

Laissez-Faire Leadership and Employee Well-Being: The Contribution of Perceived Supervisor Organizational Status

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Laissez-Faire Leadership and Employee Well-Being: The Contribution of Perceived Supervisor Organizational Status

The role of leaders has been increasingly studied in connection to employee well-being. However, little attention has been given to the effect of passive forms of leadership such as laissez-faire leadership. Two studies examined the effects of laissez-faire leadership on positive and negative aspects of employee psychological well-being. Due to its passive nature, we expected laissez-faire leadership to relate to reduced positive mental health and more depressive symptoms among employees. Moreover, we predicted these relations to be exacerbated when supervisors are perceived to hold a high organizational status. Results from a three-wave time-lagged study (Study 1: $N = 608$) indicated that laissez-faire leadership was associated with reduced positive mental health and more depressive symptoms over time and provided partial support for the moderating role of perceived supervisor organizational status. Study 2 was a vignette experiment ($N = 190$) that examined the effects of laissez-faire leadership, constructive leadership, and abusive supervision conditions on employee well-being. Results indicated that in the laissez-faire leadership condition employee well-being was worse than in the constructive leadership condition but better than in the abusive supervision condition. We discuss the implications of these results for research on laissez-faire leadership and psychological well-being.

Keywords: laissez-faire leadership; psychological well-being; mental health; depressive symptoms; supervisor organizational status.

The United Nations define well-being as a universal goal (George et al., 2016). As two thirds of adults spend 60 per cent of their waking hours at work (Mental Health Commission of Canada, 2019), the role of organizations in protecting the well-being of employees has become a prime concern (Nielsen & Taris, 2019; Walsh & Arnold, 2020), especially as numerous hazards such as demanding workloads, fast paced work, information overload, and overspecialization (Del Prado-Lu, 2017) emerge. Nonetheless, mental health issues such as depression disorders remain one of the major causes of disability worldwide (James et al., 2018; World Health Organization [WHO], 2017; WHO, 2013a), affecting the ability to work of nearly one in six employees (American Psychological Association, 2016). Furthermore, these health issues generate enormous individual, organizational, and societal costs (Burke & Page, 2017; Dimoff & Kelloway, 2013; Schermuly & Meyer, 2016), estimated to reach hundreds of billions each year (Dimoff & Kelloway, 2017; Gangan & Yang, 2018). Thus, understanding how to enhance employee psychological well-being is crucial.

As agents of the organization (Erdogan & Enders, 2007), supervisors may exert a prominent influence on employee psychological well-being (Nielsen & Taris, 2019) because “the essence of [employees’] experience in organizations is tempered by the immediate leaders” (Dulebohn et al., 2012, p. 1726). However, the role of leaders in occupational health remains scarcely studied (Inceoglu et al., 2018). While constructive forms of leadership have been shown to positively relate to employee well-being (e.g., Arnold, 2017; Kelloway et al., 2012), much less is known about the effects of destructive leadership (Montano et al., 2017), particularly passive forms of leadership (Skogstad et al., 2017). Even though various reviews attest to the association between leadership styles and employee well-being, few studies included in these reviews have focused on passive forms of leadership. For instance, only 3 of 71 studies reviewed in Inceoglu et

al. (2018) and 5 of 49 studies in Skakon et al. (2010) addressed passive forms of leadership. Thus, there is a dearth of research on the effects of laissez-faire leadership on employee well-being. The present paper aims at contributing to fill this gap by examining the relationship between laissez-faire leadership and psychological well-being.

Defined as the abdication of one's responsibilities (Hinkin & Schriesheim, 2008a; Skogstad, Aasland et al., 2014), laissez-faire leadership is described as the "epitome of ineptness and ineffectiveness" (Bass & Riggio, 2006, p. 194). As such, one may expect laissez-faire leadership to be negatively related to employee psychological well-being. While it is considered an inefficient way to lead, it is also qualified as a destructive form of leadership because the absence of positive behavior can have severe consequences for employees (Hinkin & Schriesheim, 2008a; Skogstad et al., 2007; Skogstad, Hetland et al., 2014). Moreover, aside from omitting positive leadership behavior, laissez-faire leaders neglect their responsibilities towards subordinates and are not present when they need them (Skogstad, Hetland, et al., 2014), which may undermine subordinates' well-being (Einarsen et al., 2007). Such neglect by these leaders may be perceived as a form of passive aggression or ostracism (Ågotnes et al., 2018). As such, the impact of laissez-faire leadership on employee well-being may be detrimental, which is concerning because it is one of the most prevalent forms of destructive leadership (Aasland et al., 2010). Therefore, more research is needed to understand how laissez-faire leaders' absence of constructive behavior and neglect affect employee psychological well-being and how these effects may differ from those of active forms of leadership.

Psychological well-being is conceptualized as both the absence of negative symptoms (i.e., ill-being) and the presence of positive mental health (i.e., well-being) (Montano et al., 2017; WHO, 2013b). However, while recent research has reported negative associations between

laissez-faire leadership and employee well-being (e.g., Diebig & Bormann, 2020; Trépanier et al., 2019; Usman et al., 2020), to our knowledge little research has examined the relationship between laissez-faire leadership and both positive and negative aspects of well-being (for an exception regarding passive leadership, see Barling & Frone, 2017). This study explores how laissez-faire leadership relates to employees' positive mental health and depressive symptoms. In doing so, this article contributes to the occupational health literature by highlighting the role of leaders in the development of depressive disorders, one of the world leading causes in disability (WHO, 2017), and by providing insights into the causes of mental health issues in the workplace.

Moreover, one knows little about the contextual factors that may alter the influence of laissez-faire leadership on employee well-being (Inceoglu et al., 2018; Walsh & Arnold, 2020). We specifically argue that the effects of laissez-faire leadership may be amplified when the supervisor is perceived to have a high organizational status. As the behavior of supervisors with high perceived organizational status is likely to be endorsed by the organization, employees may ascribe responsibility to their organization for the supervisor's laissez-faire leadership. Indeed, the leader's status can impact how their behavior affects employees (Eisenberger et al., 2002; Sauer, 2011). If employees perceive that the organization has bestowed power and influence to a supervisor, laissez-faire leadership by this supervisor may be more impactful on employees' positive mental health and depressive symptoms.

This paper makes significant contributions to research on laissez-faire leadership and psychological well-being. First, we expand the literature on passive forms of destructive leadership (Che et al., 2017) by exploring how laissez-faire leaders failing to engage in constructive behavior and neglecting employee needs may affect employees' mental health and depressive symptoms. We further show that these effects differ from those associated with

constructive and destructive forms of leadership, thereby highlighting the specific impact of laissez-faire leadership on employee psychological well-being. Indeed, while there is evidence that active forms of destructive leadership reduce positive psychological well-being and increase mental health issues (Mackey et al., 2015; Martinko et al., 2013; Montano et al., 2017; Tepper, 2007; Zhang & Liao, 2015), we cannot assume that passive forms of destructive leadership engender similar effects (Inceoglu et al., 2018). Passive forms of destructive leadership may impact employees differently than active forms of it (Kelloway et al., 2005) and may even be more impactful in some circumstances (Brandebo et al., 2016; Skogstad, Aasland, et al., 2014). As such, our research contributes to increase knowledge about a ubiquitous form of leadership (Aasland et al., 2010) that remains under-investigated compared to active forms of destructive leadership (Skogstad et al., 2017).

Second, this paper counts among the rare investigations that simultaneously examine positive and negative forms of well-being as outcomes (Inceoglu et al., 2018), which provides a more accurate understanding of the effects of laissez-faire leadership on employee well-being. This is important because we cannot presume that laissez-faire leadership similarly affects all indicators of well-being (Inceoglu et al., 2018). Generally, research focusing specifically on laissez-faire leadership has primarily examined its effects on negative forms of well-being (e.g., Diebig et al., 2016; Kanste et al., 2007; Skogstad et al., 2007, Trépanier et al., 2019; Usman et al., 2020), possibly because these effects might be perceived as more alarming and damaging to employees. Nonetheless, laissez-faire leaders negatively impact employees due to the absence of constructive behavior (Kelloway et al., 2006), which may have a negative impact on employees' positive well-being (e.g., Kaluza et al., 2020; Sonnentag, 2015). Moreover, as they tend to neglect employee needs, laissez-faire leaders may contribute to employees developing negative

forms of well-being. As such, it is important to understand laissez-faire leadership's specific effects on both positive and negative forms of well-being (Skogstad et al., 2017).

Finally, while past studies have reported associations between laissez-faire leadership and indicators of employee psychological well-being such as psychological distress (Skogstad et al., 2007), burnout (Trépanier et al., 2019; Usman et al., 2020) and emotional exhaustion (Kanste et al., 2007), these studies used cross-sectional designs. The present paper extends this line of work by using two studies with stronger and complementary designs: a three-wave time-lagged design that controlled for the autoregressive effects of depressive symptoms and an experimental vignette study that disentangled the effects of laissez-faire leadership from those of active forms of leadership. By adopting a prospective perspective, our three-wave time-lagged study illustrates that the effects of laissez-faire leadership on the emergence of negative health symptoms are sustained in the long term (i.e., one year later) while its effects on positive mental health may not develop similarly across time. This highlights the importance of studying the longitudinal effects of laissez-faire leadership (Inceoglu et al., 2018) as the temporal sensitivity of employee well-being to laissez-faire leadership may vary across positive vs. negative indicators. Overall, both studies answer the call of researchers for using more robust methodological designs in the study of leadership and well-being (e.g., Che et al., 2017; Martinko et al., 2013; Nielsen & Taris, 2019; Skakon et al., 2010).

Laissez-Faire Leadership and Psychological Well-Being

Because leaders play pivotal roles in organizations and influence multiple aspects of subordinates' jobs (Nielsen & Taris, 2019), leaders' behavior may impact employee psychological well-being beyond other factors such as age, health practices, support from others, and stressful events (Gilbreath & Benson, 2004). Studies focusing on the effects of leadership on

employee well-being are fairly recent and, as such, much remains to be known about these effects (Inceoglu et al., 2018). For example, meta-analyses on the relationship between leadership and well-being rarely focus on its passive forms (e.g., Montano et al., 2017), even though passive leadership is almost seven times more prevalent in organizations (Aasland et al., 2010). As such, more research is needed to understand the specific effects of passive forms of leadership, namely laissez-faire leadership, on employee well-being.

Characterized by avoidance and inaction (Hinkin & Schriesheim, 2008a; Skogstad, Aasland et al., 2014), laissez-faire leadership is considered the most passive form of leadership (Bass & Bass, 2008). Laissez-faire leaders avoid making decisions and using their authority (Antonakis et al., 2003), deflect subordinates' requests for assistance, avoid providing direction and support (Bass, 1998), demonstrate a lack of engagement in subordinates' work (Kelloway et al., 2012), and fall short of providing feedback to subordinates (Sosik & Godshalk, 2000). Overall, it represents the abdication of the leader's work responsibilities (Hinkin & Schriesheim, 2008a; Skogstad, Aasland et al., 2014). Research has reported laissez-faire leadership to be ineffective because such leadership omits the positive leadership behaviors that are associated with the supervisory role (Bass & Bass, 2008). Besides these behaviors, other aspects of laissez-faire leadership should contribute to make it detrimental to employee well-being. For instance, laissez-faire leaders tend to neglect and ignore employees (Skogstad, Hetland, et al., 2014). Such neglect might be perceived by employees as a form of negative treatment (Ågotnes et al., 2018), which would detract from their well-being, irrespective of the absence of positive behaviors from the leader. However, much remains to be understood about the expected negative effects of laissez-faire leadership on employee psychological well-being and as to how these effects can be differentiated from those of active forms of leadership. Moreover, because most of what we know

about the relationship between laissez-faire leadership and employee well-being is based on cross-sectional evidence, more work on the longitudinal effects of laissez-faire leadership on various indicators of well-being is warranted (Skosgtad et al., 2017).

Indeed, as employee well-being is a broad concept, there are multiple ways to conceptualize it (Warr, 2013). Well-being indicators can fall into different categories depending on their duration (long term vs. short term), scope of measurement (context-specific vs. general), and valence (positive vs. negative) (Kaluza et al., 2020). To examine laissez-faire leadership's enduring effects (i.e., long term), this study focuses on cognitive and relatively long-term indicators of employee well-being. Moreover, a context-free perspective is used to demonstrate that laissez-faire leadership's negative effects transcend the workplace and affect employees' everyday life. Additionally, researchers (e.g., Kaluza et al., 2020; Montano et al., 2017) have generally adopted a perspective that differentiates between (positive) well-being and ill-being as these aspects may coexist (WHO, 2004). As defined by WHO (2013a), psychological well-being reflects the absence of negative symptoms (i.e., ill-being) and the presence of positive mental health (i.e., well-being). While positive well-being refers to optimal psychological functioning, which is the ability to flourish and cope with normal or stressful life situations, negative well-being pertains to presence of psychological symptoms and their severity (Montano et al., 2017). To achieve a full state of well-being, leaders should both ensure the absence of illness among employees and support their ability to achieve their true potential. As laissez-faire leadership may fall short of achieving both aspects of well-being among subordinates, we focus on positive mental health, the foundation for positive well-being (WHO, 2004), and depressive symptoms, one of the world leading causes in disability (WHO, 2017).

