VNIVERSITAT DE VALÈNCIA

Doctoral Programme in Psychology of Human Resources

Manager-Employee Relationships in Organizations for Persons with Intellectual Disability

DOCTORAL DISSERTATION

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Dedication

To my dear father, whose love for knowledge was unbounded and whose encouragement was a beacon during my formative years. You instilled in me the courage to pursue my dreams and the resilience to thrive amidst challenges. Although you are no longer with us, your spirit guides me every step of this journey. This dissertation is not only a testament to my academic pursuits but also a tribute to the values you cherished and passed on to me.

And to my beloved mother, who has been my unwavering support in the absence of my father. Your endless love and nurturing have been my strength. You have selflessly continued to inspire and support me, making every achievement possible. This work is also dedicated to you, as a reflection of your enduring love and sacrifices.

Together, you both have shaped my path, and it is with profound gratitude and love that I dedicate this work to you.

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CHAPTER I: INTRODUCTION

1.1 General Introduction

Service organizations dedicated to persons with intellectual disabilities (ID) play a crucial role in affirming human rights and enhancing quality of life across the lifespan (Holloway, 2012; Schalock et al., 2021). These organizations serve as indispensable and specialized entities aimed at providing support and assistance to persons who are potentially vulnerable and at risk of exclusion due to their disability. Globally, over 200 million people live with ID (Wagner, 2021), facing cognitive or developmental differences that hinder functioning in areas like reasoning, judgment, learning, and independent living skills (Schalock & Verdugo, 2013).

Situated at the intersection of health and social care, service organizations dedicated to persons with ID deliver therapeutic, educational, residential, vocational, and recreational services tailored to the needs of persons with ID (García-Villamisar et al., 2017). These services often facilitate access to healthcare, mental health support, social skills training, and therapies associated with physical, occupational, and speech needs (García-Villamisar et al., 2017). The objective is to provide personalized support based on the needs and goals of users to improve their overall functioning and quality of life (Alonso-Sardón et al., 2019). These services also provide resources, training, and support for families and advocate for the rights and social inclusion of users (Esteban et al., 2021). Optimally, the types and intensity of support offered are tailored, helping each user reach their full potential. Professionals in these settings interact closely with the persons with ID and their families, establishing long-term service relationships beyond mere transactions. These relationships can be highly significant for the quality of life of the service users (Martínez-Tur et al., 2020).

However, the implementation of these models must deal with entrenched barriers around negative societal attitudes, inaccessibility, and disempowering delivery structures

still rooted in historical institutionalization legacies (Mansell & Beadle-Brown, 2010). Despite progress in promoting the participation of persons with ID in society and the workforce, these organizations still face persistent challenges. Therefore, promoting a positive work environment and improving the quality of life of workers is a critical goal for these organizations and, to this end, achieving effective leadership is needed.

Leadership across organizational levels plays an integral role in surmounting these obstacles to transform support paradigms. Effective leadership enables organizations for persons with ID to drive the continuing shift to personalized and inclusive models of support, providing guidance on the caring process (Boyle & Doyle, 2023), investing in professionals development, promoting teamwork, and managing change with limited resources (Mansell & Beadle-Brown, 2010). Leadership shapes the successful implementation of contemporary, human rights-based service models based on support and inclusion. Leaders' values and priorities directly influence the day-to-day interactions between direct support professionals and the persons they serve. Moreover, strong leadership enables organizations to continuously improve service quality and outcomes through the adoption of evidence-based practices and by fostering positive changes within the organization (Mansell & Beadle-Brown, 2010).

Leaders, who directly manage and support teams of professionals, have a particularly important leadership role in organizations dedicated to persons with ID (Hewitt et al., 2004). They are responsible for translating the mission, values, and policies set by upper management into the daily practices of professionals (Beadle-Brown et al., 2014). As leaders, they play a key part in training, evaluating, and motivating direct support professionals. They must model positive attitudes, create a person-centered culture, and empower professionals to provide flexible and individualized support (Mansell et al., 2008). However, leaders face significant challenges, including high

professionals' turnover, the need for multidisciplinary collaboration, keeping up with evolving knowledge and skills, budget constraints limiting competitive wages, balancing health and safety with individual rights, and adapting their leadership style to different contextual factors (Beadle-Brown et al., 2014; Hewitt et al., 2008; Tichá et al., 2013). Investing in the development of leaders is critical, given their substantial influence on the quality of care and the well-being of their teams (Mansell et al., 2008). Leadership approaches profoundly shape disability support contexts, requiring emotional intelligence, cultural competence, systems thinking, and a balance between structure and autonomy to unlock professionals' potential (Beattie et al., 2014; Bigby et al., 2019).

Within service organizations dedicated to persons with ID, healthy leader-professional relationships marked by trust, respect, person-centered communication, and mutual understanding demonstrably strengthen worker retention, engagement, empowerment, and support effectiveness (Kozak et al., 2013; Lawson & O'Brien, 1994; Schaufeli, 2021). Constructive leader feedback, modeling, openness, advocacy for professionals, and upholding ethical codes of conduct provide a foundation for harmonious, productive workplace cultures (Beadle-Brown et al., 2015). Team cohesion and skilled coordination around service users further depend on sufficient staffing levels allowing quality time for complex bio-psycho-social support (Hatton et al., 1999).

Conversely, dysfunctional leader-professional ties rife with unclear directives, micromanagement, disrespect, poor advocacy, or limited channels for voicing concerns harm personnel retention while heightening burdens, stress, disengagement, helplessness, and burnout all threatening service standards (Devereux et al., 2009). Despite the importance of leadership in shaping the supportive environment, improving professionals' well-being, and enhancing the quality of life for service users, research on leaders within service organizations dedicated to persons with ID remains scarce (Hewitt

et al., 2004). Leaders occupy an especially influential middle-ground position, balancing responsibilities across divergent levels (Hewitt et al., 2004). As immediate leaders of care teams, they ensure daily coordination and workflow coverage so that persons consistently receive needed assistance. Simultaneously, as these leaders must transit between strategic priorities and ground-level implementation, they carry the immense responsibility of nurturing organizational cultures that give life to espoused values through day-to-day professionals' practices (Hewitt et al., 2008). By directing resources and role modeling ethical, compassionate engagement with vulnerability, leaders profoundly shape the climate surrounding direct support professional experiences and service user quality of life (Mansell et al., 2008).

However, limited attention has been focused on examining associations between leaders' behaviors and resultant impacts on professionals and service user outcomes. This oversight leaves uncertainty around how to strengthen it. After all, leadership capabilities may improve disability support teams and organizational performance (Beadle-Brown et al., 2014).

As a contribution to this field, the current research addresses these gaps by interrelating different facets of the leader-professional relationship to determine its implications for professionals and service recipients. This doctoral dissertation aims to deepen the understanding of the relationship between leaders and professionals within service organizations dedicated to persons with ID. We base our approach on the assumption that to reach the superior goal of improving the quality of life (QoL) of service users, professionals and leaders need to collaborate effectively, as this will be a vital prerequisite for the success of their work (Carter et al., 2013). The improvement of QoL becomes the main quality indicator of the service, although other factors such as eudaimonic well-being beliefs, engagement, and trust are also relevant.

Moreover, we aim to contribute to the understanding of collaboration between leaders and professionals in these organizations and its effects. We shift the perspective to the relationship between leaders and professionals to see if improving their collaboration will not only benefit their partnership but also help reach the service's outcome goals. In consequence, this doctoral dissertation enriches service literature and contributes to the understanding of the effects of collaboration between leaders and professionals in this specific context.

Finally, the current thesis aims to comprehensively explore the role of leadership in service organizations dedicated to persons with ID through three interconnected studies that collectively establish the significant influence of leaders on professional experiences, engagement, service quality, and ultimately, the well-being and outcomes for service users with ID. For a visual representation of the approach please refer to Figure 1.

It is worth mentioning that in this dissertation, different terms such as “leadership”, “management”, and “supervision” are used in various sections to reflect the multifaceted nature of the relationship between leaders and professionals. This variation in terminology is intentional and serves to provide a comprehensive exploration of the topic. By examining leadership from different perspectives—broadly in the first study, focusing on the relationship between leaders and professionals in the second and third ones—this research aims to offer a well-rounded analysis. This approach not only highlights different aspects and levels of organizational dynamics but also ensures a thorough understanding of the complex interactions within the workplace.

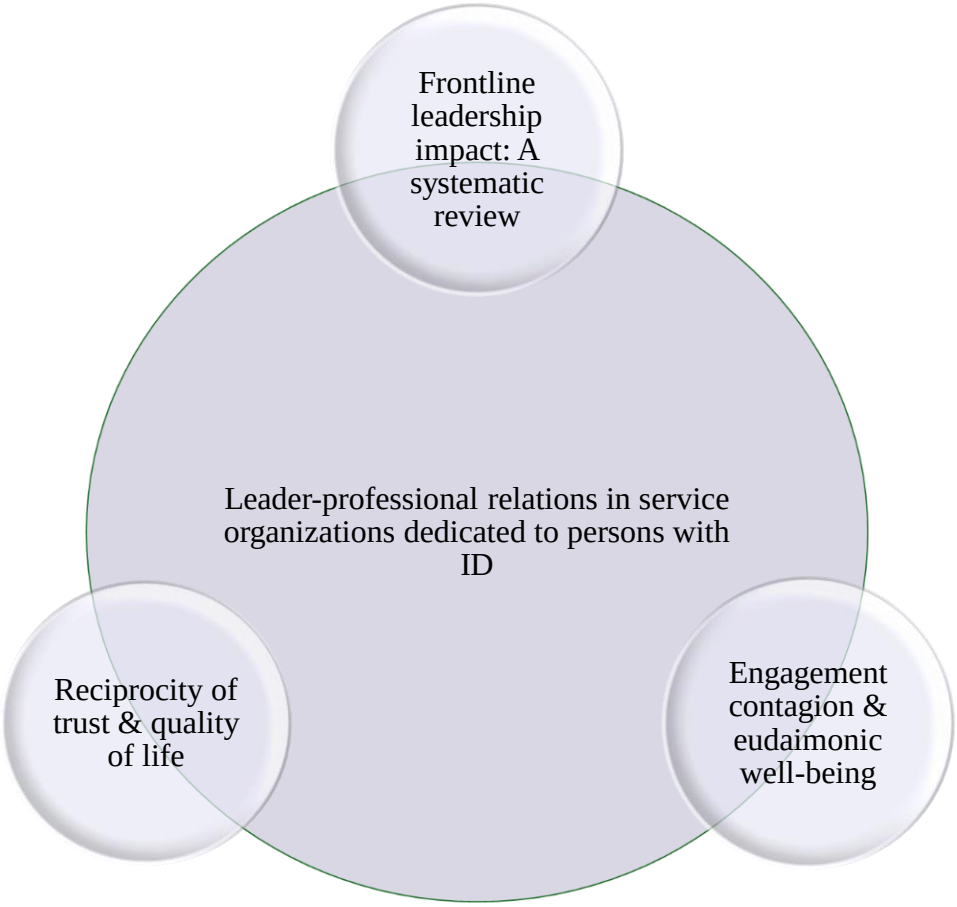


Figure 1. Uniting three perspectives: A holistic approach to leadership in service organizations dedicated to persons with ID

The first study, a systematic review titled “The Impact of Leadership in Service Organizations Dedicated to Persons with Intellectual Disabilities: A Systematic Review", serves as a foundational piece for our research. It provides a synthesis of the current state of knowledge on leadership in these organizations over the past decade. By consolidating and analyzing existing research, the systematic review accomplishes several key objectives that inform and guide our subsequent studies: It establishes a theoretical framework, identifies key leadership competencies, examines leadership processes and consequences, and reveals research gaps and challenges in this specific context. The findings of this systematic review underscored the need for further research on the

specific mechanisms through which leaders influence professionals' outcomes, such as engagement and trust, which are the focus of Study 2 and Study 3, respectively.

Moreover, the systematic review revealed the scarcity of research on leadership during the last decade in the specific context of organizations dedicated to persons with ID, despite the critical importance of effective leadership in these settings. This gap in the literature underscored the need for empirical studies that could provide a more nuanced understanding of leadership processes and outcomes in this unique context. Study 2 and Study 3 address this need by investigating two specific leadership-related phenomena: the contagion of engagement from leaders to professionals (Study 2) and the reciprocal nature of trust between leaders and team members (Study 3). By building upon the systematic review's findings, our second and third study can make targeted contributions to the field, advancing our understanding of how leadership shapes professionals and organizational outcomes in this important service sector.

The second study, "Engagement Contagion from Leaders to Professionals: The Role of Eudaimonic Well-being Beliefs", provides empirical evidence that leaders' own engagement spread to professionals. This study examined engagement (vigor and dedication) contagion process from leaders to professionals and the role of leaders' eudaimonic well-being beliefs as a precursor to it. Eudaimonic Well-being Beliefs (EWBs) refer to the degree to which persons define their own well-being at work based on personal growth and helping others (McMahan & Estes, 2011b; Pătraş et al., 2017). Using multilevel structural equation modeling, we considered holistic approaches to test whether leaders' engagement mediates the relationship between their EWBs and professionals' engagement. In addition, two analytical hypotheses examined the relationship between leaders-professionals' engagement and the relationship between leaders' EWBs and their engagement.

The third study, titled “Trust and Quality of Life (QoL): A Study in Organizations for Persons with ID”, shows how reciprocal trust between leaders and team members relates to greater QoL for service users. Based on social exchange within organizations for persons with ID, we explore the reciprocity of trust between leaders and team members and its association with organizational performance oriented to QoL of service users, reported by their family members. We examine the mediating role of teams’ trust in leaders in the relationship between leaders’ trust in teams and organizational performance oriented to QoL.

These studies incorporate diverse, rigorous methodologies including literature reviews, quantitative surveys, and multi-source data collection. This methodological diversity lends credibility and nuance to understanding the intricacies and complexities of leadership within disability support organizational contexts.

By consolidating empirical insights on leaders within organizations for persons with ID, examining personal competencies leaders require alongside obstacles they encounter, and substantiating connections between leaders’ practices and professional/organizational outcomes, this dissertation establishes conceptual foundations and an agenda for leadership-focused interventions in the ID sector. As research remains limited on this integral role, the present dissertation stresses the need to match the complexity of service settings with greater development in leadership capabilities moving forward. With service organizations dedicated to persons with ID, support services undergoing continual transformation, leadership sits centrally in driving positive paradigm shifts towards personalized, socially just models of care. Investing specifically in leaders’ development can catalyze improvements across individual, team, and organizational tiers, ultimately benefiting the lives of persons with ID and their families.

In the following sections, we will deepen into the topic of leadership within service organizations dedicated to persons with ID. We will begin by providing an overview of the current state of research on leadership in this context, highlighting its significance for these organizations and the persons they serve. Next, we will explore how effective leadership practices can be leveraged to enhance the quality of support services provided by these organizations. This discussion will emphasize the crucial role that leaders play in shaping organizational culture, empowering professionals, and ultimately improving outcomes for persons with ID. Subsequently, we will introduce the three studies that comprise this doctoral dissertation, each of which contributes to our understanding of leadership in this unique context. For each of these studies, we will provide an overview of the research design and methodology employed. Finally, we will conclude with a general discussion that integrates the findings and implications of the three studies. This discussion will highlight the unique contributions of each study to our understanding of leadership in the context of ID services, as well as the broader implications for theory, research, and practice in this field. We will also consider the limitations of the current research and identify potential avenues for future inquiry.

1.2 Service Organizations for Persons with ID

Service organizations dedicated to persons with ID provide specialized programs, services, and advocacy that address the unique needs of this population and work towards enhancing their QoL. These organizations play a crucial role in supporting persons with ID and promoting their inclusion in society, offering essential services that enable persons with ID to live more independently and participate in their communities. This includes residential support, vocational training, job placement assistance, and life skills development programs (Wilson, et al., 2012). By providing these services, organizations

help persons with ID gain greater autonomy, develop skills, and access opportunities for meaningful engagement in society.

Moreover, these organizations often serve as a bridge between persons with ID and the broader community. They work to raise awareness about the capabilities and rights of persons with ID, combat stigma and discrimination, and promote inclusive attitudes and practices (Teegen et al., 2004; Wilson, et al., 2012). Through advocacy efforts and education initiatives, service organizations strive to create more welcoming and accessible communities for all.

Another key contribution of service organizations is their role in empowering persons with ID and their families. They provide information, resources, and support networks that enable persons with ID and their families to navigate complex systems, access benefits and services, and make informed decisions (Teegen et al., 2004). By fostering self-advocacy skills and connecting persons with ID with peer support, these organizations help persons with ID to gain a greater sense of control over their lives and become active agents in shaping their futures.

Service organizations also contribute to the development of inclusive policies and practices at a systemic level. They engage with policymakers, government agencies, and other stakeholders to advocate for the rights and interests of persons with ID (Wilson, et al., 2012; Wolniak & Skotnicka-Zasadzień, 2021). This includes pushing for legislative changes, funding for support services, inclusive education policies, and accessible public spaces and transportation. By influencing decision-making processes, these organizations work to create a more equitable society that values and includes persons with ID.

Finally, ID service organizations contribute to building social capital and fostering a sense of community. These organizations provide opportunities for social interaction, friendship development, and community engagement for persons with ID who may

otherwise face isolation and exclusion (Teegen et al.,2004). Through recreational activities, support groups, and volunteering opportunities, these organizations help build social networks and a sense of belonging for persons with ID and their families.

In conclusion, service organizations dedicated to persons with ID play a vital role in promoting inclusion, empowerment, and QoL for this population. Their specialized services, advocacy efforts, and community-building initiatives contribute to creating a society that values diversity and ensures equal opportunities for all. These organizations add significant value to society by working towards a more inclusive and equitable world for persons with ID.

1.3 Leadership in Service Organizations for Persons with ID

Service organizations dedicated to persons with ID rely heavily on professionals to directly deliver care, training, and assistance enabling participation and QoL. In consequence, leadership significantly shapes professionals' experiences, attitudes, and practices which directly impact service users' outcomes and well-being (Beadle-Brown et al., 2014). Despite its importance, leadership remains under-researched in disability services contexts (Hewitt et al., 2004).

Northouse (2021, p. 2) defines leadership as "*a process whereby an individual influences a group of persons to achieve a common goal*". In service organizations dedicated to persons with ID, the common goal involves enabling vulnerable persons to develop skills, engage in community life, and experience health and well-being through socially just, equitable support models. Leadership entails coordinating both human and non-human components within service ecosystems to attain this aim. Specifically, leaders lead professionals' teams, oversee day-to-day operations, model appropriate practices and attitudes, address ongoing needs, and spearhead improvements. Their leadership shapes the quality of support (Deveau & Rickard, 2023) for several reasons.

First, leadership enables service organizations dedicated to persons with ID to implement contemporary models of personalized, socially just, and equitable care (Schalock et al., 2021). Leaders develop organizational cultures focused on inclusion, self-determination, and individual strengths. They establish conditions enabling professionals to provide skilled support like active assistance focused on participation (Beadle-Brown et al., 2014).

Second, leadership plays a vital role in motivating, training, and empowering professionals. By modeling compassion, building trust, providing resources, and removing obstacles, effective leaders elevate professionals' experiences, promoting lower burnout and turnover risks (Austin & Fiske, 2023; Martínez-Tur et al., 2019).

Third, leadership critically shapes service quality and user outcomes. Better leadership fosters engagement, goal attainment, choice exercising, and overall well-being for persons with ID (Beadle-Brown et al., 2015; Deveau & Rickard, 2023).

Finally, leaders coordinate partnerships, resources, professionalism, technology, and interventions to create seamless service experiences despite escalating complexity in care ecosystems. Mastering this interdependence and adaptation enables organizations to provide consistent, high caliber support amidst perpetual change.

In sum, leadership serves as the essential backbone enabling service alignment to espoused missions of inclusion, participation, and self-determination. While direct care professionals interact daily with service users, leader behaviors behind the scenes are equally vital by establishing cultures, securing means, and removing obstacles for professionals to fulfill this shared vision. Demonstrating attributes like compassion and interpersonal competence, delivering ongoing coaching and feedback, and providing symbolic inspiration are just some of the ways effective leaders shape professionals experiences and service standards (Austin & Fiske, 2023). Though limited research exists,

leadership merits greater investment given its multifaceted influence throughout service ecosystems.

1.3.1 Leadership Competencies and Practices

Leaders in service organizations dedicated to persons with ID occupy an intricate middle ground role fraught with tensions. They oversee professionals doing some of society's most emotionally demanding care work, often without adequate compensation. They experience close bonds with service users amidst perpetual funding threats jeopardizing service continuity; they coordinate daily user needs while pressing upwards for executive support; and they strive for consistency despite escalating professionals churn and role transitions. Mastering this position requires specific competencies (Hewitt et al., 2019).

Leaders must demonstrate certain personal qualities that engender professionals' admiration, rapport, and willingness to exert extra effort (Austin & Fiske, 2023). Humility, integrity, self-awareness, and interpersonal competence enable leaders to form meaningful connections and have challenging conversations skillfully when issues arise (Austin & Fiske, 2023). Additionally, emotional regulation and resilience allow leaders to withstand negativity while modelling steadiness during crises. Finally, moral purpose focused on service user well-being inspires conviction and sacrifice when resources grow scarce. Together, these attributes establish leaders as credible care ambassadors worthy of esteem and emulation.

Moreover, leaders in service organizations dedicated to persons with ID require operational expertise to deliver reliable, quality services on lean budgets (Deveau & Rickard, 2023). Skills in managing challenging behaviors, securing community partnerships, overseeing healthcare interventions, administering medications, and ensuring health and safety protocols all enable smooth operations (Deveau et al., 2020).

Additionally, competencies in performance assessment, feedback delivery, professionals' evaluation, workload coordination, change management, and talent recruitment contribute to consistent service execution and adaptation (Beadle-Brown et al., 2015). Though often playing supporting roles out of public view, mastering these operational capabilities behind the leaders is vital.

Moreover, leaders in these services must provide ongoing professionals support, training, and development to maintain service capabilities (Torres, 2023). Given heavy workloads and emotional demands, leaders should offer regular encouragement, crisis coaching, stress acknowledgement, recreational activities, childcare assistance, scheduling flexibility, continuing education, specialized skill building, counseling referrals, and self-care tips (Torres, 2023). Additionally, sincere recognition and compensation increases help avoid professionals feeling unappreciated and expendable. Together these sustaining behaviors elevate professionals' resilience, clinical expertise, technology fluency, and service commitment.

Leaders also play a vital strategic role through continual performance monitoring and improvement initiatives (Beadle-Brown et al., 2014; Wooderson et al., 2017). Tactics like customer feedback analysis, outcome measurement, appreciative inquiry, process assessment, industry benchmarking, and evidence-based practice adoption enable data-driven refinements (Deveau & McGill, 2016). However, insufficient leadership training in these areas poses barriers (Wooderson et al., 2017). Overall, though, an orientation towards sustained enhancement increases service alignment and responsiveness to emerging user needs.

In summary, leadership in service organizations dedicated to persons with ID is multifaceted, requiring personal mastery, operational competence, professionals' development habits, and strategic perspective taking. While significant challenges exist,

evidence confirms that greater leadership effectiveness enhances professionals support capabilities, participation opportunities, and QoL for persons with ID.

1.3.2 Key Challenges for Leadership

Research highlights a number of challenges facing leaders of professionals supporting persons with ID. Several prevalent themes emerged in terms of leadership barriers. First, austerity measures and budget restrictions filter down to reduce leader capacities in several ways. Insufficient funding limits abilities to offer pay increases, maintain professionals-user ratios, provide ongoing training, and secure activity resources (Beadle-Brown et al., 2015; Campbell, 2018). Added paperwork and administrative burdens also drain time available for hands-on professionals' leadership and budget deficits make it hard to demonstrate the value placed on professionals through extrinsic means.

Second, high turnover rates disrupt relationship continuity between leaders and care professionals, forcing constant hiring, orientation, and skill development (Beadle-Brown et al., 2015; Bradshaw et al., 2018). Role transitions like professionals' promotions or separations strain leaders' abilities to provide stability and maintaining team coherence and preventing care discontinuities remains an ongoing struggle. Also, high workload limits leaders' capacities to observe and shape professionals' practices directly.

Third, transitions in models of service delivery introduce adaptation requirements on leaders to effectively shift their supervision approach (Campbell, 2018; Toussi, 2020). For example, moves towards more personalized outreach, shared living arrangements, community-based vocational placements, school inclusion classrooms, and temporary respite require leaders to refashion their leadership strategies. New staffing mixes, reporting relationships, care approaches, stakeholder partnerships, delivery workflows, training demands, and performance indicators accompany these service transitions.

Guiding professionals through these changes' strains leaders' own transformation capabilities.

Fourth, leaders often lack sufficient formal training in evidence-based management practices, which is crucial for performance improvement and professionals' development (Wooderson et al., 2017). Limited exposure to techniques of process analysis, outcome measurement, organizational learning principles, quality management disciplines, systems thinking, and change impedes leader effectiveness. Insufficient self-awareness of their own practices also hinders growth.

Finally, funding shortfalls increasingly press leaders to oversee additional sites and professionals with less presence in each location (Hewitt et al., 2019). However, remoteness prevents direct modeling, immediate issue resolution, and relationship continuity found in optimal practice leadership (Deveau & McGill, 2016; Deveau et al., 2020). Leaders managing at a distance struggle providing the hands-on coaching, coordinating, correcting and role modeling that close proximity affords (Deveau & McGill, 2019; Hewitt et al., 2019). Also, professionals can perceive distance as symbolic of not mattering (Hewitt et al., 2019; Smyth et al., 2015).

In summary, achieving consistent leadership presence, capabilities, and continuity constitutes overarching obstacles. Funding constraints, professionalizing dynamics, delivery transitions, outdated assumptions, and professionals support deficiencies all speak to larger institutional flaws in how services for groups in situation of vulnerability are resourced and valorized. Within these systemic barriers though, space remains at an organizational level to develop leadership as a key mechanism for driving improvements.

1.4 Professionalism and Role Making

The role of professionals in service organizations supporting persons with ID is complex and evolving. Haga et al. (1974) longitudinal study of professionalism and role

making in a college housing and food service division provides valuable insights that can be applied to our context. They found that leaders with a high professional orientation actively shaped their organizational roles in distinct ways compared to those with low professional orientation. Moreover, leaders developed role expectations for their subordinates based on the subordinates' actual role performance over time, rather than imposing fixed role prescriptions from the outset Haga et al (1974).

These findings suggest that professionally oriented leaders in disability service organizations may similarly construct their roles dynamically, drawing on external professional reference groups in addition to organizational norms. This aligns with Hall's (1968) observation that professionalization and bureaucratization are often intertwined in complex organizations. Professionals in bureaucratic settings face the challenge of balancing professional autonomy and discretion with organizational rules and hierarchy.

In service organizations dedicated to persons with ID this professional-bureaucratic tension is heightened by the person-centered nature of the work. Schalock and Verdugo (2012) argued that adopting a person-centered approach requires significant changes in organizational culture, structures, and professionals' roles. Professionals need the flexibility to tailor their practice to the unique needs and preferences of each individual served. At the same time, they must operate within organizational constraints and accountability requirements (Hewitt & Larson, 2007).

The role of disability service professionals is further complicated by the multidisciplinary nature of the field. Effective support requires collaboration among professionals from various disciplines, including social work, psychology, occupational therapy, speech-language pathology and others (Nankervis et al., 2017). Each profession brings its own specialized knowledge base, ethical principles and practice models. Cross-disciplinary teamwork necessitates ongoing negotiation of roles and responsibilities.

Additionally, the professional role in disability services increasingly emphasizes supporting self-determination and empowerment of persons served (Wehmeyer, 2005). This represents a shift away from a paternalistic to an expert-driven model of service delivery. Professionals are called upon to share power, engage in collaborative decision-making, and build the capacity of persons and families to direct their own services and lives. This requires a re-envisioning of the professional role and identity.

1.5 The Role of Engagement in Service Organizations

Engagement has captured increasing attention from scholars and practitioners over the past two decades as organizations recognize the importance of an engaged workforce for driving professional well-being, performance, and business outcomes (Bakker & Demerouti, 2007; Schaufeli, 2014). Schaufeli et al. (2002) provide one of the most cited definitions, characterizing engagement as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption" (p. 74). Vigor refers to high levels of energy, mental resilience, willingness to invest effort, and persistence in the face of difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride, and challenge in one's work. Absorption means being fully concentrated and happily engrossed, whereby time passes quickly, and one has difficulty detaching from work (Schaufeli et al., 2002). It represents the full investment of the self physically, cognitively, and emotionally during work performance (Christian et al., 2011; Kahn, 1990). The opposite of engagement is disengagement or burnout, characterized by exhaustion, cynicism and inefficacy (Maslach et al., 2001). Work engagement and burnout could be seen as two opposite ends of an energy-motivation continuum (Demerouti et al., 2010). However, engagement is more than just the absence of burnout; it represents a separate, distinct positive state of motivation and work-related well-being (Schaufeli & Bakker, 2004).

Unlike vigor and dedication, which are seen as direct opposites of exhaustion and cynicism respectively, absorption is conceptually distinct and not part of an underlying continuum with a burnout component. Therefore, while absorption is associated with engagement, it is not as foundational to the concept as vigor and dedication (Schaufeli et al.,2002). Therefore, most scholars agree vigor and dedication constitute the core dimensions of engagement (Bakker & Leiter, 2010).

At its core, engagement captures the physical, emotional and cognitive investment and commitment a professional has for their work and organization that goes above and beyond the basic requirements of the job (Bakker et al., 2011; Rich et al., 2010). It represents a distinct and more comprehensive motivational concept compared to related constructs like job satisfaction, job involvement, and organizational commitment (Christian et al., 2011). Engaged professionals harness their full selves in their work roles, investing significant energy, enthusiasm, and focused effort towards achieving work goals (Kahn, 1990; Schaufeli & Bakker, 2010).

From a theoretical perspective, work engagement has been conceptualized through multiple lenses. From Role Theory and the notion of "self-in-role", engaged professionals express their preferred self and fully invest their cognitive, emotional and physical energies into their work role (Kahn, 1990). Regarding Job Demands-Resources Theory, engagement arises from a motivational process whereby job resources (e.g. autonomy, support, feedback) help professionals successfully meet job demands and achieve work goals, leading to engagement (Bakker & Demerouti, 2007). The Conservation of Resources Theory considers that people seek to obtain, retain and protect valued resources that enable work engagement (Hobfoll, 2001; Salanova et al., 2010). From the Broaden-and-Build Theory, positive emotions experienced with engagement broaden professionals' thought-action repertoires and help build enduring personal

resources (Fredrickson, 2001). Finally, the Self-Determination Theory proposes that work environments that fulfill basic psychological needs for autonomy, competence and relatedness foster intrinsic motivation and work engagement (Deci et al., 2017; Meyer & Gagné, 2008).

Engagement has gained prominence because research consistently demonstrates its benefits for both professionals and organizations. Meta-analyses provide robust evidence linking professional engagement to increased job performance, organizational citizenship behaviors, safety, customer satisfaction, and reduced turnover intentions (Christian et al., 2011; Harter et al., 2002; Young et al., 2018). Engagement also relates to improved professional health and well-being, including higher positive affect, life satisfaction, and lower burnout and psychosomatic complaints (Cole et al., 2012; Hakanen & Schaufeli, 2012).

1.5.1 Professional's Engagement

Professional engagement refers to the work engagement of persons within organizations who do not play leadership positions. While sharing the same core definition and characteristics of engagement previously discussed, professional engagement has some unique considerations. First, professional engagement is shaped significantly by the immediate work environment. Job resources provided by the organization are key antecedents that drive engagement by facilitating professionals' ability to successfully accomplish work goals and meet demands (Bakker & Demerouti, 2007). Job resources include aspects like autonomy, skill variety, performance feedback, social support, and learning/development opportunities. The more professionals have access to a variety of resources, the more engaged they tend to be (Halbesleben, 2010). Challenging job demands (e.g. time pressure, mental demands) can also promote engagement when sufficient resources are available (Bakker & Sanz-Vergel, 2013).

However, hindrance demands that thwart goal attainment (e.g. role conflict, red tape) undermine engagement (Crawford et al., 2010).

Beyond job characteristics, professional engagement relates to positive leadership behaviors, especially transformational leadership (Carasco-Saul et al., 2015; Christian et al., 2011). Transformational leaders articulate a compelling vision, provide intellectual stimulation, and demonstrate individualized consideration - satisfying followers' psychological needs and increasing work meaningfulness (Kovjanic et al., 2013). Organizational factors like HR practices, organizational support, justice and trust also shape engagement by conveying investment in professional well-being (Alfes et al., 2013; Saks, 2006). Team-level engagement can emerge through shared perceptions of the work environment and via contagion processes between professionals (Bakker et al., 2006; Costa et al., 2014).

Personal resources also play a role in professional engagement. Psychological capital (e.g. self-efficacy, optimism, resilience), an active coping style, and positive affect help professionals manage demands, mobilize resources, and experience work positively (Bakker & Sanz-Vergel, 2013; Xanthopoulou et al., 2007). Proactive personality, conscientiousness and trait positive affect predispose professionals towards experiencing engagement (Christian et al., 2011; Young et al., 2018). Engaged professionals often proactively increase structural and social job resources and craft their job demands to further reinforce their engagement (Bakker et al., 2012; Tims et al., 2013).

For professionals, work engagement leads to favorable outcomes. Engaged professionals exhibit higher task and contextual performance, more proactive and innovative behaviors, greater organizational commitment, and lower turnover (Christian et al., 2011; Halbesleben, 2010). They build personal and job resources, enabling future engagement and forming gain spirals (Llorens et al., 2007; Salanova et al., 2011).

Engaged professionals have high levels of energy, are enthusiastic about their work, and often become fully immersed in their job tasks (Bakker et al., 2008). They experience positive emotions, life satisfaction and reduced stress (Hakanen & Schaufeli, 2012; Sonnentag et al., 2008). These benefits stem from the energetic and affective motivational qualities of engagement.

However, potential downsides to high engagement for professionals include increased job strain, work-family conflict and work intensity (Bakker et al., 2011; George, 2010). Extremely vigorous, dedicated, absorbed professionals may take on excessive demands and neglect recovery, leading to exhaustion. While generally in a positive state, engagement should be monitored and balanced with detachment.

1.5.2 Leader's Engagement

Leader engagement refers to the work engagement of those in leaders, or leadership roles. Leader engagement refers to the work engagement of those in leaders, or leadership roles. It shares the same core attributes and theoretical underpinnings of professional engagement. However, leader engagement is important to consider distinctly for several reasons.

First, leaders have a unique and far-reaching impact on the engagement of others in the organization. Leader engagement is positively associated with follower engagement (Chughtai, 2016; Gutermann et al., 2017). They provide an engaging leadership style focused on vision, empowerment, and development (Schaufeli, 2015). Engaged leaders are also more likely to enact positive leadership behaviors (e.g. transformational, supportive, empowering) and provide resources that drive professional engagement (Christian et al., 2011). Thus, leader engagement cascades to fuel collective engagement.

Second, engaged leaders' positive impact extends beyond their immediate followers to the broader organizational climate and even customers. Leader engagement

relates to aspects of service climate, such as more courteous, responsive and attentive service quality focused on customer needs (Kopperud et al., 2014; Salanova et al., 2005). Engaged store leaders have more engaged professionals and higher objective store performance (Barbier et al., 2013). Engaged leaders model a focus on quality and process improvement that benefits the business.

Third, leaders have some unique antecedents to their engagement. Quint and Boyd (2014) confirmed that engagement of leaders positively impacts engagement of their subordinates in retail stores. Job resources remain important, but leaders draw more on strategic, complex knowledge resources related to their role (e.g., strategic decision-making autonomy; Schaufeli, 2015). Organizational factors are highly salient for leaders, such as compelling vision/mission, growth culture, hierarchical position and social interaction (De Clercq et al., 2014; Simbula & Guglielmi, 2013; Xanthopoulou et al., 2012). Self-monitoring and core self-evaluations are personal factors impacting leader engagement (De Clercq et al., 2014). Social support both within and outside work is a key resource for preventing leader burnout (Knudsen et al., 2009).

1.5.3 Contagion of Engagement: The Transmission of leaders' Engagement to Professionals

Evidence suggests engagement is contagious and can cross over from one professional to others (Bakker et al., 2006). Leaders sharing positive experiences can ignite comparable states in professionals through emotional contagion, vicarious learning, and unconscious mimicry (Bono & Ilies, 2006). Emotions have an innate contagion tendency, and leaders occupy positions of power where followers carefully attend behavioral cues. For engagement marked by energy, involvement and efficacy specifically, social learning mechanisms suggest that observing leaders enthusiastically immersed may spark similar dedication. Additionally, unconscious mimicry of

expressions, postures and vocalizations tends to produce emotional convergence. So, theoretically, engagement contagion seems probable from leaders to professionals (Gutermann et al., 2017).

Empirically, two studies have specifically tested engagement contagion in work settings. Using multisource data from retail stores, Quint and Boyd (2014) found that team leaders rated as highly dedicated inspired similar engagement in direct reports. This boosted the store's performance. By contrast, Welsh (2016) did not observe engagement contagion from leaders to professionals in a call center context.

Our research aims to replicate Quint and Boyd's contagion finding in disability care nonprofits – a novel context. Nevertheless, our study and Quint and Boyd's imply that leaders feeling motivated and immersed indeed transmit engagement to professionals through their observable dedication. By modeling dedication and vigor, leaders seemingly inspire professionals to connect with work at a deeper level.

In summary, less evidence spotlights professional engagement's performance benefits across occupations. The notion of an engaged workforce clearly resonates for service organizations relying on fluid customer-professionals' interactions. Leadership is positioned centrally in activating engagement through shaping climate, providing resources, conveying purpose, and modeling inspiration, within social processes allowing this engagement to potentially spread from leaders to professionals.

1.6 The Role of Eudaimonic Well-being Beliefs in Service Organizations for Persons with ID

The concept of eudaimonia has its roots in ancient Greek philosophy, particularly the writings of Aristotle. In contrast to hedonic, which equates happiness and well-being with pleasure attainment and pain avoidance, eudaimonia focuses on living virtuously

and actualizing one's inherent potentials (Ryan & Deci, 2001; Ryff, 1989). Eudaimonic perspectives suggest that well-being consists of fulfilling or realizing one's daimon or true nature – living in accordance with one's true self (Waterman, 1993). While there are various conceptualizations of eudaimonia, recurring themes include pursuing intrinsic goals, self-realization, meaning, excellence and growth (Huta & Waterman, 2014). Waterman's (1993) findings highlight the key differences between eudaimonic and hedonic well-being. While hedonic enjoyment was more strongly related to feeling relaxed, content, losing track of time, and forgetting problems, these aspects were less relevant to eudaimonic well-being. Hedonic happiness appears to be a sufficient but not necessary condition for eudaimonia (Telfer, 1980; Waterman, 1993).

In psychology, eudaimonic well-being has been linked to fully functioning (Rogers, 1961), self-actualization (Maslow, 1968), personal expressiveness (Waterman, 1990) and living well (Ryan & Deci, 2001). Ryff's (1989) model of psychological well-being proposes six dimensions of eudaimonic well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Self-determination theory posits three basic psychological needs - autonomy, competence and relatedness - as essential nutriments for eudaimonic well-being (Ryan & Deci, 2000).

1.6.1 Eudaimonic Well-being Beliefs

While eudaimonia refers to the content of well-being, Eudaimonic Well-Being Beliefs (EWBs) concern people's conceptions of well-being. In other words, they refer to what persons consider important for their own well-being (McMahan & Estes, 2011a). These beliefs represent a worldview of well-being and are likely to influence behavior across life domains (McMahan & Estes, 2011b). To explain these conceptions of eudaimonic well-being, McMahan and Estes (2011a) identified two dimensions: self-

development and contribution-to-others. *Self-development* beliefs emphasize personal growth and becoming a better person, while *contribution-to-others'* beliefs underscore helping others and having an impact on their lives. These dimensions align with recurring themes in eudaimonic well-being literature.

Evidence indicates that EWBs are associated with experienced well-being. McMahan and Estes (2011a) found that defining well-being in eudaimonic terms was related to greater life satisfaction, positive affect, vitality and meaning in life. Additionally, eudaimonic beliefs predicted well-being more strongly than hedonic beliefs. Thus, how persons conceptualize their own eudaimonic well-being has implications for their experienced well-being and functioning.

1.6.2 Relevance of EWBs in Service organizations Dedicated to Persons with ID

Service organizations for persons with ID aim to improve the QoL of service users. This value-driven, person-centered mission is consistent with a eudaimonic perspective that emphasizes helping others and contributing to the greater good (Deci & Ryan, 2008). For service organizations to successfully promote the well-being of users, professionals' well-being is crucial. EWBs, (the degree to which professionals think their well-being depends on helping and contributing to others) are especially relevant in this context (Pătraş et al., 2017).

