dual regulatory focus at work. For the purpose of the present paper, we define a "dual regulatory focus" as the self-regulatory focus through which employees strive to achieve success and, at the same time, to avoid failure. We argue that such a dual focus is more essential for managers. To elaborate on this, we draw on ideas from versatile (Kaplan and Kaiser, 2003), flexible or adaptive (Yukl and Mahsud, 2010) leadership, which all posit that a successful leader should be able to display a wide rather than a limited range of skills and virtues that are often opposing to each other. This idea is consistent with the contingency model of leadership (Fiedler, 2006), suggesting that there is no single leadership style which is superior. Rather, leaders should be able to adapt to the task at hand, which also means continuously adapting to subordinates. We believe that these ideas on versatile leaders should apply to managers as well. Although managers have narrower job scope and responsibilities compared to leaders, today's complex jobs prompt managers to be able to aspire subordinates and show leadership skills in addition to managerial skills (Nguyen and Hansen, 2016). In other words, managers should be able to display a versatile leadership approach that integrates multiple work practices, suggesting that a dual regulatory focus becomes particularly important. By displaying both promotion and prevention foci, managers can maximize their performance and have "the best of both worlds." But would it not be an exhausting endeavor to constantly display or switch between both strategies? The current study is driven by the question of how such a flexible and perhaps demanding strategy, namely, a dual (i.e. promotion and prevention) regulatory focus, relates to the performance and well-being of managers and non-managers.

Although existing literature has examined the direct links of individual promotion and prevention focus with employee health and performance (Gorman *et al.*, 2012; Lanaj *et al.*, 2012), no evidence exists on the interactive effects of promotion and prevention focus on employee outcomes or on the way these effects differ among managers and non-managers. In other words, what are the implications for managers' (as opposed to non-managers') health and performance if they display both a promotion and a prevention focus? Our first aim is to examine the main effects of promotion and prevention focus on three important work outcomes, namely, job performance, emotional exhaustion and sickness absence of managers and non-managers. The second aim of our paper is to examine the interaction effect of promotion and prevention focus (i.e. a dual regulatory focus) on these outcomes.

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Taken together, the three work outcomes that we address comprise a set of performance, health and motivation indicators which are useful diagnostic sources of information on how well organizations operate. First, job performance is an obvious valued outcome representing how well employees or managers and, therefore, organizations perform. Being the core dimension of burnout, emotional exhaustion is a classic indicator of employee ill health (Bakker and Demerouti, 2007). Sickness absence causes considerable organizational costs (Kocakulah *et al.*, 2016) and it is considered an indicator of both ill health and decreased motivation. In fact, absenteeism theories and models (e.g. Johns, 1997) suggest that employees may call in sick either because they are not committed and they want to avoid aversive work conditions (i.e. a withdrawal model of absenteeism), or in order to cope with actual job stress (i.e. a stress/health model of absenteeism).

To achieve our aims, we propose and test a model (see Figure 1) among two groups of workers, namely, managers and non-managers of several occupational groups. We assume that a dual regulatory focus is a more meaningful strategy among managers rather than non-managers, because managers have more complex jobs and they need to adjust their behaviors to diverse situations (e.g. Stam *et al.*, 2010). In other words, our general proposition is that because a dual regulatory focus is more essential for managers, it will relate to work outcomes (i.e. job performance and well-being) for managers but not for non-managers. This is because managers need to display a dual regulatory focus in a consistent manner and in order to achieve their mission, unlike non-managers without supervisory tasks who may display a dual regulatory focus only for random or situational reasons (e.g. the task at hand). We, thus, expect that a dual regulatory focus will exert effects among managers rather than non-managers. Specifically, we expect that having to display both regulatory foci simultaneously boosts managerial job performance (because dual focus enhances flexible work behavior) but increases managers' emotional exhaustion and sickness absence (because it is demanding).