Laissez-Faire Leadership and Positive Mental Health

Laissez-faire leadership may pose a threat to employees' feelings of happiness and their ability to flourish, to deal with life challenges, and to achieve optimal functioning (i.e., positive mental health) (Hu et al., 2007). We argue that the negative effect of laissez-faire leadership on employee positive mental health can be attributed to the failure of laissez-faire leaders to carry out the basic functions of leadership (i.e., the absence of positive leadership behavior) (Barling & Frone, 2017). Conceptually, laissez-faire leadership is unique because its negative impact is due to lack of constructive behavior rather than enactment of destructive ones (Kelloway et al., 2006). As laissez-faire leaders fail to model appropriate behavior, the social expectations associated with the leader role are left unfulfilled, which removes structure and meaning to subordinates' behavior (Sosik & Godshalk, 2000; Stryker & Burke, 2000).

As influential agents in the organization, leaders exert responsibilities towards employees, such as defining job roles, assisting in task completion, and allocating resources. Failing to meet these responsibilities reduces the ability of employees to do their job. When employees do not receive the information, feedback, and support they need (Breevaart & Zacher, 2019), their ability to adequately complete their work duties is hindered (Hinkin & Schriesheim, 2008b), and their goal attainment (Skogstad et al., 2017) and career advancement (Dasborough, 2006) are undermined. This is why laissez-faire leadership is generally associated with lower self-accomplishment (Stogdill, 1974; Stogdill & Bass, 1981). Similarly, as they do not provide guidance and recognition to employees (Schilling, 2009), laissez-faire leaders are not efficient motivators (Bernhard & O'Driscoll, 2011) and mentors (Sosik & Godshalk, 2000). Thus, laissez-faire leaders deprive employees from growth and development opportunities (Skogstad, Aasland et al., 2014), thereby hindering their ability to thrive and flourish (i.e., positive mental health) (Gilbreath & Benson, 2004; van Dierendonck et al., 2004; Yang et al., 2015). Moreover, while

active forms of leadership involve interactions with the leader, laissez-faire leaders refrain from engaging in any form of social interaction. Laissez-faire leaders' infrequent interactions with employees (Kanwal et al., 2019; Skogstad, Aasland et al., 2014) also reduce efficient communication (Schilling, 2009) and employees' ability to cope with challenging situations (Breevaart & Zacher, 2019), which detracts from employees' sense of coherence, a vital aspect of positive mental health (WHO, 2004). As such, the absence of positive leadership behavior by laissez-faire leaders can hinder employees' positive mental health. The above discussion leads to the following hypothesis.

Hypothesis 1: Laissez-faire leadership is negatively related to employees' positive mental health.

Laissez-Faire Leadership and Depressive Symptoms

Just as leaders' role in the development of depression remains understudied (Perko et al., 2014), laissez-faire leadership's relation to employees' depressive symptoms has also been scarcely studied. Depressive disorders relate to negative cognitions about the self, the future, and the world (Beck & Alford, 2009). As such disorders affect an individual's capacity to function (American Psychiatric Association, 2013) with negative effects extending beyond the workplace (Leiter & Patterson, 2014), the role of laissez-faire leadership in this area is worth exploring. While past cross-sectional studies found passive forms of leadership to be associated with indicators of well-being akin to depressive symptoms (e.g., Barling & Frone, 2017; Skogstad et al., 2007), no research seems to have focused on the effects of laissez-faire leadership on depressive symptoms over time.

As laissez-faire leaders tend to neglect and be unresponsive to employees' needs (Skogstad, Hetland, et al., 2014), employees may grow resentful of their leader and develop negative

emotions towards them. Feelings of despair, hostility, and irritability may be born out of being ignored by the leader. This may lead employees to feel frustrated, under-appreciated (Dasborough, 2006), and incompetent (Trépanier et al., 2019), contributing to feelings of worthlessness, which are central aspects of depression (Beck & Alford, 2009). Neglect and unresponsiveness by supervisors can threaten employees' self-confidence, self-esteem, need to belong, and social validation (Jahanzeb et al., 2018). Therefore, laissez-faire leadership may be perceived as a form of interpersonal rejection (Dasborough, 2006) or mistreatment (Ågotnes et al., 2018; Skogstad et al., 2007), which denies employees' worthiness (Jahanzeb et al., 2018). Recent research has shown that laissez-faire leadership is associated with work alienation (Usman et al., 2020), workplace ostracism (Kanwal et al., 2019), and failure to connect with the organization (Bernhard & O'Driscoll, 2011). This may induce depression (Howell et al., 2014) due to being deprived of an important source of socio-emotional resources (Jahanzeb et al., 2018). According to conservation of resources (COR) theory (Hobfoll, 1988, 2001), employees who receive less support from their supervisor will be motivated to protect these resources by investing additional resources into their work (van Dierendonck et al., 2004). As such, they may enter a loss spiral that further depletes their resources, resulting in detrimental consequences to their well-being, including depression (Jahanzeb et al., 2018). Following this view, Barling and Frone (2017) theorized that passive leaders would negatively affect employees' well-being because they create the conditions that lead to a process of resource depletion among them. Thus, the above discussion leads to the following hypothesis.

Hypothesis 2: Laissez-faire leadership is positively related to employees' depressive symptoms.

As time passes, the spiral of loss that employees experience under laissez-faire leadership may be amplified, and they may find themselves more depleted of their resources, resulting in severe effects on their well-being. The tenets of COR theory suggest that such situation may lead to an increase of depressive symptoms over time (Halbesleben, et al., 2014), which may be accelerated by a spiral of loss where employees, due to being ignored by their leader, must invest their remaining resources to face work demands. Moreover, the enduring neglect by the leader may further cement employees' negative cognitions about their self and future in the organization. Thus, the depressive symptoms of hopelessness and worthlessness (Beck & Alford, 2009; Mikulincer, 1994; Seligman, 1975) may be induced in the long term by laissez-faire leadership. Moreover, because behaviors that involve ignoring or neglecting employees are less evident to detect in terms of the underlying intention, it is hard to cope with them (Robinson et al., 2013). This may reduce expectations of future favorable treatment by the leader and to more feelings of hopelessness (Beck & Alford, 2009). Additionally, as laissez-faire leaders affect employees through their absence, they may have a more diffused and lasting effect on employees (Brandebo et al., 2016). It is thus plausible that the effects of laissez-faire leadership, particularly on depressive symptoms, materialize over longer periods of time compared to those associated with active forms of destructive leadership (Skogstad, et al., 2017). This leads to the following hypothesis.

Hypothesis 3: Laissez-faire leadership is positively related to an increase in employees' depressive symptoms over time.

The Moderating Role of Perceived Supervisor Organizational Status

A more complete understanding of how laissez-faire leadership affects employee well-being can be gained by considering the moderating role of the work context (Harms et al., 2017;

Inceoglu et al., 2018; Walsh & Arnold, 2020). This endeavor is worthwhile as the boundary conditions associated with laissez-faire leadership are largely unknown (Walsh & Arnold, 2020). We posit that the extent to which supervisors are perceived to hold a high organizational status is central for determining the magnitude of the harmful implications of laissez-faire leadership for employee well-being.

Employees' perceptions of their supervisor's organizational status refer to the extent to which the organization is perceived to value the supervisor and care about his or her well-being and whether the supervisor is perceived to contribute to important organizational decisions and have authority in carrying out job responsibilities (Eisenberger et al., 2002). Generally, leaders with a high organizational status are perceived to have more power, competencies, and access to important resources (Chen, et al., 2020; Sauer, 2011), which may influence employees' expectations towards them (Sauer, 2011). According to social exchange theory (Blau, 1964) and organizational support theory (Eisenberger et al., 2001), leaders who receive support and resources from the organization may feel compelled to positively contribute to its objectives by helping and supporting their subordinates. Indeed, due to the norm of reciprocity (Gouldner, 1960), the valued position of these leaders may create an obligation to help other members of the organization such as their subordinates. Thus, employees may have more expectations regarding leaders perceived as having high organizational status. As they perceive such leaders as having more support from the organization, they may particularly expect that the resources controlled by these leaders will trickle down to them. As negative evaluations of leaders arise when there is a discrepancy between employees' expectations and leaders' actual behavior (Epitropaki et al., 2013; Lord & Brown, 2001), laissez-faire leadership from high-status leaders, because they

plausibly have more obligations to give back and support their employees, may be perceived more negatively.

Moreover, high-status (laissez-faire) leaders generally have more obligations and duties in the organization. Thus, their failing to develop constructive leadership in regard to subordinates implies that they ignore the important work responsibilities associated with their status, thereby making laissez-faire practices detrimental to employees. Indeed, employees may expect more of a powerful leader in terms of mentoring and guidance than of a leader with little power. Such leaders may fall short of these expectations, resulting in employees perceiving more loss of relevant information, advice, growth opportunities, and support (Robinson et al., 2013). This may result in less assurance of a successful career in the organization and less fulfillment of employee needs (Shoss et al., 2013). Thus, powerful laissez-faire leaders would particularly deprive employees from growth opportunities and recognition, due to the high expectations associated with their status being unmet, which would detract from employees' positive mental health. Therefore, the following hypothesis is proposed.

Hypothesis 4: Perceived supervisor organizational status moderates the relationship between laissez-faire leadership and employees' positive mental health such that this relationship is stronger (vs. weaker) and negative when perceived supervisor organizational status is high (vs. low).

Moreover, when supervisors are central agents of the organization, their actions are likely viewed as being sanctioned, promoted, and valued by the organization (Eisenberger et al., 2002) rather than based on their personal inclinations (Shanock & Eisenberger, 2006). The extent to which supervisors are perceived to represent the organization in their words and actions (e.g., Shoss et al., 2013) is central for determining the magnitude of the harmful implications of

laissez-faire leadership for employee well-being. Thus, employees may attribute their leader's negative treatment and lack of support to the organization, which would exacerbate the meaning attached to these behaviors. Being ignored and neglected by the organization may contribute to employees' perception that their own status as worthwhile individuals is challenged, resulting in more feelings of worthlessness (Restubog et al., 2008). Consequently, employees may feel devalued and unsupported by their organization itself as well as by the leader. This may contribute to their perception of losing resources, which can lead to further losses of resources, amplifying their loss spiral and thereby contributing to the development of depressive symptoms.

Additionally, as the supervisor's organizational status may act as a vindication of his or her laissez-faire behavior, statements by the supervisor regarding goals and objectives of the organization are taken as accurate and definitive. Because they are backed by the force of the organization, it may seem difficult for employees to point out any wrongdoings from the supervisor's laissez-faire behaviors. This may persuade employees that this negative behavior will persist over time, enhancing their feelings of hopelessness. Employees may perceive that, even if they change supervisors, similar laissez-faire behavior may be enacted by others because they are valued by the organization. As such, this may enhance employees' sense of despair and their negative perception of the work environment. Thus, building on our previous arguments, employees may develop more depressive symptoms over time (in the short and longer term) when they perceive that their laissez-faire supervisor has a high organizational status. This leads to the following hypothesis.

Hypothesis 5: Perceived supervisor organizational status moderates the relationship between laissez-faire leadership and (a) employees' depressive symptoms and (b) increase

in depressive symptoms over time such that these relationships are stronger (vs. weaker) and positive when perceived supervisor organizational status is high (vs. low).

STUDY 1

Method

Sample and Procedure

Participants were recruited through the personal contacts of the research team, the alumni association's mailing list, and the university's research panel, which includes students, graduates, and alumni. Respondents understood that participation was voluntary and that they would complete three waves of online surveys with a time lag of 6 months between waves. Prospective participants were informed that the study was about leadership practices and employee well-being, among others, and were assured of the confidentiality of their responses. They were to be aged 18 or more, occupy a salaried employment, and have an identifiable supervisor. To encourage participation, respondents received a \$5 gift card upon completion of each survey. Respondents completed the French or English version of the surveys. Laissez-faire leadership, perceived supervisor organizational status, and demographics were measured at Time 1. Employees' positive mental health and depressive symptoms were measured at Time 2, while depressive symptoms were measured again at Time 3. When testing the effect of Time 1 laissez-faire leadership on Time 3 depressive symptoms, we controlled for Time 2 depressive symptoms, which allowed testing the effect of laissez-faire leadership on change in depressive symptoms (i.e., longer term or longitudinal effects; Maxwell & Cole, 2007).