The nature of work in service organizations - supporting persons to live engaged, meaningful lives - provides ample opportunities for professionals to experience eudaimonia through self-development and contributing to others. The emphasis on user participation and empowerment aligns with eudaimonic ideals of helping others realize their potential. Furthermore, the emotionally demanding nature of this work (e.g., managing challenging behaviors) may be more sustainable and rewarding from a eudaimonic perspective, where challenges can be interpreted as opportunities for growth

(Straume & Vitters, 2015). As such, cultivating EWBs may facilitate professional well-being and performance in service organizations.

1.6.3 Importance of EWBs for leadership

As mentioned earlier, eudaimonic well-being perspectives emphasize personal growth, self-realization, and contributing to others as central aspects of well-being (Ryan & Deci, 2001; Ryff, 2014). For leadership, EWBs may be particularly influential in shaping their leadership approach, priorities, and engagement.

In service organizations for persons with ID, leaders' EWBs take on special significance. These organizations have a mission to support and empower persons who may face challenges or exclusion, with the ultimate aim of enhancing their QoL (Pătraş et al., 2018). EWBs align with the values and mission of these organizations and are proposed to foster leaders' engagement in their leadership roles.

Leaders with high EWBs, who see their own growth and contribution to others as key to their well-being, are likely to be strongly aligned with this mission (Turban & Yan, 2016). They may prioritize their personal development as leaders and focus on making a meaningful difference in the lives of service users (Deveau & McGill, 2016; Hewitt et al., 2019). Leaders' EWBs, reflecting their views on personal growth and contributing to others as paths to well-being, have important implications in the context of service organizations dedicated to persons with ID (Hewitt et al., 2019; Turban & Yan, 2016). By investing in their own development and striving to make a prosocial impact, leaders with high EWBs can shape a positive organizational climate and drive service quality enhancements that ultimately benefit the lives of persons with ID (Deveau & McGill, 2019; Deveau et al., 2020). In contrast, leaders with low EWBs may struggle to connect with the organization's values and find purpose in their role (Turban & Yan, 2016; Smyth et al., 2015).

Moreover, leaders' EWBs and resulting engagement can have cascading effects on organizational performance and service quality in disability services (Deveau & McGill, 2019; Pătraş et al., 2018). They may foster a culture of learning, empowerment, and person-centered support, in line with their eudaimonic values (Deveau & McGill, 2016; Deveau et al., 2020). This, in turn, can enhance the QoL of service users, as professionals are motivated and supported to provide responsive, individualized care (Pătraş et al., 2018; Vassos et al., 2019). Leaders with high EWBs are more likely to create a positive work environment that promotes professionals' well-being and engagement, which ultimately benefits the persons they serve (Vassos et al., 2019; Smyth et al., 2015). Thus, nurturing leaders' EWBs may be a strategic lever for disability service organizations to promote engagement, service excellence, and positive outcomes for the persons they serve (Deveau & McGill, 2019; Pătraş et al., 2018;).

In the context of service organizations dedicated to persons with ID, leaders with high EWBs are more likely to be engaged in their work. This is because the sector requires long-term relationships with the persons and their families, and while emotionally demanding, it provides a sense of meaning as it allows for significant improvements in the lives of service users (Martínez-Tur et al., 2021). Leaders who believe that their well-being is based on self-development and helping others will find greater engagement in this sector. The study by Pătraş et al. (2017) supports the idea that EWBs can moderate the relationship between surface acting and exhaustion, highlighting the importance of eudaimonia in maintaining well-being in emotionally demanding roles. Additionally, Martínez-Tur et al. (2021) demonstrated how task significance can help professionals working with persons with ID cope with burnout symptoms, further emphasizing the role of meaning and contribution in this sector.

1.7 Trust and The Reciprocal Nature of Trust

Trust is a fundamental aspect of effective working relationships in organizations. It is commonly defined as an attitude that reflects the degree to which the other party in a relationship is trustworthy (Korsgaard et al., 2015; Martínez-Tur & Peiró, 2009). Trust involves positive expectations about the intentions and behaviors of the trustee as well as a willingness to accept vulnerability in the relationship (Rousseau et al., 1998). Trust which is present in leader-subordinate relationships plays a very relevant role (Brower et al., 2009; Dirks and Ferrin, 2001; McAllister, 1995; Serva et al., 2005).

While trust is important in any organizational context, it takes on heightened significance in service organizations for persons with ID. These organizations rely on teams of professionals working closely together to deliver complex therapeutic, educational and social services to a population in situation of vulnerability (Harbour & Maulik, 2010; Pătraș et al., 2018). The quality of relationships within these teams, and particularly between team members and their leaders, is crucial for effective service delivery and ultimately for improving the quality of life of service users (Martínez-Tur et al., 2019).

One key aspect of trust in leader-team member relationships is its reciprocal nature. Reciprocal trust refers to the trust that develops as each party observes the actions of the other and recalibrates their own trust accordingly (Serva et al., 2005). When leaders demonstrate their trust in team members, for example by empowering them and not micromanaging, team members are more likely to reciprocate by trusting their leaders. This dynamic creates a virtuous cycle of growing mutual trust.

Several studies have provided empirical support for trust reciprocity in leader-subordinate relationships. Seppälä et al. (2011) found that leaders' trust in subordinates positively predicted subordinates' trust in leaders in a sample of 184 dyads. More recently,

Martínez-Tur et al. (2019) confirmed this reciprocal trust relationship in a study of 754 team members and 95 leaders in organizations for persons with ID.

Trust reciprocity between leaders and team members has important implications for team and organizational functioning. When team members trust their leaders, they are more likely to accept influence, share sensitive information, and invest extra effort (Dirks & Ferrin, 2002). They may also experience less stress and burnout because they feel supported by their leaders (Harvey et al., 2003).

Leaders' trust in team members is equally important as it allows them to empower teams, delegate responsibilities and focus on higher-level strategic issues rather than micromanaging (Spreitzer & Mishra, 1999). This empowerment and autonomy can enhance team members' motivation and allow them to be more responsive to service users' needs.

In service organizations for persons with ID, high-quality trusting relationships between leaders and team members are especially crucial because of their impact on service quality. Trust enables the open communication, coordination and extra-role behavior needed to deliver high-quality personalized care. Building and maintaining reciprocal trust requires effort from both leaders and team members. Leaders can demonstrate their trustworthiness through behavioral consistency, integrity, sharing and delegating control, and demonstrating concern (Whitener et al., 1998). Team members can reciprocate through reliability, openness and loyalty. Both parties can invest in learning about each other's needs, preferences and work styles. Establishing shared goals around improving service users' quality of life is also important for aligning leader and team interests.

While reciprocal trust provides clear benefits, it is important to recognize that trust also involves risk and interdependence (Rousseau et al., 1998). Leaders depend on team

members to be competent and act with integrity, while team members depend on leaders to be fair and supportive. Either party can fail to fulfill their end of this implicit social exchange, damaging trust. The risks of unmet expectations may be heightened in service organizations for persons with ID, where emotional labor demands are high (Hatton et al., 1999). Leaders and team members need to be realistic in their expectations and forgiving of occasional lapses to maintain robust trust.

In conclusion, reciprocal trust between leaders and team members is vital for effective functioning in service organizations for persons with ID. This reciprocal trust enables autonomy, information sharing and extra effort that enhance service quality and improve the lives of service users. Building reciprocal trust requires an investment of time and goodwill from both leaders and team members to demonstrate trustworthiness and fulfill each other's expectations. Future research should continue to examine the dynamics and boundary conditions of leader-team member trust reciprocity to provide evidence-based guidance for building high-trust relationships in this important sector.

1.7.1 Trust at the Team Level

The concept of trust has received increasing attention in organizational research in recent years, with a growing recognition of its importance for effective collaboration and performance within teams (Costa et al., 2018; Fulmer & Gelfand, 2012). While much of the early trust research focused on trust at the individual and interpersonal levels, there has been a shift towards examining trust as a collective phenomenon that emerges within teams (Costa et al., 2018; Fulmer & Gelfand, 2012).

Trust can emerge at the team level in several ways. First, through repeated social interactions and exchanges among team members, shared perceptions and a collective sense of trust can develop over time (Martínez-Tur & Peiró, 2009; Seppälä et al., 2011). Second, team members are exposed to similar trust-relevant experiences, such as team

leadership behaviors, human resource practices, and organizational policies, which can shape convergent trust perceptions (Schneider & Reichers, 1983; Seppälä et al., 2011). Third, trust becomes a property of the team when members agree on their trust level directed towards a specific referent, such as the team leader (Martínez-Tur & Moliner, 2017; Seppälä et al., 2011). This shared trust emerges through team members' social interactions and exposure to common stimuli that facilitate the development of similar interpretations of their work context.

The emergence of trust as a team-level construct has important implications. Meta-analytic evidence indicates that team trust is positively related to team performance, with trust enabling greater cooperation, information sharing and effort within teams (De Jong et al., 2016). Trust also reduces the need for costly monitoring processes and frees up cognitive resources for core task performance (Mayer & Gavin, 2005). However, for trust to emerge at the team level, there needs to be sufficient within-team agreement on trust perceptions. Researchers have proposed both direct consensus and referent-shift consensus models for aggregating individual trust to the team level (Chan, 1998; Seppälä et al., 2011). The direct consensus model uses items that refer to an individual's own trust (e.g., "I trust my leaders"), while the referent-shift model changes the referent to the team (e.g., "We trust our leaders"). Both approaches are appropriate for aggregation as long as there is adequate within-team agreement, although the referent-shift model may make the shared nature of trust more salient to respondents (Arthur et al., 2007; Seppälä et al., 2011).

Trust within teams is inherently a multi-level phenomenon, involving both individual team members' trust perceptions and the aggregate of those perceptions at the team level. Researchers have begun to develop models that capture this multi-level nature of trust. For example, Fulmer and Ostroff (2016) proposed a trickle-up model whereby

trust in direct leaders serves as a foundation for trust at higher levels, ultimately emerging as a shared team property. Also, in their study of trust across 139 organizations, Sanz and Martínez (2023) found evidence of a cross-level process whereby leaders' trust in their teams predicted the level of trust team members had in their leaders, which in turn related to organizational performance. These findings highlight the value of considering multiple trust referents and their interplay across levels of analysis.

1.8 Trust and Organizational Performance Focused on QoL

Organizational performance in service organizations for persons with ID is increasingly being evaluated in terms of its impact on service users' QoL. This reflects a shift from traditional output-focused metrics to a person-centered approach that prioritizes the well-being and life satisfaction of persons with ID (Schalock et al., 2002). QoL is defined by the World Health Organization as "*an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*" (Harper et al., 1998, p. 1).

The emphasis on QoL as a key performance indicator aligns with the core mission of service organizations for persons with ID. These organizations exist to support service users in realizing their potential and leading fulfilling lives in the community (Harbour & Maulik, 2010). As Reinders and Schalock (2014) argue, "*how organizations perform in enhancing people's quality of life is rapidly becoming the key-defining characteristic of high-quality service providers*" (p. 291). This focus on QoL not only benefits service users but also helps organizations to demonstrate their social value and attract funding in an increasingly competitive environment (Gómez et al., 2021).

Moliner et al. (2013) developed and validated a contextualized measure of organizational performance focused on QoL in these settings. Their scale assesses the

degree to which an organization’s services contribute to improving various aspects of service users' QoL, as perceived by family members. It is important to distinguish this performance construct from service user satisfaction. While related, performance is considered an overall, long-run evaluation, whereas satisfaction is more transaction-specific (Bolton & Drew, 1991; Cronin & Taylor, 1992). The performance measure better captures the organization's sustained efforts to enhance QoL.

Several factors can influence an organization’s capacity to deliver QoL-enhancing services. Pătraș et al. (2018) found that a service climate characterized by strong expectations and support for person-centered care predicted QoL-focused performance in organizations dedicated to persons with ID. They also highlighted the role of "contribution-to-others" well-being beliefs among professionals, which involve defining one's own well-being in terms of helping others. When professionals held these prosocial beliefs, the organization performed better in enhancing service users’ QoL. Effective teamwork is another critical factor in delivering high-quality, responsive services that improve QoL. As Borrill et al. (2000) noted, teamwork is one of the most effective ways to ensure quality in health and social care services. In service organizations dedicated to persons with ID, teams of professionals must work closely together to provide complex therapeutic, educational, and social support (Martínez-Tur et al., 2019). High-quality relationships within these teams, particularly between team members and leaders, are crucial for effective service delivery and ultimately for service user QoL (Martínez-Tur et al., 2019).

Building on social exchange theory (Blau, 1964; Martínez-Tur et al., 2019), scholars demonstrated that leaders’ trust in team members predicted the team's trust in the leaders, which in turn enhanced organizational performance in terms of improving service users' QoL. This highlights the importance of reciprocal trust between leaders and

professionals in creating a positive work environment that enables high-quality, person-centered care. When leaders trust their teams, teams are motivated to reciprocate this trust and establish better interactions with service users, ultimately improving QoL (Martínez-Tur et al., 2019).

While the QoL concept has strong roots in the intellectual disability field, measuring QoL-focused performance is not without challenges. QoL is a multidimensional construct encompassing domains such as emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion and rights (Schalock & Verdugo, 2013). Organizations may prioritize different QoL domains, and family members provide only one perspective. Directly assessing service users' own perceptions of their QoL, while more challenging, is important for a comprehensive evaluation (Simões & Santos, 2016). Triangulating data from multiple informants, potentially including pictorial questionnaires adapted for service users (Estreder et al., 2023), could strengthen future assessments.

Despite these measurement challenges, orienting organizational performance around service users' QoL remains a worthy aspiration. It puts the person at the center, recognizing that persons with ID have the same needs and rights to a fulfilling life as everyone else.

1.9 Theoretical Frameworks of Leader-Professional Relationship in Service Organizations Dedicated to Persons with ID

The complex nature of service organizations dedicated to persons with ID requires a deep understanding of the dynamic relationship between leaders and their professionals. This relationship is crucial in shaping the quality of care provided to persons with ID and

the overall organizational performance (Deveau & McGill, 2019; Hewitt et al., 2019). Leaders play a pivotal role in guiding, supporting, and empowering direct support professionals (DSPs) who work closely with persons with ID (Deveau et al., 2020). The effectiveness of this leader-professional relationship is influenced by various factors, such as leadership styles, communication patterns, trust, and perceived support (Deveau & McGill, 2016; Vassos et al., 2019). To better comprehend the dynamics of this relationship and its impact on the quality of the care provided, it is essential to examine the theoretical frameworks that underpin the interaction between leaders and their professionals in the context of service organization.

1.9.1 Social Exchange Theory

Social exchange theory provides a valuable framework for understanding the relationship between leaders and professionals in service organizations dedicated to persons with ID. At its core, social exchange theory posits that social interactions are based on the reciprocal exchange of benefits, which can lead to the development of trust, commitment, and power dynamics within relationships (Blau, 1964; Cook et al., 2013). In the context of leader-professional relationships, this theory suggests that leaders who demonstrate trust in their professionals by providing them with autonomy and decision-making power can foster a sense of empowerment and reciprocal trust (Brower et al., 2009). This is particularly important in service organizations for persons with ID, where trust, patience, and understanding are crucial for providing high-quality care (Seppälä et al., 2011). Moreover, the emotional investment required in this context can contribute to the development of stronger, more cohesive relationships between leaders and professionals (Lawler & Yoon, 1996; Molm et al., 1999).

The application of social exchange theory also highlights the importance of power dynamics and organizational culture in shaping leader-professional relationships. In

service organizations for persons with ID, professionals' specialized skills, experience, and rapport with clients can influence power dynamics (Seppälä et al., 2011). Leaders who recognize and value these unique contributions may be more likely to share power and decision-making with professionals, leading to a more balanced and reciprocal exchange relationship (Cook & Emerson, 1978). Furthermore, leaders who model trust, empowerment, and appreciation for professionals' work can shape an organizational culture that values collaboration, compassion, and high-quality service delivery (Lawler et al., 2008). This culture can, in turn, reinforce positive social exchange relationships throughout the organization, ultimately impacting professional commitment, retention, and the quality of services provided to persons with ID (Brower et al., 2009; Molm et al., 1999).

1.9.2 The Service-Profit Chain (SPC)

The Service-Profit Chain (SPC) is a highly relevant theoretical framework for understanding the relationship between leaders and professionals in service organizations, such as those supporting persons with ID. Developed by Heskett et al. (1994), the SPC model outlines a sequence of causal links demonstrating how professional satisfaction contributes to service quality and customer satisfaction, which in turn influence revenue and profit.

The SPC highlights the crucial connections between an organization's internal management practices, the experiences of customers, and overall organizational performance. The model begins with internal service quality, which encompasses factors such as job design, working environment, reward systems, training, and support systems. High levels of internal service quality led to increased professional satisfaction, productivity, and retention. When professionals are satisfied and well-motivated, they are more likely to deliver high-quality service to users. This high-quality service forms the

foundation for enhanced service value, which subsequently leads to increased levels of customer satisfaction and retention. Given the economics of customer retention, the ultimate outcomes are improved revenues and profits.

The SPC is particularly relevant to the context of service organizations supporting persons with ID. In these settings, the quality of the relationship between leaders and professionals can have a profound impact on the well-being and outcomes of service users. When leaders prioritize internal service quality and foster a supportive work environment, professionals are more likely to experience job satisfaction and deliver high-quality and person-centered support to persons with ID.

Numerous studies have provided evidence to support the key links in the SPC model. For example, research has demonstrated positive relationships between service quality and customer satisfaction (Cronin & Taylor, 1992), customer satisfaction and loyalty (Anderson & Sullivan, 1993), and professional experiences and customer satisfaction (Malhotra & Mukherjee, 2004).

The SPC remains a valuable framework for understanding the complex chain of causality that runs from leadership decisions to professional responses, customer experiences, and ultimately, performance. The model has undergone refinements and adaptations over time, with some researchers proposing augmentations to the traditional SPC. For example, Homburg et al. (2009) incorporated the concepts of professional-company and customer-company identification into the model, drawing on social identity theory.

In the context of this doctoral dissertation, the SPC serves as a guiding theoretical framework for exploring the relationship between leaders and professionals in organizations dedicated to persons with ID. The three studies presented in the dissertation build upon and extend the SPC model by examining specific aspects of this relationship,

such as the impact of leadership behaviors on professional's empowerment and burnout, the role of EWBs in fostering engagement contagion, and the influence of reciprocal trust on service user outcomes. By applying the SPC framework to this specific context and incorporating diverse methodologies and multiple stakeholder perspectives, the dissertation contributes to a more nuanced understanding of how the leading of professionals can deliver a positive customer experience and improve organizational performance in the service organization sector. The findings of these studies not only provide empirical support for the key tenets of the SPC model but also offer valuable insights and recommendations for enhancing leadership practices, professionals' well-being, and service quality in these organizations.

In conclusion, the Service-Profit Chain serves as a foundational theoretical framework for examining the relationship between leaders and professionals in service organizations dedicated to persons with ID. By highlighting the crucial links between internal service quality, professional satisfaction, service value, customer satisfaction, and organizational performance, the SPC model provides a comprehensive lens through which to understand and optimize the complex dynamics at play in these settings. The studies presented in this doctoral dissertation build upon and extend the SPC framework, contributing to a deeper understanding of how effective leadership and professional management can ultimately lead to improved outcomes for persons with ID and their families.

1.9.3 Transformational and Transactional leadership

Both transformational and transactional leadership styles play important roles in shaping the relationship between leaders and professionals in a service organization dedicated to persons with ID. Transformational leadership enables leaders to inspire and motivate professionals to transcend self-interest and develop a deep commitment to the

organization's mission (Bass, 1985). By articulating a compelling vision, providing individualized support and encouragement, and stimulating innovative problem-solving, transformational leaders can forge strong emotional bonds with their professionals (Antonakis & House, 2013). This shared sense of higher purpose and emotional connection enhances professional dedication and strengthens leader-professional relationships (House & Shamir, 1993). At the same time, transactional leadership skills allow leaders to set clear expectations, monitor performance, and deliver contingent rewards. These behaviors ensure that professionals understand their roles and are recognized for meeting agreed-upon objectives, which can foster positive and productive leader-professional interactions (Bass & Avolio, 1994).

However, research suggests that while both leadership styles can influence leader-professional relationships, an approach that integrates the two with a greater emphasis on transformational behaviors is likely most effective in a disability service setting (Yukl, 1999). The inspirational and empowering aspects of transformational leadership are particularly potent in evoking professional commitment and extraordinary effort in human services work, which transactional elements alone may not fully elicit (Shamir et al., 1993). By combining a compelling vision, individual development, and encouragement of creativity with clear expectations and performance management, leaders can cultivate relationships characterized by both deep professional commitment and reliable performance. Ultimately, an integrated approach that leverages the unique strengths of both transformational and transactional behaviors, with a focus on transformational skills, appears best suited for optimizing leader-professional relationships in a service organization dedicated to persons with ID (Bass & Avolio, 1994; Yukl, 1999).

1.9.4 Leader-Member Exchange (LMX) Theory

Leader-Member Exchange (LMX) theory can help explain the relationship between leaders and professionals in service organizations dedicated to persons with ID in several keyways. LMX theory posits that leaders develop differentiated relationships with their subordinates, characterized by varying degrees of trust, respect, loyalty and obligation (Erdogan & Bauer, 2015). High-quality LMX relationships involve greater levels of trust, interaction, support, formal and informal rewards exchanged between a leader and member (Dienesch & Liden, 1986; Liden et al., 1997). In service organizations dedicated to persons with ID, LMX can shed light on how the quality of leader-professional relationships shape important outcomes. For example, high-quality LMX marked by trust and support from leaders can lead to greater professional empowerment, as leaders provide professionals with more responsibility, decision-making attitude, and access to resources (Gómez & Rosen, 2001).

Empowered professionals may feel more capable and motivated to find creative ways to provide high-quality care to clients. Furthermore, professionals in high-quality LMX relationships tend to exhibit more organizational citizenship behaviors (OCBs), going above and beyond formal job duties to help coworkers and the organization (Omobude & Umemezia, 2018).

LMX can also explain how leader-professional relationships impact job attitudes: high LMX relationships are characterized by professionals that report greater job satisfaction and organizational commitment (Erdogan & Bauer, 2015), which is crucial for professionals' retention in the often-challenging services organization field. On the flip side, low-quality LMX relationships characterized by distrust and lack of support could lead to professional disempowerment, lower motivation, and poorer attitudes.

1.10 Overview of Studies

As mentioned previously, leadership is a critical factor in the success of service organizations dedicated to persons with ID. Effective leadership practices are essential for ensuring high-quality care, promoting the well-being of both service users and professionals, and driving organizational performance in a challenging and evolving sector. However, despite the importance of leadership in this context, there is a limited understanding of the specific leadership variables, processes, and dynamics that contribute to positive outcomes in ID services. This doctoral dissertation aims to address this gap by presenting three studies that investigate different aspects of leadership and its impact on professionals, service users, and organizational performance in the context of service organizations dedicated to persons with ID.

Collectively, the three studies in this thesis aim to advance our understanding of leadership in this context by investigating critical variables, processes, and dynamics that contribute to positive outcomes for service users, professionals, and organizations. By providing a comprehensive examination of leadership from different perspectives and using multiple methodologies and sources of data, this thesis seeks to contribute to knowledge and to inform practitioners and policy makers about organizational practices and interventions aimed at improving the quality of life of persons with ID and the effectiveness of the organizations that serve them.

1.10.1 The Impact of Leadership in Organizations Dedicated to Persons with ID (study1)

The first study is based on a systematic review of leadership research in organizations for persons with ID. We aimed to develop a comprehensive understanding of critical leadership variables needed in organizations dedicated to persons with ID. This study is significant because effective leadership is crucial for driving the ongoing paradigm shift from institutional models of care to community-based support that

promotes inclusion, self-determination, and participation of persons with ID (Mansell & Beadle-Brown, 2010; Schalock et al., 2021). Despite the importance of leadership in this context, there has been limited research investigating effective leadership practices, especially among leaders who directly leads and support teams of professionals (Hewitt et al., 2004) in service organizations devote to person with ID.

Our systematic review aims to contribute to the understanding of leadership in organizations for persons with ID by synthesizing the existing literature and identifying key variables, theoretical frameworks, competencies, and challenges relevant to leaders. By doing so, we hope to inform organizational practices and interventions that can foster effective leadership and ultimately improve the quality of life of persons with ID. The findings of this review can also lay the groundwork for future research and the development of targeted training programs for leaders in this sector.

The significance of this study lies in its potential to advance our understanding of leadership in a context that has received limited attention in literature, despite its critical importance for a population in situation of vulnerability. By focusing on leaders and synthesizing insights from a diverse range of studies, we aim to provide a comprehensive overview of the current state of knowledge and identify areas for future research and practice.

To address this research gap, we conducted a systematic review of the literature published over the last decade. Our objectives were two-fold. First, we analyze the characteristics of the studies, including their quality, methodological designs, publication trends, geographical distribution, and sample sizes. Second, the study synthesizes the content of the studies, focusing on theoretical models of leadership, required competencies for leaders, the leadership process, consequences of leadership, and challenges identified in this sector. Also, the inclusion of both quantitative and qualitative

studies in our review allows for a rich and nuanced understanding of leadership in this sector, capturing both empirical trends and the lived experiences of leaders and professionals.

In terms of methodology, we conducted a systematic search of multiple databases to identify relevant studies published over the last decade, following the guidelines of the PRISMA 2020 statement and using the CADIMA software for the search process. We applied predefined eligibility criteria for title and abstract screening, as well as full-text review, resulting in the inclusion of 21 studies that met our quality standards. The synthesis of key results followed a narrative approach, providing a structured presentation of findings related to our research questions.

In summary, our systematic review aims to address a significant gap in the literature by providing a comprehensive understanding of leadership in service organizations dedicated to persons with ID, with a specific focus on leaders. By synthesizing insights from a diverse range of studies and theoretical perspectives, we hope to inform organizational practices, interventions, and future research that can ultimately improve the quality of life of persons with ID and the professionals who support them.

1.10.2 Engagement Contagion from leaders to Professionals: The role of EWBs *(study2)*

The systematic review conducted in the first study revealed several key findings that informed the direction and focus of the second study. Firstly, the review highlighted the importance of leaders in shaping the quality of care and support provided to persons with ID. Secondly, it identified a range of critical leadership variables, competencies, and challenges that influence the effectiveness of leaders in this context. However, the review also revealed a significant gap in the literature regarding the specific mechanisms through

which leaders impact professional outcomes, such as engagement and well-being. This gap, along with the insights gained from the systematic review, motivated us to investigate the role of leaders' EWBs in fostering engagement contagion from leaders to professionals in the second study. By focusing on this specific aspect of the leader-professional relationship, we aimed to extend the findings of the systematic review and contribute to a more nuanced understanding of how leaders can positively influence professional outcomes in organizations supporting persons with ID. This second study builds upon the foundation laid by the systematic review, addressing a key research gap and providing valuable insights that can inform leadership practices and interventions in this sector.

In our second study, we aimed to examine the impact of engagement contagion from leaders to professionals in organizations dedicated to persons with ID and the role of leaders' EWBs as an antecedent of this effect. The significance of this study lies in its contribution to understanding the mechanisms through which leaders' engagement and well-being beliefs influence professionals' engagement in a sector that faces unique challenges and demands.

The research context of this study is service organizations dedicated to persons with ID. Professionals in these settings often experience high levels of pressure and emotional demands, which can pose challenges to their engagement in caregiving responsibilities. Therefore, maintaining high levels of engagement is crucial for ensuring the accurate delivery of services and the well-being of both professionals and service users.

In this context, we propose that leader's engagement and EWBs can play a significant role in promoting professionals' engagement through a contagion effect. Drawing upon theories of emotional contagion (Hatfield et al., 1993) and social learning

(Bandura, 1986), we hypothesize that leaders' engagement can be transmitted to professionals through unconscious mimicry and reinforcement. When leaders demonstrate high levels of engagement, characterized by vigor and dedication, professionals are likely to mirror these behaviors and attitudes, leading to increased engagement among the workforces.

Furthermore, we propose that leaders' EWBs, which refer to the degree to which persons believe that their well-being is based on personal growth and contribution to others (McMahan & Estes, 2011b; Pătraş et al., 2017), serve as an antecedent of their own engagement. We argue that EWBs are particularly relevant in the context of service organizations dedicated to persons with ID, as the work in this sector often involves forming long-term, nurturing relationships with service users and their families. Leaders who hold strong beliefs that their well-being is tied to personal growth and helping others are more likely to find meaning and purpose in their work, leading to heightened engagement.

We hypothesize that leaders' engagement (vigor and dedication) is positively related to professionals' engagement (vigor and dedication, respectively). This hypothesis is based on the idea that engaged leaders model motivation and passion for their work, which can spark a similar mindset in professionals through unconscious mimicry and reinforcement. We also hypothesize that leaders' EWBs (personal growth and contribution to others) are positively related to their own engagement (vigor and dedication). This hypothesis is grounded in the notion that leaders who believe their well-being is tied to personal growth and helping others are more likely to find meaning and purpose in their work, leading to increased engagement.

In addition to more analytic paths, we propose a holistic approach that examines the mediating role of leaders' engagement in the relationship between their EWBs and

professionals' engagement. Specifically, we hypothesize that leaders' EWBs (Time 1) are positively related to their engagement (Time 2), which in turn leads to professionals' engagement (Time 2). This mediation hypothesis suggests that leaders' EWBs foster their own engagement, which then positively influences professionals' engagement through a contagion effect.

To test our hypotheses, we collected data from leaders and professionals in 53 small centers providing services to persons with ID leaders completed surveys at two time points, reporting their EWBs at Time 1 and their engagement at Time 2. Professionals reported their own engagement at Time 2. This design allowed us to examine the contagion effect of leaders ' engagement on professionals' engagement, as well as the role of leaders' EWBs as a precursor of this effect.

1.10.3 Trust and Quality of Life in Organizations for Persons with ID (study3)

The systematic review conducted in the first study not only informed the direction of the second study but also laid the groundwork for our third study, which investigated the role of trust between leaders and team members in shaping the quality of life of service users in service organizations dedicated to persons with ID. The review highlighted the importance of effective leadership practices, and the challenges faced by leaders in this sector (Hewitt et al., 2004; Larson & Hewitt, 2012). However, it also revealed a lack of research on the specific social exchange processes, such as trust, that underlie the relationship between leaders and their teams and how these processes may ultimately impact organizational performance and the well-being of persons with ID (Dirks & Ferrin, 2002; Senge, 2006). This gap in the literature, along with the insights gained from the systematic review, motivated us to explore the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and organizational performance oriented to quality of life of service users.

By focusing on trust at different levels within the organization (leaders and team), we aimed to extend the findings of the systematic review and contribute to a more comprehensive understanding of how social exchange processes shape outcomes for both professionals and service users in the context of service organizations (Kozlowski & Ilgen, 2006; Mayer et al., 1995). The third study builds upon the foundation laid by the systematic review, addressing a key research gap and providing valuable insights that can inform leadership practices, team dynamics, and interventions aimed at improving the quality of life of persons with ID.

In our third study, we sought to explore trust between leaders and team members and its association with organizational performance oriented to improve QoL of service users in service organizations dedicated to persons with ID. The significance of this study lies in its focus on the social exchange processes within these organizations and how trust at different levels can shape outcomes for a vulnerable population. By investigating the mediating role of teams' trust in leaders, we shed light on the mechanisms through which leaders' trust percolates through the organization to ultimately impact the quality of life of persons with ID.

Trust can emerge at the team level in several ways. Through repeated social interactions and exposure to similar trust-relevant experiences, team members can develop shared perceptions, and a collective sense of trust directed towards a specific recipient, such as leaders. The agreement among members that allows the emergence of trust at the team level can be explained theoretically through the symbolic interactionist and structuralist approaches. In this study, we consider the degree to which the team -as a whole- trusts the leaders. We also consider the team as a meaningful entity from the perspective of the leaders. Teamwork is one of the most effective ways of ensuring quality when delivering health and social care services to persons with ID. Increasingly, the

objectives of organizations are complex and require the coordinated effort of teams. For this reason, we focus on the degree to which leaders trust their teams, rather than individual professionals.

Finally, drawing from social exchange theory, we propose that when leaders trust their teams, teams are likely to trust their leaders in return. Previous research has confirmed this argument, and our study aims to replicate this finding as an initial step before moving on to study the relationship between trust and performance. In fact, we suggest that when team members trust their leaders, they contribute more to organizational performance. In organizations providing services to persons with ID, traditional profit-oriented productivity is not the main objective. Instead, improvement in the QoL of persons with ID is considered the most important performance criterion. We propose that the existence of positive social interaction with the leaders, based on trust, enhances the contribution to organizational performance in terms of improving the expected QoL of persons with ID. This performance can be perceived by family members who have frequent interactions with the organization and its team members.

Holistically, we propose a mediation model where trust in team members (assessed by leaders) leads to trust in leaders (assessed by team members), which in turn is associated with organizational performance oriented to improving QoL (assessed by family members). The direction of trust, in our proposal, goes from the trust provided by the leaders to that provided by the team, based on the hierarchical nature of trust development in organizations.

To test our hypotheses, we obtained data from three sources - leaders, team members, and family members - across 139 organizations providing services to persons with ID. Leaders reported their trust in their teams, team members reported their trust in their leaders, and family members reported organizational performance focused on

improving the QoL of their relatives with ID. The final sample consisted of 139 leaders, 1101 team members, and 1468 family members.

This multi-informant design allows for a comprehensive examination of trust perceptions at different levels of the organization, as well as an external assessment of organizational performance from the perspective of family members. The inclusion of sheltered workshops, daycare centers, and residential care services in our sample allows for greater generalizability of our findings across different service contexts.

In summary, our study 3 contributes to the understanding of trust within organizations serving persons with ID by examining the reciprocal nature of trust between leaders and team members, and its impact on organizational performance focused on improving the QoL of service users. The use of multi-source data and the inclusion of family member perspectives strengthen the robustness and practical relevance of our findings.

CHAPTER II:

RESEARCH STUDIES (GENERAL OVERVIEW)

2.1 Outline of Objectives

The overarching objective of this doctoral thesis is to investigate the complex relationship between leaders and professionals in service organizations dedicated to persons with ID. Through a series of three interconnected studies, this research aims to provide a comprehensive understanding of the critical factors that influence the dynamics between leaders and professionals, ultimately impacting the quality of services provided to service users.

First, by conducting a systematic review (Study 1), we seek to consolidate existing empirical knowledge on relevant aspects such as leadership competencies, theoretical frameworks, key variables, and prevalent challenges faced by leaders in organizations serving persons with ID. By synthesizing the current state of research, we lay the foundation for understanding the context in which leaders and professionals operate.

Building upon these insights, then we examine the mediating role of leaders' engagement in the relationship between their EWBs and professionals' engagement over time (Study 2). We test two hypotheses: (1) we examine the relationship between leaders' engagement and professionals' engagement, and (2) we test the relationship between leaders' EWBs and their own engagement. By exploring these relationships, we aim to uncover the mechanisms through which leaders' well-being beliefs and engagement influence the engagement of their professionals.

We also analyze trust dynamics between leaders and their teams, investigating the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and performance focused on improving the QoL of service users (Study 3). We expect teams to reciprocate leaders' trust by reporting higher levels of trust in the leader and demonstrating better performance outcomes.

By integrating the findings from these three studies, this doctoral thesis aims to provide a nuanced understanding of the complex interplay between leadership competencies, well-being, engagement, trust, and performance in the context of service organizations supporting persons with ID. The insights gained from this research will contribute to the development of evidence-based strategies for fostering positive leader-professional relationships, enhancing professional engagement, and ultimately improving the quality of services provided to service users.

This general objective is achieved with three specific objectives that address the relationship between leaders and professionals through a very complete empirical framework:

Objective 1: Synthesize existing knowledge on leadership competencies, theoretical frameworks, and challenges in organizations dedicated to persons with ID.

Objective 2: Examine the mediating role of leaders' engagement in the relationship between their EWBs and professionals' engagement.

Objective3: Investigate the mediating role of teams' trust in leaders in the relationship between leader's trust in teams and performance focused on improving the quality of life (QoL) of service users.

2.2 General Methodology

In this doctoral dissertation, we conducted three distinct yet interrelated studies to investigate various aspects of leadership, engagement, and trust within organizations dedicated to persons with ID. The overarching logic guiding our methodological approach was to employ a combination of quantitative and qualitative techniques, leveraging multiple informants and levels of analysis to gain a comprehensive understanding of the phenomena under study.

The first study used academic research as the main source. Across the second and third studies, we collected data from diverse samples, including leaders, professionals, and family members associated with organizations (e.g., day-care centers, sheltered workshops) providing services to persons with ID. This multi-informant approach allowed us to capture perspectives from key stakeholders at different levels of the organizational hierarchy, enhancing the richness and validity of our findings. We used samples that formed part of different research projects conducted in cooperation with "Plena inclusión", a federation of associations, which aims to improve QoL of persons with ID in Spain.

In Study 1, we performed a systematic review to synthesize existing literature on leadership in organizations for persons with ID over the past decade. By adhering to the PRISMA 2020 guidelines and utilizing the CADIMA software, we conducted a rigorous search process, screening studies based on predefined eligibility criteria. The final sample included 21 relevant studies, which underwent quality appraisal to ensure they met established standards. This comprehensive review enabled us to identify critical leadership competencies, theoretical frameworks, key variables, and prevailing challenges in this specific organizational context.

Study 2 focused on examining engagement contagion from leaders to professionals and the role of leaders' EWBs as a precursor. We collected survey data from a sample of 53 leaders and 360 professionals from organizations dedicated to persons with ID. By employing multilevel structural equation modeling (MSEM), we tested a holistic model to determine whether leaders' engagement mediates the relationship between their EWBs and professionals' engagement. This approach allowed us to investigate cross-level effects and uncover the mechanisms underlying engagement contagion within these organizations.

In ***Study 3***, we explored the reciprocity of trust between leaders and team members and its association with organizational performance oriented towards the QoL of service users. We gathered data from 139 leaders, 1101 team members, and 1468 family members associated with organizations for persons with ID. By applying multilevel structural equation modeling (MSEM), we examined the mediating role of teams' trust in their leaders in the relationship between leaders' trust in teams and performance focused on improving service users' QoL. This multi-informant design enabled us to capture trust dynamics at different levels and link them to meaningful organizational outcomes.

The strengths of our methodology lie in several key aspects. First, the use of multiple informants across the three studies (leaders, professionals/team members, and family members) allowed us to triangulate findings and mitigate potential biases associated with relying on a single source of information. Second, the application of advanced statistical techniques, such as multilevel structural equation modeling, enabled us to account for the nested nature of our data and investigate cross-level effects. Third, the focus on organizations serving persons with ID provided a unique and understudied context, enhancing the novelty and practical relevance of our findings.

Furthermore, the combination of a systematic review (Study 1) with empirical investigations (Studies 2 and 3) allowed us to bridge existing knowledge with new insights, contributing to a more comprehensive understanding of leadership, engagement, and trust within these specialized organizations. The systematic review laid the foundation by synthesizing prior research, while the empirical studies built upon this knowledge by testing specific hypotheses and uncovering novel mechanisms.

In conclusion, the methodology employed in this doctoral dissertation leverages multiple informants, advanced statistical techniques, and a focus on a specific organizational context to gain a holistic understanding of leadership, engagement, and

trust. By combining a systematic review with empirical investigations, we aim to contribute to both theory and practice, ultimately informing strategies to enhance the effectiveness and well-being of professionals working in organizations dedicated to those with ID. More detailed information about the specific methodologies employed in each study can be found in the respective chapters dedicated to each research study.

CHAPTER III: RESEARCH STUDIES

(GENERAL OVERVIEW)

3.1 STUDY 1: Leadership in Organizations for Persons with ID: A Systematic Review

Abstract

Leadership plays a vital role in shaping quality of service provision within organizations for persons with intellectual disability (ID). However, limited research has focused on leaders who lead professionals' teams. This systematic review aimed to consolidate empirical insights on critical. leadership competencies, theoretical frameworks, key variables and processes, and relevant obstacles related to leaders in organizations for ID. We conducted a systematic review to identify studies focusing on leadership variables within organizations for persons with ID over the last decade. Adhering to the guidelines outlined in the PRISMA 2020 statement, the search process utilized the CADIMA software, with ongoing consultation of databases throughout the review. Title and abstract screening, as well as full-text review, were conducted based on predefined eligibility criteria, resulting in the inclusion of 21 relevant studies. The quality appraisal confirmed that all included studies met established standards. There was a diversity of leadership theories in the analyzed studies; b) a range of competencies facilitating leadership effectiveness was identified; c) leadership was related to performance, as well as to the well-being and quality of life of both professionals and service users; d) there were few studies that test processes involving leadership; and e) the review identified obstacles that hindered the effectiveness of leadership. Despite advances in leadership research, there are significant future challenges, both in methodological aspects (e.g., sample size, causal analysis) and in themes (e.g., greater emphasis on processes impacting performance and well-being, and the role leadership plays in this).