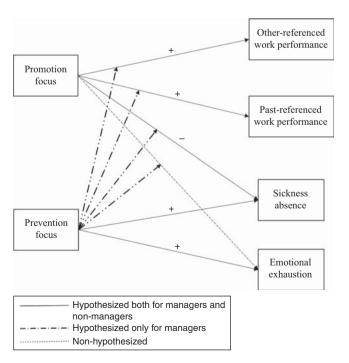


Figure 1. Our hypothesized model

In the present paper, we conceptualize self-reported work performance as referring either to inter-individual standards, namely, other-referenced work performance (i.e. how well one performs in comparison to his/her colleagues) or intra-individual standards, namely, past-referenced work performance (i.e. how well one performs in comparison to his/her past performance; Kessler *et al.*, 2003). Such a measurement approach applies to a wide range of occupations and is independent from the nature of one's job tasks; therefore, it is appropriate for our study that recruits respondents from diverse occupational groups. Additionally, since we conduct a comparative study among managers and non-managers, who are expected to have tasks of very different nature, we make sure that by using such a conceptualization of performance, the same frame of reference is used by all types of workers.

Promotion focus

Adopting a promotion focus entails pursuing ideals rather than obligations (Higgins, 1997, 1998), displaying extraverted, extra-role behaviors and, overall, a learning work orientation (Gorman *et al.*, 2012). In other words, under a promotion focus, people are more likely to do things because they want to (i.e. internal motives) rather than because they have to (Kark and Van Dijk, 2007). Because promotion focus is generally linked to self-efficacy (Lanaj *et al.*, 2012) and work engagement (Van Beek *et al.*, 2014), it has been consistently found to hold positive links with work performance (Gorman *et al.*, 2012; Lanaj *et al.*, 2012). Since a promotion focus involves a competitive drive (Galinsky *et al.*, 2005) and a focus on future opportunities (Zacher and de Lange, 2011), we expect that promotion focus relates to a motivation to improve one's performance compared to others and also over time:

H1. Promotion regulatory focus relates positively to (a) other-referenced and (b) past-referenced work performance both for managers and non-managers.

Promotion focus has not been consistently linked to health outcomes. Employee promotion focus, due to its link with intrinsic motivation, engaged work attitude (Lanaj *et al.*, 2012) and focus on opportunities (Zacher and de Lange, 2011), should relate more strongly to performance and motivation compared to health or well-being, which relates more to prevention focus (Brenninkmeijer *et al.*, 2010). However, under a promotion focus, employees are less likely to display counter-productive behaviors (Lanaj *et al.*, 2012), such as withdrawal from work. Because promotion focus is associated with job satisfaction and work engagement (Van Beek *et al.*, 2014), operating under a promotion focus, employees are motivated to be present at work, even when ill (Caverley *et al.*, 2007). Therefore, although we do not expect promotion focus to directly influence emotional exhaustion, we suggest that, under a promotion focus, managers as well as non-managers are less absent from work:

H2. Promotion regulatory focus relates negatively to sickness absence both for managers and non-managers.

Prevention focus

Two meta-analyses on regulatory focus at work agree in that the link between prevention focus and work performance is not substantial. On the one hand, Lanaj *et al.* (2012) hypothesized that because prevention focus dictates a concern for one's responsibilities, it relates positively to task performance. However, their meta-analysis revealed largely insignificant relationships between self-rated or other-rated job performance and prevention focus. On the other hand, Gorman *et al.* (2012) hypothesized that because prevention focus inhibits employees from improving their work methods, it relates negatively to job performance. However, their meta-analysis also failed to support their hypothesis and this association was non-significant. We argue that prevention focus predicts performance only in particular contexts that are oriented to safety and whereby high-performance calls for

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risk-aversion (Wallace *et al.*, 2009). Instead, our study focuses on generic job performance in the form of outperforming one's past performance or performance of others. Reaching a positive standard of performance (rather than avoiding a negative standard) is typical for promotion rather than prevention focus (Higgins, 1997, 1998).

The association between prevention focus and health and well-being is clearer. A prevention focus entails a security orientation, alertness (Higgins, 1997) and intolerance toward uncertainty (Morrison, 2002). When people focus on prevention, they are more likely to depend on others rather than on themselves when taking decisions (Zhang et al., 2011). They also tend to be neurotic (Lanaj et al., 2012) and not efficacious (Gorman et al., 2012). As a result, a prevention focus relates to anxiety and agitation (Klenk et al., 2011), especially when prevention goals are unmet. At the workplace, a prevention focus relates to emotional exhaustion, especially in the presence of interpersonal conflict (Brenninkmeijer et al., 2010). This suggests that when using a prevention focus, employees are challenged by difficulties at work compared to when using a promotion focus and may be more prone to stress and sickness absence. Therefore, we can expect that when a prevention focus is present, employees are more likely to experience exhaustion and be absent from work in order to deal with their impaired health (Gorman et al., 2012) or simply to avoid encountering those challenges and difficulties they are aversive to (Lanaj et al., 2012). In that sense, calling in sick under a prevention focus may be understood in the light of both models of absenteeism (Johns, 1997) that we discussed earlier, namely, either as a withdrawal or as a coping mechanism. For all the aforementioned reasons, we hypothesize:

H3. Prevention focus positively relates to (a) emotional exhaustion and (b) sickness absence both for managers and non-managers.

Promotion and prevention focus: the best of both worlds?

A leader cannot disregard the fact that different work tasks may call for different leadership approaches (Fiedler, 2006). As a consequence, in order to excel, leaders should display a versatile approach that adjusts to different situations and people, depending on the task at hand. Such a versatile leader should feel competent mastering a variety of often opposing skills. For example, drawing on complexity theories, Kaiser and Overfield (2010) proposed that a successful leader should not only be directive and focused on execution but also collaborative and focused on vision. This dual focus on two equally desirable end-states calls for an examination of simultaneous use of both promotion and prevention values. This also seems to be in agreement with insights from synergistic motivation and self-regulation (Amabile, 1993; Nikitin and Freund, 2010; Tamir and Diener, 2008); namely, the motivation that occurs via the joint activation of multiple orientations. Although motivational theories suggest that individual motivational styles exclude each other, several authors have proposed that individuals sometimes need to embrace diverse, even contradicting motivational styles in order to benefit the most (Amabile, 1993). For instance, approaching certain situations while at the same time avoiding other situations helps people maximize their motivation (Nikitin and Freund, 2010; Tamir and Diener, 2008). We argue that this is particularly the case for managers. Consider, for example, an organizational consultancy firm where two important goals are to complete as many projects as possible (i.e. promotion goal) and to avoid deadline extensions in the delivery of the projects, because that lets clients down (i.e. prevention goal). While a manager adopting a promotion focus would feel more comfortable pursuing the first goal, a manager adopting a prevention focus may be more motivated pursuing the second goal. However, only a manager who can pursue both goals equally well will attain exceptional performance in the firm.

By displaying both promotion and prevention focus, employees with complex tasks, such as managers, can be motivated by both positive and negative feedback or information

(Brockner *et al.*, 2004). Organizations that want to be innovative must find the delicate balance between allowing employees to act creatively without harming organizational efficiency (Mainemelis, 2010). Therefore, managers who are able to achieve success while at the same time avoiding undesired states should be the most efficient. Although this possibility is considered by existing literature (Stam *et al.*, 2010), it has, to the best of our knowledge, not been put to the test so far:

H4. Promotion focus positively relates to (a) other-referenced and (b) past-referenced work performance when prevention focus is high rather than low; and the effect occurs among managers rather than non-managers.

What happens, however, if certain managers have a stronger preference only for one regulatory focus? Could continuously displaying both foci lead to poor health? According to activation theory (Gardner, 1986), an increased job scope (i.e. broad set of interrelated activities) may challenge one's central nervous system and, when excessive, produce job stress (Xie and Johns, 1995).

Although promotion and prevention focus do not necessarily exclude each other, it is assumed that most individuals have the tendency to display one of the two in most situations they encounter, especially, when immediate action is required (Fellner et al., 2007). In that sense, having to display both foci may lead to non-authentic behaviors which exhaust employees and lead to somatic complains (Mikolaiczak et al., 2007). Similarly, in their daily work, employees may experience conflict between a promotion goal (e.g. growth) and a prevention goal (e.g. job security), for example, during times of financial adversity. Conflicting goals overburden and exhaust employees (Pomaki et al., 2004) because of the heightened cognitive effort they require. Such conflicting demands are more likely to occur among managers (rather than employees) because they have complex jobs, and when they occur, they are stronger predictors of dissatisfaction (Kim et al., 2009). Taken together, we expect that while the effect of a dual regulatory focus on emotional exhaustion is due to increased job scope and over-activation (Xie and Johns, 1995), the effect on sickness absence can be explained either via psychological withdrawal and impaired motivation or via impaired health (Johns, 1997). Because we only expect managers (rather than employees) to display regulatory focus in a strategic (rather than arbitrary) fashion, we expect that the effects of a dual regulatory focus are prominent among managers rather than non-managers:

H5. Promotion focus positively relates to (a) emotional exhaustion and (b) sickness absence when prevention focus is high rather than low, and the effect occurs among managers rather than non-managers.