Initially, 1003 participants completed the Time 1 questionnaire, among whom 3 respondents were eliminated due to careless responding (two were straight-liners and one was eliminated due to more than 50% missing responses). Excluding participants who changed

supervisors or organizations over the one-year period of the study, there remained 608 usable responses at Time 1, 298 at Time 2, and 207 at Time 3. This corresponds to a 34% overall retention rate among Time 1 respondents. In the final sample, 60% of the participants worked full time, 70% had at least an undergraduate degree and 73% were female. Participants worked in various industries: retail trade (15%), health care and social assistance (10%), professional, scientific and technical services (9%), finance and insurance (8%), public administration (7%), among others. They were affiliated with small organizations (i.e., ≤ 100 employees; 51%), mid-size organizations (101-1000 employees; 27%), or large organizations (> 1000 employees; 22%).

To evaluate whether subject attrition led to non-random sampling over time, we used logistic regression to determine if Time 1 substantive variables and demographics and Time 2 variables influenced the probability of employees responding (1) versus not responding (0) at Time 3 (Goodman & Blum, 1996). The logistic regression model was significant ($\chi^2(8) = 20.21, p = .010$). Two of our substantive variables, laissez-faire leadership ($b = -.43, p = .008$) and positive mental health ($b = .76, p = .019$), were significant predictors of Time 3 participation. To further probe into these effects, we followed Goodman and Blum's (1996) suggestion to examine the mean differences between the initial sample at Time 1 and the final sample at Time 3 on the significant predictors of attrition (i.e., laissez-faire leadership and positive mental health). Using *t* tests for independent samples, mean differences were .22 for laissez-faire leadership and .17 for positive mental health. These mean differences represent 4.4% and 4.3%, respectively, of the range of the 5-point Likert-type scales used to measure these variables, indicating limited practical impact (Goodman & Blum, 1996). Thus, sample attrition was not entirely random, but attrition bias was practically small. We discuss these effects in the study limitations.

Measures

A translation-back-translation procedure was used to create French versions of English scales (Schaffer & Riordan, 2003). Unless otherwise specified, a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), was used.

Laissez-faire leadership. A 7-item version (Hinkin & Schriesheim, 2008a, 2008b) of the laissez-faire leadership scale from the *Multifactor Leadership Questionnaire 5X* (Bass & Avolio, 1991) was used at Time 1. A sample item is “At work, my supervisor avoids getting involved in handling work problems.” The internal consistency for this scale was .93 in this study.

Perceived supervisor organizational status. We used Eisenberger et al.’s (2002) 12-item scale to measure perceived supervisor organizational status. A typical item was “The organization supports decisions made by my supervisor.” The alpha coefficient for this scale was .91.

Positive mental health. We used the 6-item positively worded subscale of the *General Health Questionnaire* (GHQ-12; Goldberg, 1972; Hardy et al., 1999) to measure positive mental health (e.g., Arnold et al., 2007; Hu et al., 2007). Respondents were provided with the general instruction “Within the past few weeks ...” which was followed by the specific items of the scale. A sample item is “Have you been able to enjoy your normal day to day activities?” A 4-point response scale was used for this measure with anchors being *much less than usual* (1), *no more than usual* (2), *more than usual* (3), and *much more than usual* (4) ($\alpha = .89$).

Depressive symptoms. We used the DEPS scale from Salokangas et al. (1994; see also Vuori & Vinokur, 2005) to measure depressive symptoms at Time 2 and Time 3. While this scale comprises 10 items, one item that referred to “sleeping disorders” was dropped as it represented a somatic complaint. Thus, we retained a 9-item scale of depressive symptoms. Respondents indicated the extent to which they experienced the described depressive symptoms during the past

month (e.g., “I had the feeling of a hopeless future”) using a scale ranging from 1 (*never*) to 5 (*very often*). The reliability for this scale was .94 at Time 2 and .93 at Time 3.

Results

Confirmatory Factor Analyses

We used confirmatory factor analysis (CFA) through Mplus 7.31 (Muthén & Muthén, 2010) and maximum likelihood (ML) estimation to examine the dimensionality of our constructs. As recommended in the context of longitudinal studies, the full information maximum likelihood (FIML) method was used as it integrates all the available information from the covariance matrix (i.e., from all respondents at Time 1 and subsequent times) and as such permits missing data (e.g., Enders, 2010; Fitzmaurice et al., 2004; Graham, 2009, 2012). Thus, model parameters were estimated based on the full sample ($N = 608$). To reduce the complexity of our model, we created 3 and 4 parcels for Time 2 and 3 depressive symptoms and Time 1 perceived supervisor organizational status, respectively, using random assignment of items to parcels (Little et al., 2002). Moreover, the errors of parallel items for the depressive symptoms construct were allowed to correlate to reflect stable measurement error across time (Geiser, 2012). As shown in Table 1, the five-factor hypothesized model (i.e., Time 1 laissez-faire leadership, perceived supervisor organizational status, Time 2 positive mental health and depressive symptoms, and Time 3 depressive symptoms) yielded a good fit to the data ($\chi^2(220) = 601.49, p < .001, CFI = .95, TLI = .94, RMSEA = .053$). This model outperformed any more parsimonious models that merged specific factors ($p < .001$; Table 1). Moreover, in the five-factor model, all items/indicators significantly loaded on their respective latent constructs ($p < .001$) and were sizeable (.68 to .94). These results provide support for the discriminant validity of our variables.

Measurement Invariance

As we controlled for the autoregressive effect of depressive symptoms, we sought to establish the invariance of this measure across time to ensure that any change observed from Time 2 to Time 3 was due to the effect of latent factors and not to measurement issues (Cole & Maxwell, 2003; Little et al., 2007; Millsap, 2011). We sequentially constrained measurement specifications (e.g., loadings, thresholds, and uniquenesses) and examined whether these constraints led to significant decrements in model fit. The errors of parallel items were allowed to correlate across time (Little, 2013) to account for their systematic nature (Geiser, 2012). These analyses were conducted using maximum likelihood (ML) estimation and the FIML method. Results are reported in Table 2. As can be seen, model fit did not significantly worsen along the sequence of constraints, and the most parsimonious model (i.e., strict invariance) yielded a good fit ($\chi^2(12) = 9.57, p = .653, CFI = 1.00, TLI = 1.00, RMSEA = .000$). This suggests that the measure of depressive symptoms displayed stable psychometric properties across time (Byrne et al., 1989; Cheung & Lau, 2012). Thus, the specifications of the strict invariance model for depressive symptoms were incorporated in our time-lagged analyses.

Descriptive Statistics and Correlations

Descriptive statistics and correlations are reported in Table 3. As expected, Time 1 laissez-faire leadership was negatively correlated with Time 2 positive mental health ($r = -.23, p < .001$) and positively with Time 3 depressive symptoms ($r = .26, p < .001$). Time 2 positive mental health was negatively related to Time 3 depressive symptoms ($r = -.48, p < .001$).

Hypothesis Testing

Hypotheses 1-3. The effects of Time 1 laissez-faire leadership on Time 2 positive mental health and Time 2 depressive symptoms, as well as the effect of Time 1 laissez-faire leadership on Time 3 depressive symptoms, controlling for Time 2 depressive symptoms, were tested using

structural equations modeling (SEM) within a single model with four latent variables. This SEM model showed an acceptable fit, $\chi^2(147) = 447.83, p < .001, CFI = .93, TLI = .92, RMSEA = .058$. Results indicated that Time 1 laissez-faire leadership was negatively related to Time 2 positive mental health ($b = -.14, SE = .03, p < .001$), as predicted by Hypothesis 1. Time 1 laissez-faire leadership was negatively and significantly related to both Time 2 depressive symptoms ($b = .28, SE = .07, p < .001$) and Time 3 depressive symptoms ($b = .18, SE = .06, p = .004$), controlling for the autoregressive effect of Time 2 depressive symptoms ($b = .35, SE = .08, p < .001$). These results provide support for Hypotheses 2 and 3.

Hypotheses 4 and 5. We used the latent moderated structural equations modeling (LMS) approach (Dimitruk et al., 2007; Klein & Moosbrugger, 2000) to examine Hypotheses 4 and 5. LMS provides reliable estimates and standard errors because it accounts for measurement error (Cheung & Lau, 2017; Sardeshmukh & Vandenberg, 2017). This approach was applied using the XWITH command in Mplus 7.4 (Muthén & Muthén, 2010) with the robust maximum likelihood (MLR) estimator and the FIML method. Due to the non-normality of the latent moderators (Klein & Moosbrugger, 2000), fit indices that rely on such normality are not computed. Therefore, a two-step approach is recommended to test moderation effects (Sardeshmukh & Vandenberg, 2017). First, a baseline model with no interaction variable was estimated. In this model, only the direct effects of Time 1 laissez-faire leadership and perceived supervisor organizational status on the dependent variable of interest (i.e., Time 2 positive mental health, Time 2 depressive symptoms, or Time 3 depressive symptoms) were estimated. Second, this baseline model was then compared to the moderated model where the interaction variable was added, using a log-likelihood difference test (D-2LL; Dimitruk et al., 2007) and the Akaike information criterion (AIC).

The baseline model related to the test of the moderating effect of perceived supervisor organizational status between Time 1 laissez-faire leadership and Time 2 positive mental health (Hypothesis 4) yielded a good fit ($\chi^2(116) = 344.12, p < .001, CFI = .95, TLI = .94, RMSEA = .057$) (Table 4). However, the moderated model including the interaction term proved superior to the baseline model ($D-2LL(1) = 4.94, p = .026$). This augmented model did not display significant loss in information according to the AIC as AIC's value was smaller for the moderated model (17530.11) versus the baseline model (17531.37). The interaction between laissez-faire leadership and perceived supervisor organizational status significantly predicted positive mental health ($b = -.07, SE = .03, p = .028$) (Table 5). Laissez-faire leadership was significantly and negatively related to positive mental health both at high levels (1 *SD* above the mean; $b = -.20, SE = .05, p < .001$) and low levels (1 *SD* below the mean; $b = -.09, SE = .04, p = .013$) of the moderator. However, the difference between these two relationships was significant ($b = -.12, SE = .05, p = .028$). This interaction is shown in Figure 1. Hypothesis 4 is thus supported.

The baseline model related to the test of the moderating effect of perceived supervisor organizational status between Time 1 laissez-faire leadership and Time 2 depressive symptoms (Hypothesis 5a) yielded a good fit ($\chi^2(74) = 291.27, p < .001, CFI = .95, TLI = .94, RMSEA = .069$). The moderated model including the interaction term showed a marginally significant improvement over the baseline model ($D-2LL(1) = 3.05, p = .081$), and it did not display loss of information according to the AIC (moderated model: 16722.22 vs. baseline model: 16723.07) (Table 4). In the moderated model (Table 5), the interaction between laissez-faire leadership and perceived supervisor organizational status was marginally significant ($b = .15, SE = .09, p = .092$). The relationship between laissez-faire leadership and positive mental health was

significantly negative both at high levels (1 *SD* above the mean; $b = .41$, $SE = .12$, $p < .001$) and low levels (1 *SD* below the mean; $b = .17$, $SE = .09$, $p = .049$) of perceived supervisor organizational status. These relationships differed marginally from one another ($b = .23$, $SE = .14$, $p = .092$). Thus, Hypothesis 5a is marginally supported.

Similarly, the baseline model related to the test of the moderating effect of perceived supervisor organizational status between Time 1 laissez-faire leadership and Time 3 depressive symptoms, controlling for Time 2 depressive symptoms (Hypothesis 5b), yielded a good fit ($\chi^2(117) = 355.56$, $p < .001$, CFI = .96, TLI = .95, RMSEA = .058). However, the moderated model including the interaction term did not improve over the baseline model ($D-2LL(1) = .23$, $p = .631$) and had a greater value for the AIC (moderated model: 17855.06 vs. baseline model: 17853.32) (Table 4). The moderated model was not retained. The effect of laissez-faire leadership on change in depressive symptoms between Time 2 and Time 3 was non-significant at high levels (1 *SD* above the mean; $b = .13$, $SE = .12$, $p = .299$) and low levels (1 *SD* below the mean; $b = .20$, $SE = .09$, $p = .028$) of perceived supervisor organizational status; and these effects did not differ across levels of the moderator ($b = -.08$, $SE = .16$, $p = .624$) (Table 5). Hypothesis 5b is not supported.

Study 1 Discussion

Study 1 findings indicate that laissez-faire leadership has negative implications for employee psychological well-being by reducing positive mental health and increasing depressive symptoms over time. Results further show that the negative consequences of laissez-faire leadership on positive mental health are amplified when supervisors are perceived to hold a high organizational status. However, the relationship of laissez-faire leadership to Time 2 (i.e., 6 months later) depressive symptoms was only marginally moderated by perceived supervisor

organizational status; no moderating effect was observed for the longer-term evolution (i.e., 12 months later) of depressive symptoms. Thus, perceived supervisor organizational status was a more salient moderator of the relationship between laissez-faire leadership and positive mental health (vs. depressive symptoms). Study 2 is a vignette experiment aimed at exploring whether laissez-faire leadership induced by an experimental manipulation exerts expected effects on well-being and examines whether these effects can be distinguished from those of active-positive (i.e., constructive) leadership and active-negative (i.e., abusive supervision) leadership.