Keywords: leadership, organizations for persons with intellectual disability, supervisors, systematic review

Introduction

Organizations for persons with intellectual disability (ID) have undergone transformational changes in the past few decades, shifting away from institutional models of care towards community-based support. This support model promotes inclusion, self-determination, and users' participation in the community (Mansell & Beadle-Brown, 2010; Schalock et al., 2021). This paradigm shift has also led to new approaches to management, requiring leaders at all levels of these organizations to promote changes and guarantee support and quality service to persons with ID over time (Beadle-Brown et al., 2014).

Therefore, effective leadership enables organizations for persons with ID to drive the continuing shift towards personalized and inclusive models of support, providing guidance in the caring process (Boyle & Doyle, 2023), investing in staff development, promoting teamwork, and managing change with limited resources (Mansell & Beadle-Brown, 2010). In sum, leadership shapes the successful implementation of contemporary, human rights-based service models that are grounded in support and inclusion.

Leadership seems to be especially relevant for frontline supervisors who directly lead and support teams of professionals (Hewitt et al., 2004). Frontline supervisors occupy an important intermediate position in organizations for persons with ID. For example, they are responsible for translating the mission, values, and policies established by upper management into the day-to-day practices of the staff (Beadle-Brown et al., 2014). As supervisors, they usually have a meaningful role in training, evaluating, and motivating qualified direct-support professionals. As leaders, they have to model positive attitudes, create a person-centered culture, and empower staff to provide flexible and individualized support to persons with ID (Mansell et al., 2008). In addition, these leaders face crucial challenges, including high staff turnover, the need for collaboration across

multidisciplinary teams, keeping up with continually evolving knowledge and skills, managing budget constraints, balancing health and safety with individual rights, and adapting different leadership styles depending on certain contextual factors (see Beadle-Brown et al., 2014; Hewitt et al., 2008; Tichá et al., 2013).

Despite the importance of leaders in organizations for persons with ID, a limited amount of research has investigated effective leadership in this context (Hewitt et al., 2004). To fill this gap, the main objective of this systematic review is to develop a comprehensive understanding of necessary aspects of critical leadership in organizations dedicated to persons with ID. Specifically, we provide a synthesis of the existing literature from the past decade on two main topics. On the one hand, we address the characteristics of the studies, including an analysis of the quality of these studies, the types of methodological designs employed, the annual distribution of article publications, the countries where the studies were conducted, and the sample sizes. On the other hand, we proceed with the analysis and synthesis of the content, dividing it into five categories. First, we examine the theoretical models employed in leadership research within the intellectual disability services sector. Second, we analyze the competencies frontline leaders should have. Third, we review the leadership process in this sector. Fourth, we analyze the consequences of leadership. Finally, we address the challenges identified in the studies included in this review.

A review of leadership in organizations for ID is, therefore, relevant for several reasons. First, leadership is essential for driving the continuing paradigm shift from institutional models of care to community inclusion (Mansell & Beadle-Brown, 2010). Second, leadership is vital for developing person-centered cultures that empower persons with ID and provide flexible, individualized support focused on inclusion and self-determination (Boyle & Doyle, 2023; Beadle-Brown et al., 2014). Leaders' values and

priorities filter down to influence the day-to-day interactions of direct support staff with individuals. Third, strong leadership enables organizations to continuously improve service quality and outcomes through evidence-based practices, thus favoring positive changes in the organization (Mansell & Beadle-Brown, 2010). Finally, understanding the importance of leadership lays the groundwork for the implementation of additional interventions aimed at training and strengthening frontline leaders. These interventions should take their specific profiles into account and address the particular challenges they face in this organizational context.

Theoretical Framework

Organizations for persons with ID

In 2022, 27% of the European Union population over the age of 16 had some form of disability, which is equivalent to 101 million people or one in four adults (European Council, 2023). Similarly, in 2022, 14.4% of the population in the United States had some form of disability, reaching a total of 44,146,764 persons. Of this figure, 40% were people with ID (United States Census Bureau, 2022). Organizations such as daycare centers, sheltered workshops, residential facilities, and vocational programs play a critical role in supporting persons with ID and their families. Many persons with ID live in residential group homes and attend occupational, vocational, or leisure day centers during the day (Alonso-Sardón et al., 2019). These centers provide care, training, supervision, and opportunities for community participation. Some services also provide supported employment opportunities, which allow persons with ID to work in the community with appropriate support. In fact, having a job is associated with better quality of life outcomes (González et al., 2020; Romeo & Yepes-Baldó, 2019; Verdugo et al., 2006).

In addition, services directed to persons with ID often facilitate access to healthcare, mental health services, social skills training, and therapies associated with physical, occupational, and speech needs (García-Villamisar et al., 2017). Their objective is to provide personalized support based on the needs and goals of the users, in order to improve their overall functioning and quality of life (Alonso-Sardón et al., 2019). These services also provide resources, training, and support for families, and they advocate for the rights and social inclusion of the users (Esteban et al., 2021). Optimally, the types and intensity of the support offered are tailored, helping each user to reach their full potential. Professionals in these settings interact closely with the individuals and their families, establishing long-term service relationships that go beyond mere transactions. These relationships can be very significant for the quality of life of the service users (Martínez-Tur et al., 2020).

However, despite the progress made in promoting the participation of persons with IDs in society and the workforce, these organizations still face persistent barriers. Some of these obstacles are related to negative employer attitudes, high staff turnover, bureaucratic processes, and inadequate staff training, which can limit and diminish the possibilities for users' development and participation (Ellenkamp et al., 2016). Therefore, promoting a positive work environment and improving the quality of life of workers is a critical goal for these organizations. To this end, it is necessary to achieve employee engagement and effective leadership.

Quality of life of employees in organizations for persons with ID

The employee who directly helps and interacts with persons with ID can facilitate their participation and social inclusion (Bradshaw et al., 2004), in addition to creating positive alliances with users' families (Martínez-Tur et al., 2020). Nevertheless, bad work experiences and low quality of working life of professionals can significantly impact the

outcomes. Dissatisfied, overburdened, and stressed employees are less likely to provide high quality, empathetic, customized care and active support that enhances users' engagement, skills development, and overall well-being (Felce et al., 2000; Shanafelt & Noseworthy, 2017).

For example, several studies have assessed stressful conditions and the risk of burnout among direct support staff in organizations for persons with ID. Rose et al. (1998) found that more than 25% of their sample reported emotional exhaustion indicative of burnout. Key stressors were a heavy workload, challenging behaviors, and lack of resources and support. Gray-Stanley and Muramatsu (2011) similarly found close to 40% of staff at high risk for burnout, with client behaviors, medical issues, overtime, and risk of injury being key factors. Skirrow and Hatton (2007) reported that over 30% of staff members scored high on emotional exhaustion. Time pressure, work-family conflict, lack of funding, and client incidents predicted stress. These studies highlight the emotional demands faced by staff members, often without adequate organizational support.

Moreover, Ryan et al. (2021) reported that challenging behaviors from clients are a significant source of stress, leading to negative staff reactions such as fear of assault, low self-efficacy in managing behaviors, and negative attributions about users. Inequity and lack of reciprocity in relationships with clients, colleagues, and organizations also contribute to staff stress and burnout.

Finally, high turnover intention is also widely reported in this population of workers, driven by factors such as compensations, workload, lack of training, lack of variety, inadequate resources, difficult physical working conditions, problems with management advancement prospects, and burnout (Hewitt & Larson, 2007; Mitchell & Hastings, 2001). High turnover of direct care staff also severely disrupts relationship continuity and quality of care (Ellenkamp et al., 2016).

A challenge, then, is to find out how to address these difficulties in organizations for persons with ID. Leadership across organizational levels plays an integral role in establishing a workplace climate and culture that promotes quality of life for both service users and professionals.

Leadership

Leadership has been defined as a process of influencing people to achieve desired goals (Northouse, 2021). Prominent leadership theories have identified key aspects of effective leadership across contexts. Transformational leadership involves establishing a vision for change, modeling ethical behavior, intellectually stimulating followers, and attending to individual needs (Bass, 1999). Leader-member exchange theory highlights the importance of developing high-quality relationships between leaders and each team member (Graen & Uhl-Bien, 1995). Finally, Servant leadership focuses on supporting followers' growth and community stewardship (Farling et al., 1999). These are just a few examples of theoretical leadership approaches that exemplify the importance of the leader for professional and organizational life.

Regarding care and support services, leadership carries added responsibilities due to the nature of these services. Fundamentally, leaders must promote quality, safety, and user experience as top priorities (Sfantou et al., 2017), which requires managing care delivery across complex, multidisciplinary environments. Additionally, leadership roles in care service settings span multiple layers, including executive leadership that determines the organizational strategy, middle managers who oversee programs and teams, and frontline supervisors who directly support care staff (Hewitt et al., 2008). Overall, leadership must ensure compassionate, ethical practice, even in high-stress situations, and advocate for user needs and equitable access to care (McAlearney, 2008).

Moreover, leaders play a relevant role in promoting an organizational climate and culture oriented toward quality of life (Wright & Pandey, 2010).

These roles are also applicable to organizations for persons with ID, where leaders must develop specific capabilities that include translating values into practice, developing people, managing change, collaborating across disciplines, and advocating for service users (Beadle-Brown et al., 2014). Overall, leadership in organizations for persons with ID is responsible for implementing person-centered models of care (Hewitt et al., 2004). Investing in frontline supervisor development is also critical, given their influence on care quality and the well-being of their teams (Mansell et al., 2008).

Although the importance of leadership is clear in these types of organizations, there is limited research on frontline leaders who lead workers directly (Hewitt et al., 2004). This systematic review provides a comprehensive analysis of the current literature on leadership in this field. As mentioned above, various aspects are addressed, such as the theoretical leadership models used in research, the competencies frontline leaders should have in services for persons with ID, the leadership process in this sector, the consequences of leadership, and the challenges identified in the studies included in the review.

Methodology

Design

A mixed systematic review was conducted. This type of literature analysis uses a rigorous and systematic approach to integrate findings from quantitative, qualitative, and mixed-method (combining quantitative and qualitative approaches) studies. This approach makes it possible to address overlapping or complementary review questions by combining quantitative, qualitative, and mixed data within a single review study. Thus,

the aim is to achieve a more comprehensive and holistic understanding of the research topic (Harden, 2010). In addition, the present study was written in accordance with the guidelines of the PRISMA 2020 declaration and the use of the CADIMA software (Kohl et al., 2018).

Search Strategy and Data Sources

The search for articles was carried out on October 22 , 2023 in the Scopus (36), Web of Science (559), Psycinfo (292), and EBSCO (50) databases, using the following search terms: leader* OR manag * OR supervis * AND Sheltered employ* OR intellectual disabilit * care* OR mental disabilit * care * OR develop* disabilit * care* OR intellectual disabilit * staff OR mental disabilit * staff OR develop* disabilit * staff OR intellectual disabilit * support OR intellectual disabilit * service* NOT medication, therapy, treatment.

Inclusion and Exclusion Criteria

Inclusion criteria were: (a) date range: past 10 years; (b) language: English and Spanish; (c) areas of study: applied psychology, social psychology, management, nursing, health sciences; (d) primary research; (e) publication types: published articles and gray literature; (f) qualitative, quantitative, mixed-method, and systematic review studies about leadership in organizations for persons with ID; and (g) population: supervisors of specialized staff working with individuals with ID. The exclusion criteria were: (a) duplicate publications; (b) articles less than four pages in length; and (c) articles that do not pertain to leadership. Two researchers reviewed the articles in parallel and independently, examining the title, abstract, and keywords, for possible inclusion in the study. Discrepancies were resolved by consensus between the two researchers.

Selection of Studies based on Quality Assessment and Risk of Bias

To evaluate the quality of the studies and address possible limitations, biases, and confounding factors that may influence the results, an ad hoc scale was designed based on the Mixed tool. Specifically, the Methods Appraisal Tool (MMAT), version 2018 (Hong et al., 2018), was included in the data extraction protocol. The criteria taken into account to evaluate all the studies included in the systematic review were: (a) *Screening questions:* Were there clear research questions?; (b) *Collect data:* Do the collected data allow us to address the research questions?; (c) *Recruitment sample adequacy:* Indicate whether the participants met the selection criteria; Were the participants representative of the target population?; Was randomization appropriately performed?; (d) *Design of study:* Was the study design clear, for example, did it mention the type of study-qualitative, quantitative, or mixed?; (e*) Appropriate use of measurement instruments:* Were the qualitative data collection methods adequate to address the research question? Were measurements appropriate? Did the instruments have good reliability and validity? (f) *Analysis of the data:* Was the statistical analysis appropriate for answering the research question? (g) *Findings:* Were the findings adequately derived from the data? Were the outcome data complete? (h) *Implications:* Did the articles include theoretical and practical implications? (i) *Discussion of possible limitations that could affect the results of the study:* Did the articles include a limitation section? (j) *References:* Did the articles include enough references (cut off :30); Did the articles include enough new references? The possible results for each item met (1), did not meet or not mentioned (0). The quality acceptance level of each study was equal to or greater than 8.

Data Extraction

The full texts of the studies that met the criteria to be included in the systematic review were analyzed in parallel and independently by two researchers. Discrepancies were resolved by consensus, requiring review by a third researcher if they persisted. For

data extraction, the following were included: (a) authors, (b) year of publication, (c) article titles, (d) abstracts, (e) keywords, (f) data location, (g) type of study, (h) method of analysis, (i) theoretical models, (j) sample, (k) variables, (l) instruments, (m) type of organization, and (n) results.

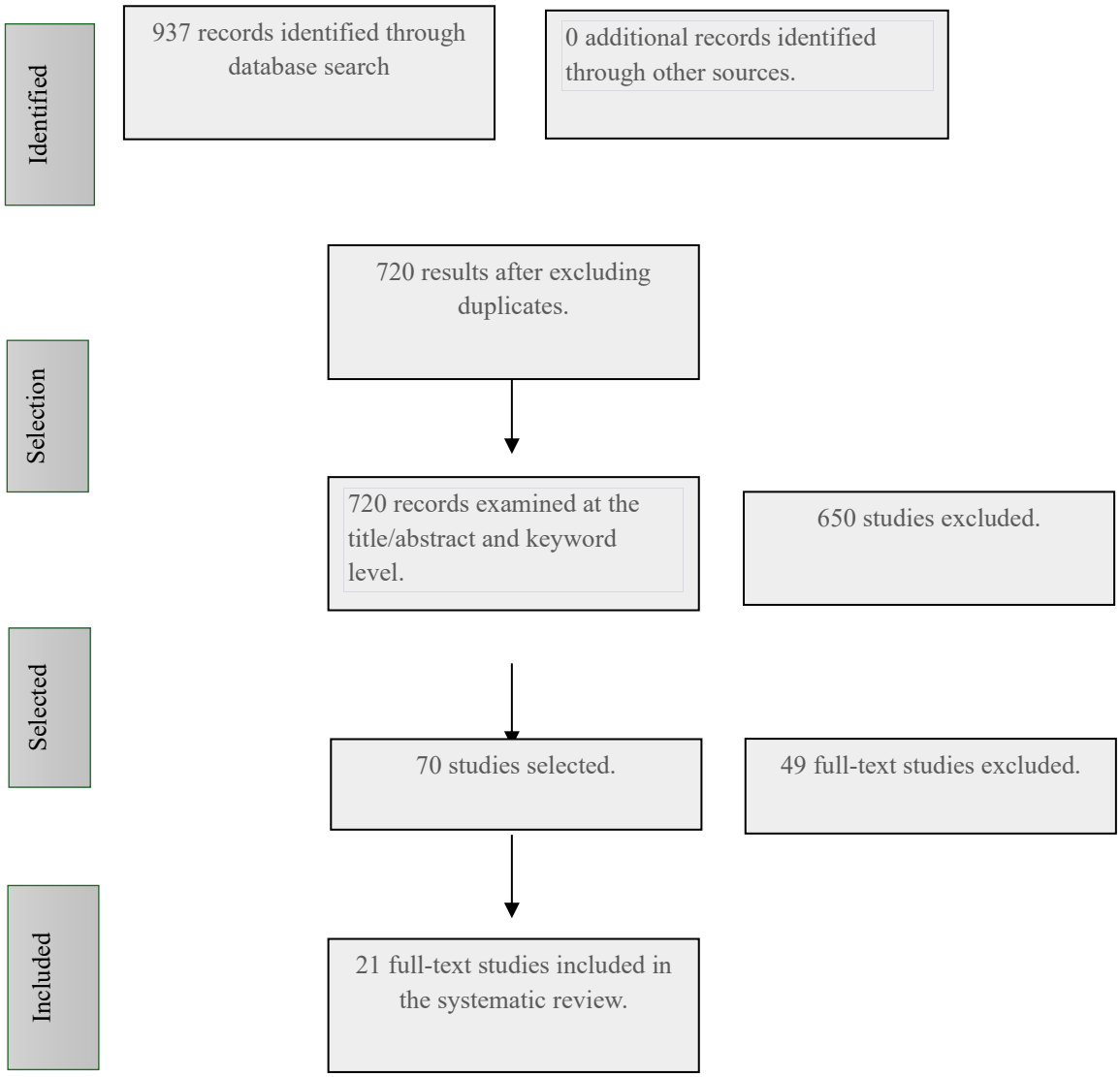
Results

Characteristics of studies

A total of 937 records were identified in the initial search. After removing duplicates, 720 records were screened based on title, abstract, and keywords, resulting in the exclusion of 650 records. During this phase, the screening authors agreed on 620 of 650 titles (95.0% agreement), and the remaining 30 titles were reconciled through discussion between the researchers. The full texts of the remaining 70 articles were assessed for eligibility. Finally, 21 studies met the inclusion criteria and were included in the systematic review (Figure 2). As Table 1 shows, the quality appraisal found that all the studies met acceptable quality standards, with scores of 8 or more out of 10. Key results were synthesized in relation to the research questions.

Figure 2

PRISMA flowchart: literature identification and selection process



Note. Figure 2 created in CADIMA software.

Table 1

Analysis of the quality of the studies included in the systematic review.

Study	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	Overall Result
Kusumi et al. (2023)	1	1	1	1	1	1	1	0	0	1	8
Austin & Fiske (2023)	1	1	1	1	1	1	1	1	1	1	10
Deveau & Rickard (2023)	1	1	1	1	1	1	1	1	1	1	10
Torres (2023)	1	1	1	1	1	1	1	1	1	1	10
Gonzalez (2022)	1	1	1	1	1	1	1	1	1	1	10
Touassi (2020)	1	1	1	1	1	1	1	1	1	1	10
(Davis, 2022)	1	1	1	1	1	1	1	1	1	1	10
Campbell (2018)	1	1	1	1	1	1	1	1	1	1	10
Bailey (2020)	1	1	1	1	1	1	1	1	1	1	10
Martínez-Tur et al. (2019)	1	1	1	1	1	1	1	1	1	1	10
Deveau et al. (2020)	1	1	1	1	1	1	1	1	1	1	10
Bould et al. (2018)	1	1	1	1	1	1	1	1	1	1	10
Astala et al. (2017)	1	1	1	1	1	1	1	1	1	1	10
Wooderson et al. (2017)	1	1	1	1	1	1	1	0	1	1	9
Deveau & McGill (2016)	1	1	1	1	1	1	1	1	1	1	10
Beadle-Brown et al. (2015)	1	1	1	1	1	1	1	1	1	1	10
Rosenberg et al. (2015)	1	1	1	1	1	1	1	1	0	1	9
(Rose et al., 2015)	1	1	1	1	1	1	1	1	0	1	9
Beadle-Brown et al. (2014)	1	1	1	1	1	1	1	1	1	1	10
Deveau & McGill (2014)	1	1	1	1	1	1	1	1	1	1	10
York-Fankhauser (2013)	1	1	1	1	1	1	1	1	1	1	10

Note. (a) Screening questions, (b) Collect data, (c) Proper recruitment, (d) Design of study, (e) Appropriate measuring instruments, (f) Data analysis, (g) Findings, (h) Implications, (i) Limitations, (j) References. 1 = Yes, 0 = does not meet or is not mentioned.

The research studies compiled included a wide variety of methodological approaches encompassing 10 quantitative, 8 qualitative, and 3 mixed methods designs

(Table 2). This methodological diversity not only reflects the richness of the perspectives explored, but it also underscores the comprehensive nature of the investigation. Notably, almost half of the included studies, 47.6 percent, adopted a quantitative methodology. This prevalence of quantitative approaches indicates a significant emphasis on data analysis, statistical modeling, and structured methodologies within the body of research under consideration.

In addition, 38.1 percent of the studies in the systematic review utilized qualitative methodologies, and 14.3 percent employed mixed methods. The inclusion of such a substantial proportion of qualitative and mixed-method studies may also indicate a broader trend in the field, highlighting the ongoing relevance and application of these methodologies in the research on leadership in organizations for persons with ID.

Table 2. Distribution of methodological designs of systematic review

Design	N=	%
Quantitative	10	47.6
Qualitative	8	38.1
Mix	3	14.3

The articles were retrieved in October 2023 (Figure 3), and the final sample includes articles dating from 2014 to 2023. The inaugural article was published in 2014. As can be observed, the continuing increase in publications began in 2020. Notably, 2023 emerges as a record-breaking year, with the inclusion of four articles (19%), whereas three papers had already been published by 2022. Interestingly, the year 2019 showed a gap with no publications.

Figure 3. Number of studies published by year

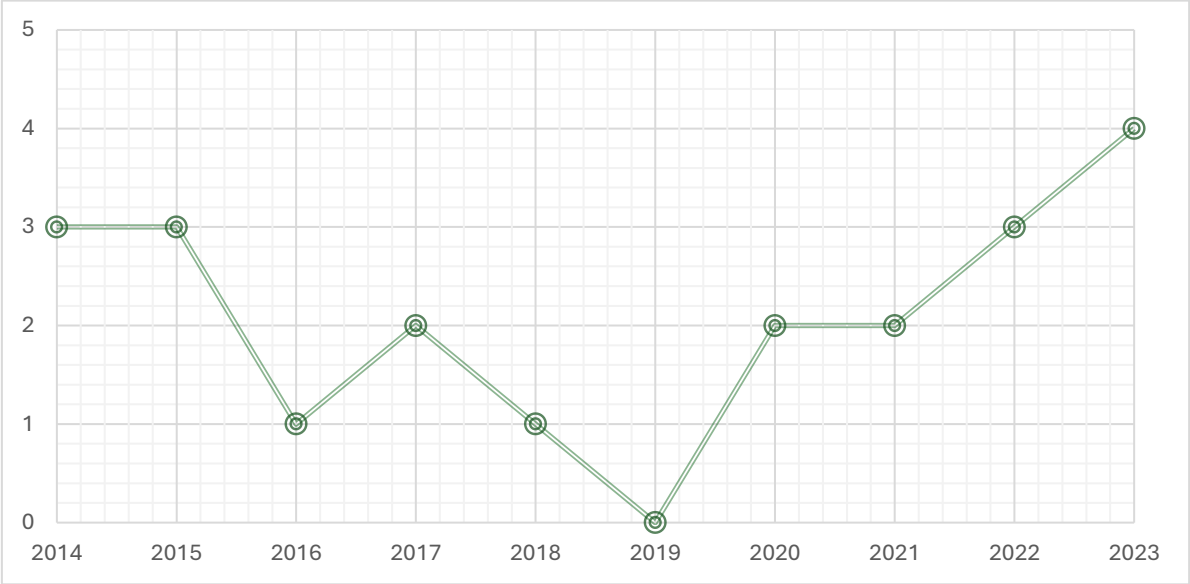


Table 3 presents the distribution of articles, delineating the contributions of authors from various countries. Notably, the United States emerges as the predominant contributor with eight articles, constituting approximately 38.1% of the total sample, followed by England with five articles, representing 23.8%. Australia contributed three articles, making up about 14.3% of the sample. Additionally, Spain, Japan, Finland, the United Kingdom (including England, Scotland, and Wales), and a collaborative effort between Australia and the USA each contributed one article, accounting for approximately 4.8% per country or collaboration. This tabular representation underscores both the diversity and concentration of the research contributions across different regions, offering insights into the geographical distribution of the included studies.

Table 3. Distribution of the Countries represented in the studies on the systematic review.

Country	N=	%
USA	8	38.1
England	5	23.8
Australia	3	14.3
Spain	1	4.8
Australia and USA	1	4.8
United Kingdom	1	4.8
Japan	1	4.8
Finland	1	4.8

Figure 4. Distribution of studies based on sample size

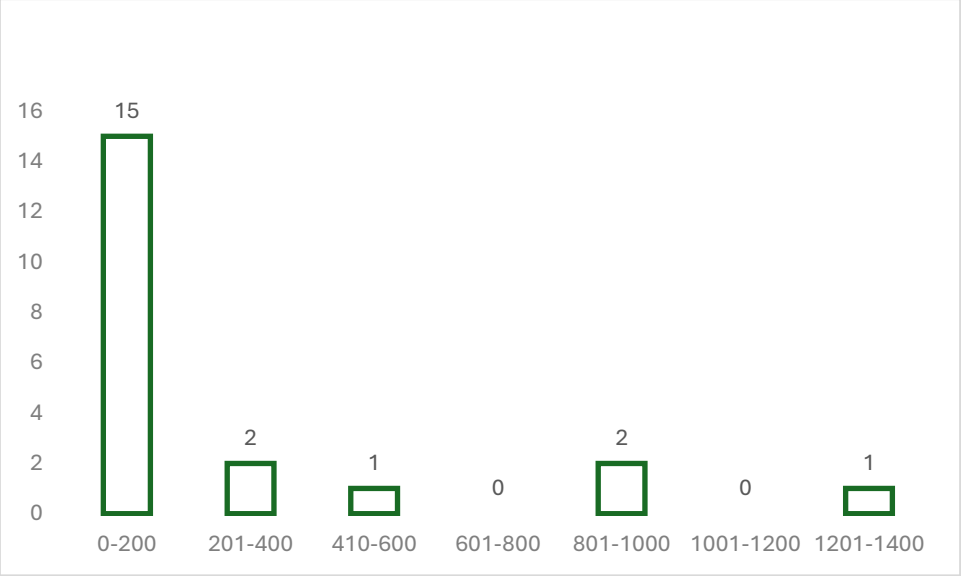


Figure 4 depicts the distribution of the sample sizes reported in the studies included in the systematic review. The x-axis categorizes the studies by sample size, ranging from 0-200 participants to 1201-1400 participants. The y-axis shows the number of studies that fell into each sample size category. The most common sample size range

contained 0-200 participants, with 15 studies falling into this range. The second most common range consisted of 201-400 and 801-1000 participants, with two studies in each of these categories. Very few studies reported sample sizes over 1000 participants. The smaller sample size studies, with 200 participants or fewer, predominated. This may be useful contextual information when interpreting the results of the systematic review or assessing study quality and risk of bias. Examining the typical sample sizes can provide information about the generalizability of the results as well.

Analysis and synthesis of content

leadership theoretical models

The systematic review covered a range of leadership theories cited in the sampled articles, although the majority (57.1%) did not explicitly refer to a specific theoretical framework (Astala et al., 2017; Austin & Fiske, 2023; Beadle-Brown et al., 2014; Beadle-Brown et al., 2015; Deveau & McGill, 2014; Deveau & McGill 2016; Deveau & McGill, 2020; Deveau & Rickard, 2023; Rose et al., 2015; Rosenberg et al., 2015;Torres, 2023; Wooderson et al., 2017). Among those that did, transformational leadership was the most commonly cited theory, referenced in three studies (Davis, 2022; York-Fankhauser, 2013). This framework posits that inspirational leaders can drive organizational change by motivating followers through an uplifting vision, fostering shared commitment to objectives, and appealing to the higher needs of employees. Given the review's focus on service organizations for persons with ID, transformational leadership is particularly relevant. These settings require mission-driven cultures where staff must continually connect their work to a higher purpose beyond their own self-interest.

In addition, spiritual (Campbell, 2018), intergenerational (Bailey, 2020), trust reciprocity (Martínez-Tur et al., 2019), distributed (Kusumi et al., 2023), human resource frame (Gonzalez, 2022), the council for exceptional children's leadership competencies (Touassi, 2020), and active support (Bould et al., 2018) models were each utilized in one article (4.8% each). Campbell (2018), using the spiritual leadership model, examined how intrinsically meaningful organizational cultures and shared values systems enable leaders to motivate followers. Intergenerational leadership (Bailey, 2020) approached leadership dynamics from a lifespan perspective across career stages. Other frameworks included the reciprocity trust model (Martínez-Tur et al., 2019), which linked manager-staff trust to engagement and burnout, along with active support (Bould et al., 2018). Kusumi et al. (2023), using distributed leadership, provided an approach that stretches the responsibility across multiple organizational members rather than concentrating the influence in formal leaders. This lens explores how leadership emerges laterally across roles based on competence rather than hierarchy. Additionally, Bolman and Deal's human resource frame (Gonzalez, 2022) focused on aligning human capital management with strategic aims. Finally, the council for exceptional children also proposed core leadership competencies for special education contexts (Touassi, 2020), spanning assessment, curriculum, programs, research, policy, ethics, and collaboration domains.

Table 4. Distribution of the Theoretical models included in the systematic review.

Theory	Studies	References
Transformational. Leadership	2 (9.5%)	Davis, 2022; York-Fankhauser, 2013
Bass's transformational, transactional, and passive avoidant. leadership theories	1 (4.8%)	Davis, 2022
Spiritual. Leadership	1 (4.8%)	Campbell 2018
Intergenerational. Leadership	1 (4.8%)	Bailey, 2020
Reciprocity Trust Model	1 (4.8%)	Martínez-Tur et al., 2019
Distributed leadership	1 (4.8%)	Kusumi et al., 2023
Bolman and Deal's human resource frame	1 (4.8%)	Gonzalez, 2022
CEC leadership competencies	1 (4.8%)	Touassi, 2020
Active support	1 (4.8%)	Bould et al., 2018
Not mentioned	12 (57%)	Austin & Fiske, 2023; Deveau & Rickard, 2023; Torres, 2023; Deveau & McGill, 2020; Astala et al., 2017; Wooderson et al., 2017; Deveau & McGill 2016; Beadle-Brown et al., 2015; Rosenberg et al., 2015; Rose et al., 2015; Beadle-Brown et al., 2014; Deveau & McGill, 2014

Note. Davis, 2022, using two theories, has been twice in a statement.

Competencies required in frontline leaders in services for persons with ID

Given the complex, changing environment facing service organizations dedicated to persons with ID, we used the leadership qualities framework as a useful lens to examine desired leadership competencies (Leadership Qualities Framework of NHS Leadership Academy, 2011). This framework specifically focuses on social care and support settings, outlining five key areas of leadership: demonstrating personal qualities, working with others, managing services, improving services, and setting direction. It emphasizes values and behaviors leaders should embody within each category (see Table 5). We interpret that these leadership qualities can be considered competencies required for effective performance in organizations for persons with ID. After all, competencies are behaviors

that lead to the achievement of desired goals (Bartram et al., 2002), and they include knowledge, attitudes-values, and skills (Roe, 2002).

According to our review, effective leaders in service organizations dedicated to persons with ID demonstrate a range of competencies that allow them to manage and motivate their staff, combining support for collaborators and effectiveness. They demonstrate compassion (Austin & Fiske, 2023), self-motivation, emotional intelligence, an inclusive attitude (Campbell, 2018; Touassi, 2020), interpersonal competence (Gonzalez, 2022) to foster open communication and collaboration within egalitarian teams (Gonzalez, 2022; Kusumi et al., 2023; Touassi, 2020), trust in team members, engagement, and quality of staff support (Beadle-Brown et al., 2014; Kusumi et al., 2023; Martínez-Tur et al., 2019). Simultaneously, competent leaders focus on service delivery, handling challenging behaviors (Austin & Fiske, 2023; Bailey, 2020; Deveau & Rickard, 2023; Touassi, 2020), monitoring staff activities (Deveau & McGill, 2016), and constantly improving quality by supporting new initiatives (Beadle-Brown et al., 2014, 2015; Bould et al., 2018; Deveau & McGill, 2016). They utilize appreciative management techniques (Astala et al., 2017) that identify and replicate strengths instead of punishing weaknesses. When necessary, these leaders also keep the organization progressing towards better outcomes through strong practice leadership (Austin & Fiske, 2023; Beadle-Brown et al., 2015; Bould et al., 2018; Deveau & McGill, 2016; Deveau & Rickard, 2023; York-Fankhauser, 2013).

Additionally, competent leaders develop a symbolic-strategic role. In fact, the most influential leaders establish a compelling vision and strategy for the organization by inspiring a shared vision (York-Fankhauser, 2013). They challenge current practices and orient the staff through intrinsic motivation (Torres, 2023; York-Fankhauser, 2013). Effective leaders inspire others to own and enact the organization's mission. This ability

to align people around a shared purpose and enable them to act (York-Fankhauser, 2013) is the defining trait of strategic leaders in areas such as problem solving (Gonzalez, 2022), decision making (Deveau et al., 2020; Kusumi et al., 2023), and developing staff (Torres, 2023). Along with operational effectiveness and supportive personal qualities, this combination creates the ideal profile for leadership competencies in organizations for ID.

Table 5. Competencies of leadership

Competencies of leadership	Sample empirical findings
Demonstrating personal qualities	Compassion, Emotional intelligence, Self-motivation, Experience of leadership, Importance of participants' personal values and experiences
Working with others	Perceived leader support, Interpersonal competence, Collaboration, Trust reciprocity,
Managing services	Managing 'challenging behaviors', Monitoring professionals' performance, Shaping professionals' performance, Generations, Amount of professional experience.
Improving services	Quality of support, Performance improvement practices, Improve training programs.
Setting direction	Communication leadership, Presence of the practice leader
Creating the vision	Inspire a shared vision, supporting new ways of working, Influence of external and employing agencies.
Delivering the strategy	Decision making, Problem solving, Assessment, Programs services leadership and policy, Mental Health programs partnerships and policies

Note. leadership Qualities Framework of NHS leadership Academy, 2011.

Leadership as a mediator

Our systematic analysis of the literature reveals that leadership tends to play a crucial role as a precursor of various downstream factors, which we will discuss in the next section. Only exceptionally is leadership considered a mediator within a complex process. In fact, only three studies suggested that leadership has a mediation role. Although this mediating approach is a minority view, the findings provide valuable information about the possible central role of leadership in the process leading to consequences for professionals and organizations dedicated to persons with ID. A study

conducted by Austin and Fiske (2023) confirmed that perceived supervisor support acts as a mediator in the relationship between supervisor compassion and staff burnout. Beadle-Brown et al. (2013) focused on the mediating effect of management quality in the relationship between leadership in practice and active support. Finally, Martínez-Tur et al. (2019) investigated the role of managers' trust in the team members as a mediating variable between the service quality provided by team members and trust in the manager.

Leadership as a precursor

As mentioned above, leadership helps to predict a number of outcomes in the articles we reviewed. Results can be categorized into two main groups: a) quality of life and b) performance. Generally, the consequences are experienced by two different recipients: employees and service users. In the case of professionals, and with regard to quality of life, leadership has been linked to well-being, the balance between work and family responsibilities, stress, burnout, and engagement. Regarding employees' performance, leadership has been connected to staff development, perception of meaning and goals, and shaping staff performance. Focusing on service users, leadership has been associated with well-being, quality of life, support, and happiness, along with performance-related variables such as perception of service quality and improvement of the service user's experience with the staff.

Some studies have suggested processes leading from leadership to effects on organizations and their employees that ultimately translate into consequences for persons with ID. These processes propose a richer understanding of the role leadership can play in organizations. Deveau and Rickard (2023) confirmed that, as leaders, frontline managers observe the staff working, provide feedback, and use organizational structures to improve staff skills, thus enhancing the quality of life of people with ID. In addition, Beadle-Brown et al. (2015) observed that, when leadership is more effective, it positively

influences the implementation of active support, leading to an overall improvement in the quality of life of persons with ID. This underscores the crucial role of leadership in shaping the support environment and, consequently, the well-being of service users (Beadle-Brown et al., 2015). Leader training also has a strong influence on future employment, interdisciplinary practices, and services for individuals with ID (Rosenberg et al., 2015).

Obstacles

The reviewed studies also refer to obstacles that hinder effective leadership. Many of the leadership obstacles reflect broader issues with funding, staffing, and evolving models of care. Specifically, obstacles include budget restrictions (Beadle-Brown et al., 2015; Campbell, 2018), high turnover of direct support staff (Beadle-Brown et al., 2015; Campbell, 2018), and an increased reliance on part-time workforces (Campbell, 2018; Toussi, 2020). These obstacles make it difficult to provide adequate compensation and training and consistent care. The shift towards personalized, community-based services also presents adaptation challenges for both leaders and professionals in transitioning roles (Campbell, 2018; Toussi, 2020).

Additional leadership obstacles stem from skills and knowledge gaps in frontline supervisors (Wooderson et al., 2017). Overemphasis on changing individual employee characteristics (neglecting workplace environmental factors) further hinders their ability to address staff performance issues (Wooderson et al., 2017). Potential gaps between formal and informal staff practices also underscore the need for cultural awareness (Wooderson et al., 2017).

Dealing with regulatory obstacles is also a crucial challenge for leaders. These obstacles can limit risk-taking (York-Fankhauser, 2013) and hinder the implementation

of active support principles that improve quality of life (Beadle-Brown et al., 2015). Funding deficits restrict the capacity to promote positive practices (Beadle-Brown et al., 2015). Leaders also have limited client interaction opportunities that allow them to see the impact of leadership firsthand (York-Fankhauser, 2013). Ensuring consistent, credible leadership across dispersed service settings remains an ongoing challenge (Bould, 2018). Inadequate support and training for direct service professionals and leaders (Rosenberg et al., 2015; Torres, 2023), difficulties with recruiting, retaining, and providing sufficient oversight for dispersed frontline staff (Deveau & Rickard, 2023), mismatches between leadership styles/behaviors and organizational needs (Davis, 2022; Torres, 2023), and making policy changes (Deveau & Rickard 2023; Rosenberg et al., 2015) are also important obstacles. Finally, obstacles associated with communication and emotional leadership difficulties arise in large organizations, as well as limitations on envisioning possible futures and sharing projections (Kusumi et al., 2023).

Table 6. The obstacles identified in leadership within organizations for persons with ID.

Study	Challenges
(Campell, 2018)	(1) Limited funding and budget restrictions. (2) High turnover among direct support professionals. (3) Transitioning service delivery models. (4) Workforce engagement issues. (5) Growing casual/part-time workforce
(Toussi, 2020)	(1) Transitioning care models. (2) Barriers to workforce engagement and communication. (3) Reliance on casual/part-time labor force
(Beadle-Brown et al., 2015)	(1) Weak implementation of practice leadership. (2) High professionals' turnover and role changes. (3) Lack of leadership competency requirements. (4) Varied organizational leadership structures. (5) Funding deficits
(York-Fankhauser, 2013)	(1) Regulatory constraints limiting risk-taking. (2) leaders lacking awareness of their own practices. (3) Communication challenges during transitions. (4) leaders lacking client interaction
(Bould, 2018)	(1) Lack of strong practice leadership culture. (2) Severity of disability affecting engagement. (3) Practice leadership linked to quality. (4) Ensuring consistent, credible. leadership. (5) Need for further research on factors and models
(Rosenberg et al., 2015)	(1) Need for ongoing interdisciplinary training. (2) Limited policy change focus
(Wooderson et al., 2017)	(1) Skills/knowledge gaps among front-line managers. (2) Overemphasis on changing professional characteristics. (3) Limited evidence-based training. (4) Organizational barriers for managers. (5) Disconnects between policies and practices
(Torres, 2023)	(1) Need for leaders to address trainee needs. (2) Lack of support for DSPs regarding recognition, training, compensation, reasonable expectations
(Bailey, 2020)	(1) Changing sector with minimal leadership research. (2) Lack of knowledge on successful leadership practices/factors
(Rose et al., 2015)	(1) Decreases in anger responses. (2) Better coping skills
(Kusumi et al., 2023)	(1) Need for envisioning futures/projections. (2) Communication challenges with large professionals. (3) Importance of emotional leadership
(Gonzales, 2022)	(1) Lack of preparation for directing/supervising paraprofessionals. (2) Addressing gaps through credential requirements
(Deveau & Rickard, 2023)	(1) Recruiting/retaining suitable professionals. (2) managers overseeing dispersed services. (3) Providing leadership in single-person services. (4) Supporting hospital discharges
(Davis, 2022)	(1) Passive avoidant leadership. (2) Need for clear roles/expectations. (3) Importance of tailored leadership behaviors

Discussion

This systematic review aimed to develop a comprehensive understanding of leadership in organizations for persons with ID. The synthesis of 21 studies published in the past decade reveals several key findings in two directions. First, we analyzed formal study characteristics, such as the distribution of methodological designs, the number of articles published per year in the past 10 years, and the distribution of studies by country and sample size. Second, we also carried out an analysis and synthesis of the content, addressing aspects such as the theoretical models of leadership used in the studies, the

necessary competencies for frontline leaders in services for individuals with ID, leadership as mediation, leadership as precursor, and the obstacles identified in leadership in organizations for persons with ID.