Methods

Participants and procedures

Respondents were recruited among the client database of a large consultancy and training company in the Netherlands. They were invited to participate via an online newsletter which, among several other topics, contained the link to the online survey as well as a clarification of confidential and voluntary participation. In total, 656 respondents filled in the survey completely and formed the sample for our analyses.

The group of respondents consisted of 275 men (42 percent) and 381 women (58 percent). Their mean age was 46 years (SD = 8.69) and their mean tenure was 12 years (SD = 9.64). They worked an average of 33.8 hours per week (SD = 7.28) according to their contract. Respondents worked in several different sectors including, among others, government (19.5 percent), ICT (16.8 percent), health care (17.4 percent), industry (13 percent), business services (9.8 percent) and finance (7.5 percent). The 241 managers of our sample (36.7 percent) and the 415 non-managers (63.3 percent) were treated as two separate groups for our multi-group analyses.

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Instruments

Regulatory focus adopted by respondents in the context of work was measured with the scale validated by Wallace et al. (2009). Based on the original factor loadings from Wallace et al. (2009) and another unpublished study conducted in the Netherlands, we excluded one item per scale due to space constraints, resulting in a five-item scale for promotion (e.g. "I focus on accomplishing a lot at work") and a five-item scale for prevention focus (e.g. "I focus on following rules and regulations at work"). The items were rated using a scale ranging from 1 = never to 6 = always. A multi-group confirmatory analysis with AMOS among leaders and employees revealed that the instrument displayed configural invariance across groups (i.e. the two-factor solution had good fit to the data for both groups). We also tested whether the instrument displayed metric invariance between groups (i.e. all factor loadings were the same among groups), scalar invariance (i.e. the intercepts of items were the same for both groups) and structural invariance (i.e. the covariance between the promotion and prevention factor was the same across groups). The findings (available upon request) provided support for metric invariance, partial scalar invariance (i.e. the intercepts of items were the same for both groups, except two promotion items, namely, accomplishing a lot at work and work activities that allow me to get ahead at work and three prevention items, namely, completing work tasks correctly, doing my duty at work and the details of my work), and to structural invariance.

Work performance was measured with two subscales from the World Health Organization Health and Work Performance Questionnaire (Kessler *et al.*, 2003). The subscales capture two forms of work performance; other-referenced and past-referenced work performance. The items ask participants to rate their performance of the previous month relative to other colleagues (e.g. "How often was the amount of work that you completed bigger than that of most colleagues of your position?") and relative to their past performance (e.g. "How often was the quality of work that you conducted better than the respective period of the previous year"), resulting in two scales, respectively, of three items each. The items were rated using an answering scale ranging from 1 = never to 5 = always. Multi-group confirmatory analyses with AMOS among leaders and employees (i.e. findings are available upon request) revealed that the instrument displayed configural, metric, scalar and structural invariance across groups.

Emotional exhaustion was measured with the five-item Dutch version (Schutte *et al.*, 2000) of the MBI-GS subscale (Schaufeli *et al.*, 1996). Items (e.g. "I feel used up at the end of the workday") were rated on an answering scale ranging from 0 = never to 6 = always.

Sickness absence was measured with a single item asking respondents to indicate the total amount of days they have not worked due to sickness during the previous year (Bakker *et al.*, 2003). Using self-report to measure sickness absence is considered a valid method which is as good as using objective data (Ferrie *et al.*, 2005).

Negative affectivity was used as a control variable and was measured with six items from the Job-Related Affective Well-being Scale (Van Katwyk *et al.*, 2000). We controlled for its effect to all dependent variables to account for the fact that people with negative affectivity may perceive the world around them in generally negative terms (Podsakoff *et al.*, 2003) and, thus, report higher sickness absence, exhaustion or lower performance.