STUDY 2

Overview

Study 2 purports to provide further evidence for the effects of laissez-faire leadership on psychological well-being, namely positive mental health and depressive symptoms, as well as to compare these effects to those of active forms of leadership using a randomized vignette experiment. The combination of experimental and longitudinal designs provides more compelling evidence regarding the directional relationship between variables (Spector, 2019). Our vignette experiment is intended to address some of Study 1's limitations by providing experimental evidence that laissez-faire leadership exerts effects on psychological well-being indicators rather than the reverse and evaluating how its effects compare to those of constructive and destructive leadership (i.e., abusive supervision). As we argued, laissez-faire leadership influences employee well-being because of its distinctive characteristics: the absence of positive behavior and neglect of employee needs. As such, the effects of laissez-faire leadership on employee well-being may differ from those of active forms of leadership. To test this prediction, we first compare the effects of laissez-faire leadership to those of constructive leadership, a form of active positive leadership, allowing us to contrast the effects of the presence vs. absence of positive leadership

behavior. Second, we evaluate how the effects of laissez-faire leadership compare to those of abusive supervision, an active form of destructive leadership, as employees may not react similarly to active negative behaviors than to passive ones (e.g., Ferris et al., 2016). Moreover, laissez-faire leadership differs from active forms of leadership in that active forms involve intense social interactions (even though they are negative in the case of abusive supervision) while laissez-faire leadership implies absence or reduced social interactions. Thus, we argue that laissez-faire leadership will impact positive mental health and depressive symptoms distinctively from active forms of leadership. Specifically, as laissez-faire leadership is known to have detrimental effects, participants assigned to this condition should experience lower levels of positive mental health and higher levels of depressive symptoms than those assigned to the constructive leadership condition. However, due to its passive nature, participants in the laissez-faire leadership condition should report higher levels of positive mental health and lower levels of depressive symptoms than those in the abusive supervision condition.

Sample and Procedure

Participants were recruited via Qualtrics online panel service. Pre-screening procedures were used to make sure that only individuals who (1) were currently employed, (2) were 18 years old or older, and (3) had an identifiable supervisor could participate in the study. Participants were randomly assigned to one of three conditions: laissez-faire leadership ($N = 58$), constructive leadership ($N = 59$), and abusive supervision ($N = 73$). No missing data was found in either condition. Participants were asked to read a leadership vignette that described one of the three specific leader behaviors. To operationalize the three conditions, we used vignettes that have been developed and validated by Schyns et al. (2018) (see Appendix).

Attention check items were added to the survey that respondents completed after reading the leadership scenarios: “What kind of meeting is it?;” “What is interrupting the meeting?;” “What is the main topic of the meeting?” (see Schyns et al., 2018). Three response options were provided for each question (e.g., Question 3: “A presentation”, “A salary negotiation”, and “A relational conflict”). Participants were then asked to evaluate the leader’s behavior described in the vignette on laissez-faire leadership, constructive leadership, and abusive supervision. They then completed a survey including the dependent variables (see measures subsection) referring to how they felt in connection to the leader’s behavior described in the vignette.

Of the 967 individuals who accessed the questionnaire, 392 did not meet our study’s criteria, 341 did not respond correctly to the attention check items, 12 were speeders, and 32 did not complete the questionnaire, leaving a final sample of 190 participants (98 men, 92 women). In this final sample, average age was 42.68 ($SD = 13.16$), average organizational tenure was 9.23 years ($SD = 7.45$), and average tenure with the supervisor was 5.02 years ($SD = 4.62$). Level of education was distributed as follows: high school (11.6%), associate (10.0%), bachelor’s (42.6%), master’s (28.4%), and doctorate (7.4%).

Measures

The same measures of *laissez-faire leadership* ($\alpha = .86$), *positive mental health* ($\alpha = .93$), and *depressive symptoms* ($\alpha = .93$) as in Study 1 were used. However, the response scales to both psychological well-being measures were changed to a 5-point scale, ranging from 1 (*not at all*) to 5 (*very much*). *Constructive leadership* ($\alpha = .96$) was measured with the 7-item scale from Carless et al. (2000). A sample item is “[The immediate supervisor] ... gave encouragement and recognition to his or her employee”. A 9-item shortened version of Tepper’s (2000) 15-item scale was used to measure *abusive supervision* ($\alpha = .95$). An example of item is “[The immediate

supervisor] ... blamed his or her employee to save himself embarrassment.” Both these leadership scales used a 5-point response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Manipulation checks

We conducted analyses of variance (ANOVAs) to examine whether the three experimental conditions differed in terms of perceptions of leadership styles. ANOVAs revealed as expected that perceptions of laissez-faire leadership ($F(2, 187) = 23.96, p < .001$), constructive leadership ($F(2, 187) = 11.23, p < .001$), and abusive supervision ($F(2, 187) = 20.92, p < .001$) differed significantly across conditions. Specific contrasts demonstrated that perceptions of laissez-faire leadership were significantly higher in the laissez-faire leadership condition ($M = 3.77, SD = 0.83$) than in the constructive leadership condition ($M = 2.65, SD = 1.01$), $t(187) = 6.71, p < .001$, and abusive supervision condition ($M = 2.98, SD = 0.86$), $t(187) = 4.99, p < .001$. Moreover, perceptions of laissez-faire leadership were significantly lower in the constructive leadership condition than in the abusive supervision condition, $t(187) = -2.08, p = .039$. Similarly, perceptions of constructive leadership were significantly higher in the constructive leadership condition ($M = 3.05, SD = 1.16$) than in the laissez-faire leadership condition ($M = 2.40, SD = 1.24$), $t(187) = 2.95, p = .004$, and the abusive supervision condition ($M = 2.07, SD = 1.19$), $t(187) = 4.71, p < .001$. The laissez-faire leadership condition did not show significantly different ratings of constructive leadership compared to the abusive supervision condition, $t(187) = 1.58, p = .115$. Lastly, perceptions of abusive supervision were significantly higher in the abusive supervision condition ($M = 3.87, SD = 1.15$) than in the laissez-faire leadership condition ($M = 3.42, SD = 1.00$), $t(187) = 2.32, p = .021$, and the constructive leadership condition ($M = 2.64, SD = 1.09$), $t(187) = 6.44, p < .001$. The laissez-faire leadership condition showed significantly

higher ratings of abusive supervision than the constructive leadership condition, $t(187) = 3.89, p < .001$. Figure 2 illustrates the different ratings of leadership styles reported by the participants in the three experimental conditions. These results confirm the effectiveness of the leadership vignettes used to operationalize the different leadership styles in the three experimental conditions.

Results

ANOVAs demonstrated that the three leadership conditions had different levels of positive mental health ($F(2, 187) = 10.13, p < .001$) and depressive symptoms ($F(2, 187) = 9.50, p < .001$). More specifically, planned contrasts indicated that participants in the laissez-faire leadership condition ($M = 2.90, SD = 1.07$) had significantly less positive mental health than those in the constructive leadership condition ($M = 3.36, SD = 0.97$), $t(187) = -2.29, p = .023$, but more positive mental health than those in the abusive supervision condition ($M = 2.51, SD = 1.15$), $t(187) = 2.07, p = .040$. These results confirm our predictions. Additionally, participants in the laissez-faire leadership condition ($M = 3.31, SD = 1.07$) reported higher scores on the depressive symptoms scale than those in the constructive leadership condition ($M = 2.91, SD = 1.10$), $t(187) = 2.13, p = .035$, but lower scores than those in the abusive supervision condition ($M = 3.69, SD = 0.93$), $t(187) = -2.10, p = .037$, which further support our predictions. Results also showed that participants in the constructive leadership condition reported significantly higher levels of positive mental health, $t(187) = 4.50, p < .001$, and lower levels of depressive symptoms, $t(187) = -4.36, p < .001$, than the participants in the abusive supervision condition. Figure 3 reports the levels on well-being dimensions across leadership conditions.

Study 2 Discussion

Study 2 examined the effects of laissez-faire leadership on positive mental health and

depressive symptoms as also predicted in Hypotheses 1 and 2. To expand Study 1 findings, we tested the effects of laissez-faire leadership and contrasted them to those of constructive leadership and abusive supervision. Findings indicate that laissez-faire leadership impacts positive and negative psychological well-being distinctly from active forms of leadership. The absence of positive leadership behavior and neglect of employee needs by laissez-faire leaders may explain these results. As expected, constructive leadership had a positive impact on well-being, while laissez-faire leadership and abusive supervision had a negative impact. Even if laissez-faire leadership has been deemed to be worse than abusive supervision (e.g., Skogstad, Aasland, et al., 2014), our results demonstrate that abusive supervision impacts employees more negatively than laissez-faire leadership—at least when it comes to predict psychological well-being. This study shows that different leadership styles impact employees differently.

General Discussion

Two studies demonstrated that laissez-faire leadership deteriorates employees' well-being and fosters their ill-being. Using a time-lagged design, Study 1 found laissez-faire leadership to engender reduced positive mental health and more depressive symptoms over time. Moreover, the negative effect of laissez-faire leadership on positive mental health was stronger when perceived supervisor organizational status was high. Study 2 experimentally manipulated three leadership styles (laissez-faire, constructive leadership, and abusive supervision) and examined their effects on employee well-being. Findings indicated that laissez-faire leadership induced lower positive mental health and more depressive symptoms and as predicted, this pattern was distinct from the pattern of results associated with constructive leadership and abusive supervision. Below, we outline the theoretical and practical implications of our findings.

Theoretical Contributions and Implications

This paper's findings substantiate the large body of research that has been conducted on the relation between leadership variables and employee well-being (e.g., Arnold, 2017; Harms et al., 2017; Martinko et al., 2013; Montano et al., 2017; Skakon et al., 2010) and further corroborate studies that attested to the negative relation between laissez-faire leadership and well-being indicators (e.g., Diebig & Bormann, 2020; Skogstad, et al., 2007; Skogstad, Aasland et al., 2014; Trépanier et al., 2019). Particularly, this paper demonstrates that laissez-faire leadership may amplify depressive symptoms, which are known to have pernicious consequences for employees and organizations (Johnston et al., 2019). Reducing laissez-faire leadership practices may thus help alleviate one of the world leading causes in disability, depressive disorders.

This study also broke new ground by exploring contextual boundaries associated with laissez-faire leadership, namely the extent to which the supervisor is perceived as holding an organizational status. In doing so, we highlight *when* supervisors are more likely to affect subordinates' well-being, an area of research scarcely examined in the past (Inceoglu et al., 2018), thereby adding to studies that have concentrated on the main effects of laissez-faire leadership (Bass & Bass, 2008; Hinkin & Schriesheim, 2008a). Findings indicate that inaction by a supervisor is particularly damaging when supervisors are perceived to have a strong organizational status. In such situations, employees would think that this behavior is valued and supported by the organization (Eisenberger et al., 2002) and might even perceive that it is the organization itself that is inactive towards employees. As such, our findings reveal a dark side to perceiving the leader as an important organizational figure: supporting and valuing supervisors as agents who convey the organization's message would be counterproductive when supervisors engage in poor leadership behavior such as laissez-faire. This avenue of research on the downside of supporting and valuing supervisors is still in its infancy (e.g., Shoss et al., 2013) but would

have major implications regarding how organizations select those supervisors possessing the profile of appropriate leaders for speaking on behalf of the organization.

Moreover, our research adds to the limited number of studies that have considered both positive and negative indicators of well-being (Inceoglu et al., 2018). Our results are consistent with the idea that leaders' behavior plays a role in the etiology of both positive well-being and mental health disorders (Montano et al., 2017). These findings indicate that the absence of negative health symptoms is not equivalent to the presence of positive well-being (e.g., Kaluza et al., 2020; Rousseau et al., 2008). Accounting for these two aspects allows for a better understanding of occupational health issues and promoting better interventions. As van Dick et al. (2017, p.1) pointed out, "rather than just trying to get people from -5 back to the 0 line, we should aim at getting them to $+5$."

Our results suggest that one cannot presume that laissez-faire leadership affects all indicators of well-being similarly (Inceoglu et al., 2018). While the results show that the negative effect of laissez-faire leadership on positive mental health is amplified when supervisors are perceived to hold a high organizational status, the relationship of laissez-faire leadership to depressive symptoms, either measured six months later or after twelve months, was not dependent on supervisors' organizational status. This may be because the direct effects of laissez-faire leadership on depressive symptoms were particularly strong (Table 5), which might explain why these effects were not influenced by the context.