Characteristics of Studies and Implications for the Future

The analysis of the formal characteristics of the reviewed studies leads to a series of relevant conclusions, some of which are also important challenges for future leadership research in organizations for persons with ID. First, there is limited research in this area, given that of the 70 articles analyzed during the title and abstract review, only 21 met the inclusion and quality criteria. However, it is important to highlight the methodological diversity present in the research studies compiled, revealing an enriching and comprehensive landscape when addressing the topic of leadership in organizations for persons with ID. The variety of approaches, including 10 quantitative designs, eight qualitative designs, and three mixed-method designs, underscores the breadth of perspectives considered in the research. This comprehensive approach contributes to a more thorough and nuanced understanding of the topic because each methodology brings its own wealth of data and focus. Additionally, methodological diversity not only enhances the quality of the research, but it also indicates a broader trend in the field. The ongoing relevance and application of qualitative and mixed-method approaches signify that there is a continued need to holistically comprehend leadership in organizations for persons with ID. Nevertheless, other methodologies such as experimental or diary studies are missing. These methodologies can provide complementary value, especially by confirming solid causal relationships. In any case, methodological diversity is welcome in future studies.

Second, the temporal evolution of the research, evidenced by the collection of articles until October 2023, provides valuable insights into the dynamics and interest in

the addressed topic. The final sample, spanning the period from 2014 to 2023, reveals a significant trajectory in the knowledge production on the topic, with the year 2020 standing out as the year with the highest number of published articles. This increase could indicate a growing recognition of the importance of leadership in organizations for persons with ID, and it could be a response to the increasing awareness of the need to address these issues in the academic sphere. However, as mentioned earlier, research in this field is still considered insufficient. In the coming years, it will be possible to explore whether this upward trend in the number of studies of sufficient quality will be consolidated or not. This research is crucial for improving the understanding of leadership in organizations for persons with ID.

Third, there is a clear concentration of articles in English-speaking countries such as the United States, the United Kingdom, and Australia, which represent 86% of the sample. The prevalence of studies in these nations may reflect a specific academic and policy interest in ID, possibly indicating greater resources and capabilities in terms of academic institutions, specialized researchers, and dedicated funding for research in this field. Although these regions may be taking steps to promote research, it is evident that biases and difficulties in generalizing the results can arise. Therefore, future studies should also be carried out in other regions, in order to establish contrasts, observe regularities, and identify contextual factors that may depend on the culture or country in question.

Finally, regarding the distribution of sample sizes, it is worth noting that the most common range was between 0 – 200 participants, with a total of 15 studies falling within this range. This prevalence suggests that a large number of investigations in the addressed field opted for relatively small sample sizes. Studies with small sample sizes may have limitations in terms of quality, reliability, and generalizability of the results to broader

populations. These small samples may be necessary in highly controlled laboratory studies or in longitudinal designs (e.g., daily), but in cross-sectional survey studies, it is also important to consider larger samples that increase the robustness and generalizability of the results.

Analysis and Synthesis of Content: Implications for Future Studies

Regarding the analysis and synthesis of the content, an important aspect is related to leadership theories. The wide range of leadership theories underscores the intricate nature of this phenomenon. Each theory brings unique perspectives and diverse approaches to understanding how to lead and guide a team or an organization. This broad array of approaches highlights that there is no single formula or leadership style that is universally effective in all situations. Thus, a more detailed and contextualized analysis of the applicability of these theories would provide a deeper understanding of how they can be adapted to specific environments, such as organizations for persons with ID. This analysis could unveil the strengths and limitations of each model in relation to the challenges and dynamics particular to this specific context. The information resulting from this analysis would enrich the transfer of the research because it would enable leaders and professionals in this field to select and apply leadership approaches in a more informed and strategic manner. Additionally, it would contribute to building a more robust conceptual framework that reflects the complexity of leadership in the field of services for persons with ID, thus promoting more effective leadership practices tailored to the specific needs of this group in situations of vulnerability.

The identification of relevant competencies for effective leadership is also a challenge. The utilization of the Leadership Qualities Framework, with its focus on personal qualities, collaboration, service and improvement management, and strategic direction, provides a structured lens through which to understand the leadership

competencies required in this context (NHS Leadership Academy, 2011). This framework not only emphasizes the values and behaviors expected from leaders, but it also allows joint analysis across health and social care contexts, thus fostering an integrated view. Congruently with this framework, our review has identified specific competencies that can be assigned to the different categories of the Leadership Qualities Framework (see Table 5), which can help to understand the range of competencies a good leader must have in organizations for persons with ID. The review also provides input for training and competency assessment. However, there is a need for an integrative study that, in the context of organizations for persons with ID, comprehensively and jointly considers these types of competencies. Additionally, given the digitalization of today's societies, it is increasingly necessary to analyze how these competencies are being digitalized (see Peiró & Martínez-Tur, 2022) in order to achieve an inclusive use of technology (see Mende et al., 2024) that facilitates the care of individuals in situations of vulnerability, such as persons with ID.

According to the results we obtained, leadership can play a significant role in a number of possible outcomes, which we categorized into two main groups: the well-being and performance of both employees and service users. In the case of the staff, well-being and quality of life variables, such as overall well-being, work-life balance, stress, burnout, and engagement, highlight the importance of leadership in the workplace. Additionally, performance-related variables, including staff development, perception of meaning and goals, and training in job performance, suggest that effective leadership contributes to enhancing the skills and performance of the staff in these organizations. In relation to service users, variables associated with well-being and quality of life, such as support and happiness, are identified as being influenced by leadership within organizations. Similarly, performance-related variables, such as the perception of service

quality and improving the user's experience with staff, highlight the connection between leadership and the quality of the services provided. In a few of these studies, processes beyond simple bivariate relationships between two or more variables were examined. These processes allow for more mature scientific advancement (see Hayes, 2012) because they establish steps to understand phenomena in greater detail. In the future, it would be advisable to further investigate these processes in order to gain a more detailed understanding of how performance and well-being improve, and the role leadership plays in the course of action.

Finally, several obstacles hinder effective leadership, according to our review. Future studies could explore how these obstacles are managed in order to overcome them efficiently, and what role leadership could play. For example, leaders can improve their training on coping with obstacles, utilize strategies based on redesigning work environments and user care practices, and consider communicative actions to manage symbolic meaning and make sense of and facilitate the acceptance of necessary changes (e.g., facing transitions in the way of providing services to persons with ID). Testing which strategy (or combination of strategies) is the best for each type of problem is a relevant research challenge.

Conclusion

This systematic review provides a comprehensive overview of the current state of research on leadership within the field of frontline supervisors in organizations for persons with ID, thus addressing the existing research gap in this specific context. Despite the limited number of articles that met the inclusion and quality criteria, the observed methodological diversity in the selected studies offers an enriching and thorough perspective. The identified competencies, theoretical frameworks, and key variables and processes associated with effective frontline leaders offer valuable insights for both

researchers and professionals. The results obtained also suggest areas of future research that will make it possible to better understand leadership and its impact on both professionals and individuals with ID.

3.2 STUDY 2: Engagement Contagion from Leaders to Professionals: The role of Eudaimonic Well-being Beliefs

Abstract

This study examined engagement (vigor and dedication) contagion from leaders to professionals and the role of leaders' eudaimonic well-being beliefs (EWBs) as a precursor of this contagion. EWBs refer to the degree to which leaders define their well-being at work based on their self-development and contribution to others. Using multilevel structural equation modelling, we tested whether leaders' engagement at Time 2 mediates the relationship between their EWBs at Time 1 and professionals' engagement at Time 2. Participants were 53 leaders and 360 professionals from organizations serving persons with intellectual disabilities. Results confirmed that leaders' engagement mediates the relationships between their EWBs and professionals' engagement. These findings support the idea that leaders' EWBs foster their engagement, which is then positively linked to professionals' work engagement. The research contributes to the literature by corroborating that engagement contagion exists within organizations, and that EWBs produce this contagion in organizations for persons with intellectual disability.

Keywords: engagement, eudaimonic well-being beliefs, contagion, persons with intellectual disabilities

Introduction

In the past few decades, engagement (as a positive affective-motivational and work-related psychological state, Schaufeli et al., 2002) has become one of the most

significant topics of analysis and conversation among scholars and practitioners worldwide (Bakker and Leiter, 2010; Kular, 2008; Quint &Boyd, 2014; Welsch, 2016; Yadav , 2020). Engaged professionals have been observed to wholeheartedly invest themselves in their work (Kahn, 1990). Due to finding more meaning in their work and deriving a sense of purpose from it, they exhibit resourcefulness, motivation, and a positive emotional disposition towards their roles, their co-workers, and those they serve (Cataldo, 2011). Nevertheless, research frequently reveals low levels of engagement among professionals. For instance, according to the evidence obtained from a random sample of 57,022 full and part-time professionals, Gallup (2015) found that engagement declined for the first time in over a decade in 2021. Just over one-third of professionals (34%) were engaged. This is especially relevant because unengaged professionals merely fulfill the basic job requirements and make minimal effort, without displaying any signs of genuine involvement or commitment. They typically invest only the minimum level of effort necessary to meet their responsibilities (Welsch, 2016).

In this context, scholars argue that the relationship between leaders and professionals is an essential element in producing engagement (Brunetto et al., 2014; Osborne & Hammoud, 2017). Leaders are the key to determining job resources and, therefore, must be an antecedent of professional engagement (Bakker & Demerouti, 2007; Harter et al., 2002; May et al., 2004). It is assumed that leaders play a significant role in shaping the spread of motivational and affective behaviors (George, 2000). Indeed, at least a 70% variance in professional engagement can be attributed to leaders, according to Gallup (2015) estimates.

Therefore, examining whether leaders' engagement is transmitted to professionals is a relevant issue. With this in mind, the current research study contributes to the literature by testing whether a "contagion effect" takes place from leaders to professionals

in organizations for person with ID. In other words, we examine the degree to which leaders' engagement crosses over to positively impact professionals' engagement. Generally, social contagion is defined as "the spread of affect, attitude, or behavior from person A (the 'initiator') to person B (the 'recipient')" (Levy & Nail, 1993, p. 275). The contagion effect describes how person routinely "catch", reflect, and act on each other's feelings when working together. It makes sense that professionals would naturally be aware of and give consideration to leaders' expressions and actions (Johnson, 2008), including behaviors and verbalizations that transmit engagement. However, research on engagement contagion has mainly concentrated on the way engagement spreads within work teams (e.g., Bakker et al., 2004, 2006; Bakker and Xanthopoulou, 2009; Torrente et al., 2013). By contrast, the literature on leaders' engagement and its influence on professionals' engagement has remained relatively unexplored (Decuypere & Schaufeli, 2020; Kular, 2008). To our knowledge, only two research studies (Quint& Boyd, 2014; Welsch, 2016) have empirically examined engagement contagion from leaders to professionals. Welsh (2016) did not find evidence for the contagion of engagement from leaders to professionals when investigating a large retail call center. However, Quint and Boyd (2014) confirmed that leaders' engagement positively impacts their subordinates' engagement in retail stores. The current research study contributes to expanding this incipient view by examining the engagement contagion between leaders and professionals in service organizations dedicated to person with ID.

In addition, our study also contributes to existing knowledge by examining a potential precursor of leaders' engagement in organizations for persons with ID: Eudaimonic well-being beliefs (EWBs). EWBs refer to the degree to which a person believes that their own well-being is based on self-development (personal growth) and contribution-to-others (helping others) (McMahan & Estes, 2011b; Pătraş et al., 2017).

Based on a contextualized approach that considers the specific characteristics of the sector where the leader works, it is reasonable to expect that leaders working in organizations for persons in situations of vulnerability or at risk of exclusion (i.e., person with ID) will be engaged if they have high levels of EWBs. This sector usually requires long-term relationships with persons with ID and their families. It is emotionally demanding but gives meaning to the work carried out, given that it allows for a significant improvement in the lives of service users (see Martínez-Tur et al., 2021). If leaders believe that their well-being is based on self-development (personal growth) and contribution-to-others (helping others), they will be more engaged when working in this sector.

Considering the aforementioned arguments, we examine the relationships among EWBs, leaders' engagement, and professionals' engagement using a multilevel framework and two measurement times (see Figure 5). Specifically, we test whether leaders' engagement (T2) mediates the relationship between leaders' EWBs (T1) and professionals' engagement (T2).

Concepts

In our research study, we consider two main concepts: engagement and EWBs. Engagement refers to a positive, fulfilling, work-related state of mind (Maslach et al., 2001; Salanova et al., 2005; Schaufeli et al., 2002). Initially, engagement was composed of three dimensions or facets: vigor (high levels of energy, willingness to invest effort in one's work, and persistence even during difficulties); dedication (a sense of significance, enthusiasm, inspiration, and challenge); and absorption (high levels of concentration). However, subsequent studies proposed that the core of engagement consists of vigor and dedication (e.g., Moliner et al., 2008; Taris et al., 2017), whereas absorption would be a possible outcome (Bakker et al., 2008). It was argued that vigor and dedication describe the two genuine underlying components of engagement. Vigor reflects the energetic

dimension of well-being at work, whereas dedication describes the commitment component (see Taris et al., 2017). Continuing with this perspective, the present study also focuses on the core of engagement, considering that vigor and dedication capture the construct.

The EWBs construct connects beliefs to eudaimonic well-being. On the one hand, beliefs have a cognitive nature, and they reflect the characteristics or consequences a person attributes to an object or behavior (Ajzen, 1991; Fishbein & Ajzen, 1977). On the other hand, eudaimonic well-being is based on the Aristotelian happiness tradition, which proposes that fulfilling one's potential and achieving virtue are the sources of human well-being. Therefore, EWBs refer to the degree to which a person think that well-being is based on eudaimonic happiness. That is, people have EWBs if they attribute the characteristics of eudaimonic happiness to the object (well-being). To capture these beliefs, McMahan and Estes (2011b) proposed two dimensions: "self-development" and "contribution-to-others". Self-development is based on the achievement of potential and personal growth, whereas contribution-to-others is related to providing valuable support to others within the community. In addition, EWBs can be contextualized. In other words, people can develop EWBs in different meaningful contexts. Based on this idea, Pătraş et al. (2017) considered the two dimensions of EWBs in the workplace. Accordingly, organizational members vary in the extent to which they perceive that their own well-being at work is based on self-development (personal growth) and contribution-to-others (helping others) within their work environment. We believe that contextualizing EWBs in the workplace is especially relevant to understanding engagement in a research context such as organizations for person with ID.

Research Context

Service organizations play a crucial role in addressing societal challenges (Holloway, 2012), as in the case of service organizations dedicated to person with ID, the focus of our study. These organizations serve as crucial and specialized entities that provide support and assistance to person in situations of potential vulnerability and risk of exclusion due to having this type of disability. They deliver complex therapeutic, social, leisure, and educational services. Their professionals usually experience noteworthy levels of pressure, as documented in various studies (e.g., Shanafelt &Noseworthy, 2017). This pressure poses a potential challenge to their engagement in their caregiving responsibilities. Recognizing this, it becomes evident that maintaining high levels of engagement is essential for ensuring the accurate delivery of services. In this context where it is crucial to provide support to person with ID, leaders' EWBs (with an emphasis on personal growth and helping others) can contribute to their high levels of engagement and, perhaps more importantly, to the spread of this engagement among the professionals. This process is discussed in the next section.

Theory and hypotheses

The contagion of engagement from leaders to professionals

As mentioned above, engagement is an important issue in organizations. Engaged professionals provide better services and do their jobs more effectively (Bakker & Leiter, 2010; Chalofsky & Krishna,2009). By contrast, disengaged professionals do not make an effort, and they use robotic actions that display incomplete role performance (Kahn, 1990). Therefore, the question that naturally arises is how organizations and their leaders can significantly enhance their professionals' engagement, and what factors contribute to this. Leaders play a significant role in this process (Lowe, 2012; Mitra et al., 2017; Schaufeli, 2021; Shaw, 2005; Veshne, 2017). It is estimated that if leaders spend at least

20% of their time in the professional activity that motivates them, service providers will spend 80% of their time doing what their leaders need from them (Schafeli, 2021). However, the interaction between leaders and professionals alone does not necessarily increase engagement. It is reasonable to expect that leaders' engagement is a precursor. That is, if leaders are engaged, it is more likely that professionals will also experience higher levels of engagement. In the interaction with their professionals, leaders could be agents of influence by spreading their engagement, which would be consistent with social contagion (Levy & Nail, 1993). In fact, two defining characteristics of social contagion are present in the contagion of engagement from leaders to professionals: a) the social nature of the interaction; and b) the spread of emotions and behaviors related to engagement.

The prefix "social" describes the social nature of the contagion. In our study, this is reflected in a social context, based on the interaction between two parties: the leader and the professional. In addition, it is reasonable to argue that the professional will imitate or reflect the behaviors and emotions of engagement of a person in an authoritative and expert role, such as the leader. In addition to the automatic tendency to mimic the behaviors of others, thus increasing emotional convergence (Hatfield et al., 1993), research has shown that professionals' emotions are easily affected by leaders' emotions because leaders have higher power and status (Yam et al., 2017). This concept is transferrable to engagement. Engagement encompasses various behaviors, including the expression of emotions and verbally charged statements, which can be evaluated by others (Bakker et al., 2006). If emotional and motivational behaviors can be elicited through contagion, there is a logical basis for anticipating that engagement may operate in a similar way (Welsh, 2016). Based on the arguments above, we propose the following:

H1: *Leaders' engagement –vigor and dedication– is positively related with professionals' engagement –vigor and dedication, respectively.*

EWBs as antecedent of leaders' engagement

Person high in EWBs believe that their own well-being depends on the degree to which they achieve self-development (personal growth) and contribute to others having a better life. In other words, they think that their own happiness is associated with personal growth and a civic and virtuous life based on being a better person and helping others (McMahan & Estes, 2011a). As mentioned earlier, these beliefs can be contextualized in the work environment to understand well-being beliefs in the workplace, but with individual differences (Pătraş et al., 2017). That is, organizational members differ in the degree to which they believe that their well-being in the workplace is based on self-development due to work and on helping others (e.g., colleagues, clients). In our study, we focus on leaders' EWBs. Specifically, we propose that EWBs are crucial in understanding leaders' engagement in organizations for persons with ID.

Why are the EWBs of leaders related to their engagement? Generally, beliefs are cognitive representations through which the person associates an object or behavior with relevant characteristics or consequences. Additionally, a person is motivated to behave in ways that express their beliefs (e.g., Loken, 1982). For example, if people think that eating fresh foods will have positive consequences for their health (beliefs), they are more likely to consume these products (behavior). In addition, beliefs are sensitive to the context (e.g., Bek& Lock, 2011; Van Leeuwen, 2014), which allows us to understand the flexibility in person' belief systems. For instance, the relevance of a certain type of belief may vary from one context to another. In one context, it may clearly guide people's responses and behaviors, whereas in another context, it may not be as relevant. This is what occurs in the case of EWBs in organizations for persons with ID. These beliefs are particularly

relevant in this organizational context because support is provided to persons in situations of possible vulnerability and/or risk of exclusion. Engagement (vigor and dedication) in this context requires the belief that contributing to improving the lives of others and achieving self-development (EWBs) are sources of well-being in the workplace. By contrast, in this context, an individual who does not believe that their well-being at work is based on being a better person and helping others is not likely to show engagement. Therefore, we propose the following hypothesis.

H2: *Leaders' EWBs (self-development and contribution-to-others' beliefs) are positively related with leaders' engagement (vigor and dedication).*

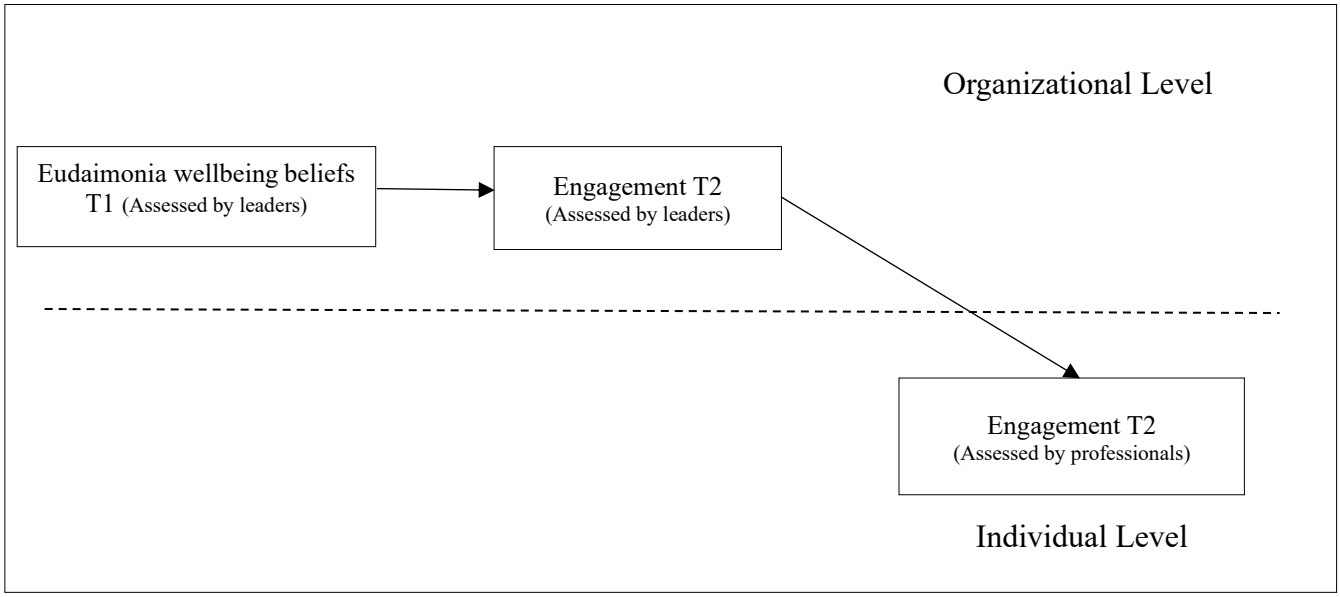
The mediation processes

The previous hypotheses (H1 and H2) described an analytical approach in proposing links among our study variables. Taken together, these two hypotheses allow us to propose a complementary holistic approach that reflects the mediations underlying Figure 5. Specifically, mediation processes can be suggested where leaders' EWBs (T1) are positively related to their engagement (T2). In turn, leaders' engagement leads to professionals' engagement (T2). As Hayes (2012) pointed out, identifying mediations enhances the maturity of the research because it goes beyond the mere relationship between two variables, allowing processes to be examined. To achieve this, and because the leader reported information about two constructs (beliefs and engagement), these constructs are measured at two time points. In this way, problems related to shared method variance and the potential artificial amplification of the relationship between the two constructs can be avoided. Thus, the following mediations are proposed:

H3a: *Vigor reported by leaders (T2) mediates the relationship between leaders' EWBs (self-development and contribution-to-others' beliefs) (T1) and vigor reported by professionals (T2).*

H3b: *Dedication reported by leaders (T2) mediate the relationship between leaders' EWBs (self-development and contribution-to-others' beliefs) (T1) and dedication reported by professionals (T2).*

Figure 5. Conceptual model



Method

Procedure and Participants

In the current research study, data were collected from 58 small centers that provide services to person with ID. Centers were affiliated with an NGO in Spain called "Plena inclusión", which provides different types of services for person with ID (therapeutic, leisure, educational, etc.). Participants (leaders and professionals) signed an informed consent document ensuring confidentiality and their voluntary participation. The procedure was approved by the University Ethics Committee of the corresponding author of this study. Daily contact and coordination between the leaders and their professionals in each center in delivering the services were required to participate in the study. Moreover, the professionals had to have contact with persons with ID as part of

their daily job. They held different positions such as psychologists, occupational therapists, social workers, occupational therapists, physiotherapists, and primary health care workers.

Members within each small center function as a cohesive team with the shared objective of accomplishing their main goal (improving the quality of life of a person with ID), all under the guidance of a designated leader. To empirically test our hypotheses, we collected data from two key informants. First, the leader of each center completed surveys at two separate time points, with an interval of four weeks between the two assessments. Leaders reported on their EWBs in T1, whereas they completed a scale about their engagement at work in T2. Second, a minimum of three professionals from each center had to participate in the study and report their engagement. These participants were selected at random from the pool of professionals who regularly interact with person with ID as part of their daily work. Five centers were excluded from the analysis due to their inability to meet the aforementioned participation criteria (usable surveys from the leaders and at least three professionals). Our final data set comprised 53 leaders and 360 professionals. On average, leaders were 45.83 years old (*SD* = 8.75), and 73.6% were female. The number of professionals per center ranged from 3-17 (Mean = 6.79, *SD* = 2.78). The average age of the professionals was 39.41 years (*SD* = 9.17), and 77.2% were women.

Leaders' measures

EWBs (T1). The two dimensions of EWBs ("contribution to others" and "self-development") were measured using the "Beliefs about Well-Being Scale" (McMahan &Estes, 2011b), adapted to the workplace by Pătraș et al. (2017). Contribution-to-others well-being beliefs were measured on a 4-item scale that asked leaders to rate the degree to which helping others is included in their conception of well-being. Indeed, leaders rated

how well each item contributes to their own workplace well-being. Responses were scored on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item includes “Working in a way that benefits others”. Self-development well-being beliefs were also measured on a 4-item scale. Again, leaders were asked to report the degree to which the content of each item contributes to their own well-being. Responses ranged from 1 (strongly disagree) to 7 (strongly agree). A sample item was: “Working to achieve one’s true potential”. High scores indicated that leaders considered contribution-to-others and self-development to be a meaningful part of their well-being in the workplace.

Engagement (T2). We assessed Engagement of leaders using the Spanish version of the Utrecht Work Engagement Scale (Schaufeli et al., 2002). Leaders were asked to rate two dimensions associated with the “core of engagement”: *vigor* (6 items, e.g., ‘‘I feel strong and vigorous in my job’’) and dedication (5 items, e.g., ‘‘To me my work is challenging’’). The participants rate their own vigor and dedication using a scale ranging from never (0) to always (6). High scores on vigor and dedication indicate high engagement.

Professionals’ measures

Engagement (T2)**.** Engagement of professionals was also assessed with the Spanish version of the Utrecht Work Engagement Scale (Schaufeli et al., 2002). Professionals were asked to rate two dimensions associated with the “core of engagement”, employing the same items used for the leaders. Therefore, high scores on vigor and dedication indicated high engagement.

Data analysis

To test the hypotheses, we conducted a multilevel structural equation modeling (MSEM) through Version 8 of Mplus (Muthén & Muthén, 1998–2019). We operated four

2-2-1 mediation models with two levels (see Figure 5): a) contribution-to-others' beliefs – vigor – vigor; b) contribution-to-others' beliefs – dedication – dedication; c) self-development beliefs – vigor – vigor; and d) self-development beliefs – dedication – dedication). We also computed Monte Carlo (MC) confidence intervals to calculate the significance of the indirect effects (IE) on multilevel modelling (Preacher & Selig, 2012) through Selig and Preacher`s web utility (2008).

Results

Table 1 presents descriptive indicators such as means, standard deviations, and bivariate correlations. Generally, leaders' EWBs were positively correlated with their engagement. In addition, leaders' and professionals' engagements were also positively related. By contrast, there were no significant correlations between leaders' EWBs and professionals' engagement. Taken together, these preliminary results supported the expected relationships. Nevertheless, our analytical and mediation approaches provide a more solid test of the hypotheses.

Our results supported H1, confirming a crossover between leader and professional engagement (see Table 8). Specifically, leaders' vigor significantly predicted professionals' vigor (B = .18, $p < .05$). Additionally, leaders' dedication significantly predicted professionals' dedication (B = .20, $p < .05$). In essence, engaged leaders seemed to energize professionals. Overall, our findings revealed that leaders' engagement was positively related to professionals' engagement, thus providing support for engagement contagion.

The findings also supported H2, supporting significant positive relationships between leaders' EWBs at T1 (self-development and contribution-to-others' beliefs) and their work engagement levels of vigor and dedication at T2 (see Table 8). Leaders' self-

development (B = .32, $p < .05$) and contribution-to-others (B = .45, $p < .01$) beliefs significantly and positively predicted their vigor. Similarly, leaders' self-development (B = .31, $p < .05$) and contribution-to-others (B = .38, $p < .01$) beliefs positively predicted their dedication. Overall, leaders with higher EWBs at T1 exhibited greater workplace engagement at T2, as demonstrated by higher vigor and dedication.

Table 7. Descriptive Statistics and Correlations

	Range	Mean	*SD*	1	2	3	4	5	6
Organizational level (Leaders)									
1. COWBs T1	1-7	6.47	.50	(.80)					
2. Self-development T1	1-7	6.30	.57	.60**	(.75)				
3. Vigor T2	0-6	5.24	.58	41**	.33**	(.78)			
4. Dedication T2	0-6	5.34	.66	.31**	.26**	.77**	(.90)		
Individual level (Professionals)									
5. Vigor T2	0-6	5.23	.71	.03	.01	.14*	.08	(.83)	
6. Dedication T2	0-6	5.09	.94	.04	-.04	.15**	.14**	.73**	(.87)

Note. COWBs = "Contribution-to-others" well-being beliefs. T1 = Time 1; T2 = Time 2. *SD*=standard deviation. *p <.05, **p <.01. Pearson's correlation coefficient was computed for interval data. Cronbach's alpha coefficients are in brackets on the diagonal.

Our results confirmed the vigor mediations proposed in H3a for both self-development and contribution-to-others' beliefs. The 2-2-1 MSEM showed a good fit for self-development beliefs: $\chi2 = 0.696$, df = 1, p = 0.4040, RMSEA = 0.000, CFI = 1.000, TLI =1.091, SRMR within = 0.000, SRMR between = 0.079. Moreover, the between-level indirect effect (IE) was significant (unstandardized estimate of IE = 056, 95% MC CI =.002,.141). The findings also supported the mediation for contribution-to-others' beliefs. The 2-2-1 MSEM showed a good fit: $\chi2 = 0.730$, df = 1, p = 0.3929, RMSEA = 0.000, CFI = 1.000, TLI = 1.047, SRMR within = 0.000, SRMR between = 0.063. The

between-level indirect effect (IE) was also significant (unstandardized estimate of IE = .078, 95% MC CI = .007, .172). Therefore, leaders' vigor mediated the link from leaders' EWBs to professionals' vigor, supporting H3a.

Our findings also supported the dedication mediations proposed in H3b, although caution must be taken in one of them, as we indicate in the following. The 2-2-1 MSEM was not satisfactory for self-development beliefs: $\chi 2 = 2.574$, df = 1, p = 0.1086, RMSEA = 0.066, CFI = 0.774, TLI = 0.322, SRMR within = 0.000, SRMR between = 0.099. However, the between-level indirect effect (IE) was significant (unstandardized estimate of IE = .061, 95% MC CI = .001,.133), confirming the mediation of dedication expected in H3b. The results supported the mediation for contribution-to-others' beliefs. The 2-2-1 MSEM showed a good fit: $\chi 2 = 0.000$, df = 1, p = 1.000, RMSEA = 0.000, CFI = 1.000, TLI =1.448, SRMR within = 0.000, SRMR between = 0.001. Moreover, the between-level indirect effect (IE) was significant (unstandardized estimate of the IE = .075, 95% MC CI =. 007, .173), supporting H3b. Overall, the mediation of dedication was supported (H3b) (leaders' dedication mediated the link from leaders' EWBs to professionals' dedication), but we should be cautious about self-development beliefs because the overall fit indices were not satisfactory for this specific construct. We will analyze this issue in greater detail in the limitations section.

Table 8. Tested 2-2-1 models

	Assessed by leaders				*Assessed by professionals*			
	Vigor T2		Dedication T2		Vigor T2		Dedication T2	
	Parameter	SE	Parameter	SE	Parameter	SE	Parameter	SE
Assessed by leaders								
COWBs T1	.45**	.13	.38**	.13	--	--	--	--
Self-development T1	.32*	.13	.31*	.14	--	--	--	--
Vigor T2	--	--	--	--	.18*	.08	--	--
Dedication T2	--	--	--	--	--	--	.20*	.09

Note. COWBs = "Contribution-to-others" well-being beliefs. T1 = Time 1; T2 = Time 2.
* $p < .05$. ** $p < .01$. Coefficients are unstandardized.

Discussion

In the context of organizations for persons with ID, our study examined engagement contagion from leaders to professionals, and leaders' EWBs as a precursor of this contagion. In general, the results provided evidence supporting the contagion effect. In addition, our findings also confirmed leaders' EWBs as an antecedent of this contagion. That is, when leaders believe that their own well-being in the workplace is based on their self-development and contribution-to-others, they experience greater work engagement. This engagement of leaders, in turn, is related to the engagement of professionals. The implications of these results are discussed below.

Theoretical implications

Engagement contagion. The concept of engagement contagion builds on theories of social contagion (Levy &Nail, 1993), which posit that emotions and behaviors can spread from one person to another through their interactions. In addition, as Yam et al. (2017) demonstrated, professionals' emotions are highly influenced by leaders'

expressions, due to their power and status. This rationale is transferable to the transmission of engagement from leaders to professionals. After all, engagement is communicated through emotions and behaviors. However, the empirical research on engagement contagion from leaders to professionals, although highly relevant, is still very limited, and the results have been mixed (see Quint & Boyd, 2014; Welsh, 2016). Our finding that leaders' engagement enhances professionals' engagement aligns with research by Quint and Boyd (2014) supporting the existence of engagement contagion from leaders to professionals in the workplace. Thus, our study adds new evidence that this process can take place in organizations, and it differs from results that failed to confirm this contagion (Welsh, 2016). Contributing additional evidence is important because the contagion process takes effort in terms of design and data collection, given that it requires the participation of at least two types of organizational members, as well as a match between them.

EWBs as precursors of leaders' engagement. In addition to studying the contagion from leader to professional, our study also contributes to the existing knowledge because it investigates a precursor of this contagion. In other words, if the leader's engagement leads to professional engagement, what makes the leader engaged? Our answer has to do with leaders' beliefs, more specifically with beliefs about their well-being in the workplace. It is well-known that person tend to behave in a way that is congruent with their beliefs (Loken, 1982). However, the relevance of beliefs depends on the context (Bek & Lock, 2011; Van Leeuwen, 2014). Thus, some beliefs are especially relevant in some contexts, but not as much in others. In organizations for persons with ID, EWBs are particularly relevant because they reflect the extent to which leaders believe that their well-being depends on their own personal growth (self-development) and on helping others (contribution-to-others), which would be more difficult in companies where

commercial motivation and profit prevail. After all, in organizations for persons with ID, it is necessary to demonstrate a commitment to assistance and to establishing a meaningful relationship with users beyond mere service transactions. In this context, it is difficult for leaders to be engaged (and to be able to transmit it to their professionals) if they do not hold strong beliefs in EWBs. Our results are congruent with this rationale.

The mediation processes. Beyond the contagion effect and the role of beliefs, considered separately, our study also contributes to prior knowledge because it holistically confirms the existence of a process or mechanism in which leaders' engagement mediates between their EWBs and professionals' engagement. As Hayes (2012) suggested, scientific research should investigate processes that go beyond relationships between two constructs, in order to achieve greater maturity in advancing the knowledge. Our approach aligns with this proposal by testing the mediation process itself. Additionally, we carried out the study by temporally separating the constructs reported by the leader, thus avoiding methodological issues (artificial amplification of relationships due to common method variance) that could invalidate the results.

Practical implications

A key practical implication of our findings highlights that it is important for organizations to adapt training and development programs to the unique context of leaders working with persons with ID. Training modules and development programs (e.g., about healthy working conditions) can integrate components that emphasize leaders' EWBs, stressing the importance of fostering meaningful relationships, promoting purposeful work and personal growth, and prioritizing helping both professionals and service users. In sum, training and development can promote a civic-minded approach to work in leaders, based on personal development and contributing to others.

In addition, selection and promotion processes can include the evaluation of EWBs. Individual differences in these beliefs can also cause differences in the extent to which engagement is spread within organizations for person with ID. Assessments during hiring or promotion can consider leaders' intrinsic passion for personal growth and helping others, which is congruent with the suggestions of Murphy et al. (2023) in the health services sector. By intentionally selecting and promoting leaders aligned with values underlying EWBs, the prevailing leadership can cultivate rich and supportive workplaces that positively influence professionals' engagement and, consequently, the quality of life of persons with ID.

Limitations and future studies

Although this study adds to prior research, it has several limitations that should be addressed. We have temporally separated the measures reported by the leaders, which helps to avoid methodological problems and establish more solid relationships, but more measures of the constructs over time would be welcome. This would not only allow for more robust conclusions about causal relationships, but it would also open the door to studies of dynamics, that is, changes over time. For example, daily diary studies with repeated measures could examine to what extent beliefs are able to provoke trajectories in the engagement of leaders and professionals, in addition to verifying whether fluctuations in leaders' engagement over time are accompanied by changes in professionals' engagement. Another limitation is related to the type of organizations we studied. The characteristics of our participating organizations are similar to those of other social and healthcare organizations and service settings. However, future efforts could test our model in organizations from these other service sectors to determine its generalizability. Third, it would be useful to know whether the results of this research are generalizable to different culture settings. It is likely that the positive effects of promoting

and possessing EWBs is quite universal in the sector we have investigated, given the contextual characteristics of organizations for persons with ID. However, it would be advisable to test our hypotheses in other cultures to verify whether, for example, differences in power distance (Hofstade et al., 2005) affect the extent to which engagement is contagious from leaders to professionals. In fact, power distance differences could be a factor explaining the aforementioned mixed results in the incipient literature on this topic. Finally, the mediation we proposed received support in the four analyses conducted, and the overall fit indices were satisfactory in three of the four analyses, which provides significant support for our hypotheses. Nevertheless, in one mediation, these indices were not satisfactory. The sample size may explain this result. Although it appears to have been an exception, it would be advisable to replicate these analyses with other data in the future (if possible, increasing the sample size) to corroborate the observed mediations.

Conclusion

Despite these limitations, this study provides evidence about the existence of engagement contagion from leaders to professionals. Professionals are sensitive, therefore, to the behaviors and emotions associated with the engagement of their leaders. Furthermore, our study suggests that this contagion begins because leaders have a conception of their own well-being at work based on a civic life of personal development and helping others, which is quite relevant in organizations dedicated to caring for persons in vulnerable situations, as in the case of people with ID.

3.3 STUDY 3: Trust and Quality of Life: A Study in Organizations for Persons with Intellectual Disability

Abstract

Based on social exchange within organizations for person with intellectual disability, we explore trust between leaders and team members and its association with organizational performance oriented to the quality of life of service users. We examine the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and performance focused on improving the quality of life of service users. We expect teams to reciprocate leaders' trust by reporting greater levels of trust in leaders and better performance. We tested this trust-mediated model with a sample of 139 leaders (reporting trust in their teams), 1101 team members (reporting trust in their leaders), and 1468 family members (reporting performance focused on quality of life). Our findings confirmed a cross-level mediation process. Leaders' trust in their teams leads to teams' trust in their leaders. This trust at the team level in turn is positively associated with organizational performance oriented to improving the quality of life of person with intellectual disability, reported by family members. Our study builds on and extends an established stream of research on trust theory by considering trust and its association with performance focused on quality of life.

Keywords: Trust, Quality of life, Leader–team member relationship

Introduction

The World Health Organization estimates that there are about 200 million persons with intellectual disabilities (ID), a number that represents 2.6% of the world's population (Wagner, 2021). In this context, an increasing interest in service organizations directed to persons with ID is one of the striking features of today's societies. The main objective of these organizations is the improvement of the quality of life of service users

(Harbour & Maulik, 2010; Pătraș et al., 2018; Reinders & Schalock, 2014). Quality of life is defined by the World Health Organization as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Harper et al., 1998, p. 1). To achieve quality of life of users in organizations for person with ID, team members are key drivers of sustained success (e.g., Vassos et al., 2017) because, as in other social and healthcare services, different types of team members work together in teams to deliver complex therapeutic, social, and educational services. These team members are directly responsible for improving their quality of life.