Analytical approach

To test our hypotheses, we conducted for each group (managers and non-managers) four moderated regression analyses, one per dependent variable. In the first regression step we controlled for the effects of gender, age, negative affect and dummy-coded organizational sector. In the second step we entered the standardized independent variable (i.e. promotion focus) and moderator (i.e. prevention focus). In the third and final step, we entered the interaction term. Because sickness absence was not normally distributed, we followed previous practice (Schreuder *et al.*, 2010) and used the natural transformation of the sickness absence score for the analyses.

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Results

Table I presents means, standard deviations, intercorrelations and Cronbach α s for all study variables, separately for managers (n = 241) and non-managers (n = 415).

The findings of the regression analyses (see Tables II and III) revealed that promotion focus positively related to other-referenced work performance both for managers and non-managers. Promotion focus also positively related to past-referenced performance,

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Table I.Means, standard deviations and intercorrelations for the study variables among managers

(n=241) and non-

managers (n = 415)

| | | Man | agers | Non-managers | | | |
|---------------------------------|--------|--------|--------|--------------|--------|-----------|--------|
| | a | M | SD | | a | M | SD |
| Negative affect | 0.85 | 2.25 | 0.68 | | 0.85 | 2.38 | 0.77 |
| Promotion focus | 0.83 | 4.12 | 0.79 | | 0.82 | 4.04 | 0.85 |
| Prevention focus | 0.79 | 4.59 | 0.66 | | 0.85 | 4.80 | 0.74 |
| Other-referenced performance | 0.80 | 3.28 | 0.67 | | 0.80 | 3.12 | 0.67 |
| Past-referenced performance | 0.71 | 3.21 | 0.61 | | 0.76 | 3.08 | 0.70 |
| Emotional exhaustion | 0.91 | 1.51 | 1.01 | | 0.91 | 1.73 | 1.13 |
| Sickness absence | | 0.91 | 1.17 | | | 1.37 | 1.30 |
| | | Man | agers | | N | on-manage | rs |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Negative affect | _ | -0.05 | -0.02 | 0.02 | -0.11* | 0.62** | 0.17** |
| 2. Promotion focus | -0.03 | _ | 0.38** | 0.28** | 0.26** | -0.07 | -0.05 |
| 3. Prevention focus | 0.01 | 0.44** | _ | 0.09 | 0.08 | 0.01 | 0.09 |
| 4. Other-referenced performance | -0.07 | 0.22** | 0.06 | _ | 0.30** | -0.03 | -0.07 |
| 5. Past-referenced performance | -0.12 | 0.08 | 0.07 | 0.24** | _ | -0.09 | -0.04 |
| 6. Emotional exhaustion | 0.66** | 0.02 | 0.04 | -0.06 | -0.04 | _ | 0.21* |
| 7. Sickness absence | 0.16* | 0.07 | 0.06 | -0.03 | -0.04 | 0.20** | _ |

Notes: Correlations below the diagonal refer to managers and above the diagonal to non-managers. *p < 0.05, **p < 0.01

| Variable | | Other-referenced performance $R^2 \Delta R^2 \beta$ | | | Past-referenced performance $R^2 \Delta R^2 \beta$ | | | Emot exhau ΔR ² | | Sickness absence $R^2 \Delta R^2 \beta$ | | |
|---|------|---|--------|------|--|---------|-------|----------------------------------|--------|---|-------|-------|
| Step 1 | 0.10 | | | 0.06 | | | 0.48 | | | 0.12 | | |
| Gender | 0.10 | | -0.01 | 0.00 | | 0.03 | 0.10 | | -0.10 | 0.12 | | 0.06 |
| Age | | | 0.01 | | | -0.14* | | | -0.05 | | | -0.12 |
| Negative affect | | | -0.05 | | | -0.13* | | | 0.67** | | | 0.16* |
| Step 2 | 0.15 | 0.06** | 0.00 | 0.07 | 0.01 | 0.10 | 0.48 | 0.00 | 0.01 | 0.12 | 0.01 | 0.10 |
| Gender | *** | | -0.04 | | **** | 0.02 | ***** | | -0.10 | | **** | 0.05 |
| Age | | | 0.01 | | | -0.13 | | | -0.05 | | | -0.12 |
| Negative affect | | | -0.04 | | | -0.13* | | | 0.67** | | | 0.17* |
| Promotion focus | | | 0.26** | | | 0.03 | | | 0.05 | | | 0.08 |
| Prevention focus | | | -0.02 | | | 0.05 | | | 0.00 | | | -0.04 |
| Step 3 | 0.15 | 0.00 | | 0.12 | 0.05** | | 0.48 | 0.00 | | 0.14 | 0.02* | |
| Gender | | | -0.04 | | | 0.03 | | | -0.10 | | | 0.05 |
| Age | | | 0.00 | | | -0.15* | | | -0.05 | | | -0.11 |
| Negative affect | | | -0.04 | | | -0.11 | | | 0.67** | | | 0.15* |
| Promotion focus | | | 0.25** | | | -0.01 | | | 0.05 | | | 0.10 |
| Prevention focus | | | -0.03 | | | 0.03 | | | 0.00 | | | -0.02 |
| Promotion focus x | | | | | | | | | | | | |
| prevention focus | | | -0.04 | | | -0.23** | | | -0.01 | | | 0.16* |
| Notes: $n = 241$ Dummy coded organizational sectors are not reported due to space constraints: $\frac{4}{5} < 0.05$: | | | | | | | | | | | | |