Our results also suggest that the influence of laissez-faire leadership on the development of depressive symptoms appears in the long run. While the absence of positive behaviors by laissez-faire leaders may fail to foster employees' positive mental health, ignoring their needs may threaten their self-worth and contribute to the development of depressive symptoms a year later

(i.e., Time 3). Considering that laissez-faire leadership is categorized as a form of destructive leadership (e.g., Einarsen et al., 2007; Skogstad, Aasland et al., 2014), these findings are coherent with the “outcome specific effect” hypothesis (e.g., Rook, 1998; Skogstad, Aasland, et al., 2014), stipulating that negative experiences are more strongly related to negative aspects of well-being than to positive aspects of it. This is interesting considering that laissez-faire leadership is also (negatively) related to constructive behavior, which may have a more prominent impact on positive well-being (e.g., Kaluza et al. 2020; Sonnentag, 2015; Steffens et al., 2017). This confirms that the absence of effective leadership behavior should be considered destructive (e.g., Einarsen et al., 2007; Skogstad, Aasland et al., 2014) and emphasizes that the neglect and ignorance of employee needs by laissez-faire leaders influence employee psychological well-being above and beyond the absence of constructive behavior. Overall, these findings highlight the distinct effects and features of laissez-faire leadership, namely omission of constructive behaviors (Hinkin & Schriesheim, 2008a; Kelloway et al., 2006) and ignorance of employees’ needs (Skogstad, Hetland, et al., 2014). Thus, laissez-faire leadership should be studied in its own right (Judge & Piccolo, 2004; Hinkin & Schriesheim, 2008a; Skogstad, Hetland et al., 2014).

Finally, our studies examined laissez-faire leadership’s contribution to well-being through a robust temporally lagged study controlling for the autoregressive effect of depressive symptoms and a vignette experiment that compared its effects to those of constructive and destructive forms of active leadership. In doing so, we heeded the call of multiple authors (e.g., Che et al., 2017; Inceoglu et al., 2018; Martinko et al., 2013; Nielsen & Taris, 2019; Skakon et al., 2010; Skogstad et al., 2017) to examine how the relation between laissez-faire leadership and its outcomes unfolds over time and to provide stronger causality evidence for its effects. As such, our paper contributes to a limited line of research that has essentially produced evidence based on cross-

sectional data. Moreover, our approach allowed teasing out the effects of laissez-faire leadership on short-term and longer-term emergence of depressive symptoms, as both depressive symptoms six months later and *change over time* in depressive symptoms within the next six months were affected by laissez-faire leadership (e.g., Einarsen et al., 2007; Skogstad et al., 2017).

Practical Implications

Because all organizations are at risk of occupational health issues (Dimoff & Kelloway, 2013), it is important for practitioners to implement practices that help reduce the impact of negative leadership on employee psychological well-being, which is inextricably intertwined with corporate health (Burton & WHO, 2010). As demonstrated, laissez-faire leadership has major implications on employee well-being, both on their ability to thrive and in their odds of depressive symptoms. To maintain optimal human functioning, organizations may want to limit laissez-faire leadership behavior among supervisors. However, managers should be advised that recognizing propensities to engage in inactive behavior from supervisors is more difficult than identifying active behavior. A 360-degree leadership assessment can help identify those supervisors who are inclined to use laissez-faire leadership. Another useful step in that direction might be to design leadership development training where managers are informed of the key aspects of laissez-faire such as delaying decisions, avoiding facing employees' problems, or being absent during tough times. Supervisors may be at times inactive and delay decisions because they lack training, and as such do not know when to act to maintain directions for employees. Thus, an adapted training device might be an important occupational health intervention (Arnold et al., 2007; Kelloway & Barling, 2010).

Furthermore, when laissez-faire leaders are perceived as important organizational figures, organizations may be perceived by employees as being responsible for this negative treatment.

Thus, organizations should take action to clarify that laissez-faire behavior on the part of supervisors is not valued or accepted by the organization. An important way they can send a signal that those behaviors are not valued is by adopting rigorous selection and promotion procedures that do not place laissez-faire leaders in positions of authority. Moreover, organizations must convey in their policies and practices that they are present, supportive, and accessible, and adopt a 'hands-on approach' for their employees. They should also encourage feedback from employees regarding the expectations associated with the roles of leaders to create a shared understanding of the leadership behaviors desired in the organization. This would help promote a culture that does not support laissez-faire leadership so that if employees do perceive it is adopted by a supervisor this would conflict with the organization's directions.

Study Limitations and Future Research

Our studies have limitations. First, Study 1 used self-report measures, which raises concerns over common method variance bias (Podsakoff et al., 2003). Nonetheless, such bias is known to be irrelevant to tests of interactive effects (Siemsen et al., 2010). Moreover, temporal separation of predictor and outcome variables, including control for the autoregressive effect of depressive symptoms typically helped alleviate endogeneity effects. On the other hand, self-reports remain the best approach to capture the subjective experience of psychological well-being (Inceoglu et al., 2018; Wright et al., 2017). Regarding the self-report measure of laissez-faire leadership, it is also worth noting that its validity may be reasonably good as past research has reported a strong association between self-reported and coworker-reported measures of passive leadership (Che et al., 2017). Moreover, as leaders tend to underestimate their laissez-faire behavior (Corrigan et al., 2002), subordinate reports of such behavior are preferable. Nonetheless,

it would be interesting to examine if subordinate perceptions of supervisors' laissez-faire leadership converge and can be aggregated at the team level.

Second, while experimental designs can demonstrate causal effects, they may also have problems of external validity (Aguinis & Bradley, 2014). In Study 2, we asked participants to imagine how working with the supervisor described in the vignette would impact their well-being. This approach may not fully capture the impact of leaders' behavior on employees' psychological well-being over time. Nonetheless, the results of the vignette experiment and their similarity with the results of our field study lend support to our conclusions. Overall, both field and experimental studies compensate each other in terms of strengths and weaknesses (Spector, 2019), providing strong support for the specific effects of laissez-faire leadership on psychological well-being over time. However, future research could use a different experimental design to create a more immersive experience for participants, such as videos or simulations, which could be more impactful on psychological well-being than written leadership vignettes.

Third, depression disorders tend to be more prevalent in females (WHO, 2017). According to Salokangas et al. (2002), such prevalence may be due to some items from depression scales being gender biased. In Study 1, as our sample comprised 73% women, one may wonder if the present findings are generalizable to the whole working population. However, one should note that gender (male vs. female) was unrelated to Time 2 and Time 3 depressive symptoms ($r = -.04, ns$, and $r = .01, ns$, respectively). Moreover, our analyses on Time 3 depressive symptoms controlled for Time 2 levels of depressive symptoms, hence examined change in depressive symptoms over time as the outcome, which considerably limits any potential confound by gender. While our Study 2 replicates some of the Study 1 results using a sample of 52% men,

future field studies on laissez-faire leadership should be conducted to examine if the findings could be replaced using a more gender-balanced sample.

Fourth, attrition analyses indicated that employees reporting more laissez-faire leadership and lower positive mental health were more likely to remain in the study at Time 3. However, average scores on these predictors between those who remained and those who dropped out were practically minor (Goodman & Blum, 1996). Moreover, we used the FIML procedure to examine our model, which has more power and uses all available data from the covariance matrix ($N = 608$) (Enders & Bandalos, 2001; Newman, 2009). This suggests that even though there was some (limited) attrition bias, the use of FIML considerably reduces its impact by considering all study participants, irrespective of completion or lack thereof of any particular survey over time.

Fifth, our data were collected in Canada, an individualistic country, hence findings may not be generalizable across countries (Yang & Li, 2017). People from individualistic countries may react more strongly to laissez-faire leadership as they tend to have a faster pace of life, prioritize individual goals over group goals, and are more autonomous (House et al., 2004). However, they also tend to have a higher subjective well-being. Additionally, as assertiveness, a cultural element more present in individualistic countries, contrasts with passive behavior (Crawford, 1995), it may be hazardous for managers from these countries to engage in laissez-faire leadership because people may react to it more intensely because such leadership is not expected. Thus, even though there is evidence that laissez-faire leadership is negatively related to employee well-being in samples from various countries (Zwingmann et al., 2014), it may be worth replicating our results in different cultural contexts to examine their generalizability.

Lastly, it is plausible that employees with low well-being perceive their supervisor's behavior more negatively and as less supportive (Nielsen et al., 2008) or that employees' well-

being influences supervisors' leadership behavior (van Dierendonck et al., 2004). Cross-lagged panel studies could help disentangle these mechanisms as they unfold over time. These studies could also consider how the leaders' health-related issues may cross over to followers' well-being (Nielsen & Taris, 2019) through laissez-faire leadership. Indeed, supervisor emotional exhaustion (Courtright et al., 2014) or anxiety (Nielsen et al., 2019) may result in laissez-faire behavior because the latter may represent a coping mechanism that reduces supervisors' burnout and protects them from depletion (Arnold et al., 2015). This line of research may help identify why supervisors use laissez-faire leadership and ways to reduce its occurrence in workplaces.

Conclusion

Employees are often exposed to ineffective leadership practices, particularly laissez-faire leadership, which was found to be one of the most prevalent forms of destructive leadership, affecting 1 out of 5 employees on average (Aasland et al., 2010). The present article shows that laissez-faire leadership by supervisors negatively affects employees' positive mental health and leads to the development of depressive symptoms over time. Moreover, the effects of laissez-faire leadership were found to differ from those exerted by constructive and destructive forms of active leadership and its effect on positive well-being was exacerbated when supervisors were perceived to hold a strong organizational status. Given the prevalence and the pernicious effects of laissez-faire leadership, we hope the present results will encourage future research on its antecedents, mechanisms, and outcomes.

References

- Aasland, M. S., Skogstad, A., Notelaers, G., Nielsen, M. B., & Einarsen, S. (2010). The prevalence of destructive leadership behavior. *British Journal of Management*, *21*, 438-452. doi: 10.1111/j.1467-8551.2009.00672.x
- Ågotnes, K. W., Einarsen, S. V., Hetland, J., & Skogstad, A. (2018). The moderating effect of laissez-faire leadership on the relationship between co-worker conflicts and new cases of workplace bullying: A true prospective design. *Human Resource Management Journal*, *28*(4), 555-568. doi: 10.1111/1748-8583.12200
- Aguinis, H., & Bradley, K. J. (2014). Best practice recommendations for designing and implementing experimental vignette methodology studies. *Organizational Research Methods*, *17*, 351–371. doi: 10.1177/1094428114547952
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders DSM-5* (5th ed.). Washington, DC: Author.
- American Psychological Association. (2016). *2016 Work and well-being survey*. Washington, DC: Author.
- Antonakis, J., Avolio, B. J., & Sivasubramaniam, N. (2003). Context and leadership: An examination of the nine-factor full-range leadership theory using the Multifactor Leadership Questionnaire. *The Leadership Quarterly*, *14*, 261–295. doi: 10.1016/S1048-9843(03)00030-4
- Arnold, K. A. (2017). Transformational leadership and employee psychological well-being: A review and directions for future research. *Journal of Occupational Health Psychology*, *22*, 381–393. doi: 10.1037/a0039045
- Arnold, K. A., Connelly, C. E., Walsh, M. M., & Ginis, K. A. M. (2015). Leadership styles, emotion regulation, and burnout. *Journal of Occupational Health Psychology*, *20*, 481–490. doi: 10.1037/a0039045
- Arnold, K. A., Turner, N., Barling, J., Kelloway, E. K., & McKee, M. C. (2007). Transformational leadership and psychological well-being: The mediating role of meaningful work. *Journal of Occupational Health Psychology*, *12*, 193–203. doi: 10.1037/1076-8998.12.3.193
- Barling, J., & Frone, M. R. (2017). If only my leader would just do something! Passive leadership undermines employee well-being through role stressors and psychological resource depletion. *Stress and Health*, *33*, 211–222. doi: 10.1002/smi. 2697.
- Bass, B. M. (1998). *Transformational leadership: Industrial, military, and educational impact*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Bass, B. M., & Avolio, B. J. (1991). *Multifactor leadership questionnaire (Form 5X)*. Center for Leadership Studies, School of Management, Binghamton University.
- Bass, B. M., & Bass, R. (2008). *The Bass handbook of leadership: Theory, research, and managerial applications* (4th ed.). New York: Free Press.
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2th ed.). Mahwah, NJ: Erlbaum.