In general, team members' performance requires the existence of an adequate and trust-based labor context (Brower et al., 2009; Fulmer & Dirks, 2018; Rousseau et al., 1998), and this is also true in organizations for person with ID (Martínez-Tur et al., 2019). As Golembiewski and McConkie (1975) stated, "there is no single variable which so thoroughly influences interpersonal, and group behaviour as does trust" (p. 131). The increasing interest in trust in organizations has led to a large body of research dedicated to this phenomenon (see Fulmer & Gelfand, 2012), with the trust present in leader-subordinate relationships playing a very relevant role (Brower et al., 2009; Dirks and Ferrin, 2001; McAllister, 1995; Serva et al., 2005). Trust is defined as an attitude that reflects the degree to which the other party in a relationship is trustworthy (Korsgaard et al., 2015; Martínez-Tur & Peiró, 2009). Rousseau et al. (1998) proposed that trust has two main facets: positive expectations about the intentions and behaviors of the trustee and willingness to be vulnerable in the relationship with the trustee. Accordingly, trust requires accepting uncertainty and risks (Fulmer & Gelfand, 2012). In fact, the notion of risk-taking has been incorporated into research as an inherent part of the nature of trust (Fulmer & Gelfand, 2012; Serva et al., 2005).

There are several possible reasons for the interest in trust between leaders and team members. In work settings, trust has many positive influences on the relationship between leaders and team members (Schriesheim et al., 1998). In addition, trust between leaders and team members in the organization allows team members to bring more resources to the organization through their performance. By contrast, a lack of trust in an organization results in leaders spending more time and energy monitoring their team members, which leads to higher costs and lower organizational performance (Botwe et al., 2016). Finally, Patrick (2002) pointed out that lack of trust makes it impossible for all the social relationships to function normally.

Considering these arguments, we focus on trust between leaders and their teams, as well as its connection with teams' performance oriented to improving the quality of life of person with ID. We propose and test the idea that when leaders trust their teams, teams reciprocate by trusting their leaders. Thus, trust in leaders is associated with the team's performance, reported by family members, oriented to improving the quality of life of their relatives with ID. This study contributes to the existing knowledge in at least four ways. First, we consider two parties in the relationship: leaders and teams. Although two or more parties are always present in understanding trust (see Korsgaard et al., 2015), a large body of research to date has focused on only one of these perspectives, usually team members' trust in their leaders. To our knowledge, only two research studies (artínez-Tur et al., 2019; Seppälä et al., 2011) have empirically examined trust by considering both team members and leaders. Seppälä et al. (2011) confirmed that leader trust in the professional was associated with professional trust in the leader, using 184 subordinate-leader dyads. Examining the relationship between 754 team members and 95 leaders, Martínez-Tur et al. (2019) observed that trust between leaders and team members is an antecedent of team members' well-being. The current research study contributes to

expanding this incipient view of trust by examining the relationship between teams and leaders and its effects on performance.

Second, our study helps to understand how the relationship between teams and their leaders is transferred to better performance. High quality relationships between teams and leaders seem to be the appropriate context for stimulating organizational performance. However, empirical results have been mixed (Mukherjee et al., 2013; Poon, 2006). One way to clarify this connection is by considering trust as a process or mechanism where teams' trust in leaders mediates the link from leaders' trust in teams and performance. Testing mechanisms is an indicator of the maturity of a science because research goes beyond the mere relationship between two variables, establishing the process that makes the links possible (see Hayes, 2012). In fact, the literature suggests the need for empirical research that offers a more complete view of the mechanisms by which trust contributes to improving organizational performance (Mayer & Gavin, 2005).

Third, we focus on a contextualized view of performance that considers social goals of organizations for person with ID. That is, we consider the improvement in service users' quality of life– reported by an external assessor: family members. Generally speaking, performance refers to the degree to which team members achieve organizational goals (Zhang et al., 2014). However, performance is contextualized because it depends on the central and feasible objectives of the organization (see Kane, 1997; Martínez-Tur et al., 2020) and varies depending on the sector. In organizations for person with ID, the main goal is to improve the quality of life of a group that is typically at risk of exclusion. Therefore, instead of focusing the attention on typical measures of performance (e.g., customer satisfaction), we pay attention to the central social goal pursued in organizations for person with ID.

Fourth, to measure organizational performance, we consider the perspective of family members. This strategy has two main advantages: a) we achieve a relevant and external evaluation of the extent to which the main goal of the organization is achieved; and b) we avoid problems related to inflated relationships when the same person provides information about different phenomena. Therefore, in addition to trust –where two informants (team members, leaders) report on how much they trust each other–, we incorporate the family member as the third informant, who rates organizational performance (see Figure 6).

Trust and Teams

A work team is characterized as a collective of persons who collaborate and synchronize their efforts towards achieving a shared objective or completing a specific task (e.g., Robbins & Judge, 2017). Team members contribute diverse skills, knowledge, and experiences, working interdependently to achieve effective and efficient outcomes. There are different reasons trust of team members in their leaders can emerge at the work team level, based on the notion that trust is linked to a collective identity beyond the individual. Trust can be seen as a property of the team because members share the same trust level directed to a specific recipient (i.e., the leader). The agreement among members that allows the emergence of trust at the team level can be explained theoretically through the symbolic interactionist and structuralist approaches (Martínez-Tur & Moliner, 2017; Schneider & Reichers, 1983). According to the symbolic interactionist approach, the team is an appropriate context to provide opportunities for social interactions among members, which facilitates shared interpretations about the work context, including trust that can be directed to other relevant persons such as the leader. In addition, and according to the structuralist approach, team members are exposed to similar stimuli based on organizational policies, practices, and procedures. The existence of a similar context and

stimuli facilitates the emergence of a shared level of trust among team members towards the leader. Consequently, in this study, we consider the degree to which the team as a whole trusts the leader. With regard to the aggregation of trust within the team, we have chosen the direct consensus model instead of the referent-shift consensus composition model. Accordingly, the initial referent is the trust level of the individual (e.g., "*I* trust *my* leader"), rather than the team (e.g., "*We* trust *our* leader"). These two models are appropriate for aggregation at the team level as long as there is agreement among the members (see Chan, 1998; Woehr et al., 2015). We opted for the direct consensus model because, unlike the referent-shift consensus composition model, it is difficult to achieve a sufficient level of agreement among team members at a statistical level to justify aggregation and the existence of a construct at the team level (see Arthur et al., 2007). This ensured that team members indeed end up having shared trust in their leader (if statistical analyses justify aggregation), even when attention is focused on the individual.

We also consider the team as a meaningful entity from the perspective of the leader. According to the definition from Mohrman et al. (1995), the "team" is an accountability framework for which a person works together to deliver services or products. One of the prominent configurations of work in the 21st century is teamwork, and there is no doubt that trust in teams is crucial to the effective functioning of work relationships (Costa et al., 2018; Khawam et al., 2017). In addition, teamwork is one of the most effective ways of ensuring quality when delivering health and social care services to person (Borrill et al., 2000). Increasingly, the objectives of organizations are complex and require the coordinated effort of teams. For this reason, we focus on the degree to which leaders trust their teams, rather than individual team members.

Theory and hypotheses

Trust between leaders and team members

Trust is necessary in our organizations and teams. Because leaders are not able to perform all the tasks alone, they should trust their team members and delegate tasks to them. To do so, leaders must accept some amount of risk in their relationships with team members (Martínez-Tur et al., 2019). This has positive effects on team members' trust. That is, if leaders trust their teams, teams are likely to trust their leaders.

Social exchange theory helps to understand trust between leaders and team members. According to Blau (1964, p. 91), "social exchange refers to voluntary actions of person that are motivated by the returns they are expected to bring and typically do in fact bring from others". Social exchange theory is a comprehensive framework that is transferrable to the trust between leaders and team members. Leaders' trust in their team members is a way to stimulate reciprocation and achieve trust from team members. As mentioned above, previous research studies have confirmed this argument (Martínez-Tur et al., 2019; Seppälä et al., 2011). The current study aims to replicate this finding as an initial step, before moving on to study the relationship between trust and performance.

H1. *Trust in team members assessed by leaders is positively related to trust in the leaders assessed by the team members.*

Trust and organizational performance focused on quality of life

Although quality of life for a person with ID could have different meanings (Schalock, 2004) and be associated with all the areas of their lives, we concentrate on a specific context: organizations that deliver services to this group of persons. Our perspective is contextualized and considers the degree to which organizational performance improves the quality of life of person with ID. Therefore, organizational performance focused on quality of life is not about examining how much the quality of life of the person with ID improves in itself, but rather the degree to which service users' quality of life improves thanks to the efforts of the organization and its team members.

As suggested in previous research, performance should be linked to precursors that are close and directly related to that performance (Kane, 1997). It is logical to expect that the most immediate consequence of trust in the organization would be improvement efforts, whereas the actual quality of life of the persons with ID itself is a more distal consequence.

In addition, it is important to distinguish between performance and user satisfaction. Previous research has confirmed that performance and user satisfaction are related, but not equivalent, constructs (Abdirad & Krishnan, 2022; Bolton & Drew, 1991; Parasuraman et al., 1988). Perceived performance is considered an overall long-run evaluation of the service, whereas user satisfaction is a transaction-specific measure (e.g., Bolton & Drew, 1991, Cronin & Taylor, 1992). We opted for the performance construct because it better captures a long-term vision of improving the quality of life of person with ID thanks to the efforts of the organization and its team members, and it avoids satisfaction with a specific service encounter.

In sum, a critical purpose of any organization is to optimize professional performance. Organizations rely on their personnel to attain the desires and results established for the organization, and poor professional performance can have important negative effects on the organization, its users, and other team members (Wooderson et al., 2016). As mentioned above, organizational performance should be contextualized. In organizations providing services to person with ID, traditional profit-commercial oriented productivity is not the main objective. Instead, scholars increasingly consider improvement in the quality of life of person with ID as the most important performance criterion because it is the main goal in this organizational context (Moliner et al., 2013; Pătraș et al., 2018; Poon, 2006).

Intuitively, we would expect that when team members trust in their leader, they contribute more to organizational performance. Again, social exchange theory helps to understand this link (Salanova et al., 2021). Trust in the leader (as a response to trust received from the leader) describes an adequate social context where team members have high-quality relationships with their leader. In this positive social environment, team members reciprocate by improving organizational performance because they feel they have to make an effort to achieve the objectives expected by the organization. We translate this rationale to organizations for persons with ID. The existence of a positive social interaction with the leader, based on trust, enhances the contribution to organizational performance in terms of improving the expected quality of life of person with ID. This performance can be perceived by family members who have frequent interactions with the organization and its team members. Data from family members are considered at the individual level because of the highly personalized service in this sector. Persons differ in terms of the type of ID, the degree of recognized disability, and their socio-familial situation. This makes the relationship with the organization different for each family, and so the individual level of construct and measurement becomes very meaningful. Accordingly, we propose the following hypothesis:

H2. *Trust in leaders, assessed by team members, is positively related to organizational performance oriented to the quality of life of person with ID, assessed by family members.*

The mediation role of trust in the leader

The previous hypotheses adopted an analytical perspective where each link is considered separately. However, the proposed relationships could be considered holistically, reflecting a process. This complementary approach is very relevant because it allows us to determine the existence of a mechanism (Hayes, 2012). Specifically, it describes a mediation model where trust in team members (assessed by leaders) leads to

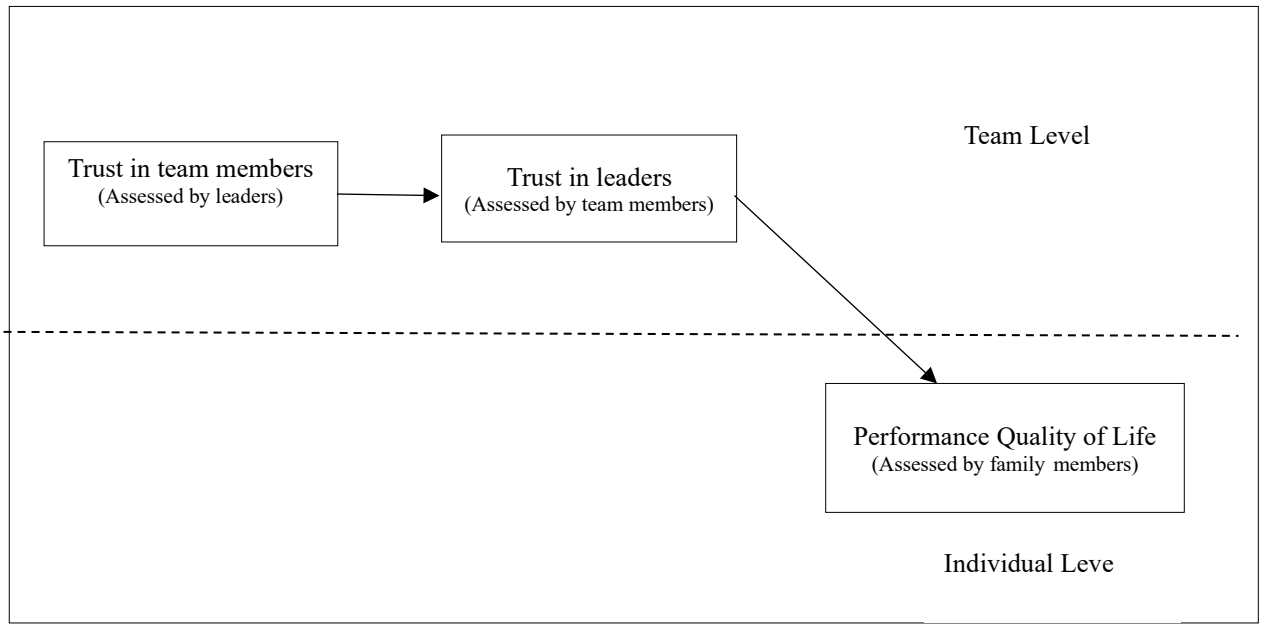
trust in leaders (assessed by teams). Trust in leaders, in turn, is associated with organizational performance oriented to improving quality of life (assessed by family members).

The direction of trust, in our proposal, goes from the trust provided by the leader to that provided by the team. Although the opposite direction could also be feasible, we believe it is more logical to start with the leader's trust in the team. After all, trust in organizations develops within a hierarchical system (Kramer, 1996). It is logical to think that, due to their greater power, the leader initiates the relationship (for example, task assignment) but cannot control everything. In these situations of uncertainty, leaders vary in the trust they provide, eliciting differentiated trust reactions from the teams.

Thus, we propose a cross-level mediation model with three informants (leaders, team members, and family members), where we hypothesize the following:

H3. *Trust in leaders assessed by team members mediates the relationship between trust in team members reported by leaders and organizational performance oriented to improving the quality of life of person with ID evaluated by family members.*

Figure 6. Conceptual Model. (Study 3)



Method

Procedure and participants

To examine trust between leaders and team members as a precursor of organizational performance, survey data were analyzed. This study received ethical approval from the Ethics Committee of the University of the corresponding author. Research questionnaires were distributed to centers for person with ID. They were affiliated with “Plena inclusion”, an NGO located in Spain whose main goal is to improve the quality of life of service users by providing different types of services (therapeutic, leisure, employability, education, etc.). The size of the centers was small, given that, at most, they had a couple of dozen team members who interacted with person with ID daily. Members in each small center were considered a team that should achieve its goals under the coordination of a leader. In order to test our hypotheses, we obtained data from three informants. In addition to the leader of each center, at least three team members per center had to participate. In each center, they were randomly selected from among those who interact with person with ID as part of their daily work. The selected team members were supervised in their daily work by the leaders who participated in the study. Additionally, at least three families in each center were randomly selected. From each family, we selected the member who had the most frequent contact with the center and was fully acquainted with the services provided by the team members.

We invited 156 centers to participate in the study. Of them, 139 fulfilled all the aforementioned criteria and participated in the study. Most of the participating centers were sheltered workshops (N = 98; 72.06%), but day care centers (N = 20; 14.71%) and residential care services (N = 18; 13.23%) for person with ID also participated. The confidentiality of the participants was ensured, and their participation was voluntary and

anonymous. The researchers trained a professional at each center to randomly select participants and gather information. This sampling plan resulted in a response rate higher than 90% for both team members and family members. After deleting missing data, our final sample was composed of 139 leaders, 1101 contact team members team members, and 1468 family members. On average, leaders were 42.98 years old (SD = 9.36), and 60.9% were women. Regarding team members, the average age was 37.24 years old (SD = 9.30), and 74% were women. The number of surveyed team members per team ranged from 3 to 20. The number of surveyed family members per center ranged from 3-35, their average age was 57.82 years (SD = 11.24), and 67.1% were women. Although a person with ID did not participate in the data collection for the present study, we also contacted the centers to estimate the data associated with these people. Their average age was about 36 years, and approximately 57% were men. Their average recognized disability was around 70%.

Measures

Trust in team members. To measure leaders' trust in team members, we used the four-item scale on general trust by Butler (1991). We only change the recipient of trust. The recipient of trust was the group of team members in the center: "Sometimes I cannot trust the team members of my center (R)"; "I trust the team members of my center"; "I feel that the team members of my center can be trusted"; and "I can count on the team members of my center to be trustworthy". Responses were given on a 5-point Likert-type scale ranging from "totally disagree" (1) to "totally agree" (5). High scores are indicative of trust in teams. Cronbach's alpha was .84.

Trust in leaders. The team members in each organization were asked to show their level of trust in their leader. To do so, we used the aforementioned measure of trust (Butler, 1991) but indicating that the recipient of trust was the leader: "Sometimes I

cannot trust my leader" (R); "I trust my leader"; "I feel that my leader can be trusted"; and "I can count on my leader to be trustworthy". The items were rated on a five-point scale ranging from "totally disagree" (1) to "totally agree" (5). High scores are indicative of trust in the leader. Cronbach's alpha was .92.

Performance focused on quality of life. We use the scale on general improvement in quality of life, validated by Moliner et al. (2013). This scale includes 5 items that focus on the degree to which the quality of life has improved due to the actions and efforts of the organization, reported by family members. The measure focuses on specific individual improvement. An example of an item would be: "I believe that the quality of life of my family member with ID has improved due to this center". The ratings were given on a 7-point Likert scale, with options ranging from "strongly disagree" (1) to "strongly agree" (7). High scores indicate that improvements in the quality of life of the person with ID were achieved due to the actions of the center. Cronbach's alpha was .88.

Data analysis

In evaluating convergent validity, we employed two additional indicators alongside Alpha Coefficients. Firstly, we conducted three confirmatory factor analyses (CFA) to delineate the items comprising each scale for the three distinct constructs and informants (i.e., leaders, team members, and family members). Secondly, we assessed the significance of item-factor loadings, as expected for convergent validity (Anderson & Gerbing, 1988). For discriminant validity, we utilized two indicators. Initially, we calculated correlations among the constructs to verify that their values were below 0.85 (Kline, 2005). Subsequently, we confirmed whether the variance-extracted estimates surpassed the squared correlation estimates between factors, serving as an indicator of discriminant validity (Hair et al., 2014).

To test the hypotheses, we conducted multilevel structural equation modeling (MSEM) using version 8 of Mplus analytic software (Muthén & Muthén, 2019). MSEM is a statistical technique employed to analyze hierarchically organized data. For instance, person may be nested within a team, and upon confirming agreement among them, a single indicator (i.e., average) can represent the entire team. Typically, these team-level data are designated as level 2 and can be associated with other variables at the individual level, usually labeled as level 1. Our analyses involved variables measured at two levels: team and individual. In fact, the results presented in this study are for a 2-2-1 multilevel mediation model (Preacher et al., 2010). Data were analyzed at two levels: team-level (level 2, leaders and team-member as sources of information) and individual-level (level 1, family members as sources of information). Monte Carlo (MC) confidence intervals were used to estimate the significance of the indirect effects on multilevel modeling (Preacher & Selig, 2012).

Before aggregating professional data at the team level for analysis, we first assessed whether there was sufficient agreement within each team. To accomplish this, we calculated the average deviation index (ADM(J)), a consensus-based approach proposed by Kozlowski and Klein (2000). Additionally, a one-way ANOVA was conducted to ascertain any between-unit differences (Chan, 1998). In assessing the assumptions of MSEM, we examined the correlations among the study variables to confirm the existence of linear relationships. However, we did not test the normal distribution of the residuals, as the multiple linear regression estimator is recognized for its robustness against deviations from normality assumptions (Maas & Hox, 2004). As preliminary analyses, we also computed typical descriptive statistics (means and standard deviations) and correlations among variables using disaggregated data at the individual (family member) level.

Results

Convergent and discriminant validity

As mentioned above, we conducted CFA and examined item-factor loadings to assess convergent validity. In the CFA, we considered three widely used fit indices. Firstly, we calculated the standardized root-mean-square residual (SRMR), which serves as an overall measure of fit based on the fitted residuals. A value of < 0.08 is generally regarded as indicative of good fit (Hu & Bentler, 1999). Secondly, we computed the comparative fit index (CFI), comparing the sample covariance matrix with a null model assuming uncorrelated latent variables. CFI values approaching 1 indicate a favorable fit to the data (Valls et al., 2016). Finally, we also calculated the Tucker–Lewis's index (TLI) (Tucker & Lewis, 1973), which quantifies the difference between the $\chi 2$ value of the tested model and the $\chi 2$ of the null/independence model, considering the degrees of freedom because the TLI applies a penalty for additional parameters. TLI values close to 0 suggest poor fit, while values near 1.0 indicate good fit. CFA results showed an acceptable fit to the data for each construct, indicating that the items loaded on their factors: leaders' trust ($\chi^2 = 5.860$, df = 2, $p = .0534$, SRMR = 0.038, CFI = 0.933, TLI = 0.800); team members' trust ($\chi^2 = 17.040$, df = 2, $p = .0002$, SRMR = 0.009, CFI = 0.996, TLI = 0.989); and family members' report on performance focused on quality of life ($\chi^2 = 38.930$, df = 4, $p = .0001$, SRMR = 0.024, CFI = 0.983, TLI = 0.957). In addition, item-factor loadings ranged from .58 to .95. All of them were highly significant ($p < .001$), indicating scale convergence (Anderson & Gerbing, 1988).

With regard to discriminant validity, none of the correlations among the constructs was higher than 0.85, indicating discriminant validity (Kline, 2005). In addition, all the variance-extracted estimates (leaders' trust = .61; team members' trust = .77; and family reports on performance focused on quality of life = .60) were also greater than the square

of the correlation estimates between factors, reinforcing discriminant validity (Hair et al., 2014).

Aggregation analysis and descriptive statistics

Regarding aggregation, the cut-off value for the $AD_{M(J)}$ was below .83 for 5-point scales (Dunlap et al., 2003). The mean value on the average deviation index $AD_{M(J)}$ for trust in leaders assessed by team members was .59 (SD = .23). The one–way ANOVA indicated a significant degree of between-unit discrimination for trust in leaders assessed by team members ($F_{(138, 962)} = 3.78$, $p < .01$). Taken together, the aggregation of individual scores of team members at the team level was justified (Burke & Dunlap, 2002).

Descriptive indicators, such as means, standard deviations, and bivariate correlations, are displayed in Table 9. In general, we observed significant positive linear relationships among the study variables, as expected.

Table 9. Descriptive statistics and correlations.

	Mean	SD	1	2	3
Team level					
1. Trust in team members assessed by leaders	4.05	.62			
2. Trust in leader assessed by team members [a]	4.02	.53	.41**		
Individual level					
3. Performance QoL assessed by family members	6.18	.88	.07**	.07**	---

[a] Aggregated to team level variables. QoL: Quality of Life. ** $p < .01$.
Pearson's correlation coefficient was computed for interval data.

Hypothesis testing

The fit indices obtained for the proposed 2-2-1 multilevel mediation model were acceptable: $\chi^2 = 1.110$, df = 1, $p = .2920$, CFI = 0.994, TLI = 0.982, SRMR within = 0.001, SRMR between = 0.050. Table 10 offers the results for the tested 2-2-1 model. Trust in team members reported by leaders had a positive significant relationship with trust in leaders reported by team members considered at the team level ($\beta = .34$, $p < .01$), supporting H1. Regarding H2, trust in leaders reported by team members (team level) had a positive significant relationship with organizational performance focused on quality of life reported by family members at the individual level ($\beta = .24$, $p < .05$), supporting H2. Although the magnitudes of the relationships were not high, they were statistically significant, which becomes very meaningful when considering that each measure was reported by a different informant. This strategy is more demanding, but it avoids the artificial amplification of relationships between variables when the same informant reports all the information. Moreover, the indirect relationship underlying the proposed mediation is distributed in a confidence interval of between 0.003 and 0.074 (non-standardized estimate of the product of coefficients = 0.034), supporting the suggested mediation (H3).

Table 10. Tested 2-2-1 models

	Assessed by team members		*Assessed by family members*	
	Trust in leader		Performance QoL	
	Parameter	SE	Parameter	SE
Assessed by leaders				
Trust in team members	.34**	.07	--	--
Assessed by team members				
Trust in leader	--	--	.24*	.11

Quality of Life. * $p < .05$. ** $p < .01$. Coefficients are unstandardized.

Discussion

Our study examined trust between team members and leaders as a precursor of organizational performance focused on the quality of life of person with ID. Based on a multi-informant design (leaders, team members, and family members), we theorized and tested the hypothesis that when leaders trust their teams, the team reciprocates by trusting their leaders and improving organizational performance. We found a positive significant relationship between trust in team members reported by leaders and trust in leaders reported by team members. We then observed that trust in leaders was associated with performance focused on the quality of life of person with ID. Our findings also supported the mediating role of trust in leaders in the link from trust in teams to organizational performance. Theoretical and practical implications are discussed below.

Theoretical implications

The concept of trust is rooted in social exchange theory (Blau, 1964). This theory focuses on how voluntary exchange relationships are developed between the parties, facilitating or hindering trust in each other. If exchanges are mutually balanced, the parties are likely to engage in more exchanges and even increase the magnitude of benefits

exchanged (Korsgaard et al., 2015). If one party provides a benefit to the other, the recipient is obligated to reciprocate by providing some sort of benefit in return (Martínez-Tur et al., 2016).

Our current research study concentrated on the link from trust in team members assessed by leaders to trust in leaders assessed by team members. Aligned with previous studies (Martínez-Tur et al., 2019; Seppälä et al., 2011;), we confirmed the existence of a positive and significant relationship between trust in team members and trust in leaders. These results reinforce the argument that when leaders trust in their teams, the members of the team are more likely to trust in their leaders in return, describing a high-quality relationship between the two parties. This model focused on two informants (leaders and team members), replicating previous studies by Seppälä et al (2011) and Martínez-Tur et al. (2019). Although replication itself is necessary to produce advances in science by testing the validity of an empirical finding (Francis, 2012), our study goes further. We also contribute to expanding this incipient view of trust by examining its relationship with organizational performance.

Our findings also supported the cross-level link from trust in leaders to organizational performance focused on quality of life. Although there have been a large number of studies on the relationship between trust and performance, there is a lack of research on the links from leader-team member trust to performance and, more specifically, organizational performance focused on the quality of life of service users. This helps to address calls for research. For instance, Guinot and Chiva (2019) pointed out that "future studies should examine trust across different referents and levels of analysis to discover unique effects on performance" (p. 218). Therefore, our study based on a multi-level framework of trust is a pioneer in examining the link between trust in team members (assessed by leaders) and trust in leaders (assessed by team members) and

the effects of this trust on organizational performance focused on the quality of life of person with ID. Our findings, based on H2, revealed that trust in the leader assessed by team members is positively related to organizational performance oriented to the quality of life of persons with ID assessed by family members. These findings are in line with the assumption that when leaders trust their team members, team members are motivated to reciprocate and trust their leaders in return, which leads to establishing better interactions with service users or ultimately improving service delivery for person with ID. These results confirm Drik's theory that team members' trust in leaders influences their performance in the workplace (Dirks & Ferrin, 2001).

Two additional contributions to the current knowledge are relevant. First, our findings suggest the existence of a mediation mechanism that helps to understand the process that goes from leader-team member trust to organizational performance. This helps to achieve a more mature science because the mechanisms are clarified without exclusively paying attention to the relationship between the variables (see Hayes, 2017). Second, our study also provides additional empirical evidence about the emergence of trust at the team level, which is congruent with some theoretical approaches that support shared perceptions within teams (Martínez-Tur & Moliner, 2017). That is, social interaction among team members and exposure to similar stimuli (practices, policies, procedures, etc.) facilitate a shared interpretation of organizational life, including trust in leaders.

Practical implications

A key implication of our findings is that they provide a comprehensive insight for organizations, specifically those for persons with ID, regarding trust, which is positively associated with the quality of life of service users. It may be beneficial for leaders to extend trust to their teams even before they have acquired enough experience with their

teams to evaluate their trustworthiness (Brower et al., 2009). In addition, and based on our results on trust in this research study, organizations can put more energy and effort into building teams and adopt new strategies to improve trust between teams and leaders through more practical training and permanent acculturation. Moreover, because leaders are often viewed by their teams as a source of support, direction, and leadership, they should identify the issues causing a loss of trust between them and their team and strive to improve trust.

Another practical implication of the current findings for organizations and leaders is that exclusively considering trust in team members is not enough. The evaluation of trust in leaders from the team members' point of view is also critical. This finding supports the view of Whitener et al. (1998), who reveal that, in order to establish trust in team members, leaders may need to play a trusting role. Improving the performance of an organization not only relies on the leader's trust in team members. Leaders should also earn trust from their teams.

Limitations and future studies

Although this study adds to prior research, it has several limitations that should be addressed. The main limitation of this research is its cross-sectional nature. That is, the adoption of a cross-sectional design limits causal interpretations (Alcover et al., 2020). Because the hypothesizing and testing of relationships must be guided by a precise specification of time, trust requires a longitudinal design (Korsgaard et al., 2015). Thus, we recommend that future research use longitudinal data to test the hypothetical multilevel multiple mediation model studied in this work. This longitudinal design could also be used to provide a baseline measure for organizational performance focused on quality of life and observe its evolution over time associated with trust between leaders and team members. Another limitation of the current study to be considered in future

efforts is the lack of connection between family members' performance evaluation and specific team members with whom they interact directly. In our design, family members assessed the performance (focused on QoL) of the organization as a whole. The consideration of the team members with whom one interacts could provide a complementary evaluation of the direct experience of the family members. Our measure of quality of life has an additional limitation that must be noted. We have used the overall dimension because, as with other constructs (Ambrose & Schminke, 2009), the global assessment probably better captures how people evaluate their environment. However, we are aware that considering specific facets of quality of life (e.g., self-determination) may contribute to other relevant research objectives (e.g., which facets of quality of life are more related to trust) in future studies. Furthermore, it is imperative to know whether the results of this research are generalizable to different cultural settings. Because diversity between studies might be due to contextual differences, they could be investigated in order to improve leaders' and team members' understanding of trust (Johns, 2006). Considering that trust between leaders and team members is central to our study, an important cultural facet for future studies could be the "power distance" (Hofstede, 2001) because it has important implications for organizational life (Khatri, 2009). It is possible, for example, that the passivity of team members in a high-power distance organization increases the importance of control and authority and, hence, reduces the role of trust.

Our study has relevant strengths that counterbalance limitations. As discussed previously, several researchers examined trust from only one side (trust in team members), whereas we examine trust from both sides and through two informants (leader and team members). Therefore, our findings are not influenced by method variance, thus alleviating concerns. Moreover, the impact of trust on performance focused on quality of

life of person ID, which had received little attention from researchers, has been investigated in the present research study through a third informant: family members of persons ID. Although this is a study strength, it would be very convenient in future studies to also incorporate the evaluation of person with ID because improving their quality of life is the ultimate goal of the organizations considered in this study. Advances in the adaptation of measurement instruments could be utilized for them (e.g., pictorial questionnaires) (Estreder et al., 2023).

6. Conclusion

To conclude, our study builds on and extends an established stream of research on trust theory by considering both leaders and team members. The majority of the prior studies surveyed trust solely from the perspective of team members. A review of the current literature suggests that the body of knowledge on leader-team member trust could be extended in many different ways. That is, it reveals that trust is a significant predictor of organizational performance focused on the quality of life of person with ID. Furthermore, our results confirmed the existence of a full mediation process from trust in team members to organizational performance focused on quality of life through trust in leaders. It is our hope that these findings will spark an increased interest in defining, measuring, and examining the effects of trust in exchange relationships.

CHAPTER IV

GENERAL DISCUSSION

This doctoral dissertation has already presented a comprehensive introduction and three detailed research studies, encompassing all relevant theoretical concepts, methodological approaches, and results. In this upcoming section, we will provide a concise summary of the most significant findings and distill the key theoretical and practical conclusions. Additionally, we will address the primary limitations of our research and propose directions for future studies. To conclude this portion of the dissertation, we will offer a succinct overview of the principal conclusions drawn from our research. This summary will encapsulate the core insights and contributions of our work, providing a clear and coherent understanding of the dissertation's overall significance and implications for the field of service organizations dedicated to persons with ID.

4.1 Summary of Findings

The findings of our ***first study***, a systematic review synthesizing existing literature from the past decade on leadership in service organizations dedicated to persons with ID with a focus on leaders, revealed several key insights. The review included 21 studies that met inclusion criteria and quality standards. There was diversity in the leadership theories used, with transformational leadership being the most prevalent, although the majority of studies did not explicitly reference a specific theoretical framework. A range of leadership competencies were identified as critical for effective leadership in services organization with ID. The review also identified several obstacles hindering effective leadership in this context, including funding limitations, professionals' challenges, evolving service models, skills gaps, and regulatory constraints. These findings highlight the importance of leadership in shaping the performance and well-being of both professionals and service users in organizations for persons with ID, while also revealing areas for future research to further advance understanding of effective leadership practices in this context.

*The **second study*** examined engagement contagion from leaders to professionals in service organizations dedicated to persons with ID. It also investigated leaderships' eudaimonic well-being beliefs (EWBs) as a precursor of this contagion. The findings supported the existence of engagement contagion, revealing that leadership' engagement (vigor and dedication) was positively related to professionals' engagement. Furthermore, the study confirmed that leaderships' EWBs, specifically their beliefs that their own well-being at work is based on self-development and contribution-to-others, positively predicted their work engagement levels. Mediation analyses showed that leaderships' engagement mediated the relationship between their EWBs and professionals' engagement. These results suggest that in organizations for person with ID leaders' beliefs about achieving personal growth and helping others are especially relevant for fostering their own engagement, which can then spread to enhance professionals' engagement through contagion processes.

The findings of our ***third study*** explored the relationship between trust among leaders and team members and its association with organizational performance oriented towards improving the quality of life (QoL) of persons with ID. Employing a multi-informant design involving leaders, team members, and family members, we theorized and tested the hypothesis that when leaders trust their teams, the team reciprocates by trusting their leaders, which in turn leads to improved organizational performance directed to improve QoL of persons with ID. The results revealed a positive and significant relationship between trust in team members reported by leaders and trust in leaders reported by team members. Furthermore, trust in leaders was found to be associated with performance focused on enhancing the quality of life of person with ID. Notably, the findings supported the mediating role of trust in leaders in the link between trust in teams and organizational performance. These outcomes underscore the

importance of fostering a trusting environment between leaders and team members, as it can significantly contribute to the ultimate goal of improving the quality of life for person with ID served by these organizations.

4.2 Theoretical Implications

The three studies presented in this thesis provide valuable insights into leadership, engagement, trust, and QoL in service organizations dedicated to persons with ID. Together, they offer a comprehensive examination of leadership and organizational processes in this context, extending existing theories and providing new insights into the unique challenges and opportunities faced by leaders in this field.

The systematic review conducted in Study 1 makes several important contributions to the literature on leadership in service organizations dedicated to persons with ID. One of the main findings is the diversity of leadership theories employed in this context. While transformational leadership emerged as the most prevalent theory, the review also identified the use of other theories such as spiritual leadership, intergenerational leadership, and distributed leadership (Bass, 1999). This diversity highlights the complex and multifaceted nature of leadership in service organizations dedicated to persons with ID and suggests that different theoretical perspectives may be relevant depending on the specific focus and objectives of the research. The prominence of transformational leadership suggests its particular relevance in this context, aligning well with the mission-driven nature of service organizations dedicated to persons with ID.

Another key contribution of the review is the identification of leadership competencies that align with the leadership Qualities Framework (NHS leadership Academy, 2011). This framework, which was developed for the healthcare sector, outlines

five key areas of leadership: demonstrating personal qualities, working with others, managing services, improving services, and setting direction. The alignment of identified competencies with this framework provides a structured approach for understanding the complex set of skills and behaviors required for effective leadership in services organizations. It offers a foundation for future research and leadership development initiatives, allowing researchers and practitioners to gain a more nuanced understanding of the competencies that are most relevant and impactful in this field.

The review also highlights the impact of leadership on service user outcomes, such as QoL and service quality, in addition to professionals' outcomes. This finding extends the literature on leadership and organizational performance by demonstrating the relevance of leadership for the central goal of service organizations dedicated to persons with ID: Improving the lives of service users (Reinders & Schalock, 2014). It underscores the importance of considering the specific context and objectives of the organization when examining the outcomes of leadership and suggests that leadership research in this field should incorporate measures that capture the unique performance criteria of services organizations dedicated to persons with ID.

While the review identified some studies that examined leadership as a mediator in processes leading to outcomes, it also highlighted the need for more research on leadership processes and mechanisms in the context of service organizations dedicated to persons with ID. Understanding the pathways through which leadership influences professionals and service user outcomes is crucial for developing targeted interventions and leadership development programs (Fischer et al., 2017).

Finally, the review identifies several obstacles that can hinder the effectiveness of leadership in services organizations, such as funding limitations, professionalizing challenges, evolving service models, skills gaps, and regulatory constraints. These

findings emphasize the importance of considering contextual factors when studying leadership (Johns, 2006) and highlight the need for more research on how leaders can navigate and overcome these obstacles. By examining the strategies and approaches that successful leaders employ in the face of these challenges, future research can provide valuable insights for leadership in service organizations dedicated to persons with ID.

Study 2 investigates engagement contagion from leaders to professionals and the role of leaders' eudaimonic well-being beliefs (EWBs) as a precursor of this contagion in organizations dedicated to person with ID. One of the key contributions of this study is the evidence it provides for the existence of engagement contagion in this context. This extends theories of social contagion (Levy & Nail, 1993) and emotional contagion (Hatfield et al., 1994), demonstrating their applicability to the transmission of engagement in services organizations. The study's findings indicate that leaders who demonstrate high levels of engagement can inspire similar levels of engagement in their professionals through their interactions and modeling of engaged behavior.

Another important contribution of Study 2 is the identification of leaders' EWBs as a precursor of their engagement and, consequently, of engagement contagion processes. EWBs refer to persons' beliefs about the importance of self-development and contribution to others for their own well-being (McMahan & Estes, 2011b). The study found that leaders' EWBs, particularly their beliefs that their own well-being at work is based on personal growth and helping others, were positively related to their engagement levels. This extends the literature on EWBs by demonstrating their relevance in predicting work-related outcomes such as engagement in the context of service organizations dedicated to persons with ID.

The study's findings also highlight the importance of considering leaders' beliefs and values as antecedents of their engagement and leadership behaviors. While much of

the leadership literature has focused on the impact of leaders' behaviors and styles on follower outcomes (e.g., transformational leadership; Bass, 1999), less attention has been paid to the role of leaders' beliefs and values in shaping their own engagement and effectiveness. The study's identification of EWBs as a precursor of leaders' engagement suggests that future research should consider the beliefs and values that underlie leaders' behaviors and explore how these beliefs influence their own well-being and performance, as well as the well-being and performance of their professionals.

Study 2 also confirms the existence of a mediation process in which leaderships' engagement mediates the relationship between their EWBs and professionals' engagement. This finding shed light on the mechanism through which leaders' beliefs translate into professionals' outcomes and contributes to the literature on leadership processes (Fischer et al., 2017). The mediation process can be understood through social learning theory (Bandura, 1977), suggesting that professionals learn and adopt engaged behaviors by observing and imitating their leaders, who serve as role models.

Finally, our study highlights the importance of considering the specific context when examining leadership and engagement processes. The study's findings suggest that EWBs, with their emphasis on personal growth and contributing to others, may be particularly relevant in the context of service organizations dedicated to persons with ID, where the well-being and development of service users is a central goal. This aligns with the idea that the effectiveness of leadership behaviors and processes may depend on the characteristics and demands of the organizational context (Johns, 2006).

Study 3 investigates the relationship between trust among leaders and team members and its association with organizational performance oriented towards improving the QoL of service users in organizations dedicated to person with ID. One of the key contributions of this study is the evidence it provides for the reciprocal nature of trust

between leaders and team members. The study found that leaders' trust in team members was positively related to team members' trust in leaders, suggesting that trust between these two parties is a mutual and reciprocal process. This finding aligns with and extends social exchange theory (Blau, 1964), which posits that trust develops through a series of positive exchanges between persons over time.