Table II.Regression analyses for managers

Notes: n = 241. Dummy-coded organizational sectors are not reported due to space constraints. *p < 0.05; **p < 0.01

| Variable | | her-refe perform ΔR ² | | | ast-refer perform ΔR ² | | | | Emotional khaustion Sickness absence $\Delta R^2 \beta R^2 \Delta R^2 \beta$ | | | Joint effects of promotion and prevention | |
|---|-------|--|-----------|--------|---|------------|-------|--------|--|--------|---------|---|--------------------------------------|
| Step 1 | 0.07 | | | 0.08 | | | 0.41 | | | 0.09 | | | |
| Gender | | | -0.11* | | | -0.09 | | | 0.08 | | | 0.19** | |
| Age | | | -0.20** | | | -0.22** | | | 0.00 | | | -0.07 | 1501 |
| Negative affect | 014 | 0.07** | 0.00 | 0.19 | 0.06** | -0.13* | 0.41 | 0.00 | 0.60** | 0.10 | 0.01 | 0.15** | 1501 |
| Step 2 Gender | 0.14 | 0.07 | -0.12* | 0.13 | 0.00 | -0.11* | 0.41 | 0.00 | 0.07 | 0.10 | 0.01 | 0.17** | |
| Age | | | -0.15** | | | -0.17** | | | -0.01 | | | -0.08 | |
| Negative affect | | | 0.02 | | | -0.11* | | | 0.60** | | | 0.15** | |
| Promotion focus | | | 0.26** | | | 0.24** | | | -0.05 | | | -0.11* | |
| Prevention focus | | | 0.01 | | | 0.01 | | | 0.04 | | | 0.08 | |
| Step 3 | 0.14 | 0.00 | | 0.13 | 0.00 | | 0.42 | 0.01 | | 0.10 | 0.00 | | |
| Gender | | | -0.12* | | | -0.11* | | | 0.07 | | | 0.17** | |
| Age | | | -0.14** | | | -0.17** | | | 0.00 | | | -0.08 | |
| Negative affect | | | 0.02 | | | -0.11* | | | 0.61** | | | 0.15** | |
| Promotion focus | | | 0.26** | | | 0.24** | | | -0.06 | | | -0.11* | |
| Prevention focus | | | 0.01 | | | 0.01 | | | 0.04 | | | 0.09 | |
| Promotion focus × | | | | | | | | | | | | | |
| Prevention focus | | | 0.07 | | | 0.00 | | | 0.07 | | | 0.05 | Table III. |
| Notes: $n = 415$. Dur ** $p < 0.01$ | mmy-c | oded or | ganizatio | nal se | ectors ar | e not repo | orted | due to | space co | onstra | ints. ' | p < 0.05; | Regression analyses for non-managers |

but only for non-managers. These two findings provide full support to H1a and partial support to H1b, respectively. Promotion focus negatively related to sickness absence, only for non-managers, which provides partial support to H2. Prevention focus did not relate to exhaustion or sickness absence neither for managers nor non-managers, thus failing to support H3.