- Beck, A. T., & Alford, B. A. (2009). *Depression: Causes and treatment* (2nd ed.). Philadelphia, PA: University of Pennsylvania Press.
- Blau, P. M. (1964). *Exchange and power in social life*. New York: John Wiley & Sons.
- Brandebo, M. F., Nilsson, S., & Larsson, G. (2016). Leadership: Is bad stronger than good? *Leadership & Organization Development Journal*, 37, 690-710. doi: 10.1108/LODJ-09-2014-0191
- Breevaart, K., & Zacher, H. (2019). Main and interactive effects of weekly transformational and laissez-faire leadership on followers' trust in the leader and leader effectiveness. *Journal of Occupational and Organizational Psychology*, 92, 384-409. doi: 10.1111/joop.12253
- Burke, R. J., & Page, K. (2017). *Research handbook on work and well-being*. Cheltenham, UK: Edward Elgar Publishing
- Burton, J., & WHO (2010). *WHO Healthy workplace framework and model: Background and supporting literature and practices*.
https://www.who.int/occupational_health/healthy_workplace_framework.pdf
- Byrne, B. M., Shavelson, R. J., & Muthén, B. (1989). Testing for the equivalence of factor covariance and mean structures: The issue of partial measurement invariance. *Psychological Bulletin*, 105, 456–466. doi:10.1037/0033-2909.105.3.456
- Carless, S. A., Wearing, A. J., & Mann, L. (2000). A short measure of transformational leadership. *Journal of Business and Psychology*, 14(3), 389-405.
<https://doi.org/10.1023/A:1022991115523>
- Che, X. X., Zhou, Z. E., Kessler, S. R., & Spector, P. E. (2017). Stressors beget stressors: The effect of passive leadership on employee health through workload and work-family conflict. *Work & Stress*, 31, 338–354. doi:10.1080/02678373.2017.1317881
- Chen, L., Li, M., Wu, Y. J., & Chen, C. (2020). The voicer's reactions to voice: an examination of employee voice on perceived organizational status and subsequent innovative behavior in the workplace. *Personnel Review*, 50(4), 1073-1092. doi:10.1108/PR-07-2019-0399
- Cheung, G. W., & Lau, R. S. (2012). A direct comparison approach for testing measurement invariance. *Organizational Research Methods*, 15, 167–198. doi:10.1177/1094428111421987
- Cheung, G. W., & Lau, R. S. (2017). Accuracy of parameter estimates and confidence intervals in moderated mediation models: A comparison of regression and latent moderated structural equations. *Organizational Research Methods*, 20, 746–769. doi:10.1177/1094428115595869
- Cole, D. A., & Maxwell, S. E. (2003). Testing mediational models with longitudinal data: Questions and tips in the use of structural equation modeling. *Journal of Abnormal Psychology*, 112, 558–577. doi:10.1037/0021-843X.112.4.558
- Corrigan, P. W., Diwan, S., Campion, J., & Rashid, F. (2002). Transformational leadership and the mental health team. *Administration and Policy in Mental Health and Mental Health Services Research*, 30, 97-108. doi:10.1023/A:1022569617123

- Courtright, S. H., Colbert, A. E., & Choi, D. (2014). Fired up or burned out? How developmental challenge differentially impacts leader behavior. *Journal of Applied Psychology, 99*, 681–696. doi:10.1037/a0035790
- Crawford, M. (1995). *Talking difference: On gender and language*. London, UK: Sage Publications.
- Dasborough, M. T. (2006). Cognitive asymmetry in employee emotional reactions to leadership behaviors. *The Leadership Quarterly, 17*, 163–178. doi:10.1016/j.leaqua.2005.12.004
- Del Prado-Lu, J. L. (2017). The global workplace and the new work hazards: what are the necessary responses at the national and firm levels? In R. J. Burke & K. M. Page (Eds.), *Research handbook on work and well-Being* (pp.415–434). Cheltenham, UK and Northampton, MA, USA: Edward Elgar Publishing.
- Diebig, M., & Bormann, K. C. (2020). The dynamic relationship between laissez-faire leadership and day-level stress: A role theory perspective. *German Journal of Human Resource Management, 1*–12. doi: 10.1177/2397002219900177
- Diebig, M., Bormann, K. C., & Rowold, J. (2016). A double-edged sword: Relationship between full-range leadership behaviors and followers' hair cortisol level. *The Leadership Quarterly, 27*, 684–696. doi:10.1016/j.leaqua.2016.04.001
- Dimitruk, P., Schermelleh-Engel, K., Kelava, A., & Moosbrugger, H. (2007). Challenges in nonlinear structural equation modeling. *Methodology, 3*, 100–114. doi:10.1027/1614-2241.3.3.100.
- Dimoff, J. K., & Kelloway, E. K. (2013). Bridging the gap: Workplace mental health research in Canada. *Canadian Psychology, 54*, 203–212. doi: 10.1037/a0034464
- Dimoff, J. K., & Kelloway, E. K. (2017). Leaders as resources: How managers and supervisors can socially support employees towards better mental health and well-being. In E. K. Kelloway, K. Nielsen, & J. K. Dimoff (Eds.), *Leading to occupational health and safety: How leadership behaviours impact organizational safety and well-being* (pp.149–162). West Sussex, UK: John Wiley & Sons.
- Dulebohn, J. H., Bommer, W. H., Liden, R. C., Brouer, R. L., & Ferris, G. R. (2012). A meta-analysis of antecedents and consequences of leader-member exchange: Integrating the past with an eye toward the future. *Journal of Management, 38*, 1715–1759. doi:10.1177/0149206311415280
- Einarsen, S., Aasland, M. S., & Skogstad, A. (2007). Destructive leadership behavior: A definition and conceptual model. *The Leadership Quarterly, 18*, 207–216. doi:10.1016/j.leaqua.2007.03.002
- Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of Applied Psychology, 86*(1), 42–51. doi:10.1037/0021-9010.86.1.42.
- Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. *Journal of Applied Psychology, 87*, 565–573. doi:10.1037/0021-9010.87.3.565

- Enders, C. K. (2010). *Applied missing data analysis*. New York: Guilford Press.
- Enders, C. K., & Bandalos, D. L. (2001). The relative performance of full information maximum likelihood estimation for missing data in structural equation models. *Structural Equation Modeling, 8*, 430–457. doi:10.1207/S15328007SEM0803_5
- Epitropaki, O., Sy, T., Martin, R., Tram-Quon, S., & Topakas, A. (2013). Implicit leadership and followership theories “in the wild”: Taking stock of information processing approaches to leadership and followership in organizational settings. *The Leadership Quarterly, 24*, 858–881.
- Erdogan, B., & Enders, J. (2007). Support from the top: Supervisors’ perceived organizational support as a moderator of leader-member exchange to satisfaction and performance relationships. *Journal of Applied Psychology, 92*, 321–330. doi:10.1037/0021-9010.92.2.321
- Ferris, D. L., Yan, M., Lim, V. K., Chen, Y., & Fatimah, S. (2016). An approach–avoidance framework of workplace aggression. *Academy of Management Journal, 59*, 1777–1800. doi:10.5465/amj.2014.0221
- Fitzmaurice, G. M., Laird, N. M., & Ware, J. H. (2004). *Applied longitudinal analysis*. Hoboken, NJ: Wiley-Interscience.
- Gangan, N., & Yang, Y. (2018). The impact of work absences on health services utilization and costs among employed individuals with depression. *Journal of Occupational and Environmental Medicine, 60*(3), e139–e145. doi:10.1097/JOM.0000000000001259
- Geiser, C. (2012). *Data analysis with Mplus*. New York: Guilford Press.
- George, G., Howard-Grenville, J., Joshi, A., & Tihanyi, L. (2016). Understanding and tackling societal grand challenges through management research. *Academy of Management Journal, 59*, 1880–1895.
- Gilbreath, B., & Benson, P.G. (2004). The contribution of supervisor behaviour to employee psychological well-being. *Work & Stress, 18*, 255–266. doi:10.1080/02678370412331317499
- Goldberg, D. P. (1972). *The detection of psychiatric illness by questionnaire: A technique for the identification and assessment of non-psychotic psychiatric illness*. Oxford, UK: Oxford University Press.
- Goodman, J. S., & Blum, T. C. (1996). Assessing the non-random sampling effects of subject attrition in longitudinal research. *Journal of Management, 22*, 627–652. doi:10.1177/014920639602200405
- Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review, 25*(2), 161-178.
- Graham, J. W. (2009). Missing data analysis: Making it work in the real world. *Annual Review of Psychology, 60*, 549–576. doi:10.1146/annurev.psych.58.110405.085530
- Graham, J. W. (2012). *Missing data: Analysis and design*. New York: Springer.
- Halbesleben, J. R., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the “COR” understanding the role of resources in conservation of resources theory. *Journal of management, 40*(5), 1334-1364. doi:10.1177/0149206314527130

- Hardy, G. E., Shapiro, D. A., Haynes, C. E., & Rick, J. E. (1999). Validation of the General Health Questionnaire-12: Using a sample of employees from England's health care services. *Psychological Assessment, 11*, 159–165. doi:10.1037/1040-3590.11.2.159
- Harms, P. D., Credé, M., Tynan, M., Leon, M., & Jeung, W. (2017). Leadership and stress: A meta-analytic review. *The Leadership Quarterly, 28*, 178–194. doi:10.1016/j.leaqua.2016.10.006
- Hinkin, T. R., & Schriesheim, C. A. (2008a). An examination of "nonleadership": From laissez-faire leadership to leader reward omission and punishment omission. *Journal of Applied Psychology, 93*, 1234–1248. doi:10.1037/a0012875
- Hinkin, T. R., & Schriesheim, C. A. (2008b). A theoretical and empirical examination of the transactional and non-leadership dimensions of the Multifactor Leadership Questionnaire (MLQ). *The Leadership Quarterly, 19*, 501–513. doi:10.1016/j.leaqua.2008.07.001
- Hobfoll, S. E. (1988). *The ecology of stress*. Washington, DC: Hemisphere.
- Hobfoll, S. E. (2001). The influence of culture, community and the nested-self in the stress process: Advancing conservation of resources theory. *Journal of Applied Psychology, 50*, 337–396.
- House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. (2004). *Culture, leadership, and organizations: The GLOBE study of 62 societies*. Thousand Oaks, CA: Sage Publications.
- Howell, J. L., Koudenburg, N., Loschelder, D. D., Weston, D., Fransen, K., De Dominicis, S., ... & Haslam, S. A. (2014). Happy but unhealthy: The relationship between social ties and health in an emerging network. *European Journal of Social Psychology, 44*, 612-621. doi:10.1002/ejsp.2030
- Hu, Y., Stewart-Brown, S., Twigg, L., & Weich, S. (2007). Can the 12-item General Health Questionnaire be used to measure positive mental health?. *Psychological Medicine, 37*, 1005-1013. doi:10.1017/S0033291707009993
- Inceoglu, I., Thomas, G., Chu, C., Plans, D., & Gerbasi, A. (2018). Leadership behavior and employee well-being: An integrated review and a future research agenda. *The Leadership Quarterly, 29*, 179–202. doi:10.1016/j.leaqua.2017.12.006
- James, S. L., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., ... & Abdollahpour, I. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet, 392*, 1789-1858. doi : 10.1016/S0140-6736(18)32279-7
- Jahanzeb, S., Fatima, T., & Malik, M. A. R. (2018). Supervisor ostracism and defensive silence: a differential needs approach. *European Journal of Work and Organizational Psychology, 27*(4), 430-440. doi:10.1080/1359432X.2018.1465411
- Johnston, D. A., Harvey, S. B., Glozier, N., Calvo, R. A., Christensen, H., & Deady, M. (2019). The relationship between depression symptoms, absenteeism and presenteeism. *Journal of Affective Disorders, 256*, 536-540. doi: 10.1016/j.jad.2019.06.041
- Judge, T. A., & Piccolo, R. F. (2004). Transformational and transactional leadership: A meta-

- analytic test of their relative validity. *Journal of Applied Psychology*, *89*, 755–768. doi:10.1037/0021-9010.89.5.755
- Kaluza, A. J., Boer, D., Buengeler, C., & van Dick, R. (2020). Leadership behaviour and leader self-reported well-being: A review, integration and meta-analytic examination. *Work & Stress*, *34*, 34–56. doi: 10.1080/02678373.2019.1617369
- Kanste, O., Kyngäs, H., & Nikkilä, J. (2007). The relationship between multidimensional leadership and burnout among nursing staff. *Journal of Nursing Management*, *15*, 731–739. doi: 10.1111/j.1365-2934.2006.00741.x
- Kanwal, I., Lodhi, R. N., & Kashif, M. (2019). Leadership styles and workplace ostracism among frontline employees. *Management Research Review*, *42*, 991–1013. doi: 10.1108/MRR-08-2018-0320
- Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress*, *24*, 260–279. doi: 10.1080/02678373.2010.518441
- Kelloway, E. K., Mullen, J., & Francis, L. (2006). Divergent effects of transformational and passive leadership on employee safety. *Journal of Occupational Health Psychology*, *11*, 76–86. doi:10.1037/1076-8998.11.1.76
- Kelloway, E. K., Turner, N., Barling, J., & Loughlin, C. (2012). Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership. *Work & Stress*, *26*, 39–55. doi:10.1080/02678373.2012.660774.
- Kelloway, E. K., Sivanathan, N., Francis, L., & Barling, J. (2005). Poor leadership. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.) *Handbook of work stress* (pp. 89–112). Thousand Oaks, CA: Sage Publications.
- Klein, A., & Moosbrugger, H. (2000). Maximum likelihood estimation of latent interaction effects with the LMS method. *Psychometrika*, *65*, 457–474. doi:10.1007/BF02296338.
- Leiter, M. P., & Patterson, A. (2014). Respectful workplaces. In A. Day, E. K. Kelloway, & J. J. Hurrell Jr. (Eds.), *Workplace well-being: How to build psychologically healthy workplaces*. (pp. 205–225). West Sussex, UK: Wiley-Blackwell.
- Little, T. D. (2013). *Longitudinal structural equation modeling*. New York: Guilford Press.
- Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling*, *9*, 151–173. doi:10.1207/S15328007SEM0902_1
- Little, T. D., Preacher, K. J., Selig, J. P., & Card, N. A. (2007). New developments in latent variable panel analyses of longitudinal data. *International Journal of Behavioral Development*, *31*, 357–365. doi:10.1177/0165025407077757
- Lord, R. G., & Brown, D. J. (2001). Leadership, values, and subordinate self-concepts. *The Leadership Quarterly*, *12*, 133–152.
- Mackey, J. D., Frieder, R. E., Brees, J. R., & Martinko, M. J. (2017). Abusive supervision: A meta-analysis and empirical review. *Journal of Management*, *43*, 1940–1965.
- Martinko, M. J., Harvey, P., Brees, J. R., & Mackey, J. (2013). A review of abusive supervision