Another important contribution of Study 3 is the evidence it provides for the relationship between trust in leaders and organizational performance focused on improving the QoL of service users. The study found that team members' trust in their leaders was positively related to family members' assessments of the organizational performance in enhancing the QoL of persons with ID. This finding extends the literature on the relationship between trust and organizational performance (Dirks & Ferrin, 2001) by demonstrating the relevance of trust for performance outcomes in the specific context of service organizations dedicated to persons with ID.

Our study also suggests that trust in leaders is related to organizational performance in enhancing service user QoL, also highlighting the importance of considering multiple stakeholder perspectives when assessing organizational effectiveness in human services settings. By incorporating the assessments of family members, who are key stakeholders in the lives of persons with ID, the study provides a more comprehensive and externally valid measure of organizational performance than would be possible with internal measures alone. This approach aligns with the growing recognition in the organizational literature of the need to consider multiple stakeholder perspectives when assessing organizational effectiveness (Valcour & Snell, 2018).

The study also found that trust in leaders fully mediated the relationship between leaders' trust in team members and family members' assessments of organizational performance. This finding extends the literature on trust in organizations by providing

evidence for the mediating role of trust in leaders in the relationship between leader behaviors and organizational outcomes. It suggests that the impact of leaders' trusting behaviors on organizational outcomes is largely explained by the trust they elicit from their team members.

Finally, this study use of a multi-informant design, involving leaders, team members, and family members, providing a more comprehensive and robust assessment of the relationships among trust, leadership, and organizational performance than would be possible with a single-informant design. This approach aligns with recent calls in the organizational literature for more research that incorporates multiple stakeholder perspectives and levels of analysis (Valcour & Snell, 2018).

In conclusion, these three studies provide valuable insights into leadership, engagement, trust, and QoL in service organizations dedicated to persons with ID. They extend existing theories, offer new insights into the unique challenges and opportunities faced by leaders in this field, and provide a foundation for future research on effective leadership and organizational practices in contexts serving vulnerable populations. The findings highlight the importance of considering the specific context of service organizations dedicated to persons with ID when studying leadership, engagement, and trust, and demonstrate the relevance of these constructs for achieving the central goal of these organizations: improving the QoL of persons with ID.

4.3 Practical implications

The three studies presented in this thesis offer significant practical implications for leadership, management, and organizational practices in services for persons with ID. These implications stem from the insights gained into leadership competencies, engagement processes, and trust dynamics within these specialized organizations. By

addressing these practical considerations, organizations can enhance their effectiveness in improving the quality of life for persons with ID.

Our first study 1, a systematic review of leadership in service organizations dedicated to persons with ID, provides several practical implications for leadership development and practice. The review identified of diverse leadership theories, suggesting that organizations should adopt a flexible approach to leadership development, recognizing that different leadership styles may be effective in various situations within service organization dedicated to persons with ID. While transformational leadership emerged as particularly relevant, organizations should not limit themselves to a single leadership model. Instead, they should equip leaders with a range of leadership approaches that can be applied as needed in the complex and dynamic environment of service organization dedicated to persons with ID.

The alignment of leadership competencies with the leadership Qualities Framework (NHS leadership Academy, 2011) offers a practical structure for leadership development programs in service organization dedicated to persons with ID. Human resource professionals and organizational leaders can use this framework to design targeted training initiatives that focus on developing critical competencies such as demonstrating personal qualities (e.g., compassion, emotional intelligence), working with others, managing services, improving services, and setting direction. By structuring leadership development around these key areas, organizations can ensure that their leaders are well-equipped to meet the unique challenges of the ID services context.

The emphasis of the review on the impact of leadership on service user outcomes highlights the need for organizations to incorporate service user-focused metrics into their leadership evaluation and development processes. Practical measures could include regular assessments of service user quality of life, satisfaction surveys, and objective

measures of service user progress. By explicitly linking leadership effectiveness to these outcomes, organizations can foster a culture of person-centered leadership that aligns with the core mission of service organizations dedicated to persons with ID (Reinders & Schalock, 2014).

The identification of obstacles to effective leadership, such as funding limitations and evolving service models, underscores the need for organizations to provide ongoing support and resources to their leaders. Practical steps could include establishing mentoring programs, creating peer support networks for leaders, and providing regular opportunities for professional development focused on navigating sector-specific challenges. Organizations should also consider implementing strategies to address common obstacles, such as developing innovative funding models or creating adaptive service delivery approaches that can respond to changing needs and regulations (Hewitt et al., 2004).

Study 2, which examines engagement contagion and the role of leaders' eudaimonic well-being beliefs (EWBs), offers several practical implications for fostering engagement within service organizations dedicated to persons with ID. The evidence for engagement contagion suggests that organizations should prioritize the engagement of leaders as a key strategy for enhancing overall professionals' engagement. Practical measures could include providing leaders with resources and support to maintain their own engagement, such as opportunities for professional growth, meaningful work assignments, and work-life balance initiatives.

The identification of leaders' EWBs as precursors of their engagement provides a novel focus for management development programs. Organizations can design interventions aimed at fostering and strengthening leaders' beliefs about the importance of personal growth and contribution to others. This could involve reflective practices,

workshops on meaning and purpose in work, and opportunities for leaders to engage in activities that align with these beliefs, such as mentoring or community involvement projects. By nurturing leaders' EWBs, organizations may be able to enhance leaders' engagement and, by extension, the engagement of their teams (McMahan & Estes, 2011b).

The mediation process identified in Study 2, where leaders' engagement mediates the relationship between their EWBs and professionals' engagement, highlights the importance of visible engagement behaviors from leaderships. Organizations should encourage leaders to model engaged behaviors, such as demonstrating enthusiasm for their work, openly discussing the meaning and purpose they find in their roles, and actively participating in organizational initiatives. Training programs could focus on helping leaders to understand the impact of their own engagement on their teams and developing strategies for effectively communicating and demonstrating their engagement (Schaufeli et al., 2006).

Given the context-specific nature of the findings, service organizations dedicated to persons with ID should tailor their engagement strategies to align with the unique aspects of this work. This could involve emphasizing the connection between professionals' work and the positive impact on service users' lives, creating opportunities for professionals to witness and celebrate service user progress, and fostering a strong sense of mission and purpose throughout the organization. By aligning engagement initiatives with the core values and goals of service organizations dedicated to persons with ID, organizations can create a more meaningful and engaging work environment for all professionals (Vassos et al., 2017).

Study 3, which investigates trust between leaders and team members and its association with organizational performance towards improving QoL of persons with ID,

offers several practical implications for fostering trust and enhancing organizational effectiveness in service organization. The reciprocal nature of trust between leaders and team members suggests that organizations should focus on creating a culture of reciprocal trust. Practical steps could include implementing transparent communication practices, providing opportunities for collaborative decision-making, and establishing clear expectations and accountability measures for both leaders and team members.

Organizations can support leaders in demonstrating trustworthy behaviors, such as consistency, integrity, and benevolence. Training programs could focus on developing leaders' skills in areas such as active listening, providing constructive feedback, and demonstrating care for team members' well-being. Additionally, organizations should create systems that allow leaders to delegate responsibilities and involve team members in important decisions, as these actions can help build trust (Dirks & Ferrin, 2002).

The study's finding that trust in leaders is related to organizational performance in enhancing service user QoL underscores the importance of trust-building as a key organizational strategy. Organizations should prioritize trust-building initiatives and consider incorporating trust metrics into their performance evaluation systems. This could involve regular assessments of trust levels within teams, as well as between teams and leaders. By monitoring trust levels and taking proactive steps to address any issues, organizations can create a foundation for improved organizational performance and better outcomes for service users.

The mediating role of trust in leaders in the relationship between leaders' trust in team members and organizational performance suggests that organizations should focus on developing a virtuous cycle of trust. Practical measures could include creating opportunities for positive interactions between leaders and team members, such as team-building activities, and collaborative projects. Organizations should also establish clear

channels for feedback and open communication, allowing both leaders and team members to express concerns and suggestions in a safe and supportive environment (Cropanzano & Mitchell, 2005).

The study's use of multiple stakeholder perspectives, including family members' assessments of organizational performance, highlights the importance of incorporating diverse viewpoints in organizational evaluation and improvement efforts. Organizations should establish regular channels for gathering feedback from service users, family members, and other stakeholders. This could involve periodic surveys, focus groups, or advisory committees that include representatives from these groups. By actively seeking and incorporating diverse perspectives, organizations can gain a more comprehensive understanding of their performance and identify areas for improvement (Valcour & Snell, 2018).

The multi-level nature of the trust dynamics revealed in Study 3 suggests that organizations should adopt a systemic approach to trust-building. This could involve aligning organizational policies, procedures, and culture to support trust at all levels. For example, organizations could implement fair and transparent decision-making processes, establish clear communication channels across hierarchical levels, and create opportunities for cross-functional collaboration. By fostering a trusting environment throughout the organization, services providers can create a solid foundation for effective teamwork and high-quality service delivery (Mathieu et al., 2008).

In conclusion, these studies provide a wealth of practical implications for service organizations dedicated to persons with ID. By focusing on developing effective leadership competencies, fostering engagement through leader eudaimonic well-being beliefs, and building trust at multiple levels of the organization, these organizations can enhance their ability to deliver high-quality services and improve the lives of the person

they serve. Implementing these practical recommendations requires a commitment to ongoing learning, adaptation, and improvement, but the potential benefits in terms of organizational performance and service user outcomes make these efforts worthwhile.

4.4 Limitations and Future Research

While our studies have provided valuable insights into leadership, engagement, trust, and QoL in organizations dedicated to person with ID, we acknowledge several limitations that should be addressed in future research.

A primary limitation across our studies is their cross-sectional nature, which constrains causal interpretations of the observed relationships. This is particularly relevant for our investigation of engagement contagion (Study 2) and trust dynamics (Study 3). Although the consideration of different sources of data prevents potential problems, we recommend that future research employ longitudinal designs to better establish the causal relationships between the constructs we examined. For instance, a longitudinal study could track changes in leaders' EWBs, their engagement levels, and professionals' engagement over time, providing stronger evidence for the proposed contagion effect and the role of EWBs as precursors (Bakker et al., 2011).

Our systematic review (Study 1) revealed a lack of theory-driven research in the field of leadership in service organizations dedicated to persons with ID. Many studies we examined did not explicitly reference a specific theoretical framework, which can limit the interpretability and generalizability of findings. We urge future researchers to build upon and extend existing leadership theories while considering the unique characteristics and challenges of the service organizations dedicated to persons with ID context. This could involve developing context-specific leadership models that

incorporate the particular demands and goals of service organizations dedicated to persons with ID (Dionne et al., 2014).

Another limitation we noted is the need for more process-oriented research on leadership in service organizations dedicated to persons with ID. While some studies we reviewed examined leadership as a mediator, there is a need for more research on the specific mechanisms through which leadership influences professionals and service user outcomes. We suggest that future studies employ more complex research designs, such as multilevel modeling or structural equation modeling, to examine the pathways through which leadership behaviors translate into improved QoL for service users (Fischer et al., 2017).

Our studies highlighted the importance of considering multiple stakeholder perspectives when assessing organizational effectiveness in service organizations dedicated to persons with ID. While we incorporated family members' assessments of organizational performance in Study 3, we believe future research could go further by including the perspectives of persons with ID themselves. This would require developing and validating appropriate measures for this population, potentially using innovative methodologies such as pictorial questionnaires or assisted reporting techniques (Stancliffe, 2000).

The context-specific nature of our findings, while a strength in terms of relevance to service organizations dedicated to persons with ID, also limits their generalizability to other sectors. We encourage future researchers to examine whether similar patterns of engagement contagion and trust dynamics exist in other human services contexts, such as mental health services or elder care. Comparative studies across different types of care services could help identify both common and unique factors influencing leadership

effectiveness and organizational performance in these settings (Kozlowski & Klein, 2000).

Another limitation of our work is the relatively small sample sizes in some of our studies, particularly at the organizational (aggregated) level. We recommend that future research aim for larger, more representative samples of service organizations dedicated to persons with ID to increase the statistical power and generalizability of findings. This could involve collaborating with national associations of service organizations dedicated to persons with ID providers to access a broader range of organizations.

Our studies focused primarily on formal leadership roles. We suggest that future research explore the role of informal leadership in service organizations dedicated to persons with ID, examining how emergent leaders within teams influence engagement, trust, and organizational performance. This could provide insights into how organizations can foster leadership at all levels to enhance service quality and outcomes for persons with ID (Pearce & Conger, 2003).

Finally, while our studies touched on the challenges faced by leaders in service organizations dedicated to persons with ID, such as funding limitations and evolving service models, we believe future research could delve deeper into how leaders navigate these obstacles. We recommend qualitative studies exploring the strategies employed by successful leaders in overcoming sector-specific challenges, as these could provide valuable insights for leadership development and organizational improvement in service organizations dedicated to persons with ID (Hewitt et al., 2004).

4.5 Final Conclusions

1. Leadership in service organizations dedicated to persons with ID is diverse, with transformational leadership being most prevalent. However, more theory-driven research is needed in this field.

2. Effective leadership in service organizations dedicated to persons with ID requires a range of competencies aligned with the Leadership Qualities Framework, encompassing personal qualities, interpersonal skills, and organizational management abilities.

3. Leadership significantly impacts both professional and service user outcomes in service organizations dedicated to persons with ID, though further research is needed to understand the specific mechanisms of influence.

4. Engagement contagion occurs from leaders to professionals in service organizations dedicated to persons with ID.

5. Leaders' eudaimonic well-being beliefs are crucial precursors to their engagement and, by extension, their professionals' engagement.

6. The relationship between leaders' eudaimonic well-being beliefs and professionals' engagement is mediated by leaders' engagement, highlighting the importance of fostering positive beliefs among leaders.

7. Trust in leaders is positively associated with organizational performance in enhancing the QoL of persons with ID, as evaluated by family members.

8. The impact of leaders' trusting behaviors on QoL outcomes is largely mediated by the trust they elicit from team members.

9. Our studies collectively emphasize the critical role of leadership, engagement, and trust in shaping the performance and effectiveness of service organizations dedicated to persons with ID.

10. Future research should address limitations such as the need for longitudinal designs and larger samples.

11. Our findings have significant practical implications, suggesting that service organizations dedicated to persons with ID should prioritize leadership development, foster positive leaders' eudaimonic well-being beliefs, and cultivate a culture of trust and engagement.

12. This thesis contributes to the growing body of knowledge on leadership, engagement, trust, and QoL in service organizations dedicated to persons with ID, providing valuable insights for researchers and practitioners in the field.

13. Building on these findings and addressing identified limitations will further advance our understanding of creating effective environments for persons with ID and those who serve them.

CHAPTER V: SUMMARY

Summary Structure

This summary section provides a comprehensive overview of the doctoral dissertation, which examines leadership, engagement, and trust in service organizations dedicated to persons with intellectual disabilities (ID). The structure of this section begins with an introduction to the research work, highlighting its originality and value. It then elaborates on the academic foundations, including the importance of service organizations for persons with ID, the crucial role of leadership, and the relevance of engagement and trust in these settings. Following this, the section delves into the three interconnected research studies that form the core of the dissertation, summarizing their theoretical concepts and objectives.

The structure then relates these individual studies to the overall goal of the dissertation before presenting a brief overview of the methodology employed. The section concludes with a summary of the key findings from each study, followed by a discussion of the general theoretical and practical implications of the research. Throughout this structure, the summary emphasizes the contextualized approach of the research, its consideration of multiple perspectives, and its examination of understudied constructs and mechanisms in the specific context of service organizations for persons with ID. This comprehensive structure allows for a clear and coherent presentation of the dissertation's scope, methodology, findings, and implications, providing readers with a thorough understanding of the research project and its contributions to the field.

Introduction

Service organizations dedicated to persons with ID play a vital role in promoting human rights and enhancing the QoL for this population (Holloway, 2012; Schalock et al., 2021). These organizations provide essential support and assistance to person who may be vulnerable and at risk of exclusion due to their disability. With over 200 million people worldwide living with ID (Wagner, 2021), these organizations offer a wide range of services, including therapeutic, educational, residential, vocational, and recreational programs tailored to the specific needs of persons with ID (García-Villamisar et al., 2017). The primary goal of these services is to provide personalized support that improves the overall functioning and QoL of service users (Alonso-Sardón et al., 2019).

Despite the progress made in promoting the participation of persons with ID in society and the workforce, service organizations still face significant challenges. These challenges include negative societal attitudes, inaccessibility, and disempowering delivery structures that are rooted in historical institutionalization legacies (Mansell & Beadle-Brown, 2010). To overcome these barriers and ensure the successful implementation of contemporary, human rights-based service models, effective leadership is crucial. Leadership plays a key role in driving the shift towards personalized and inclusive support models, providing guidance on the caring process (Boyle & Doyle, 2023), investing in professionals development, promoting teamwork, and managing change with limited resources (Mansell & Beadle-Brown, 2010).

Leaders, who directly manage and support teams of professionals, have a particularly significant impact on the quality of care and the well-being of their teams in organizations serving persons with ID (Mansell et al., 2008). These leaders are responsible for translating the organization's mission, values, and policies into the daily practices of professionals (Beadle-Brown et al., 2014). They play a critical role in

training, evaluating, and motivating direct support professionals, as well as modeling positive attitudes, creating a person-centered culture, and empowering professionals to provide flexible and individualized support (Mansell et al., 2008). However, leaders face numerous challenges, such as high professional's turnover, the need for multidisciplinary collaboration, keeping up with evolving knowledge and skills, budget constraints, balancing health and safety with individual rights, and adapting their leadership style to different contextual factors (Beadle-Brown et al., 2014; Hewitt et al., 2008; Tichá et al., 2013).

Despite the importance of leadership in shaping the supportive environment, improving professionals' well-being, and enhancing the QoL for service users, research on leaders within service organizations dedicated to persons with ID remains limited (Hewitt et al., 2004). This thesis aims to address this research gap by examining the role of leadership, engagement, and trust in service organizations dedicated to persons with ID. Through a series of three interconnected studies, this research explores the impact of leadership on professionals' well-being, engagement, and performance, as well as the ultimate goal of improving the QoL for service users. By adopting a contextualized approach, considering multiple perspectives, and examining understudied constructs and mechanisms, this thesis contributes to advancing our understanding of effective leadership practices in this crucial sector and offers valuable insights for enhancing service quality and organizational performance.

This doctoral thesis, comprised of three distinct yet interconnected research studies, delves into the crucial role of leadership, engagement, and trust within organizations dedicated to supporting persons with ID. The overarching aim is to enhance our understanding of how these key factors interplay to ultimately improve the QoL for service users. The originality and value of this research lie in its contextualized approach,

its consideration of multiple perspectives, and its examination of understudied constructs and mechanisms in this specific organizational context.

Study 1, titled “Leadership in Organizations for Persons with ID: A Systematic Review”, provides a comprehensive synthesis of the existing literature on leadership in organizations dedicated to persons with ID over the past decade. This systematic review offers valuable insights into the critical leadership competencies, theoretical frameworks, key variables and processes, and relevant obstacles related to leaders in these organizations. A key contribution of this review is its focus on the specific context of intellectual disability services, addressing a significant research gap (Hewitt et al., 2004). By consolidating empirical findings and identifying future research challenges, this study lays a solid foundation for the subsequent studies in this thesis.

Building upon the insights from the systematic review, Study 2 (“Engagement Contagion from Leaders to Professionals: The Role of Eudaimonic Well-being Beliefs”) examines the transmission of engagement from leaders to professionals and the role of leaders’ eudaimonic well-being beliefs (EWBs) as a precursor of this contagion. Using multilevel structural equation modeling with data from leaders and professionals in organizations dedicated to persons with ID, this study confirms the existence of engagement contagion and highlights the importance of leaders’ EWBs in fostering their own engagement, which subsequently spreads to professionals. The originality of this research lies in its focus on the understudied concept of EWBs, its consideration of both leadership and professional’s perspectives, and its contextualization in the services sector, where maintaining high levels of engagement is crucial for service quality (Shanafelt & Noseworthy, 2017).

Lastly, Study 3 (“Trust and Quality of Life: A Study in Organizations for Person with Intellectual Disability) examines the role of trust between leaders and team members

and its association with organizational performance oriented towards improving the QoL of service users. Employing a multi-informant design with data from leaders, team members, and family members, this study confirms a cross-level mediation process where leaders' trust in their teams leads to teams' trust in their leaders, which in turn is positively associated with organizational performance focused on service users' QoL. The value of this research stems from its consideration of trust from both leader and team member perspectives, its examination of trust as a mechanism linking to performance, and its contextualized view of performance that prioritizes the central goal of service organizations dedicated to persons with ID.

Taken together, these three studies make significant contributions to advancing our knowledge of leadership, engagement, and trust in the specific context of service organizations dedicated to persons with ID. By adopting a contextualized approach, considering multiple perspectives, and examining understudied constructs and mechanisms, this doctoral thesis offers valuable insights that can inform both theory and practice in this crucial sector.

The originality and value of this doctoral thesis lie in its contextualized approach, its consideration of multiple perspectives, and its examination of understudied constructs and mechanisms in the specific context of service organizations dedicated to persons with ID. By focusing on this crucial sector and addressing significant research gaps, these studies contribute to advancing our theoretical understanding of leadership, engagement, and trust while also offering practical implications for enhancing service quality and improving the lives of person with ID.

Moreover, the multi-study design of this thesis allows for a comprehensive exploration of these key factors from different angles, with each study building upon the insights of the previous one. This approach not only strengthens the overall contribution

of the research but also highlights the interconnectedness of leadership, engagement, and trust in shaping organizational performance and service user outcomes in this context.

In conclusion, this doctoral thesis makes significant strides in advancing our knowledge of leadership, engagement, and trust in organizations serving person with ID. By adopting a contextualized approach, considering multiple perspectives, and examining understudied constructs and mechanisms, these studies offer valuable insights that can inform both theory and practice in this crucial sector. The originality and value of this research lie in its comprehensive, multi-study design, its focus on addressing research gaps, and its potential to drive positive change in the lives of persons with ID through enhanced service quality and organizational performance.

Theoretical Foundation for the dissertation

Service Organizations for Persons with ID

Service organizations dedicated to persons with ID provide a crucial support system for this vulnerable population, offering specialized programs, services, and advocacy to address their unique needs and enhance their QoL. These organizations operate at the intersection of health and social care, delivering a wide range of therapeutic, educational, residential, vocational, and recreational services tailored to the specific needs of persons with ID (García-Villamisar et al., 2017).

One of the primary functions of these organizations is to promote the inclusion and participation of persons with ID in society. They work to raise awareness about the capabilities and rights of persons with ID, combat stigma and discrimination, and foster inclusive attitudes and practices in the broader community (Teegen et al., 2004; Wilson et al., 2012;). Through advocacy efforts and education initiatives, these organizations

strive to create more welcoming and accessible environments for persons with ID, enabling them to engage in meaningful activities and relationships (Esteban et al., 2021).

In addition to promoting inclusion, service organizations for persons with ID play a vital role in empowering persons and their families. They provide information, resources, and support networks that help persons with ID and their families navigate complex systems, access benefits and services, and make informed decisions about their care and support (Teegen et al., 2004). By fostering self-advocacy skills and connecting persons with ID with peer support groups, these organizations help persons gain a greater sense of control over their lives and become active agents in shaping their futures (Schalock & Verdugo, 2013).

Service organizations for persons with ID also work to enhance the quality of life of service users through the provision of personalized, holistic support. They offer a range of services designed to address the physical, emotional, social, and developmental needs of person, with the goal of maximizing their independence, well-being, and participation in community life (Alonso-Sardón et al., 2019). These services often involve close collaboration among multidisciplinary teams of professionals, including social workers, psychologists, occupational therapists, and healthcare providers (García-Villamisar et al., 2017).

One of the key challenges faced by service organizations for persons with ID is the need to provide high-quality, person-centered support in the context of limited resources and complex regulatory environments (Hewitt et al., 2019). These organizations must navigate a range of funding streams, compliance requirements, and policy frameworks while striving to maintain a focus on the individual needs and preferences of service users (Reinders & Schalock, 2014). This requires a delicate balance between

organizational efficiency and flexibility, as well as a strong commitment to the values of inclusion, empowerment, and self-determination (Schalock et al., 2021).

Another challenge for service organizations in this sector is the need to adapt to changing societal expectations and service delivery models. In recent decades, there has been a shift away from institutionalized care towards community-based support that prioritizes the inclusion and participation of persons with ID in all aspects of society (Mansell & Beadle-Brown, 2010). This shift has required service organizations to re-envision their roles and practices, developing new approaches to support that emphasize choice, control, and community engagement for service users (Schalock et al., 2021).

Despite these challenges, service organizations for persons with ID continue to play a vital role in promoting the rights, well-being, and QoL of this population. Through their specialized expertise, commitment to inclusion, and person-centered approach to support, these organizations make a significant contribution to the lives of persons with ID and their families, as well as to the broader goal of creating a more inclusive and equitable society.

Leadership in Service Organizations for Persons with ID

Leaders, who directly manage and support teams of professionals, play a critical role in shaping the quality of care and support provided to persons with ID in service organizations. These leaders occupy a unique middle-ground position, balancing responsibilities across different levels of the organization and serving as a bridge between strategic priorities and day-to-day implementation (Hewitt et al., 2004).

The importance of leadership in service organizations for persons with ID cannot be overstated. Effective leaders are essential for ensuring the successful implementation of contemporary, person-centered support models that prioritize inclusion, self-

determination, and participation of service users (Schalock et al., 2021). They play a key role in translating organizational values and policies into the daily practices of professionals, creating a culture of empowerment and continuous improvement (Beadle-Brown et al., 2014).

One of the primary responsibilities of leaders in this context is to provide guidance and support to professionals who work closely with persons with ID. This involves a range of leadership behaviors, including coaching, mentoring, performance management, and conflict resolution (Deveau & McGill, 2016). Effective leaders must be skilled at building positive relationships with their teams, fostering trust and open communication, and creating a supportive work environment that enables professionals to provide high-quality and person-centered support (Deveau & Rickard, 2023).

In addition to supporting and developing their teams, leaders in service organizations dedicated to persons with ID must also possess a range of technical and operational competencies. These include knowledge of best practices in supporting persons with ID, understanding of regulatory requirements and quality standards, ability to manage resources and budgets, and skills in data analysis and performance improvement (Hewitt et al., 2019). Leaders must be able to effectively coordinate and integrate the efforts of multidisciplinary teams, ensuring that services are delivered in a seamless and responsive manner (Hewitt et al., 2008).

Another key aspect of leadership in service organizations for persons with ID is the ability to foster a culture of empowerment and inclusion. This involves promoting the active participation of service users in decision-making processes, advocating for their rights and needs, and challenging attitudes and practices that may limit their opportunities for growth and development (Bigby et al., 2019). Leaders must be skilled at navigating

complex power dynamics and promoting collaborative relationships among service users, families, professionals, and community partners (Deveau & McGill, 2019).

Despite the critical importance of leadership in service organizations dedicated to persons with ID, leaders in this context face a range of significant challenges. These include high levels of professional turnover, limited resources and funding, complex regulatory environments, and the need to adapt to changing service delivery models and societal expectations (Beadle-Brown et al., 2014; Hewitt et al., 2008). Leaders must also contend with the emotional demands of supporting persons with ID and their families, which can contribute to stress and burnout if not properly managed (Hatton et al., 1999).

To effectively navigate these challenges and drive positive outcomes for service users and professionals, leaders in ID services require ongoing support and development. This may include access to training and education programs, opportunities for peer learning and networking, and resources for self-care and resilience (Deveau & McGill, 2016). Organizations that prioritize the development and well-being of their leaders are better positioned to create a positive work environment, retain high-quality professionals, and deliver exceptional services to persons with ID (Hewitt et al., 2019).

Theoretical Frameworks

Several theoretical frameworks are relevant for understanding the relationship between leaders and professionals in service organizations for persons with ID. These frameworks provide valuable insights into the social, psychological, and organizational processes that shape the dynamics of leadership and its impact on individual and organizations.

Social Exchange Theory (SET) is a key theoretical framework that can help to explain the relationship between leaders and professionals in service organizations for

persons with ID. SET posits that social interactions involve the exchange of tangible and intangible resources, with the expectation of reciprocity and the development of trust over time (Blau, 1964; Cook et al., 2013). In the context of leadership, SET suggests that when leaders demonstrate trust in their professionals, provide support and resources, and empower them to make decisions, professionals are more likely to reciprocate with increased trust, commitment, and performance (Brower et al., 2009).

The application of SET to the study of leadership in service organizations dedicated to persons with ID highlights the importance of building high-quality relationships between leaders and their teams. When leaders invest in the development and well-being of their professionals, they create a positive social exchange dynamic that can foster a sense of obligation and motivation to contribute to organizational goals (Seppälä et al., 2011). This is particularly important in the context of service organizations dedicated to persons with ID, where the work can be emotionally demanding and requires a high level of commitment and compassion from professionals (Lawson & O'Brien, 1994).

Transformational and transactional leadership are two prominent theoretical frameworks that have been applied to the study of leadership in various organizational contexts, including service organizations for persons with ID. Transformational leadership focuses on the leader's ability to inspire and motivate professionals to achieve higher levels of performance and commitment, through the articulation of a compelling vision, individualized consideration, and intellectual stimulation (Bass, 1985). Transactional leadership, on the other hand, emphasizes the use of contingent rewards and active management by exception to ensure that professionals meet established goals and standards (Bass & Avolio, 1994).

In the context of service organizations dedicated to persons with ID, research suggests that a leadership approach that combines elements of both transformational and transactional leadership, with a greater emphasis on transformational behaviors, may be most effective (Deveau & McGill, 2016). Transformational leadership behaviors, such as communicating a clear and inspiring vision, providing individualized support and development opportunities, and challenging professionals to think creatively and innovatively, can help to create a positive organizational culture and foster professionals' engagement and commitment (Beadle-Brown et al., 2014). At the same time, transactional leadership behaviors, such as setting clear expectations and providing feedback and recognition, can help to ensure that professionals are meeting the necessary standards of care and support for persons with ID (Deveau & McGill, 2019).

Leader-Member Exchange (LMX) theory is another relevant theoretical framework for understanding the relationship between leaders and professionals in service organizations for persons with ID. LMX theory focuses on the quality of the dyadic relationship between a leader and each individual professional and suggests that leaders develop differentiated exchange relationships with their subordinates based on factors such as trust, respect, and mutual obligation (Graen & Uhl-Bien, 1995). High-quality LMX relationships are characterized by greater levels of support, resources, and decision-making latitude, while low-quality LMX relationships are more transactional and involve less personal investment and development (Liden & Maslyn, 1998).

Research on LMX in the context of service organizations dedicated to persons with ID suggests that high-quality exchange relationships between leaders and professionals can have a positive impact on professionals' outcomes, such as job satisfaction, organizational commitment, and intention to stay (Larson & Hewitt, 2012). When leaders develop supportive and empowering relationships with their professionals,

they create a positive work environment that can help to mitigate the challenges and stressors associated with the demanding nature of the work (Vassos & Nankervis, 2012). Furthermore, high-quality LMX relationships can foster a sense of trust and psychological safety that enables professionals to provide more person-centered and responsive support to persons with ID (Vassos et al., 2019).

Eudaimonic Well-being Beliefs (EWBs)

Eudaimonic well-being beliefs (EWBs) refer to an individual's conception of well-being, specifically the degree to which they believe their well-being is based on personal growth (self-development) and helping others (contribution-to-others) (McMahan & Estes, 2011a, 2011b; Pătraş et al., 2017). These beliefs are rooted in the eudaimonic perspective of well-being, which emphasizes living virtuously and actualizing one's potential, in contrast to the hedonic perspective that equates well-being with pleasure attainment and pain avoidance (Ryan & Deci, 2001; Ryff, 1989).

EWBs are particularly relevant in the context of service organizations dedicated to persons with ID, as the work in this sector often involves forming long-term, nurturing relationships with service users and their families. Leaders who hold strong beliefs that their well-being is tied to personal growth and helping others are more likely to find meaning and purpose in their work, leading to heightened engagement (Deveau & McGill, 2019; Pătraş et al., 2018).

Leaders with high EWBs are likely to be strongly aligned with the mission of supporting and empowering persons with ID, prioritizing their own development as leaders and focusing on making a meaningful difference in the lives of service users (Hewitt et al., 2019; Turban & Yan, 2016). By investing in their own growth and striving to make a prosocial impact, leaders with high EWBs can shape a positive organizational

climate and drive service quality enhancements that ultimately benefit the lives of persons with ID (Deveau & McGill, 2019; Deveau et al., 2020).

Moreover, leaders' EWBs and resulting engagement can have cascading effects on organizational performance and service quality in disability services (Deveau & McGill, 2019; Pătraș et al., 2018). They may foster a culture of learning, empowerment, and person-centered support, in line with their eudaimonic values (Deveau & McGill, 2016; Deveau et al., 2019). Thus, nurturing leaders' EWBs may be a strategic lever for disability service organizations to promote engagement, service excellence, and positive outcomes for the persons they serve (Deveau & McGill, 2019; Pătraș et al., 2018).

Engagement in leadership

Leadership engagement refers to the work engagement of those in leadership roles. It shares the same core attributes and theoretical underpinnings of professional engagement, characterized by vigor, dedication, and absorption in one's work (Schaufeli et al., 2002). However, leadership engagement is important to consider distinctly for several reasons.

First, leaders have a unique and far-reaching impact on the engagement of others in the organization. Leadership engagement is positively associated with professionals' engagement (Chughtai, 2016; Gutermann et al., 2017). Engaged leaders are more likely to enact positive leadership behaviors (e.g., transformational, supportive, empowering) and provide resources that drive professionals' engagement (Christian et al., 2011). Thus, leadership engagement cascades to fuel collective engagement.

Second, engaged leaders positively impact beyond their immediate professionals to the broader organizational climate and even customers. Leadership engagement relates to aspects of service climate, such as more courteous, responsive, and attentive service

quality focused on customer needs (Kopperud et al., 2014; Salanova et al., 2005). Engaged leaders have more engaged professionals and higher objective performance (Barbier et al., 2013).

Third, leaders have some unique antecedents to their engagement. Job resources remain important, but leaders draw more on strategic, and complex knowledge resources related to their role (e.g., strategic decision-making autonomy; Schaufeli, 2015). Organizational factors are highly salient for leaders, such as compelling vision/mission, growth culture, hierarchical position, and social interaction (De Clercq et al., 2014; Simbula & Guglielmi, 2013; Xanthopoulou et al., 2012).

In the context of service organizations dedicated to persons with ID, leaders with high eudaimonic well-being beliefs (EWBs) are more likely to be engaged in their work. This is because the sector requires long-term relationships with the persons and their families, and while emotionally demanding, it provides a sense of meaning as it allows for significant improvements in the lives of service users (Martínez-Tur et al., 2021).

Professionals Engagement

Professionals' engagement is a crucial factor in driving individual and organizational performance in service organizations for persons with ID. Engaged professionals are characterized by high levels of energy, dedication, and absorption in their work, and are more likely to deliver high-quality and person-centered support to person with ID (Schaufeli et al., 2002). In the context of service organizations dedicated to persons with ID, where the work can be emotionally demanding and challenging, maintaining high levels of professional's engagement is essential for ensuring the well-being of both professionals and service users (Vassos et al., 2019).

Research has identified several key drivers of professionals' engagement in service organizations for persons with ID. These include factors such as job resources (e.g., autonomy, feedback, support), personal resources (e.g., self-efficacy, optimism), and leadership behaviors (e.g., transformational leadership, empowerment) (Schaufeli, 2015; Vassos et al., 2019). When professionals have access to the necessary resources and support to perform their work effectively, and feel valued and empowered by their leaders, they are more likely to experience high levels of engagement and motivation (Vassos et al., 2019).

Contagion of engagement

One important aspect of professional's engagement in service organizations dedicated to persons with ID is the concept of engagement contagion, which refers to the process by which engaged leaders can positively influence the engagement levels of their professionals. Research suggests that leader engagement can have a "trickle-down" effect on professionals' engagement, through mechanisms such as emotional contagion, social learning, and the provision of job resources (Bakker et al., 2006; Gutermann et al., 2017). When leaders demonstrate high levels of energy, enthusiasm, and commitment to their work, they serve as positive role models for their professionals and create a climate that supports engagement and motivation (Schaufeli, 2015).

In the context of ID services, the role of leaders in fostering professionals' engagement through contagion processes may be particularly important. Leaders are in a unique position to shape the work environment and culture of their teams, and their behaviors and attitudes can have a significant impact on the engagement levels of professionals (Mansell & Beadle-Brown, 2012). When leaders demonstrate a strong commitment to the values and mission of the organization, provide support and resources to their professionals, and create a positive and inclusive work environment, they can help

to foster high levels of engagement and motivation among professionals (Vassos et al., 2019).

Trust and Team

Trust is a fundamental aspect of effective working relationships in organizations. It is commonly defined as an attitude that reflects the degree to which the other party in a relationship is trustworthy (Korsgaard et al., 2015; Martínez-Tur & Peiró, 2009). Trust involves positive expectations about the intentions and behaviors of the trustee as well as a willingness to accept vulnerability in the relationship (Rousseau et al., 1998).

While trust is important in any organizational context, it takes on heightened significance in service organizations for people with ID. These organizations rely on teams of professionals working closely together to deliver complex therapeutic, educational, and social services to a population in a situation of vulnerability (Harbour & Maulik, 2010; Pătraș et al., 2018). The quality of relationships within these teams, and particularly between team members and their leaders, is crucial for effective service delivery and ultimately for improving the quality of life of service users (Martínez-Tur et al., 2019).

One key aspect of trust in leadership-team member relationships is its reciprocal nature. Reciprocal trust refers to the trust that develops as each party observes the actions of the other and recalibrates their own trust accordingly (Serva et al., 2005). When leaders demonstrate their trust in team members, for example, by empowering them and not micromanaging, team members are more likely to reciprocate by trusting their leaders. This dynamic creates a virtuous cycle of growing mutual trust.

Trust can emerge at the team level in several ways. Through repeated social interactions and exposure to similar trust-relevant experiences, team members can

develop shared perceptions, and a collective sense of trust directed towards a specific recipient, such as leaders. The agreement among members that allows the emergence of trust at the team level can be explained theoretically through the symbolic interactionist and structuralist approaches (Martínez-Tur & Moliner, 2017; Seppälä et al., 2011).

The emergence of trust as a team-level construct has important implications. Meta-analytic evidence indicates that team trust is positively related to team performance, with trust enabling greater cooperation, information sharing, and effort within teams (De Jong et al., 2016). Trust also reduces the need for costly monitoring processes and frees up cognitive resources for core task performance (Mayer & Gavin, 2005).

In service organizations for persons with ID, high-quality trusting relationships between leaders and team members are especially crucial because of their impact on service quality. Trust enables the open communication, coordination, and extra-role behavior needed to deliver high-quality personalized care. Building reciprocal trust requires effort from both leaders and team members to demonstrate trustworthiness and fulfill each other's expectations.

Trust and Organizational Performance

Trust is a fundamental aspect of effective working relationships in service organizations for persons with ID. Trust between leaders and team members is particularly important in this context, as it enables the development of high-quality support and care for person with ID (Seppälä et al., 2011). When trust is present in leader-team member relationships, it can foster a positive work environment characterized by open communication, collaboration, and a shared commitment to the well-being of service users (Martínez-Tur et al., 2019).

Drawing on Social Exchange Theory (Blau, 1964), research suggests that trust in leader-team member relationships is a reciprocal process, whereby the trust that leaders direct towards to their teams is often reciprocated by team members (Martínez-Tur et al., 2019). When leaders demonstrate trust in their teams by providing autonomy, support, and opportunities for growth and development, team members are more likely to trust their leaders in return (Seppälä et al., 2011). This reciprocal trust can create a virtuous cycle of positive social exchange, leading to enhanced collaboration, information sharing, and extra-role behavior that ultimately benefits service users (Martínez-Tur et al., 2019).

The impact of trust on organizational performance in service organizations for persons with ID is increasingly being recognized. In this context, organizational performance is often evaluated in terms of its impact on service users' quality of life (QoL), rather than traditional financial or efficiency metrics (Schalock et al., 2002). QoL is a multidimensional construct that encompasses domains such as emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights (Schalock & Verdugo, 2013). Service organizations that prioritize QoL outcomes for service users are better able to demonstrate their social value and impact, and to attract funding and support from stakeholders (Gómez et al., 2021).

Research suggests that trust between leaders and team members can have a positive impact on organizational performance in terms of service users' QoL outcomes. When team members trust their leaders and feel supported and empowered in their work, they are more likely to provide high-quality and person-centered support that promotes the well-being and inclusion of person with ID (Martínez-Tur et al., 2019). Leaders who cultivate a culture of trust and collaboration within their teams can foster a shared

commitment to the mission and values of the organization, and a collective focus on enhancing the QoL of service users (Pătraș et al., 2018).