The interaction term between promotion and prevention focus negatively related to past-referenced (but not other-referenced) performance, only for managers (see Figure 2 for the plotted interaction). Simple slope tests revealed that promotion focus was negatively

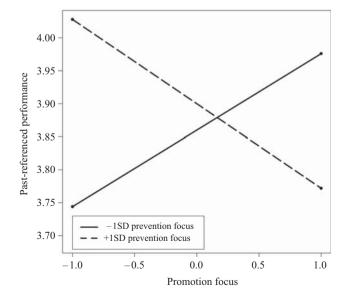


Figure 2.
The link between promotion focus and past-referenced work performance moderated by prevention focus (among managers)

related to past-referenced performance when prevention focus was 1 SD above the mean (estimate = -0.13, SE = 0.06, p < 0.05) and it positively related to past-referenced performance when prevention focus was 1 SD below the mean (estimate = 0.12, SE = 0.06, p < 0.05). This finding failed to support H4.

The interaction term between promotion and prevention was positively related to sickness absence (but not to exhaustion) only for managers (see Figure 3 for the plotted interaction). Simple slope tests revealed that promotion focus positively related to sickness absence when prevention focus was 1 SD above them mean (estimate = 0.29, SE = 0.12, p < 0.05) whereas it was unrelated to sickness absence when prevention focus was 1 SD below the mean. These findings provide support to H5b but do not support H5a.

Discussion

This study set out to test the main and interaction effects of promotion and prevention focus on performance, emotional exhaustion and sickness absence, separately for managers and non-managers. Our findings reveal that while promotion focus has positive implications for managers' and non-managers' performance and relates negatively to employee absenteeism, prevention focus is unrelated to managers' and non-managers' health. As expected, the interaction term between promotion and prevention focus had significant effects only for managers, but not for non-managers. Specifically, the combination of high promotion and high prevention focus positively related to managers' sickness absence. Unexpectedly, it also negatively related to past-referenced managerial performance, (i.e. performance compared to the same period last year).

Our findings on the main effects of promotion focus on work performance are in line with existing meta-analyses revealing that promotion focus helps employees perform well on their job tasks (e.g. Gorman *et al.*, 2012; Lanaj *et al.*, 2012). As expected, promotion focus negatively related to non-managers' sickness absence, but this effect was not found among managers. It could be, that promotion focused (and, thus, committed), but sick non-managers go to work because they feel that they "have to", while this urge is not so intense for managers. Unlike non-managers, managers have a more idiosyncratic interpretation of their commitment and could more easily stay at home when they want.

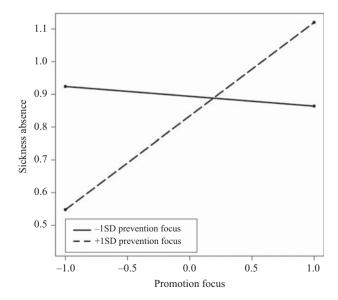


Figure 3.
The link between promotion focus and sickness absence moderated by prevention focus (among managers)

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Prevention focus did not impact emotional exhaustion and sickness absence for managers or non-managers. A possible interpretation could be that regulatory focus does not necessarily directly impact one's well-being, but rather dictates different approaches via which employees protect their well-being (De Jonge *et al.*, 2008). Similarly, it has been proposed that negative feelings of agitation and anxiety associated with a prevention focus do not always harm employees, but can sometimes benefit them when channeled into the right directions (Brockner and Higgins, 2001). Examples of how such prevention states could be channeled into useful directions may include creative problem-solving (Baas *et al.*, 2011) or seeking help that could improve suboptimal job conditions (Petrou and Demerouti, 2015).

A notable pattern in our findings is that a dual regulatory focus seemed to matter among managers instead of non-managers. While non-managers may display promotion and prevention focus simultaneously at random or for situational reasons (e.g. because of assigned tasks), a dual regulatory focus plays a different role for managers. Adaptive leadership entails opposing motivational styles and integrating a wide range of approaches in people management (Denison *et al.*, 1995; Kaplan and Kaiser, 2003). Therefore, a dual regulatory focus is more likely to be integrated in the behavior repertoire of managers rather than non-managers. In that sense, it is a stronger predictor of work-related behavior.