- research. *Journal of Organizational Behavior*, 34, S120-S137. doi:10.1002/job.1888
- Maxwell, S. E., & Cole, D. A. (2007). Bias in cross-sectional analyses of longitudinal mediation. *Psychological Methods*, 12, 23–44. doi:10.1037/1082-989X.12.1.23.
- Mental Health Commission of Canada (2019). *#Fiveinfive* (Annual Report 2018-2019). https://www.mentalhealthcommission.ca/sites/default/files/2019-08/annual_report_2018_2019_eng.pdf
- Mikulincer, M. (1994). *Human learned helplessness: A coping perspective*. New York: Plenum Press.
- Millsap, E. (2011). *Statistical methods for studying measurement invariance*. Abingdon, UK: Taylor & Francis.
- Montano, D., Reeske, A., Franke, F., & Hüffmeier, J. (2017). Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 38, 327–350. doi:10.1002/job.2124
- Muthén, L. K., & Muthén, B. O. (2010). *Mplus user's guide, version 6.1*. Los Angeles, CA: Muthén & Muthén.
- Newman, D. A. (2009). Missing data techniques and low response rates: The role of systematic nonresponse parameters. In C. E. Lance & R. J. Vandenberg (Eds.), *Statistical and methodological myths and urban legends* (pp. 7-36). New York: Routledge.
- Nielsen, K., Randall, R., Yarker, J., & Brenner, S. O. (2008). The effects of transformational leadership on followers' perceived work characteristics and psychological well-being: A longitudinal study. *Work & Stress*, 22, 16–32. doi:10.1080/02678370801979430
- Nielsen, M. B., Skogstad, A., Gjerstad, J., & Einarsen, S. V. (2019). Are transformational and laissez-faire leadership related to state anxiety among subordinates? A two-wave prospective study of forward and reverse associations. *Work & Stress*, 33, 137–155. doi:10.1080/02678373.2018.1528307.
- Nielsen, K., & Taris, T. W. (2019). Leading well: Challenges to researching leadership in occupational health psychology – and some ways forward. *Work & Stress*, 33, 107–118. doi:10.1080/02678373.2019.1592263
- Perko, K., Kinnunen, U., & Feldt, T. (2014). Transformational leadership and depressive symptoms among employees: Mediating factors. *Leadership & Organization Development Journal*, 35, 286–304. doi:10.1108/LODJ-07-2012-0082
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88, 879–903. doi:10.1037/0021-9010.88.5.879.
- Restubog, S. L. D., Hornsey, M. J., Bordia, P., & Esposito, S. R. (2008). Effects of psychological contract breach on organizational citizenship behaviour: Insights from the group value model. *Journal of Management Studies*, 45, 1377–1400. doi:10.1111/j.1467-6486.2008.00792.x

- Robinson, S. L., O'Reilly, J., & Wang, W. (2013). Invisible at work: An integrated model of workplace ostracism. *Journal of Management*, *39*, 203–231. doi:10.1177/0149206312466141
- Rousseau, V., Aubé, C., Chiocchio, F., Boudrias, J. S., & Morin, E. M. (2008). Social interactions at work and psychological health: The role of leader-member exchange and work group integration. *Journal of Applied Social Psychology*, *38*, 1755–1777. doi:10.1111/j.1559-1816.2008.00368.x
- Rowold, J., & Schlotz, W. (2009). Transformational and transactional leadership and followers' chronic stress. *Leadership Review*, *9*, 35–48.
- Salokangas, R. K., Stengard, E., & Poutanen, O. (1994). DEPS-uusi valine depression seulontaan [DEPS-a new screening test for depressive symptoms]. *Duodecim*, *110*, 1141–1148.
- Salokangas, R. K., Vaahtera, K., Paciriev, S., Sohlman, B., & Lehtinen, V. (2002). Gender differences in depressive symptoms: An artefact caused by measurement instruments? *Journal of Affective Disorders*, *68*, 215–220. doi:10.1016/S0165-0327(00)00315-3
- Sardeshmukh, S. R., & Vandenberg, R. J. (2017). Integrating moderation and mediation: A structural equation modeling approach. *Organizational Research Methods*, *20*, 721–745. doi:10.1177/1094428115621609.
- Sauer, S. J. (2011). Taking the reins: The effects of new leader status and leadership style on team performance. *Journal of Applied Psychology*, *96*(3), 574–587. doi:10.1037/a0022741
- Schaffer, B. S., & Riordan, C. M. (2003). A review of cross-cultural methodologies for organizational research: A best-practices approach. *Organizational Research Methods*, *6*, 169–215. doi:10.1177/1094428103251542.
- Schermuly, C. C., & Meyer, B. (2016). Good relationships at work: The effects of leader–member exchange and team–member exchange on psychological empowerment, emotional exhaustion, and depression. *Journal of Organizational Behavior*, *37*, 673–691. doi:10.1002/job.2060
- Schilling, J. (2009). From ineffectiveness to destruction: A qualitative study on the meaning of negative leadership. *Leadership*, *5*, 102–128. doi:10.1177/1742715008098312
- Schyns, B., Felfe, J., & Schilling, J. (2018). Is It Me or You?—How Reactions to Abusive Supervision Are Shaped by Leader Behavior and Follower Perceptions. *Frontiers in Psychology*, *9*, 1309. doi:10.3389/fpsyg.2018.01309
- Seligman, M. E. P. (1975). *Helplessness*. San Francisco, CA: Freedman.
- Shanock, L. R., & Eisenberger, R. (2006). When supervisors feel supported: Relationships with subordinates' perceived supervisor support, perceived organizational support, and performance. *Journal of Applied Psychology*, *91*, 689–695. doi:10.1037/0021-9010.91.3.689
- Shoss, M. K., Eisenberger, R., Restubog, S. L. D., & Zagencyk, T. J. (2013). Blaming the organization for abusive supervision: The roles of perceived organizational support and supervisor's organizational embodiment. *Journal of Applied Psychology*, *98*, 158–168. doi:10.1037/a0030687

- Siemsen, E., Roth, A., & Oliveira, P. (2010). Common method bias in regression models with linear, quadratic, and interaction effects. *Organizational Research Methods, 13*, 456–476. doi: 10.1177/1094428109351241.
- Skakon, J., Nielsen, K., Borg, V., & Guzman, J. (2010). Are leaders' well-being, behaviors and style associated with the affective well-being of their employees? A systematic review of three decades of research. *Work & Stress, 24*, 107–139. doi:10.1080/02678373.2010.495262
- Skogstad, A., Aasland, M. S., Nielsen, M. B., Hetland, J., Matthiesen, S. B., & Einarsen, S. (2014). The relative effects of constructive, laissez-faire, and tyrannical leadership on subordinate job satisfaction: Results from two prospective and representative studies. *Zeitschrift für Psychologie, 222*, 221–232. doi:10.1027/ 2151-2604/a000189.
- Skogstad, A., Einarsen, S., Torsheim, T., Aasland, M.S., & Hetland, H. (2007). The destructiveness of laissez-faire leadership behaviour. *Journal of Occupational Health Psychology, 12*, 80–92. doi:10.1037/1076-8998.12.1.80.
- Skogstad, A., Hetland, J., Glasø, L., & Einarsen, S. (2014). Is avoidant leadership a root cause of subordinate stress? Longitudinal relationships between laissez-faire leadership and role ambiguity. *Work & Stress, 28*, 323–341. doi:10.1080/02678373.2014.957362.
- Skogstad, A., Nielsen, M. B., & Einarsen, S. (2017). Destructive forms of leadership and their relationships with employee well-being. In E. K. Kelloway, K. Nielsen, & J. K. Dimoff (Eds.) *Leading to occupational health and safety: How leadership behaviors impact organizational safety and well-being* (pp. 163-195). West Sussex, UK: John Wiley & Sons.
- Sosik, J. J., & Godshalk, V. M. (2000). Leadership styles, mentoring functions received, and job-related stress: A conceptual model and preliminary study. *Journal of Organizational Behavior, 21*, 365–390. doi:10.1002/(SICI)1099-1379(200006)21:4<365::AID-JOB14>3.0.CO;2-H
- Stogdill, R. M. (1974). *Handbook of leadership: A survey of theory and research*. New York: Free Press.
- Stogdill, R. M., & Bass, B. M. (1981). *Stogdill's handbook of leadership: A survey of theory and research*. New York: Free Press.
- Stryker, S., & Burke, P. J. (2000). The past, present, and future of an identity theory. *Social Psychology Quarterly, 63*, 284–297. doi:10.2307/2695840
- Spector, P. E. (2019). Do not cross me: Optimizing the use of cross-sectional designs. *Journal of Business and Psychology, 34*(2), 125-137. <https://doi.org/10.1007/s10869-018-09613-8>
- Tepper, B. J. (2000). Consequences of abusive supervision. *Academy of Management Journal, 43*, 178–190. doi:10.2307/ 1556375.
- Tepper, B. J. (2007). Abusive supervision in work organizations: Review, synthesis, and research agenda. *Journal of Management, 33*, 261–289. doi:10.1177/0149206307300812
- Theorell, T., Nyberg, A., Leineweber, C., Hanson, L. L. M., Oxenstierna, G., & Westerlund, H. (2012). Non-listening and self centered leadership: Relationships to socioeconomic conditions and employee mental health. *PLoS One, 7*, e44119. doi:10.1371/journal.pone.0044119
- Trépanier, S. G., Boudrias, V., & Peterson, C. (2019). Linking destructive forms of leadership to employee health. *Leadership & Organization Development Journal, 40*, 803–814.

doi:10.1108/LODJ-04-2019-0168

- Usman, M., Ali, M., Yousaf, Z., Anwar, F., Waqas, M., & Khan, M. A. S. (2020). The relationship between laissez-faire leadership and burnout: Mediation through work alienation and the moderating role of political skill. *Canadian Journal of Administrative Sciences*, 1–12. doi:10.1002/cjas.1568
- van Dick, R., Ketturat, C., Häusser, J. A., & Mojzisch, A. (2017). Two sides of the same coin and two routes for improvement: Integrating resilience and the social identity approach to well-being and ill-health. *Health Psychology Open*, 4, 1–6. doi:10.1177/2055102917719564
- van Dierendonck, D., Haynes, C., Borrill, C., & Stride, C. (2004). Leadership behavior and subordinate well-being. *Journal of Occupational Health Psychology*, 9, 165–175. doi:10.1037/1076-8998.9.2.165
- Vuori, J., & Vinokur, A. D. (2005). Job-search preparedness as a mediator of the effects of the Työhön job search intervention on re-employment and mental health. *Journal of Organizational Behavior*, 26, 275–291. doi:10.1002/job.308
- Walsh, M. M., & Arnold, K. A. (2020). The bright and dark sides of employee mindfulness: Leadership style and employee wellbeing. *Stress and Health*, 1–12. doi:10.1002/smi.2926
- Warr, P. (2013). How to think about and measure psychological well-being. In R. R. Sinclair, M. Wang, & L. E. Tetrick (Eds.), *Research methods in occupational health psychology: Measurement, design, and data analysis* (pp. 76–90). New York: Routledge.
- WHO (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
- WHO (2013a). *Investigating in mental health: Evidence for action*. https://www.who.int/mental_health/publications/financing/investing_in_mh_2013/en/
- WHO (2013b). *Mental health action plan 2013-2020*. https://www.who.int/mental_health/publications/action_plan/en/
- WHO (2017). *Depression and other common mental disorders: Global health estimates*. https://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/
- Wright, T. A., Emich, K. J., & Klotz, D. (2017). The many “faces” of well-being. In R. J. Burke & K. M. Page (Eds.), *Research handbook on work and well-being* (pp. 37–58). Cheltenham, UK: Edward Elgar Publishing.
- Yang, I., & Li, M. (2017). Can absent leadership be positive in team conflicts? An examination of leaders’ avoidance behavior in China. *International Journal of Conflict Management*, 28, 146–165. doi:10.1108/IJCMA-12-2015-0083.
- Yang, T., Shen, Y.-M., Zhu, M., Liu, Y., Deng, J., Chen, Q., & See, L.-C. (2015). Effects of co-worker and supervisor support on job stress and presenteeism in an aging workforce: A structural equation modeling approach. *International Journal of Environmental Research and Public Health*, 13, 72–86. doi: 10.3390/ijerph13010072
- Zhang, Y. & Liao, Z. (2015). Consequences of abusive supervision: A meta-analytic review. *Asia Pacific Journal of Management*, 32(4), 959–987.