Empirical studies have provided support for the link between trust and organizational performance in service organizations dedicated to persons with ID. For example, Martínez-Tur et al. (2019) found that leaders' trust in their teams predicted team members' trust in their leaders, which in turn was positively associated with team member well-being. Similarly, Pătraș et al. (2018) found that a service climate characterized by strong expectations and support for person-centered care, along with professionals' members' "contribution-to-others" well-being beliefs, predicted higher levels of QoL-focused performance in service organizations for persons with ID.

While the link between trust and organizational performance in service organizations for persons with ID is promising, it is important to recognize the challenges and complexities involved in building and maintaining trust in these settings leaders and team members must navigate a range of factors that can influence trust, such as power dynamics, role clarity, communication styles, and individual differences (Seppälä et al., 2011). Leaders must also balance the need for trust and autonomy with the demands of compliance, accountability, and risk management in a highly regulated sector (Devine et al., 2019). Building and sustaining trust requires ongoing effort, communication, and commitment from both leaders and team members, as well as a supportive organizational culture that values and prioritizes trust-based relationships (Martínez-Tur et al., 2019).

Research Studies of the present Doctoral Thesis

This doctoral dissertation aims to contribute to the understanding of leadership in service organizations for persons with ID. By presenting three studies that investigate different aspects of leadership and its impact on professionals, service users, and

organizational performance. The studies build upon and extend existing theoretical frameworks and research on leadership, engagement, trust, and well-being in the context of ID services, and provide valuable insights for both scholars and practitioners in this field.

Study 1: A Systematic Review of Leadership in Organizations for Persons with ID

With our first research study we aim to synthesize the existing research on leadership in this context, identify key variables, theoretical frameworks, competencies, and challenges relevant to leaders, and inform organizational practices and interventions. By conducting a comprehensive review of the literature published over the last decade, this study seeks to provide a solid foundation for understanding the current state of knowledge on leadership in ID services and to guide future research and practice in this area.

The systematic review follows the guidelines of the PRISMA 2020 statement and uses the CADIMA software for the search process. The study applies predefined eligibility criteria for title and abstract screening, as well as full-text review, resulting in the inclusion of 21 studies that meet the quality standards. The synthesis of key results follows a narrative approach, providing a structured presentation of findings related to the research questions.

The significance of this study lies in its potential to advance the understanding of leadership in a context that has received limited attention in the literature, despite its critical importance for a vulnerable population. By focusing on leaders and synthesizing insights from a diverse range of studies and theoretical perspectives, this study aims to inform organizational practices, interventions, and future research that can ultimately improve the quality of life of persons with ID and the professionals who support them.

Theoretical Concepts of Study 1

The systematic review revealed a diverse range of leadership theories applied to organizations serving persons with ID. Transformational leadership emerged as the most prevalent framework, referenced in multiple studies (Davis, 2022; York-Fankhauser, 2013). This theory posits that inspirational leaders can drive organizational change by motivating professionals through an uplifting vision, fostering shared commitment to objectives, and appealing to higher needs of professionals (Bass, 1999).

Other theoretical approaches included spiritual leadership (Campbell, 2018), which examines how intrinsically meaningful organizational cultures and shared values systems enable leaders to motivate professionals. Intergenerational leadership (Bailey, 2020) analyzed leadership dynamics from a lifespan perspective across career stages. Distributed leadership (Kusumi et al., 2023) provided an approach that explores how leadership emerges laterally across roles based on competence rather than hierarchy.

To examine desired leadership competencies in ID service organizations, the review utilized the Leadership Qualities Framework as a lens (NHS Leadership Academy, 2011). This framework, developed for social care settings, outlines five key areas: demonstrating personal qualities, working with others, managing services, improving services, and setting direction. Within these categories, the review identified specific competencies required for effective leadership in ID services.

Demonstrating personal qualities included compassion (Austin & Fiske, 2023), self-motivation, emotional intelligence, and inclusive attitude (Campbell, 2018; Touassi, 2020). Working with others involved interpersonal competence (Gonzalez, 2022), fostering open communication and collaboration within egalitarian teams (Gonzalez, 2022; Kusumi et al., 2023; Touassi, 2020), trust in team members, engagement, and

quality of professional's support (Beadle-Brown et al., 2014; Kusumi et al., 2023; Martínez-Tur et al., 2019).

Managing services encompassed handling challenging behaviors (Austin & Fiske, 2023; Bailey, 2020; Deveau & Rickard, 2023; Touassi, 2020) and monitoring professionals' activities (Deveau & McGill, 2016). Improving services involved constantly enhancing quality by supporting new initiatives (Beadle-Brown et al., 2014, 2015; Bould et al., 2018; Deveau & McGill, 2016) and utilizing appreciative management techniques (Astala et al., 2017).

Setting direction included establishing a compelling vision and strategy for the organization by inspiring a shared vision (York-Fankhauser, 2013), challenging current practices, and orienting professionals through intrinsic motivation (Torres, 2023; York-Fankhauser, 2013). Strategic competencies such as problem-solving (Gonzalez, 2022), decision-making (Deveau et al., 2020; Kusumi et al., 2023), and developing professionals (Torres, 2023), were also highlighted.

This comprehensive approach to leadership competencies reflects the complex and evolving nature of leadership in service organizations dedicated to persons with ID. It emphasizes both operational effectiveness and supportive personal qualities, alongside the capacity to establish a compelling vision and strategy.

Study 2: Engagement Contagion from leaders to Professionals: The Role of Eudaimonic Well-being Beliefs

The second study in this dissertation investigates the impact of engagement contagion from leaders to professionals in service organizations for persons with ID, and the role of EWBs as an antecedent of this effect. Building upon the insights from the systematic review, this study aims to contribute to the understanding of the mechanisms

through which leaders' engagement and well-being beliefs influence professionals' engagement in a sector that faces unique challenges and demands.

The study draws upon theories of emotional contagion (Hatfield et al., 1993) and social learning (Bandura, 1986) to propose that leaders' engagement can be transmitted to professionals through unconscious mimicry and reinforcement. The study also examines the role of leaders' EWBs, which refer to the degree to which person believe that their well-being is based on personal growth and contribution to others (McMahan & Estes, 2011b; Pătraș et al., 2017), as an antecedent of their own engagement. The study hypothesizes that leaders' EWBs foster their own engagement, which then positively influences professionals' engagement through a contagion effect.

To test these hypotheses, the study collects data from 53 leaders and 360 professionals in small centers providing services to persons with ID. Leaders complete surveys at two time points, reporting their EWBs at Time 1 and their engagement at Time 2, while professionals report their own engagement at Time 2. This design allows for the examination of the contagion effect of leaders' engagement on professionals' engagement, as well as the role of leaders' EWBs as a precursor of this effect.

The significance of this study lies in its contribution to understanding the mechanisms through which leaders' engagement and well-being beliefs influence professionals' engagement in a challenging and demanding sector. By focusing on the specific context of ID services and examining the role of EWBs, this study provides valuable insights for organizations seeking to promote professionals' engagement and well-being, and ultimately improve the quality of care and support for persons with ID.

Theoretical Concepts of Study 2

The study examines three main theoretical concepts: engagement, engagement contagion, and eudaimonic well-being beliefs (EWBs). These concepts are investigated in the context of organizations serving persons with ID.

Engagement is defined as a "positive, fulfilling, work-related state of mind" (Maslach et al., 2001; Salanova et al., 2005; Schaufeli et al., 2002). While initially conceptualized with three dimensions (vigor, dedication, and absorption), this study focuses on the core of engagement, consisting of vigor and dedication (Moliner et al., 2008; Taris et al., 2017). Vigor reflects the energetic dimension of well-being at work, while dedication describes the commitment component (Taris et al., 2017).

Engagement has become a significant topic of analysis among scholars and practitioners worldwide due to its positive impact on organizational outcomes (Bakker and Leiter, 2010; Kular, 2008). Engaged professionals invest themselves wholeheartedly in their work, finding more meaning and deriving a sense of purpose from it (Cataldo, 2011; Kahn, 1990). However, research often reveals low levels of engagement among professionals, with unengaged professionals merely fulfilling basic job requirements without genuine involvement or commitment (Welsch, 2016).

The study explores the concept of engagement contagion, particularly from leaders to professionals. This idea is based on theories of social contagion, defined as “the spread of affect, attitude, or behavior from person A (the 'initiator') to person B (the 'recipient')” (Levy & Nail, 1993, p. 275). The contagion effect describes how person routinely "catch", reflect, and act on each other’s feelings when working together.

In the context of engagement, it is proposed that professionals are naturally aware of and influenced by leaders’ expressions and actions (Johnson, 2008), including behaviors and verbalizations that transmit engagement. This is particularly relevant given

that leaders play a significant role in shaping the spread of motivational and affective behaviors (George, 2000), and it is estimated that at least 70% variance in professionals' engagement can be attributed to the leader (Gallup, 2015).

While previous research on engagement contagion has mainly focused on its spread within work teams (e.g., Bakker and Xanthopoulou, 2009; Bakker et al., 2004, 2006; Torrente et al., 2013), this study contributes to the limited literature examining engagement contagion from leaders to professionals (Decuypere and Schaufeli, 2020; Kular,2008).

The study introduces EWBs as a potential precursor of leaderships' engagement. EWBs refer to the degree to which a person believes that their own well-being is based on self-development (personal growth) and contribution-to-others (helping others) (McMahan and Estes, 2011b; Pătraş et al., 2017). This concept connects beliefs, which have a cognitive nature and reflect the characteristics or consequences a person attributes to an object or behavior (Ajzen, 1991; Fishbein and Ajzen, 1977), to eudaimonic well-being, which is based on the Aristotelian happiness tradition proposing that fulfilling one's potential and achieving virtue are the sources of human well-being.

In the context of the workplace, EWBs reflect the extent to which organizational members perceive that their own well-being at work is based on self-development (personal growth) and contribution-to-others (helping others) within their work environment (Pătraş et al., 2017). The study argues that EWBs are particularly relevant in understanding engagement in organizations for persons with ID, where support is provided to person in situations of possible vulnerability and/or risk of exclusion.

The study proposes that leaders' EWBs are crucial in understanding their engagement in organizations for persons with ID. It is argued that if leaders believe that

their well-being at work is based on being a better person and helping others, they are more likely to show engagement in this context.

The study combines these concepts into a theoretical framework that proposes a mediation process. Specifically, it suggests that leaders' EWBs (measured at Time 1) are positively related to their engagement (measured at Time 2), which in turn leads to professionals' engagement (measured at Time 2). This process reflects a holistic approach that goes beyond simple bivariate relationships, allowing for a more mature understanding of the phenomena under study (Hayes, 2012).

Study 3: Trust and Quality of Life in Organizations for Persons with ID

The third study in this dissertation examines the role of trust between leaders and team members in service organizations for persons with ID, and its association with organizational performance oriented towards improving the quality of life (QoL) of service users. Building upon the insights from the systematic review and the previous study on engagement contagion, this study aims to investigate the social exchange processes that underlie the relationship between leaders and their teams, and how these processes impact outcomes for both professionals and service users.

The study draws upon social exchange theory (Blau, 1964) to propose that when leaders trust their teams, teams are more likely to reciprocate by trusting their leaders, leading to a positive social exchange dynamic that can foster collaboration, information sharing, and extra-role behavior. The study also examines the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and organizational performance focused on service users' QoL outcomes.

To test these hypotheses, the study collects data from 139 leaders, 1101 team members, and 1468 family members across 139 organizations providing services to

persons with ID. Leaders report their trust in their teams, team members report their trust in their leaders, and family members report organizational performance focused on improving the QoL of their relatives with ID. This multi-informant design allows for a comprehensive examination of trust perceptions at different levels of the organization, as well as an external assessment of organizational performance from the perspective of family members.

The significance of this study lies in its contribution to understanding the role of trust in shaping the quality of care and support provided to persons with ID, and its impact on organizational performance in terms of service users' QoL outcomes. By examining trust from both leader and team member perspectives and exploring its association with a contextualized view of performance that prioritizes the well-being and inclusion of persons with ID, this study provides valuable insights for organizations seeking to build high-quality, trusting relationships that benefit service users, professionals, and families.

Theoretical Concepts of Study 3

The study examines three main theoretical concepts: trust, organizational performance focused on QoL, and social exchange theory. These concepts are investigated in the context of organizations serving person with ID.

Trust is defined as an attitude that reflects the degree to which one party in a relationship is trustworthy (Korsgaard et al., 2015; Martínez-Tur & Peiró, 2009). Rousseau et al. (1998) proposed that trust has two main facets: positive expectations about the intentions and behaviors of the trustee and willingness to be vulnerable in the relationship with the trustee. Trust inherently involves accepting uncertainty and risks (Fulmer & Gelfand, 2012).

The study focuses on trust between leaders and their teams, examining it from both perspectives. This approach is relatively novel, as most previous research has focused solely on professionals' trust in their leaders. By considering both parties, the study provides a more comprehensive view of trust relationships in organizations (Martínez-Tur et al., 2019; Seppälä et al., 2011).

Trust is examined at both individual and team levels. At the team level, trust is conceptualized as a shared perception among team members, supported by symbolic interactionist and structuralist approaches (Martínez-Tur & Moliner, 2017; Schneider & Reichers, 1983). These approaches suggest that social interactions and exposure to similar organizational stimuli facilitate the emergence of shared trust perceptions within teams.

The study introduces a contextualized view of organizational performance specific to organizations dedicated to person with ID. Rather than focusing on traditional performance metrics, the researchers consider the improvement in service users' QoL as the key performance indicator.

QoL is defined by the World Health Organization as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Harper et al., 1998, p. 1). In the context of this study, organizational performance is measured by the degree to which the organization's efforts improve the quality of life of persons with ID.

This approach aligns with the primary goal of organizations in this sector and addresses calls for research to examine performance across different referents and levels of analysis (Guinot & Chiva, 2019). By focusing on QoL improvements, the study captures a long-term vision of organizational effectiveness that goes beyond satisfaction with specific service encounters (Bolton & Drew, 1991; Cronin & Taylor, 1992).

The study's theoretical framework is grounded in social exchange theory (Blau, 1964). This theory posits that social exchange refers to voluntary actions of person motivated by the returns they expect to receive from others. In the context of trust relationships between leaders and team members, social exchange theory suggests that when one party extends trust, the other party is likely to reciprocate.

The researchers apply this theory to explain the development of trust between leaders and team members. They propose that when leaders trust their teams, team members are more likely to reciprocate by trusting their leaders in return. This reciprocal trust relationship is then hypothesized to be associated with improved organizational performance.

Aligning Research Studies with the Overall Objective of the Doctoral Dissertation

The relationships between leaders and professionals in service organizations for persons with ID play a crucial role in shaping organizational outcomes and service quality. However, these dynamics remain understudied, particularly in the context of service organizations dedicated to persons with ID (Hewitt et al., 2004). This doctoral thesis aims to address this gap by investigating the complex interplay between leadership, engagement, trust, and performance in organizations supporting persons with ID.

Through a series of interconnected research endeavors, we seek to provide a comprehensive understanding of the critical factors that influence leader-professionals dynamics and their impact on service quality. By integrating insights from a systematic literature review and empirical investigations, our work aims to contribute to both theory and practice in the field of leadership and organizational behavior within specialized service contexts.

The overarching objective of our doctoral research is to examine the multifaceted relationships between leaders and professionals in service organizations dedicated to persons with ID. This broad aim is achieved through three specific objectives that address different aspects of these relationships using a comprehensive empirical framework.

Objective 1: Synthesize existing knowledge on leadership competencies, theoretical frameworks, and challenges in organizations dedicated to persons with ID.

Objective 2: Examine the mediating role of leaderships' engagement in the relationship between their eudaimonic well-being beliefs (EWBs) and professionals' engagement.

Objective 3: Investigate the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and performance focused on improving the quality of life (QoL) of service users.

In pursuing our first objective, we recognize the critical importance of establishing a solid foundation for understanding leadership in service organizations dedicated to persons with ID. Our systematic review aims to identify key competencies that leaders need to effectively manage in this specialized context. These competencies may include skills related to person-centered care, ethical decision-making, and managing complex stakeholder relationships (Clement & Bigby, 2012).

Furthermore, we seek to uncover the theoretical frameworks employed in existing research, which may range from transformational leadership theory to more specialized models tailored to the service organization's context. By examining these frameworks, we aim to assess their applicability and limitations in explaining leadership phenomena in this unique organizational setting.

Our review also focuses on identifying key variables and processes related to leadership effectiveness in the service organizations dedicated to persons with ID sector.

Lastly, by synthesizing findings on prevalent challenges faced by leaders, we aim to provide a comprehensive understanding of the obstacles that may hinder effective leadership in these organizations. These challenges may include issues such as resource constraints, professional turnover, and the complexity of managing diverse stakeholder expectations (Hewitt et al., 2004).

In addressing our second objective, we focus on the critical issue of professional engagement in service organizations dedicated to persons with ID. By examining the relationship between leaders' engagement and professionals' engagement, we examine the concept of engagement contagion (Bakker et al., 2006). This investigation is particularly relevant in the context of services organization dedicated to persons with ID, where engaged professionals are essential for providing high-quality, and person-centered care (Vassos et al., 2017).

Moreover, by examining the relationship between leaders' EWBs and their own engagement levels, we seek to understand how leaders' personal beliefs about well-being influence their work-related attitudes and behaviors. This exploration is based on the premise that leaders who believe in the importance of personal growth and contributing to others (key aspects of eudaimonic well-being) may be more likely to experience high levels of work engagement (McMahan & Estes, 2011b).

Our investigation of the mediating role of leaders' engagement in the relationship between their EWBs and professionals' engagement represents a novel contribution to the literature. By exploring this mediation process, we aim to uncover the mechanisms through which leaders' well-being beliefs may influence professionals' engagement, potentially through role modeling and creating a positive work environment (Schaufeli, 2015).

In pursuing our third objective, we focus on the critical role of trust in leader-team relationships and its impact on organizational performance in ID service organizations. By exploring the reciprocal nature of trust between leaders and team members, we contribute to the growing body of literature on trust in organizational settings (Fulmer & Gelfand, 2012).

Our examination of the relationship between teams' trust in leaders and organizational performance focused on improving service users' QoL is particularly relevant in the context of services organizations dedicated to persons with ID. This investigation is based on the premise that trust-based relationships may facilitate more effective collaboration and communication, ultimately leading to better outcomes for service users (Martínez-Tur et al., 2019).

Our exploration of the mediating role of teams' trust in leaders in the relationship between leaders' trust in teams and performance outcomes represents a significant contribution to understanding the complex dynamics of trust in these specialized organizations. By investigating this mediation process, we aim to uncover how trust at different levels of the organization (leader-to-team and team-to- leader) may interact to influence organizational performance in terms of service users' quality of life.

Overall, these three objectives collectively aim to provide a comprehensive understanding of the complex relationships between leaders and professionals in organizations dedicated to persons with ID. By integrating insights from our systematic review and empirical investigations, our doctoral thesis seeks to contribute to both theoretical knowledge and practical strategies for enhancing leadership effectiveness, professionals' engagement, and organizational performance in this critical sector.

Detailed Methodology

In our doctoral research, we embarked on a comprehensive investigation of leadership, engagement, and trust within organizations dedicated to persons with ID. Our program comprised three interconnected studies, each building upon the insights of the previous one. We were fortunate to collaborate with "Plena inclusion", a renowned federation of associations in Spain dedicated to enhancing the quality of life for persons with ID. This partnership provided us with invaluable access to a diverse range of organizations, including day-care centers and sheltered workshops, allowing us to conduct our research in real-world settings.

Our research journey began with a mixed systematic review in Study 1. For this study, we conducted a mixed systematic review, integrating findings from quantitative, qualitative, and mixed-method studies. This approach allowed us to address overlapping or complementary review questions by combining diverse data types within a single reviewed study, aiming to achieve a more comprehensive and holistic understanding of leadership in organizations serving persons with ID (Harden, 2010). We adhered to the PRISMA 2020 statement guidelines and utilized the CADIMA software for our systematic review process (Kohl et al., 2018). Our search strategy involved querying multiple databases, including Scopus, Web of Science, PsycInfo, and EBSCO, using a comprehensive set of search terms related to leadership and intellectual disability care. We initially identified 937 records, which were eventually narrowed down to 21 studies that met our inclusion criteria and quality standards. Two researchers independently reviewed the studies at the title, abstract, and keyword level for potential inclusion, with discrepancies resolved through consensus. We designed an ad hoc scale based on the Mixed Methods Appraisal Tool (MMAT), version 2018 (Hong et al., 2018) to evaluate the quality of included studies.

Our second study employed a quantitative, multi-level design with two measurement time points to examine the relationships between leaders' EWBs, their engagement, and professionals' engagement. The sample consisted of 53 leader and 360 professionals from organizations serving persons with ID, affiliated with "Plena inclusion", a Spanish NGO dedicated to improving the QoL for persons with ID. Leaders were on average 45.83 years old (SD = 8.75), and 73.6% were female. Professionals averaged 39.41 years of age (SD = 9.17), with 77.2% being women. The number of professionals per center ranged from 3-17 (Mean = 6.79, SD = 2.78).

Data were collected at two time points, with a four-week interval between assessments leaders reported on their EWBs at Time 1 and their engagement at Time 2, while professionals reported their engagement at Time 2. We conducted multilevel structural equation modeling (MSEM) using Version 8 of Mplus (Muthén & Muthén, 1998-2019) to analyze the data, testing four 2-2-1 mediation models and computing Monte Carlo confidence intervals to assess the significance of indirect effects.

Our results in this study confirmed a significant relationship between leaders' EWBs and their own engagement levels. Moreover, we found evidence of engagement contagion from leaders to professionals. Specifically, leaders' engagement at Time 2 mediated the relationship between their EWBs at Time 1 and professionals' engagement at Time 2. These findings suggest that leaders' beliefs about well-being play a crucial role in fostering engagement not only in themselves but also in their professions.

These findings collectively highlight the complex interplay between leadership beliefs, engagement, trust, and organizational performance in the context of services for persons with ID. They underscore the critical role that leaders play in shaping organizational dynamics and ultimately influencing the QoL for service users.

The third study in our research program utilized a quantitative, multi-level design with cross-sectional data collection to examine trust between leaders and team members, as well as their association with organizational performance oriented towards improving the quality of life of service users. Our sample comprised 139 leaders, 1101 team members, and 1468 family members associated with organizations for persons with ID. Leaders averaged 42.98 years old (SD = 9.36), with 60.9% being women. Team members had an average age of 37.24 years (SD = 9.30), with 74% being women. Family members averaged 57.82 years old (SD = 11.24), with 67.1% being women.

Our analyses revealed a significant positive relationship between leaders' trust in their teams and team members' trust in their leaders. Furthermore, we found that team members' trust in leaders was positively associated with organizational performance focused on improving the QoL of service users, as reported by family members. Importantly, our results supported a cross-level mediation process, where team members' trust in leaders mediated the relationship between leaders' trust in teams and organizational performance. These findings underscore the importance of reciprocal trust relationships in fostering positive outcomes for service users with ID.

These findings collectively highlight the complex interplay between leadership beliefs, engagement, trust, and organizational performance in the context of services for persons with ID. They underscore the critical role that leaders play in shaping organizational dynamics and ultimately influencing the quality of life for service users.

Our studies were conducted in cooperation with "Plena inclusión", a federation of associations in Spain aimed at improving the QoL of persons with ID. This collaboration provided access to a diverse range of service organizations dedicated to persons with ID, including day-care centers delivering educational, therapeutic, and leisure services, and

sheltered workshops focusing on the incorporation of users into the Spanish labor market. This partnership was instrumental in facilitating our research, providing access to a sample of organizations, professionals, and family members involved in ID services across Spain, thereby enhancing the ecological validity and practical relevance of our findings.

Instruments

In designing our studies, we carefully selected and adapted instruments to suit the unique context of service organizations dedicated to persons with ID. For our systematic review in Study 1, we adhered to the PRISMA 2020 guidelines and utilized the CADIMA software, ensuring a rigorous and transparent review process.

In Study 2, we assessed the concept of eudaimonic well-being beliefs (EWBs) using an adapted version of the "Beliefs about Well-Being Scale" (McMahan & Estes, 2011b). We were particularly interested in how these beliefs might relate to engagement, which we measured using the Spanish version of the Utrecht Work Engagement Scale (Schaufeli et al., 2002). These instruments allowed us to delve into the intricate relationships between leaders' beliefs, their own engagement, and that of their professionals.

For Study 3, we focused on trust and their impact on service performance. We adapted Butler's (1991) trust scale to measure both leaders' trust in team members and team members' trust in leaders. To capture the ultimate goal of these organizations - improving organizational performance directed towards improvements in QoL - we employed a scale validated by our colleagues Moliner et al. (2013). This multi-faceted approach enabled us to trace the path from trust relationships to tangible outcomes for service users.

Plan of Analyses

Our analytical approach evolved with each study, reflecting the increasing complexity of our research questions. In Study 1, we conducted a thorough quality assessment of the included studies, developing an ad hoc scale based on the Mixed Methods Appraisal Tool (Hong et al., 2018). This rigorous evaluation ensured that our findings were grounded in high-quality research.

For Studies 2 and 3, we employed advanced statistical techniques to unravel the complex relationships in our data. We utilized multilevel structural equation modeling (MSEM) using Mplus software (Muthén & Muthén, 1998-2019), which allowed us to account for the nested nature of our data and examine cross-level effects. In Study 2, we tested multiple mediation models to understand how leaders' well-being beliefs influenced their own and professionals' engagement. In Study 3**,** we expanded this approach to a 2-2-1 multilevel mediation model, tracing the path from leaders' trust to team members' trust and ultimately to organizational performance oriented to improving QoL of persons with ID.

Throughout our analyses, we were mindful of the need for robust statistical evidence. We computed Monte Carlo confidence intervals to assess the significance of indirect effects, ensuring that our findings were not only theoretically meaningful but also statistically sound.

As we reflect on our methodological journey, we are humbled by the complexity of the phenomena we studied and the richness of the data we collected. Our approach, combining a comprehensive literature review with two empirical studies using advanced statistical techniques and multiple informants, has allowed us to contribute both

theoretically and practically to the understanding of leadership, engagement, and trust in service organizations dedicated to persons with ID.

We acknowledge that our research, like all scientific endeavors, has its limitations. The cross-sectional nature of Study 3, for instance, limits our ability to make causal inferences. Additionally, while our sample is diverse within the Spanish context, we must be cautious about generalizing our findings to other cultural settings. Nevertheless, we believe that our work provides valuable insights into the functioning of these crucial service organizations and lays the groundwork for future research in this vital field.

Summary of Findings

Our research program, comprising three interconnected studies, provides valuable insights into leadership, engagement, and trust within service organizations dedicated to persons with ID. Through a systematic review and two empirical investigations, we have uncovered complex phenomena that shape the effectiveness of these specialized service contexts.

Our systematic review revealed a diverse landscape of leadership theories applied in service organizations dedicated to persons with ID, with transformational leadership emerging as the most prevalent (Davis, 2022; York-Fankhauser, 2013). Other noteworthy approaches included spiritual leadership (Campbell, 2018), intergenerational leadership (Bailey, 2020), and distributed leadership (Kusumi et al., 2023). This diversity reflects the multifaceted nature of leadership challenges in this sector. We identified critical competencies for effective leadership, including emotional intelligence, inclusive attitudes, interpersonal competence, and the ability to handle challenging behaviors (Austin & Fiske, 2023; Campbell, 2018; Gonzalez, 2022; Touassi, 2020). However, leaders in this field face significant obstacles, such as high professionals' turnover, resource constraints, regulatory barriers, and the need to adapt to evolving models of care

(Beadle-Brown et al., 2015; Campbell, 2018; York-Fankhauser, 2013). Importantly, our review highlighted a positive association between effective leadership and improved organizational performance, particularly in terms of active support implementation and quality of life outcomes for service users (Beadle-Brown et al., 2015; Bould et al., 2018). We also noted a gap in research specifically focused on leaders who directly lead professionals' teams (Hewitt et al., 2004), suggesting an area ripe for future investigation.

Building on these insights, our second study examined the relationships between leaders' EWBs, their engagement, and their professionals' engagement. We found significant positive relationships between leaders' EWBs at Time 1 (both self-development and contribution-to-others' beliefs) and their work engagement levels (vigor and dedication) at Time 2. This suggests that leaders who believe in the importance of personal growth and contributing to others are more likely to experience high levels of work engagement. Crucially, we observed a crossover effect between leadership and professionals' engagement, providing evidence for engagement contagion in service organizations dedicated to persons with ID. Leaders' vigor significantly predicted professionals' vigor, and leaders' dedication significantly predicted professionals' dedication. Our analyses also supported the mediating role of leaders' engagement in the relationship between their EWBs and professionals' engagement. These findings underscore the importance of leaders' well-being beliefs and engagement in fostering a positive work environment and promoting professionals' engagement in service organizations dedicated to persons with ID.

Our third study delved into trust between leaders and team members, and their association with organizational performance focused on improving service users' QoL. We found a positive significant relationship between trust in team members reported by leaders and trust in leaders reported by team members, supporting the idea of reciprocity

in trust relationships within organizations. Importantly, trust in leaders reported by team members had a positive significant relationship with organizational performance focused on QoL of persons with ID, as reported by family members. This highlights the critical role of trust in achieving positive outcomes for service users. Our results also confirmed a cross-level mediation process where teams' trust in leaders mediated the relationship between leaders' trust in teams and organizational performance focused on quality of life. This suggests that leaders' trust in their teams fosters reciprocal trust from team members, which in turn is associated with better organizational performance.

Collectively, our research program provides a comprehensive view of the complex phenomena in organizations dedicated to persons with ID. It emphasizes the importance of effective leadership, engagement, and trust in fostering positive outcomes for both professionals and service users. The diversity of leadership approaches we identified suggests that context-specific leadership development programs may be necessary to address the unique challenges of service organizations dedicated to persons with ID. Our findings on engagement contagion highlight the crucial role that leaders play in shaping the work environment and motivating their teams. The trust phenomenon we uncovered underscores the importance of fostering positive relationships at all levels of the organization to ultimately benefit service users.

These insights can inform leadership development programs, organizational interventions, and policy decisions aimed at improving the quality of services provided to persons with ID. Future research could further explore the specific mechanisms through which leadership practices influence professionals' engagement and organizational performance in this context. Additionally, longitudinal studies could provide more robust evidence for the causal relationships we have identified. As the field of service organizations dedicated to persons with ID continues to evolve, ongoing

research will be crucial to ensure that leadership practices keep pace with changing needs and expectations.

Summary of Theoretical Implications

Our research program, comprising a systematic review and two empirical studies, offers significant theoretical implications for understanding leadership, engagement, and trust in service organizations dedicated to persons with ID. These implications span several domains of organizational and leadership theory, contributing to a more nuanced understanding of how these constructs operate in specific service contexts.

Our findings contribute substantially to the ongoing discourse on the contextual nature of leadership. The diverse range of leadership theories we identified in our systematic review, from transformational leadership (Davis, 2022; York-Fankhauser, 2013) to spiritual leadership (Campbell, 2018) and distributed leadership (Kusumi et al., 2023), underscores the complexity of leadership in service organizations dedicated to persons with ID. This diversity challenges the notion of a one-size-fits-all approach to leadership and supports contingency theories of leadership (Fiedler, 1964), which posit that effective leadership is context-dependent. Our research extends our theoretical understanding of leadership by highlighting the need for models that can account for the specific demands of specific service contexts. Moreover, the identification of critical competencies such as emotional intelligence, inclusive attitudes, and the ability to handle challenging behaviors (Austin & Fiske, 2023; Gonzalez, 2022; Touassi, 2020) extends existing competency models by emphasizing the importance of socio-emotional skills in addition to traditional leadership capabilities. This aligns with and extends the work of scholars like Goleman (1998) on emotional intelligence in leadership, suggesting that in contexts where human services are central, these competencies may be particularly crucial.

In the realm of engagement theory, our second study provides important insights into the mechanisms of engagement contagion. By demonstrating a crossover effect between leadership and professionals' engagement, our research extends existing theories of emotional contagion (Hatfield et al., 1993) into the domain of work engagement. This finding supports and expands upon the work of scholars like Bakker et al. (2006), who have explored engagement crossover in work teams. However, our study goes further by linking this process to leaders' EWBs, thereby connecting two previously separate theoretical domains: engagement and eudaimonic well-being beliefs. The mediating role of leaders' engagement in the relationship between their EWBs and professionals' engagement offers a new theoretical perspective on the antecedents of engagement contagion. This finding suggests that personal beliefs about well-being can have far-reaching effects on organizational phenomena, extending beyond the individual to influence team-level outcomes. This connection between personal beliefs and organizational processes contributes to our theoretical understanding of the micro-foundations of organizational behavior (Felin et al., 2015), highlighting how individual-level constructs can shape team and organizational-level phenomena.

Our research also makes significant contributions to trust theory, particularly in the context of leader-member relationships. The reciprocal nature of trust between leaders and team members that we observed in our third study aligns with and extends social exchange theory (Blau, 1964). By demonstrating that leaders' trust in teams is associated with teams' trust in leaders, our findings support the notion of trust as a reciprocal process. However, our study goes beyond simple reciprocity by linking these trust dynamics to organizational performance, specifically in terms of improving service users' QoL. The cross-level mediation process we identified, where teams' trust in leaders mediates the relationship between leaders' trust in teams and organizational performance, offers a new

theoretical model for understanding how trust operates across organizational levels to influence outcomes. This multi-level perspective on trust contributes to the growing body of literature on trust in organizations (Fulmer & Gelfand, 2012) by demonstrating how trust at different levels interacts to shape organizational effectiveness.

Furthermore, our research program as a whole contributes to the theoretical discourse on the interconnectedness of leadership, engagement, and trust in organizations. By examining these constructs within the same research program, we offer a more holistic theoretical framework for understanding organizational phenomena in service organizations dedicated to persons with ID contexts. This integrated approach suggests that effective leadership, high engagement, and strong trust can contribute to positive outcomes.

Lastly, our research has implications for theories of social impact and value creation in non-profit and human service organizations. By linking leadership practices, engagement, and trust to outcomes related to service users' QoL, our findings contribute to theoretical models of how organizations create social value (Porter & Kramer, 2011). This extends existing theories by highlighting the importance of internal organizational processes and relationships in driving external social impact.

Summary of Practical Implications

Our research studies also offer significant practical implications for service organizations dedicated to persons with ID. These implications span various aspects of organizational management, leadership development, and service delivery, providing actionable insights for practitioners, policymakers, and organizational leaders in our targeted sector.

One of the most salient practical implications of our research is the need for context-specific leadership development programs in service organizations dedicated to persons with ID. Our systematic review revealed a diverse range of leadership approaches and competencies that are particularly effective in this context (Campbell, 2018; Davis, 2022; York-Fankhauser, 2013). This suggests that leadership training programs should be tailored to address the unique challenges faced by leaders in service organizations dedicated to persons with ID, such as managing complex stakeholder relationships, navigating regulatory environments, and handling challenging behaviors (Austin & Fiske, 2023; Beadle-Brown et al., 2015). Specifically, our findings highlight the importance of developing emotional intelligence, inclusive attitudes, and interpersonal competence among leaders in this field (Gonzalez, 2022; Touassi, 2020). Organizations and training institutions should consider incorporating these elements into their leadership development curricula, moving beyond traditional management skills to encompass a more holistic approach to leadership in human service contexts.

Our research also underscores the critical role of professionals' engagement in service organizations dedicated to persons with ID. The engagement contagion effect we observed between leaders and professionals (Bakker et al., 2006) has significant implications for organizational practice. It suggests that fostering high levels of engagement among leaders can have a cascading positive effect throughout the organization. Practically, this implies that organizations should focus on creating supportive work environments that promote leadership engagement, recognizing that this investment can yield broader benefits for overall professionals' engagement. Moreover, our findings on the relationship between leaders' EWBs and engagement levels suggest that organizations might benefit from cultivating a workplace culture that values personal growth and contribution to others. This could involve implementing policies and practices

that support professionals' personal development and emphasize the meaningful impact of their work on service users' lives.

The trust findings revealed in our third study offer crucial insights for improving organizational performance in service organizations dedicated to persons with ID. Our findings on the reciprocal nature of trust between leaders and team members, and its association with performance outcomes, highlight the importance of fostering trust at all levels of the organization (Fulmer & Gelfand, 2012). Practically, this suggests that organizations should invest in trust-building initiatives, such as transparent communication practices, fair decision-making processes, and opportunities for collaborative problem-solving. In addition, leaders should be trained in trust-building techniques and encouraged to demonstrate trust in their teams, recognizing that this can lead to reciprocal trust and ultimately improve service delivery.

Our research also has implications for performance management in service organizations dedicated to persons with ID. By linking trust and engagement to outcomes related to service users' QoL, our findings suggest that traditional performance metrics may need to be expanded to include relational and well-being factors. Organizations might consider incorporating measures of trust, engagement, and service user quality of life into their performance evaluation systems, recognizing these as key indicators of organizational effectiveness in this context.

Our findings also offer practical insights for addressing common challenges in service organizations dedicated to persons with ID, such as high professionals' turnover and burnout (Campbell, 2018). By highlighting the importance of engagement and trust in fostering positive work environments, our findings suggest that focusing on these factors could help organizations improve professionals' retention and well-being. Practical strategies might include implementing regular engagement surveys, creating

forums for open dialogue between management and professionals, and developing mentorship programs that foster trust and support.

Lastly, our findings have implications for how organizations measure and communicate their social impact. By demonstrating the link between internal organizational processes (like trust and engagement) and service user outcomes, our research suggests that organizations should adopt a more holistic approach to impact measurement. This could involve developing integrated reporting frameworks that capture both the quality of internal organizational relationships and external service outcomes, providing a more comprehensive picture of organizational effectiveness and social value creation (Porter & Kramer, 2011).

Future Research

Our research program also highlights several areas that warrant further investigation. Future research could build upon our findings in various ways to expand our understanding of these complex organizational phenomena and ultimately contribute to improve QoL of persons with ID.

Longitudinal and diary studies represent a crucial direction for future research. While our work has identified important relationships between leadership, engagement, and trust, longitudinal designs could establish causal relationships more definitively. Tracking changes in these factors over time would provide stronger evidence for the directionality of these relationships and offer a more dynamic picture of organizational processes in service organizations dedicated to persons with ID settings (Seppälä et al., 2011).

Cross-cultural comparisons are another valuable avenue for future research. Our studies were primarily conducted in the Spanish context, and exploring whether our

findings hold true in different cultural settings could provide insights into their universality and highlight any culture-specific factors (Hofstede et al., 2010) influencing leadership, engagement, and trust in service organizations dedicated to persons with ID.

Future research could also focus on designing and evaluating interventions aimed at enhancing leadership effectiveness, fostering engagement, and building trust. This could include leadership development programs, engagement initiatives, or trust-building interventions (Beadle-Brown et al., 2014). Evaluating the effectiveness of such interventions could provide practical guidance for organizations seeking to improve their practices and organizational climate.

Incorporating the perspectives of persons with ID themselves is also an important direction for future studies. Adapting research methodologies to include the direct experiences of service users could provide valuable insights into the impact of organizational practices on their quality of life (Estreder et al., 2023). This person-centered approach would align with current trends in disability research and could lead to more inclusive and effective organizational practices.

Exploring additional mediators and moderators of the relationships we identified could provide a more nuanced understanding of the complex interplay between individual, team, and organizational factors in service organizations dedicated to persons with ID. Factors such as organizational culture, job characteristics, or individual personality traits could be examined as potential influencing factors (Bakker & Demerouti, 2017).

Finally, examining how different policy environments impact leadership practices, engagement levels, and trust in service organizations dedicated to persons with ID could provide valuable insights for policymakers and help shape more effective

regulatory frameworks (Deveau & Rickard, 2023). Understanding the policy implications of organizational practices could contribute to the development of more supportive and effective governance structures for service organizations dedicated to persons with ID.

By pursuing these avenues of research, scholars can continue to build upon the foundation laid by our studies, further enhancing our understanding of the complex dynamics in organizations serving persons with intellectual disabilities. This ongoing research agenda has the potential to significantly improve service quality and outcomes for this population in situation of potential vulnerability, ultimately contributing to enhanced quality of life for persons with ID.

Conclusions

1. Our systematic review revealed that effective leadership in service organizations dedicated to persons with ID requires a diverse range of approaches and competencies. Transformational leadership emerged as particularly relevant, but other styles such as spiritual and distributed leadership also play important roles (Campbell, 2018; Davis, 2022; Kusumi et al., 2023).

2. Leaders in service organizations dedicated to persons with ID need to possess high levels of emotional intelligence and inclusive attitudes to effectively manage the complex interpersonal relations and diverse needs of professionals and service users (Austin & Fiske, 2023; Gonzalez, 2022).