Although managerial promotion focus was unrelated to sickness absence, this link was positive when managers adopted a prevention focus as well. Having to display both promotion and prevention focus continuously can be cognitively demanding and may cause role conflict (to the extent that managers experience promotion and prevention strategies as incompatible with each other) which may create a challenging situation. Interestingly, although such incompatible demands should enhance a manager's emotional exhaustion (Lee and Ashforth, 1993; Knudsen *et al.*, 2009), this did not seem to be the case in our study. It could, thus, be that a dual regulatory focus makes managers more ready to stay home or skip a working day in order to prevent sickness or simply to avoid unpleasant or demanding work situations. But the dual regulatory focus does not necessarily lead to severe strain (i.e. emotional exhaustion) when actually displayed at work. In light of existing theories and models of absenteeism (Johns, 1997), our findings seem to converge with the withdrawal model of absenteeism, suggesting that managers with dual regulatory focus may skip a working day for preventive reasons and in order to avoid unpleasant tasks, rather than with the stress/health model of absenteeism, suggesting that managers skip work because of actual ill health.

Contrary to expectations, a dual regulatory focus of managers was linked to poor performance. In fact, only managerial promotion focus related positively to performance. It seems, therefore, that only the managers with a clear preference for a promotion strategy report high levels of performance. Although successful managers need to be flexible and integrate a diverse set of strategies in their leadership style (Yukl and Mahsud, 2010), this might not be so easy to achieve in practice. It is widely known that many supervisors may lack leadership skills (Crevani et al., 2010) and when leadership training occurs, it rarely translates to increased leadership skills in practice (Gurdjian et al., 2014). This could be the case in our sample, which was a heterogeneous group of managers from various organizations and not a specific group of high-performing or well-trained leaders who may be unable to display a versatile strategy of promotion and prevention focus in a skillful way. Finally, and in retrospect, since a manager's dual regulatory focus positively related to sickness absence (which we attributed to unpleasant working conditions), it is perhaps not surprising that managers' dual regulatory focus did not have the hypothesized positive relationship with job performance. In fact, dissatisfied employees or employees with poor health often display poor job performance (Wright et al., 2007).

Contributions, limitations and future research

Our study contributes to the literature by addressing an assumption that is often hinted upon (Stam et al., 2010) but rarely tested, namely, that a dual regulatory focus may be

necessary at work. Whether such an approach really benefits people remains an open field for investigation. Our results suggest that it might, in fact, hinder managers in their tasks. Another contribution is that we distinguish between the role of regulatory focus for managers and for employees. Specifically, we have shown that a dual regulatory focus has substantial effects on work outcomes only for managers rather than employees, because the managers are the ones whose role emphasizes achieving success and avoiding failure.

Our study is not without limitations. Self-report is a not the most suitable method to measure work performance (Conway and Lance, 2010). Future studies could, therefore, include more objective performance measures or company registered sickness absence. Furthermore, our cross-sectional design does not allow us to test the longitudinal effects of a dual regulatory focus, therefore, future research could test whether our results hold when regulatory focus becomes chronic.

Future field studies could manipulate managerial promotion, prevention or a combination of both and examine their effects on non-managers' outcomes, such as job performance, creativity, motivation or health. Furthermore, by nesting employees within leaders, future research can test the effect of leader (dual) regulatory focus on employee outcomes.

Last but not least, our conceptualization of job performance and the use of performance standards may limit our ability to compare our results against more classic approaches to job performance. Therefore, future research should replicate our findings using both self-reported and other-rated measures of job performance that do not necessarily incorporate performance standards.

Implications for practice

Since our findings failed to support the expected positive effects of a dual regulatory focus for leaders, more research is needed before formulating practical recommendations. Therefore, we refrain from urging organizations to invest into enhancing a dual regulatory focus within their leaders. Another possible implication for organizations following from our findings could be to train leaders or managers to emphasize promotion rather than prevention values to employees. For example, managers and organizations could formulate promotion focused work goals (i.e. what can be achieved, rather than what needs to be avoided) or even organizational vision and strategy (i.e. what an organization wants to become rather than what it does not want to be) that seem to benefit both leaders and employees.

Since there is lack of evidence on the success of workplace interventions that shape employee regulatory focus, we want to suggest cautiously that future intervention studies test the effects of promotion focused training for both employees and leaders. The training groups could be compared to either a non-training control group or a group that receives a dual regulatory focus training. Our results suggest that the best performance will be achieved through a promotion focused training but future research still needs to put this assumption to test.

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