Zwingmann, I., Wegge, J., Wolf, S., Rudolf, M., Schmidt, M., & Richter, P. (2014). Is transformational leadership healthy for employees? A multilevel analysis in 16 nations. *Zeitschrift für Personalforschung*, 28, 24–51. doi:10.1177/239700221402800103

Table 1

Study 1: Fit Indices for Confirmatory Factor Analysis Models

	χ^2	<i>df</i>	CFI	TLI	RMSEA	$\Delta\chi^2$	Δdf
1. Hypothesized five-factor solution	601.49***	220	.95	.94	.041	–	–
2. Four-factor, combining T2 and T3 depressive symptoms	1020.10***	224	.90	.88	.076	418.61***	4
3. Four-factor, combining T2 positive mental health and T2 depressive symptoms	1117.94***	224	.88	.87	.081	516.46***	4
4. Four-factor, combining T2 positive mental health and T3 depressive symptoms	1020.89***	224	.90	.88	.076	419.40***	4
5. Four-factor, combining T1 laissez-faire leadership and T1 perceived supervisor organizational status	2210.55***	224	.74	.70	.121	1609.06***	4
6. Three-factor, combining T2 positive mental health and T2 and T3 depressive symptoms	1493.27***	227	.83	.81	.096	891.78***	7
7. Two-factor, T1 laissez-faire leadership and T1 perceived supervisor organizational status vs. T2 positive mental health and T2 and T3 depressive symptoms	3102.24***	229	.62	.58	.144	2500.76***	9
9. One-factor, combining all factors	4390.75***	230	.45	.40	.172	3789.26***	10

Note. $N = 608$, based on full information maximum likelihood estimation. *df* = degrees of freedom; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root-mean-square error of approximation; T1 = Time 1; T2 = Time 2; T3 = Time 3.

*** $p < .001$.

Table 2

Study 1: Tests of Measurement Invariance across Time for Employee Depressive Symptoms

	χ^2	<i>df</i>	CFI	TLI	RMSEA	Model comparison	$\Delta\chi^2$	Δdf
Model 1: Configural invariance	5.10	5	1.00	1.00	.008	–		–
Model 2: Weak invariance (loadings)	6.36	7	1.00	1.00	.000	2 vs. 1	1.26	2
Model 3: Strong invariance (loadings, thresholds)	6.95	9	1.00	1.00	.000	3 vs. 2	0.60	2
Model 4: Strict invariance (loadings, thresholds, uniquenesses)	9.57	12	1.00	1.00	.000	4 vs. 3	2.62	3

Note. *Ns* for depressive symptoms = 297-298 (Time 2) and 206-207 (Time 3). Full information maximum likelihood was used. *df* = degrees of freedom; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root-mean-square error of approximation. **p* < .05.

Table 3

Study 1: Descriptive Statistics and Correlations among Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Age	28.26	9.32	–								
2. Gender	1.73	0.45	.04	–							
3. Organizational tenure (years)	3.66	4.89	.65***	.00	–						
4. Tenure with the supervisor (years)	2.12	2.87	.43***	-.03	.64***	–					
5. Laissez-faire leadership (T1)	2.05	0.99	.03	-.06	.08*	.11**	(.93)				
6. Perceived supervisor organizational status (T1)	3.71	0.78	-.02	.05	-.12**	.04	-.25***	(.91)			
7. Positive mental health (T2)	2.82	0.51	.20**	-.02	.18**	.08	-.23***	.09	(.89)		
8. Depressive symptoms (T2)	2.20	1.02	-.21***	-.04	-.18**	-.11	.22***	-.08	-.53***	(.94)	
9. Depressive symptoms (T3)	2.24	0.94	-.16*	.01	-.15*	-.08	.26***	-.11	-.48***	.53***	(.93)

Note. Correlations are based on the data available at a given time: T1 *N* = 606-608, T2 *N* = 298, T3 *N* = 207. For Gender, 1 = male, 2 = female. Cronbach’s alphas are reported in parentheses.

p* < .05; *p* < .01; ****p* < .001.

Table 4

Study 1: Fit Indices for Latent Moderated Structural Equation Models

Dependant variables:	T2 Positive mental health		T2 Depressive symptoms		T3 Depressive symptoms	
	Baseline	Moderated	Baseline	Moderated	Baseline	Moderated
χ^2	344.12*		291.27*		355.56*	
<i>df</i>	116		74		117	
Log likelihood	-8711.68	-8710.06	-8316.53	-8315.11	-8873.66	-8873.53
Scaling correction	1.2640	1.2530	1.2048	1.1989	1.2136	1.2121
Estimated paths ^a	54	55	45	46	53	54
CFI	.95		.95		.96	
TLI	.94		.94		.95	
RMSEA	.057		.069		.058	
AIC	17531.37	17530.11	16723.07	16722.22	17853.32	17855.057

Note. $N = 608$, based on data imputation through full information maximum likelihood. *df* = degrees of freedom; T1 = Time 1; T2 = Time 2; T3 = Time 3; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root-mean-square error of approximation; AIC = Akaike information criterion; BIC = Bayesian information criterion.

^aThe estimated paths row reports the number of free parameters in the output.

Table 5

Study 1: Path Analysis Results for the Moderated Models

Dependent variables: Variables	T2 Positive mental health		T2 Depressive symptoms		T3 Depressive symptoms	
	B	SE	B	SE	B	SE
T1 Laissez-faire leadership	-.14***	.03				
Perceived supervisor org. status	.02	.03				
Interaction	-.07*	.03				
T1 Laissez-faire leadership			.29***	.08		
Perceived supervisor org. status			-.03	.08		
Interaction			.15†	.09		
T1 Laissez-faire leadership					.16*	.07
Perceived supervisor org. status					.01	.08
Interaction					-.05	.10
T2 Depressive symptoms					.48*	.07
Moderation						
High Level (+1SD)	-.20***	.05	.41***	.12	.13	.12
Mean (0)	-.14***	.03	.29***	.08	.16*	.07
Low Level (-1SD)	-.09*	.04	.17*	.09	.20*	.09
Difference ($\pm 1SD$)	-.12*	.05	.23†	.14	-.08	.16

Note. $N = 608$, based on data imputation through full information maximum likelihood. B = unstandardized beta coefficient; SE = standard error; PO = perceived organizational; T1 = Time 1; T2 = Time 2; T3 = Time 3.

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

Figure Caption

Figure 1. Study 1: Interaction between laissez-faire leadership and perceived supervisor organizational status predicting positive mental health. Relationships are shown at one 1 *SD* below and above perceived supervisor organizational status.

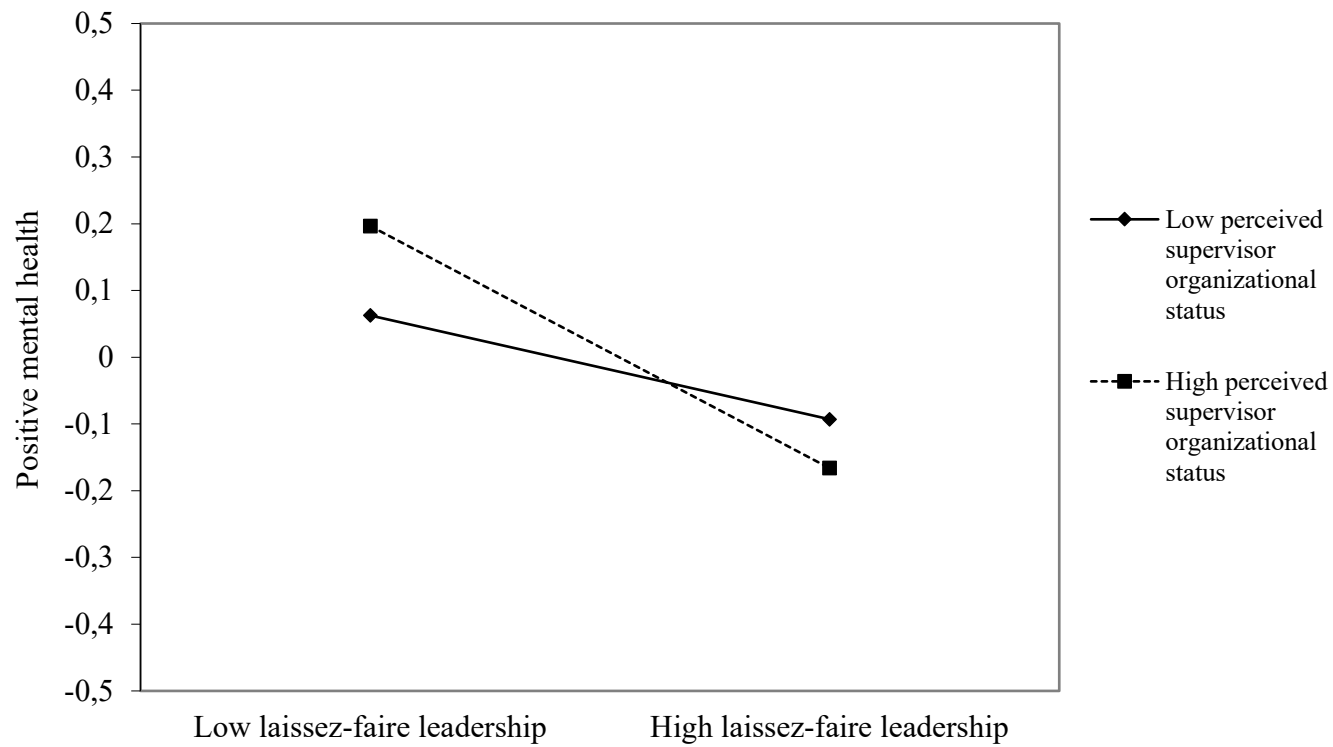


Figure 2. Study 2: Means for the perception of the leadership styles in the three experimental conditions.

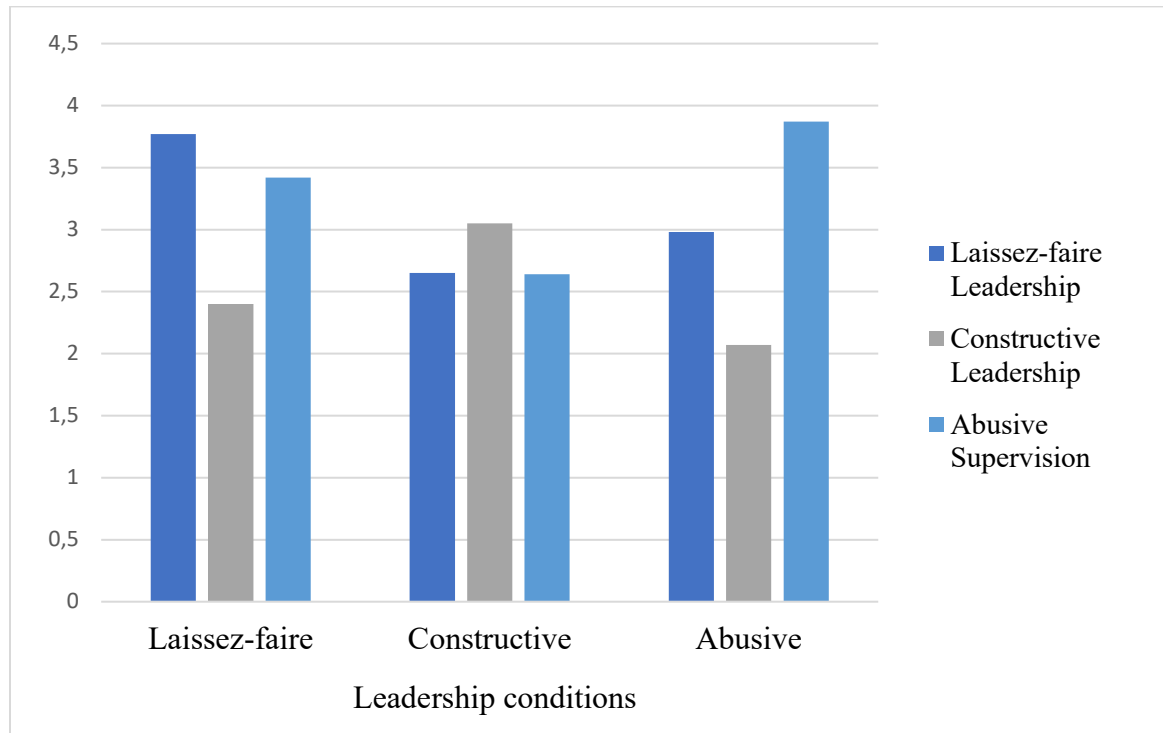


Figure 3. Study 2: Means for the dependent variables in the three experimental conditions.