3. Our research demonstrated that engagement can be contagious within organizations, with leaders' engagement significantly influencing professionals' engagement. This highlights the crucial role of leadership in fostering a positive and engaging work environment (Bakker et al., 2006).

4. Leaders' EWBs were found to be positively related to their own engagement levels, which in turn influenced professionals' engagement. This underscores the importance of fostering a workplace culture that values personal growth and contribution to others.

5. Our findings revealed a reciprocal relationship between leaders' trust in their teams and team members' trust in their leaders. Moreover, this trust was positively associated with organizational performance focused on improving the quality of life of service users.

6. The study demonstrated significant cross-level effects, with team-level trust mediating the relationship between leaders' trust and individual-level performance outcomes. This highlights the importance of considering multiple levels of analysis in organizational research.

7. Our research emphasized the importance of considering quality of life outcomes for service users as a key indicator of organizational performance in service organization for individuals with ID (Moliner et al., 2013).

8. The unique challenges faced by service organizations dedicated to persons with ID, such as regulatory constraints and the need to manage diverse stakeholder expectations, underscore the importance of context-specific leadership and management approaches (Beadle-Brown et al., 2015).

9. The combination of a systematic review with empirical studies using advanced statistical techniques (such as multilevel structural equation modeling) provided a robust and nuanced understanding of the complex phenomena under study.

10. Including family members' perspectives in assessing organizational performance provided a unique and important external viewpoint on the quality of services provided.

11. Our findings open up numerous avenues for future research, including longitudinal studies, cross-cultural comparisons, and the development of specialized assessment tools for ID service contexts.

These conclusions collectively highlight the complex and interconnected nature of leadership, engagement, and trust in organizations serving persons with intellectual disabilities. They underscore the need for tailored approaches to leadership development, engagement strategies, and trust-building initiatives in these specialized service contexts.

CHAPTER VI:

RESUMEN GLOBAL

Introducción

Las organizaciones de servicios dedicadas a personas con discapacidad intelectual (DI) desempeñan un papel crucial en la promoción de los derechos humanos y la mejora de la calidad de vida de esta población (Holloway, 2012; Schalock et al., 2021). Estas organizaciones proporcionan apoyo y asistencia esenciales a personas que pueden estar en situación de vulnerabilidad y en riesgo de exclusión debido a su discapacidad. Con más de 200 millones de personas en todo el mundo viviendo con DI (Wagner, 2021), estas organizaciones ofrecen una amplia gama de servicios, incluyendo programas terapéuticos, educativos, residenciales, vocacionales y recreativos adaptados a las necesidades específicas de las personas con DI (García-Villamisar et al., 2017). El objetivo principal de estos servicios es proporcionar apoyo personalizado que mejore el funcionamiento general y la calidad de vida de los usuarios del servicio (Alonso-Sardón et al., 2019).

A pesar de los avances realizados en la promoción de la participación de las personas con DI en la sociedad y en el mercado laboral, las organizaciones de servicios aún se enfrentan a desafíos significativos. Estos desafíos incluyen actitudes sociales negativas, problemas de accesibilidad y estructuras de prestación de servicios que no empoderan, arraigadas en legados históricos de institucionalización (Mansell & Beadle-Brown, 2010). Para superar estas barreras y garantizar la implementación exitosa de modelos de servicio contemporáneos basados en los derechos humanos, es crucial un liderazgo efectivo. El liderazgo juega un papel clave en impulsar el cambio hacia modelos de apoyo personalizados e inclusivos, proporcionando orientación sobre el proceso de cuidado (Boyle & Doyle, 2023), invirtiendo en el desarrollo de los profesionales, promoviendo el trabajo en equipo y gestionando el cambio con recursos limitados (Mansell & Beadle-Brown, 2010).

Organizaciones de Servicios para Personas con Discapacidad Intelectual

Las organizaciones de servicios dedicadas a personas con DI proporcionan un sistema de apoyo crucial para esta población en situación potencial de vulnerabilidad, ofreciendo programas especializados, servicios y defensa para abordar sus necesidades únicas y mejorar su calidad de vida. Estas organizaciones operan en la intersección de la atención sanitaria y social, ofreciendo una amplia gama de servicios terapéuticos, educativos, residenciales, vocacionales y recreativos adaptados a las necesidades específicas de las personas con DI (García-Villamisar et al., 2017).

Una de las funciones principales de estas organizaciones es promover la inclusión y participación de las personas con DI en la sociedad. Trabajan para crear conciencia sobre las capacidades y derechos de las personas con DI, combatir el estigma y la discriminación, y fomentar actitudes y prácticas inclusivas en la comunidad en general (Teegen et al., 2004; Wilson et al., 2012). A través de esfuerzos de defensa e iniciativas educativas, estas organizaciones se esfuerzan por crear entornos más acogedores y accesibles para las personas con DI, permitiéndoles participar en actividades significativas y relaciones (Esteban et al., 2021).

Además de promover la inclusión, las organizaciones de servicios para personas con DI juegan un papel vital en el empoderamiento de las personas y sus familias. Proporcionan información, recursos y redes de apoyo que ayudan a las personas con DI y sus familias a navegar por sistemas complejos, acceder a beneficios y servicios y tomar decisiones informadas sobre su atención y apoyo (Teegen et al., 2004). Al fomentar habilidades de autodefensa y conectar a las personas con DI con grupos de apoyo entre pares, estas organizaciones ayudan a las personas a obtener un mayor sentido de control

sobre sus vidas y convertirse en agentes activos en la configuración de su futuro (Schalock & Verdugo, 2012).

Las organizaciones de servicios para personas con DI también trabajan para mejorar la calidad de vida de los usuarios del servicio a través de la provisión de apoyo personalizado y holístico. Ofrecen una gama de servicios diseñados para abordar las necesidades físicas, emocionales, sociales y de desarrollo de las personas, con el objetivo de maximizar su independencia, bienestar y participación en la vida comunitaria (Alonso-Sardón et al., 2019). Estos servicios a menudo implican una estrecha colaboración entre equipos multidisciplinares de profesionales, incluyendo trabajadores sociales, psicólogos, terapeutas ocupacionales y proveedores de atención médica (García-Villamisar et al., 2017).

Uno de los principales desafíos a los que se enfrentan las organizaciones de servicios para personas con DI es la necesidad de proporcionar apoyo de alta calidad y centrado en la persona en un contexto de recursos limitados y con entornos regulatorios complejos (Hewitt et al., 2019). Estas organizaciones deben moverse por una serie de fuentes de financiamiento, requisitos de cumplimiento y políticas, mientras se esfuerzan por mantener un enfoque en las necesidades y preferencias individuales de los usuarios del servicio (Reinders & Schalock, 2014). Esto requiere un delicado equilibrio entre la eficiencia organizativa y la flexibilidad, así como un fuerte compromiso con los valores de inclusión, empoderamiento y autodeterminación (Schalock et al., 2021).

Otro desafío para las organizaciones de servicios en este sector es la necesidad de adaptarse a las cambiantes expectativas sociales y modelos de prestación de servicios. En las últimas décadas, ha habido un cambio desde la atención institucionalizada hacia el apoyo basado en la comunidad que prioriza la inclusión y participación de las personas con DI en todos los aspectos de la sociedad (Mansell & Beadle-Brown, 2010). Este

cambio ha requerido que las organizaciones de servicios reevalúen sus roles y prácticas, desarrollando nuevos enfoques de apoyo que enfaticen la elección, el control y el compromiso comunitario para los usuarios del servicio (Schalock et al., 2021).

Liderazgo en Organizaciones de Servicios para Personas con Discapacidad Intelectual

Los líderes que gestionan y apoyan directamente a los equipos de profesionales juegan un papel crítico en la configuración de la calidad de la atención y el apoyo proporcionado a las personas con DI en las organizaciones de servicios. Estos líderes ocupan una posición única de enlace, equilibrando responsabilidades a través de diferentes niveles de la organización y sirviendo como puente entre las prioridades estratégicas y la implementación diaria de actividades (Hewitt et al., 2004).

La importancia del liderazgo en las organizaciones de servicios para personas con DI es crucial. Los líderes efectivos son esenciales para garantizar la implementación exitosa de modelos de apoyo contemporáneos centrados en la persona que priorizan la inclusión, la autodeterminación y la participación de los usuarios del servicio (Schalock et al., 2021). Juegan un papel clave en la traducción de los valores y políticas organizacionales a las prácticas diarias de los profesionales, creando una cultura de empoderamiento y mejora continua (Beadle-Brown et al., 2014).

Una de las principales responsabilidades de los líderes en este contexto es proporcionar orientación y apoyo a los profesionales que trabajan estrechamente con las personas con DI. Esto implica una serie de comportamientos de liderazgo, incluyendo coaching, mentoría, gestión del desempeño y resolución de conflictos (Deveau & McGill, 2016). Los líderes efectivos deben ser hábiles en la construcción de relaciones positivas con sus equipos, fomentando la confianza y la comunicación abierta, y creando un

ambiente de trabajo de apoyo que permita a los profesionales proporcionar un apoyo de alta calidad y centrado en la persona (Deveau & Rickard, 2023).

Además de apoyar y desarrollar a sus equipos, los líderes en organizaciones de servicios dedicadas a personas con DI también deben poseer una gama de competencias técnicas y operativas. Estas incluyen el conocimiento de las mejores prácticas en el apoyo a personas con DI, comprensión de los requisitos regulatorios y estándares de calidad, capacidad para gestionar recursos y presupuestos, y habilidades en análisis de datos y mejora del desempeño (Hewitt et al., 2019). Los líderes deben ser capaces de coordinar e integrar efectivamente los esfuerzos de equipos multidisciplinares, asegurando que los servicios se entreguen de manera fluida y receptiva (Hewitt et al., 2008).

Otro aspecto clave del liderazgo en organizaciones de servicios para personas con DI es la capacidad de fomentar una cultura de empoderamiento e inclusión. Esto implica promover la participación activa de los usuarios del servicio en los procesos de toma de decisiones, defendiendo sus derechos y necesidades, y desafiando actitudes y prácticas que puedan limitar sus oportunidades de crecimiento y desarrollo (Bigby et al., 2019). Los líderes deben ser hábiles en la gestión de dinámicas de poder complejas y promover relaciones colaborativas entre los usuarios del servicio, las familias, los profesionales y los socios comunitarios (Deveau & McGill, 2019).

A pesar de la importancia crítica del liderazgo en las organizaciones de servicios dedicadas a personas con DI, los líderes en este contexto enfrentan una serie de desafíos significativos. Estos incluyen altos niveles de rotación de personal, recursos y financiamiento limitados, entornos regulatorios complejos y la necesidad de adaptarse a modelos cambiantes de prestación de servicios y transformación de las expectativas sociales (Hewitt et al., 2008; Beadle-Brown et al., 2014). Los líderes también deben lidiar con las demandas emocionales de apoyar a las personas con DI y sus familias, lo que

puede contribuir al estrés y al agotamiento si no se maneja adecuadamente (Hatton et al., 1999).

Para gestionar efectivamente estos desafíos e impulsar resultados positivos para los usuarios del servicio y los profesionales, los líderes en servicios de DI requieren apoyo y desarrollo continuos. Esto puede incluir acceso a programas de capacitación y educación, oportunidades para el aprendizaje entre pares y la creación de redes y recursos para el autocuidado y la resiliencia (Deveau & McGill, 2016). Las organizaciones que priorizan el desarrollo y el bienestar de sus líderes están mejor posicionadas para crear un ambiente de trabajo positivo, retener profesionales de alta calidad y ofrecer servicios excepcionales a las personas con DI (Hewitt et al., 2019).

Objetivos de Investigación

El objetivo general de esta tesis doctoral es examinar las complejas relaciones entre líderes y profesionales en organizaciones de servicios dedicadas a personas con DI. A través de tres estudios interconectados, esta investigación busca proporcionar una comprensión integral de los factores críticos que influyen en las dinámicas entre líderes y profesionales, y su impacto en la calidad de los servicios proporcionados a los usuarios.

El primer estudio tiene como objetivo sintetizar el conocimiento existente sobre competencias de liderazgo, marcos teóricos y desafíos en organizaciones dedicadas a personas con DI. Mediante una revisión sistemática de la literatura publicada en la última década, este estudio busca identificar las competencias clave que los líderes necesitan para gestionar eficazmente en este contexto especializado, descubrir los marcos teóricos empleados en la investigación existente, y examinar las variables y procesos relacionados con la efectividad del liderazgo en el sector de servicios para personas con DI.

El segundo estudio tiene como objetivo examinar el papel mediador del engagement de los líderes en la relación entre sus creencias de bienestar eudaimónico (EWBs) y el engagement de los profesionales. Este estudio investiga el fenómeno del contagio de engagement de líderes a profesionales en organizaciones de servicios para personas con DI, explorando cómo las creencias de los líderes sobre el bienestar influyen en sus propios niveles de engagement y, a su vez, en el engagement de sus profesionales.

El tercer estudio se propone investigar el papel mediador de la confianza de los equipos en los líderes en la relación entre la confianza de los líderes en los equipos y el desempeño enfocado en mejorar la calidad de vida de los usuarios del servicio. Este estudio examina la naturaleza recíproca de la confianza entre líderes y miembros del equipo, y su asociación con el desempeño organizacional orientado a mejorar la calidad de vida de las personas con DI.

En conjunto, estos tres estudios tienen como objetivo contribuir a la comprensión teórica del liderazgo, el engagement y la confianza en organizaciones que sirven a personas con DI, al tiempo que ofrecen implicaciones prácticas para mejorar la calidad del servicio y los resultados organizacionales en este sector crítico. Al adoptar un enfoque contextualizado, considerar múltiples perspectivas y examinar constructos y mecanismos poco estudiados, esta tesis doctoral busca avanzar en nuestro conocimiento de las prácticas de liderazgo efectivas en este contexto único y ofrecer ideas valiosas para mejorar la vida de las personas con discapacidad intelectual.

Marco Teórico

Organizaciones de Servicios para Personas con Discapacidad Intelectual

Las organizaciones de servicios dedicadas a personas con DI desempeñan un papel fundamental en la promoción de los derechos humanos y la mejora de la calidad de

vida de esta población vulnerable (Holloway, 2012; Schalock et al., 2021). Estas entidades proporcionan una amplia gama de servicios especializados, incluyendo programas terapéuticos, educativos, residenciales, vocacionales y recreativos, adaptados a las necesidades específicas de las personas con DI (García-Villamisar et al., 2017).

El objetivo principal de estas organizaciones es ofrecer apoyo personalizado que mejore el funcionamiento general y la calidad de vida de los usuarios del servicio (Alonso-Sardón et al., 2019). Además de proporcionar servicios directos, estas organizaciones también juegan un papel crucial en la promoción de la inclusión y participación de las personas con DI en la sociedad. Trabajan para crear conciencia sobre las capacidades y derechos de las personas con DI, combatir el estigma y la discriminación, y fomentar actitudes y prácticas inclusivas en la comunidad en general (Teegen et al., 2004; Wilson et al., 2012).

Un aspecto clave de estas organizaciones es su enfoque en el empoderamiento de las personas con DI y sus familias. Proporcionan información, recursos y redes de apoyo que ayudan a las personas con DI y sus familias a gestionar sistemas complejos, acceder a beneficios y servicios, y tomar decisiones informadas sobre su atención y apoyo (Teegen et al., 2004). Al fomentar habilidades de autodefensa y conectar a las personas con DI con grupos de apoyo entre pares, estas organizaciones ayudan a las personas a obtener un mayor sentido de control sobre sus vidas y convertirse en agentes activos en la configuración de su futuro (Schalock & Verdugo, 2012).

Sin embargo, estas organizaciones se enfrentan a desafíos significativos en la prestación de servicios de alta calidad. Estos incluyen la necesidad de proporcionar apoyo personalizado en un contexto de recursos limitados y entornos regulatorios complejos (Hewitt et al., 2019), la adaptación a modelos de prestación de servicios en evolución que priorizan el apoyo basado en la comunidad (Mansell & Beadle-Brown, 2010), y la

necesidad de equilibrar la eficiencia organizativa con la flexibilidad necesaria para responder a las necesidades individuales de los usuarios del servicio (Schalock et al., 2021).

Impacto Transformador del Liderazgo en Servicios para Personas con DI

El liderazgo desempeña un papel fundamental en la configuración de la calidad de atención y apoyo ofrecidos a las personas con DI en organizaciones de servicios especializados. Los líderes, especialmente aquellos que gestionan y respaldan directamente a los equipos profesionales, ocupan una posición estratégica única, equilibrando responsabilidades a través de los distintos niveles organizativos y actuando como puente entre las prioridades estratégicas y su implementación cotidiana (Hewitt et al., 2004).

La relevancia del liderazgo en este contexto se manifiesta en varios aspectos cruciales. En primer lugar, los líderes eficaces son esenciales para asegurar la implementación exitosa de modelos de apoyo contemporáneos centrados en la persona, que priorizan la inclusión, la autodeterminación y la participación activa de los usuarios del servicio (Schalock et al., 2021). Estos líderes juegan un papel vital en la traducción de los valores y políticas organizacionales a las prácticas diarias de los profesionales, fomentando una cultura de empoderamiento y mejora continua (Beadle-Brown et al., 2014).

Las competencias de liderazgo en este ámbito abarcan un amplio espectro de habilidades y conocimientos. Incluyen la capacidad de brindar orientación y apoyo a los profesionales, lo que implica coaching, mentoría, gestión del desempeño y resolución de conflictos (Deveau & McGill, 2016). Los líderes efectivos deben ser expertos en la construcción de relaciones positivas con sus equipos, promoviendo la confianza y la

comunicación abierta, y creando un ambiente laboral de apoyo que permita a los profesionales proporcionar una atención de alta calidad y centrada en la persona (Deveau & Rickard, 2023).

Además, los líderes en estas organizaciones deben poseer competencias técnicas y operativas específicas. Estas incluyen un profundo conocimiento de las mejores prácticas en el apoyo a personas con ID, comprensión de los requisitos regulatorios y estándares de calidad, capacidad para gestionar recursos y presupuestos, y habilidades en análisis de datos y mejora del desempeño (Hewitt et al., 2019). La habilidad para coordinar e integrar eficazmente los esfuerzos de equipos multidisciplinarios es también una competencia crucial (Hewitt et al., 2008).

Un aspecto particularmente significativo del liderazgo en este contexto es la capacidad de fomentar una cultura de empoderamiento e inclusión genuina. Esto implica promover la participación activa de los usuarios del servicio en los procesos de toma de decisiones, defender sus derechos y necesidades, y desafiar activamente las actitudes y prácticas que puedan limitar sus oportunidades de crecimiento y desarrollo (Bigby et al., 2019). Los líderes deben ser hábiles en la navegación de dinámicas de poder complejas y en la promoción de relaciones colaborativas entre los usuarios del servicio, las familias, los profesionales y los socios comunitarios (Deveau & McGill, 2019).

En última instancia, el liderazgo efectivo en este campo se traduce en la creación de entornos donde las personas con ID pueden maximizar su potencial, vivir con dignidad y participar plenamente en la sociedad. Los líderes tienen la responsabilidad de inspirar, guiar y empoderar a sus equipos para que ofrezcan servicios que no solo cumplan con los estándares de calidad, sino que también promuevan la autonomía, la inclusión y el bienestar integral de las personas a las que sirven.

Teorías de Liderazgo en el Contexto de Servicios para Personas con Discapacidad Intelectual

La investigación sobre liderazgo en organizaciones de servicios para personas con DI ha empleado diversas teorías y enfoques. El liderazgo transformacional ha emergido como uno de los marcos teóricos más prevalentes en este contexto (Davis, 2022; York-Fankhauser, 2013). Esta teoría postula que los líderes inspiradores pueden impulsar el cambio organizacional motivando a los profesionales a través de una visión edificante, fomentando el compromiso compartido con los objetivos y apelando a las necesidades superiores de los profesionales (Bass, 1999).

Otros enfoques teóricos relevantes incluyen el liderazgo espiritual (Campbell, 2018), que examina cómo las culturas organizacionales intrínsecamente significativas y los sistemas de valores compartidos permiten a los líderes motivar a los profesionales. El liderazgo intergeneracional (Bailey, 2020) analiza las dinámicas de liderazgo desde una perspectiva de ciclo de vida a través de las etapas de carrera. El liderazgo distribuido (Kusumi et al., 2023) proporciona un enfoque que explora cómo el liderazgo emerge lateralmente a través de roles basados en la competencia en lugar de la jerarquía.

Además, el Marco de Cualidades de Liderazgo (NHS Leadership Academy, 2011) ha sido utilizado como una lente para examinar las competencias deseadas de liderazgo en organizaciones de servicios. Este marco, desarrollado para entornos de atención social, describe cinco áreas clave: demostrar cualidades personales, trabajar con otros, gestionar servicios, mejorar servicios y establecer dirección. Dentro de estas categorías, la investigación ha identificado competencias específicas requeridas para un liderazgo efectivo en servicios de DI, como la compasión, la inteligencia emocional, la competencia interpersonal y la capacidad para manejar comportamientos desafiantes (Austin & Fiske, 2023; Gonzalez, 2022; Touassi, 2020).

Engagement y Contagio de Engagement

El engagement se define como un "estado mental positivo, satisfactorio y relacionado con el trabajo" (Schaufeli et al., 2002). En el contexto de las organizaciones de servicios para personas con DI, el engagement de los profesionales es crucial para impulsar el desempeño individual y organizacional. Los profesionales comprometidos se caracterizan por altos niveles de energía, dedicación y absorción en su trabajo, y es más probable que brinden apoyo de alta calidad y centrado en la persona a las personas con DI (Vassos et al., 2019).

Un aspecto importante del engagement en estas organizaciones es el concepto de contagio de engagement, que se refiere al proceso por el cual los líderes comprometidos pueden influir positivamente en los niveles de engagement de sus profesionales. La investigación sugiere que el engagement de los líderes puede tener un efecto de "goteo" en el engagement de los profesionales, a través de mecanismos como el contagio emocional, el aprendizaje social y la provisión de recursos laborales (Gutermann et al., 2017; Bakker et al., 2006).

Las creencias de bienestar eudaimónico (EWBs) de los líderes se han identificado como un precursor potencial del engagement. Las EWBs se refieren al grado en que las personas creen que su bienestar se basa en el crecimiento personal y la contribución a los demás (McMahan & Estes, 2011b; Pătraş et al., 2017). En el contexto de las organizaciones de servicios para personas con DI, se ha propuesto que los líderes con altas EWBs pueden experimentar mayores niveles de engagement, lo que a su vez puede influir positivamente en el engagement de sus profesionales.

Confianza y Desempeño Organizacional

La confianza es un aspecto fundamental de las relaciones laborales efectivas en las organizaciones. En el contexto de las organizaciones de servicios para personas con DI, la confianza entre líderes y miembros del equipo es particularmente crucial, ya que permite el desarrollo de apoyo y cuidado de alta calidad para las personas con DI (Seppälä et al., 2011). Cuando existe confianza en las relaciones líder-miembro del equipo, puede fomentar un ambiente de trabajo positivo caracterizado por una comunicación abierta, colaboración y un compromiso compartido con el bienestar de los usuarios del servicio (Martínez-Tur et al., 2020).

La Teoría del Intercambio Social (Blau, 1964) sugiere que la confianza en las relaciones líder-miembro del equipo es un proceso recíproco, donde la confianza que los líderes depositan en sus equipos a menudo es correspondida por los miembros del equipo (Martínez-Tur et al., 2020). Cuando los líderes demuestran confianza en sus equipos proporcionando autonomía, apoyo y oportunidades de crecimiento y desarrollo, es más probable que los miembros del equipo, a cambio, confíen en sus líderes (Seppälä et al., 2011).

El impacto de la confianza en el desempeño organizacional en las organizaciones de servicios para personas con DI está siendo cada vez más reconocido. En este contexto, el desempeño organizacional a menudo se evalúa en términos de su impacto en la calidad de vida (QoL) de los usuarios del servicio, en lugar de métricas financieras o de eficiencia tradicionales (Schalock et al., 2002). La QoL es un constructo multidimensional que abarca dominios como el bienestar emocional, las relaciones interpersonales, el bienestar material, el desarrollo personal, el bienestar físico, la autodeterminación, la inclusión social y los derechos (Schalock & Verdugo, 2012).

La investigación sugiere que la confianza entre líderes y miembros del equipo puede tener un impacto positivo en el desempeño organizacional en términos de

resultados de QoL de los usuarios del servicio. Cuando los miembros del equipo confían en sus líderes y se sienten apoyados y empoderados en su trabajo, es más probable que proporcionen apoyo de alta calidad y centrado en la persona que promueva el bienestar y la inclusión de las personas con DI (Martínez-Tur et al., 2020).

En conclusión, este marco teórico proporciona una base sólida para comprender las complejas dinámicas de liderazgo, engagement y confianza en las organizaciones de servicios para personas con DI. Destaca la importancia de considerar estos factores en el contexto específico de estas organizaciones y su impacto en la calidad de vida de los usuarios del servicio. Esta comprensión teórica informa los objetivos y el diseño de los estudios empíricos presentados en esta tesis doctoral.

Metodología

La presente tesis doctoral se compone de tres estudios interrelacionados que exploran diversos aspectos del liderazgo, el engagement y la confianza en organizaciones de servicios dedicadas a personas con discapacidad intelectual (DI). Cada estudio emplea una metodología distinta pero complementaria, permitiendo una comprensión integral del fenómeno estudiado.

El primer estudio consistió en una revisión sistemática mixta del liderazgo en organizaciones para personas con DI. Se siguieron las directrices de la declaración PRISMA 2020 y se utilizó el software CADIMA para el proceso de búsqueda. La estrategia de búsqueda implicó la consulta de múltiples bases de datos, incluyendo Scopus, Web of Science, PsycInfo y EBSCO, utilizando un conjunto integral de términos relacionados con el liderazgo y la atención a la discapacidad intelectual. Se aplicaron criterios de inclusión y exclusión predefinidos, resultando en la selección final de 21 estudios que cumplían con los estándares de calidad establecidos.

Para evaluar la calidad de los estudios incluidos, se desarrolló una escala de evaluación ad hoc basada en la Herramienta de Evaluación de Métodos Mixtos (MMAT), versión 2018. Esta escala evaluaba aspectos como la claridad de las preguntas de investigación, la idoneidad de los datos recopilados, la adecuación del diseño del estudio, el uso apropiado de instrumentos de medición, el análisis de datos, los hallazgos, las implicaciones y las limitaciones discutidas. Cada ítem se puntuó como cumplido (1) o no cumplido/no mencionado (0), con un nivel de aceptación de calidad establecido en una puntuación igual o superior a 8.

El análisis de los datos siguió un enfoque narrativo, empleando un análisis temático para identificar patrones y temas recurrentes en los estudios incluidos. Este proceso implicó la familiarización con los datos, la generación de códigos iniciales, la búsqueda y revisión de temas, y finalmente la definición y denominación de temas.

Los resultados de esta revisión sistemática revelaron una diversidad de teorías de liderazgo aplicadas en organizaciones de servicios para personas con DI, siendo el liderazgo transformacional el más prevalente. Se identificaron competencias críticas para un liderazgo efectivo, incluyendo inteligencia emocional, actitudes inclusivas y la capacidad para manejar comportamientos desafiantes. Además, se observó una asociación positiva entre el liderazgo efectivo y la mejora del desempeño organizacional, particularmente en términos de implementación de apoyo activo y resultados de calidad de vida para los usuarios del servicio. Sin embargo, también se identificaron obstáculos significativos para el liderazgo efectivo, como la alta rotación de personal y las restricciones de recursos.

El segundo estudio empleó un diseño cuantitativo, multinivel con dos puntos de medición temporal para examinar el contagio de engagement de líderes a profesionales y el papel de las creencias de bienestar eudaimónico (EWBs) de los líderes. La muestra

consistió en 53 líderes y 360 profesionales de organizaciones afiliadas a "Plena inclusión", una ONG española dedicada a mejorar la calidad de vida de las personas con DI.

Se utilizaron dos instrumentos principales: una versión adaptada de la Escala de Creencias sobre el Bienestar (EWBs) y la versión española de la Escala de Engagement Laboral de Utrecht (UWES). La escala EWBs, adaptada de McMahan & Estes (2011b) y contextualizada para ser usada en el mundo del trabajo por Pătraş et al. (2017), mide dos dimensiones: "contribución a otros" y "autodesarrollo", cada una con 4 ítems. Se utilizó una escala Likert de 7 puntos, y la fiabilidad fue adecuada con alfas de Cronbach de 0.80 para contribución a otros y 0.75 para autodesarrollo. La UWES, desarrollada por Schaufeli et al. (2002), evalúa las dimensiones de vigor (6 ítems) y dedicación (5 ítems) utilizando una escala de 0 (nunca) a 6 (siempre). La fiabilidad fue buena, con alfas de Cronbach que oscilaron entre 0.78 y 0.90 para líderes y profesionales.

El análisis de datos se realizó mediante modelado de ecuaciones estructurales multinivel (MSEM) utilizando Mplus. Se probaron cuatro modelos de mediación 2-2-1, examinando las relaciones entre las EWBs de los líderes, su engagement y el engagement de los profesionales. También se calcularon intervalos de confianza de Monte Carlo para evaluar la significancia de los efectos indirectos.

Los resultados mostraron relaciones positivas significativas entre las EWBs de los líderes y sus niveles de engagement laboral. Por ejemplo, las creencias de contribución a otros predijeron significativamente el vigor ($\beta = .45$, $p < .01$) y la dedicación ($\beta = .38$, $p < .01$) de los líderes. Se observó un efecto de contagio entre el engagement de los líderes y el de los profesionales, con el vigor y la dedicación de los líderes prediciendo significativamente el vigor ($\beta = .18$, $p < .05$) y la dedicación ($\beta = .20$, $p < .05$) de los profesionales, respectivamente. Los análisis de mediación también revelaron efectos

indirectos significativos de las EWBs de los líderes en el engagement de los profesionales a través del engagement de los líderes.

El tercer estudio utilizó un diseño cuantitativo, multinivel con recolección de datos transversal para examinar la confianza entre líderes y miembros del equipo, así como su asociación con el desempeño organizacional orientado a mejorar la calidad de vida de los usuarios del servicio. La muestra comprendió 139 líderes, 1101 miembros de equipo y 1468 familiares asociados con organizaciones para personas con DI.

Se utilizaron dos instrumentos principales: una escala de confianza adaptada de Butler (1991) y una escala de desempeño enfocado en la calidad de vida desarrollada por Moliner et al. (2013). La escala de confianza, que consta de 4 ítems, mostró una alta fiabilidad con alfas de Cronbach de 0.84 para la confianza de los lideres. en los miembros del equipo y 0.92 para la confianza de los miembros del equipo en los lideres. La escala de desempeño, que incluye 5 ítems, también demostró una buena fiabilidad con un alfa de Cronbach de 0.88.

El análisis de datos también empleó MSEM, considerando variables a nivel de equipo e individual. Se evaluó la agregación de datos a nivel de equipo utilizando el índice de desviación promedio (ADM(J)) y ANOVA unidireccional. Se probó un modelo de mediación 2-2-1 que examinaba la relación entre la confianza de los líderes en los equipos, la confianza de los equipos en los líderes y el desempeño organizacional. Se calcularon intervalos de confianza de Monte Carlo para estimar la significancia de los efectos indirectos.

Los resultados revelaron una relación positiva significativa entre la confianza de los líderes en los equipos y la confianza de los equipos en los líderes ($\beta = .29$, $p < .01$). Además, la confianza de los equipos en los líderes predijo significativamente el

desempeño organizacional ($\beta = .12$, $p < .05$). El modelo de mediación también mostró un efecto indirecto significativo de la confianza de los líderes en los equipos sobre el desempeño organizacional a través de la confianza de los equipos en los líderes (IE = .034, 95% IC = [.003, .074]). El modelo mostró un buen ajuste: $\chi2 = 1.110$, df = 1, p = .2920, CFI = 0.994, TLI = 0.982, SRMR within = 0.001, SRMR between = 0.050.

En conjunto, estos tres estudios proporcionan una comprensión profunda y contextualizada de las dinámicas de liderazgo, engagement y confianza en organizaciones de servicios para personas con DI. La combinación de una revisión sistemática exhaustiva con dos estudios empíricos que utilizan técnicas estadísticas avanzadas y múltiples informantes ha permitido una exploración rica de estos fenómenos. Los hallazgos subrayan el papel crítico que juegan los líderes en la configuración de las dinámicas organizacionales y, en última instancia, en la influencia de la calidad de vida de los usuarios del servicio.

Esta metodología rigurosa y multifacética ha proporcionado una base sólida para comprender los complejos procesos que ocurren en estas organizaciones especializadas. Los resultados obtenidos ofrecen implicaciones significativas tanto para la teoría como para la práctica en el campo de los servicios para personas con discapacidad intelectual, abriendo nuevas vías para la investigación futura y el desarrollo de intervenciones efectivas para mejorar la calidad de los servicios y el bienestar de las personas con DI.

Principales contribuciones al conocimiento

Esta tesis doctoral realiza varias contribuciones significativas al conocimiento en el campo de la gestión y liderazgo en organizaciones de servicios dedicadas a personas con DI. A través de tres estudios interrelacionados, esta investigación arroja luz sobre

aspectos críticos del liderazgo, el engagement y la confianza en estos contextos especializados, ofreciendo insights valiosos tanto para la teoría como para la práctica.

Una de las principales contribuciones de esta tesis es la síntesis integral del conocimiento sobre liderazgo en servicios para personas con DI proporcionada por la revisión sistemática del primer estudio. Esta síntesis es particularmente valiosa dado que, hasta ahora, la investigación en este campo específico ha sido limitada y fragmentada (Hewitt et al., 2004). La revisión no solo identifica las teorías de liderazgo más relevantes en este contexto, destacando la prevalencia del liderazgo transformacional (Bass, 1999), sino que también revela un conjunto de competencias críticas para el liderazgo efectivo en estos entornos, incluyendo la inteligencia emocional, las actitudes inclusivas y la capacidad para manejar comportamientos desafiantes (Austin & Fiske, 2023; Gonzalez, 2022; Touassi, 2020). Además, la identificación de los principales obstáculos para el liderazgo efectivo, como la alta rotación de personal y las restricciones de recursos (Beadle-Brown et al., 2015; Campbell, 2018), proporciona una base sólida para el desarrollo de estrategias de liderazgo más efectivas y adaptadas a las realidades de estas organizaciones.

El segundo estudio aporta evidencia empírica novedosa sobre el fenómeno del contagio de engagement de líderes a profesionales en el contexto de los servicios para personas con DI. Esta es una de las primeras investigaciones que examina específicamente este fenómeno en este sector, confirmando que el engagement de los líderes influye significativamente en el engagement de los profesionales (Bakker et al., 2006). Además, este estudio hace una contribución única al examinar el papel de las creencias de bienestar eudaimónico (EWBs) de los líderes como precursores del engagement. La relación positiva encontrada entre las EWBs de los líderes y sus niveles de engagement, así como el efecto indirecto en el engagement de los profesionales, ofrece

una nueva perspectiva sobre los mecanismos psicológicos que subyacen al liderazgo efectivo en servicios para personas con DI (McMahan & Estes, 2011b; Pătraş et al., 2017).

El tercer estudio aporta conocimientos valiosos sobre la naturaleza recíproca de la confianza entre líderes y miembros del equipo en organizaciones de servicios para personas con DI, y su asociación con el desempeño organizacional orientado a mejorar la calidad de vida de los usuarios del servicio. Esta investigación es una de las primeras en examinar empíricamente estas relaciones en el contexto específico de los servicios para personas con DI, proporcionando evidencia sólida de la importancia de la confianza mutua para el éxito organizacional en este sector (Martínez-Tur et al., 2019). La confirmación de un proceso de mediación donde la confianza de los equipos en los líderes media la relación entre la confianza de los líderes en los equipos y el desempeño organizacional ofrece una nueva comprensión de cómo se desarrolla y opera la confianza en estos entornos (Fulmer & Gelfand, 2012).

Una contribución metodológica significativa de esta tesis es la integración de múltiples niveles de análisis y perspectivas en el estudio del liderazgo y el desempeño organizacional en servicios para personas con DI. Al incorporar datos de líderes, profesionales y familiares de usuarios del servicio, esta investigación ofrece una visión más completa y matizada de las dinámicas organizacionales que las que se encuentran típicamente en la literatura existente (Kozlowski & Klein, 2000). Este enfoque multinivel y multi-informante mejora la validez y la aplicabilidad de los hallazgos, proporcionando una base más sólida para la teoría y la práctica.

Finalmente, esta tesis ofrece implicaciones prácticas significativas para la gestión y el desarrollo de liderazgo en organizaciones de servicios para personas con DI. Los hallazgos sugieren la importancia de desarrollar programas de formación de liderazgo que se centren no solo en habilidades técnicas, sino también en competencias emocionales y

actitudinales específicas del contexto (Deveau & McGill, 2016). Además, subrayan la necesidad de fomentar prácticas de liderazgo que promuevan el engagement y la confianza entre los miembros del equipo (Schaufeli, 2015), implementar estrategias para cultivar creencias de bienestar eudaimónico entre los líderes (Pătraş et al., 2018), y adoptar un enfoque holístico en la evaluación del desempeño organizacional que considere no solo los resultados operativos, sino también la calidad de vida de los usuarios del servicio (Schalock et al., 2002).

Estas contribuciones, en su conjunto, avanzan significativamente nuestra comprensión del liderazgo efectivo en organizaciones de servicios para personas con DI y proporcionan una base sólida para futuras investigaciones y prácticas en este importante campo. Al arrojar luz sobre los mecanismos específicos a través de los cuales el liderazgo influye en el engagement, la confianza y el desempeño organizacional en estos contextos especializados, esta tesis no solo llena vacíos importantes en la literatura existente, sino que también ofrece orientaciones concretas para mejorar la calidad de los servicios y, en última instancia, la calidad de vida de las personas con discapacidad intelectual (Reinders & Schalock, 2014).

Conclusiones

1. Diversidad de enfoques de liderazgo: La revisión sistemática ha revelado que, si bien el liderazgo transformacional es el enfoque más prevalente en organizaciones de servicios para personas con DI, otras teorías como el liderazgo espiritual y distribuido también tienen relevancia. Esta diversidad refleja la complejidad de los desafíos que enfrentan los líderes en este sector.

2. Competencias específicas de liderazgo: Se han identificado competencias críticas para el liderazgo efectivo en este contexto, que van más allá de las habilidades técnicas e

incluyen competencias emocionales y actitudinales, como la inteligencia emocional y la capacidad para fomentar un ambiente inclusivo.

3. Contagio de engagement: Se ha proporcionado evidencia empírica de cómo el engagement de los líderes influye directamente en el engagement de los profesionales, sugiriendo un efecto cascado en la organización.

4. Papel de las creencias de bienestar eudaimónico (EWBs): La investigación ha demostrado que las EWBs de los líderes juegan un papel crucial en su propio engagement y, por extensión, en el engagement de sus equipos. Esto subraya la importancia de fomentar una cultura organizacional que valore el desarrollo personal y la contribución a los demás.

5. Naturaleza recíproca de la confianza: El análisis ha revelado los equipos responden positivamente a la confianza que depositan en ellos los líderes, impactando en el desempeño organizacional.

6. Enfoque multinivel y multi-informante: La integración de perspectivas de líderes, profesionales y familiares de usuarios ha proporcionado una visión más completa y contextualizada de las dinámicas organizacionales en este sector.

7. La investigación ofrece pautas concretas para mejorar la gestión y el liderazgo en estas organizaciones, incluyendo la implementación de programas de formación que aborden competencias socioemocionales y estrategias para fomentar el engagement y la confianza.

8. Los hallazgos subrayan cómo el liderazgo efectivo, el engagement y la confianza influyen no solo en el desempeño organizacional, sino también en la calidad de vida de las personas con DI.

9. Esta tesis llena vacíos importantes en la literatura académica sobre liderazgo en organizaciones de servicios para personas con DI, proporcionando una base sólida para futuras investigaciones.

10. Se abren nuevas vías para futuros estudios, como la exploración más detallada de los mecanismos específicos a través de los cuales las EWBs influyen en el liderazgo, o la investigación de cómo las dinámicas de confianza evolucionan a lo largo del tiempo en estos contextos especializados.

11. Los resultados de esta investigación ofrecen orientaciones valiosas para mejorar la práctica en el sector, contribuyendo potencialmente a la mejora de la calidad de los servicios y al bienestar de las personas con discapacidad intelectual.

12. Las conclusiones de esta tesis son particularmente relevantes en un contexto donde las organizaciones de servicios para personas con DI continúan evolucionando para satisfacer las crecientes demandas y expectativas sociales.

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