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Stressors beget stressors: The effect of passive leadership on employee health through workload and work–family conflict

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ABSTRACT

The current study examined passive leadership as a potential antecedent of two commonly studied workplace stressors (i.e. workload and work–family conflict), and investigated its negative effect on employee burnout and physical symptoms via these stressors. We collected two waves of data from 274 focal participants, and one wave of data from their co-workers. Results showed that both self-reported and co-worker-reported passive leadership was positively related to employee burnout and physical symptoms, as well as workload and work–family conflict. Additionally, workload and work–family conflict partially mediated the effects of passive leadership on burnout and physical symptoms, respectively. Our findings support the notion that passive leadership can create a stressful workplace and have a detrimental effect on employees' health.

Decades of research have focused on the positive effects of functional types of leadership (Judge & Piccolo, 2004). More recently, attention has turned to the role of dysfunctional leadership, often in the form of abusive supervision, which is an active form of non-physical abuse perpetuated by supervisors (Tepper, 2000). Ample empirical research has linked abusive supervision to impaired employee health, negative job attitudes, and poor performance (Martinko, Harvey, Brees, & Mackey, 2013). However, several researchers (e.g. Hinkin & Schriesheim, 2008; Kelloway, Sivanathan, Francis, & Barling, 2005; Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007) note that dysfunctional leadership is not limited to this type of active behaviour and that passive leadership behaviours can be just as harmful. For example, preliminary evidence suggests that passive leadership is related to subordinates' negative emotions (Kessler, Bruursema, Rodopman, & Spector, 2013), psychological distress (Skogstad et al., 2007), burnout (Hetland, Sandal, & Johnsen, 2007), and workplace injuries (Kelloway, Mullen, & Francis, 2006). Interestingly though, passive leadership seems to receive far less attention in the literature than abusive supervision even though it may be almost seven times more prevalent in organisations (Aasland, Skogstad, Notelaers, Nielsen, & Einarsen, 2010).

In the current study, we propose that passive leadership can act as a "root cause" stressor (Kelloway et al., 2005), creating stressful conditions for employees. That is, passive

leaders fail to provide employees with the structure and guidance needed to successfully complete their work. This absence of structure can perpetuate a higher workload and even affect their work–family relationships, ultimately negatively impacting employees' health. Figure 1 illustrates the proposed relationships and this underlying mechanism.

Our study makes several theoretical and empirical contributions. First, we empirically examine Kelloway et al.'s (2005) "root cause" framework, which suggests that inadequate leadership can provide a context for the emergence of traditional stressors that impair employee health. Empirical research invoking this framework has focused on traditional role stressors such as role ambiguity, role conflict, and role overload (e.g. Chênevert, Vandenberghe, Doucet, & Ben Ayed, 2013; Skogstad et al., 2007; Skogstad, Hetland, Glasø, & Einarsen, 2014), but has not yet investigated the role of workload and work scheduling stressors (e.g. work–family conflict). Thus, this study contributes to a better understanding of how passive leadership shapes a stressful environment. Second, the few studies examining the effect of passive leadership on employee health (e.g. Skogstad et al., 2007) focused on psychological well-being but not on physical health outcomes. The current study extends the health outcomes of the passive leadership literature by including physical health symptoms as an outcomes variable. Third, while the negative effects of workload and work–family conflict have been well documented (e.g. Amstad, Meier, Fasel, Elfering, & Semmer, 2011; Nahum-Shani & Bamberger, 2011), studies examining leadership as their potential antecedent are scarce. Therefore, the examination of the effect of passive leadership on these two stressors can help identify and reduce potential distal causes of employee strains.

Passive leadership

Passive leadership, also referred to as passive-avoidant leadership, comprises laissez-faire and passive management-by-exception (Bass & Avolio, 1993; Kelloway et al., 2005). Laissez-faire leaders avoid taking responsibility or making decisions; passive management-by-exception
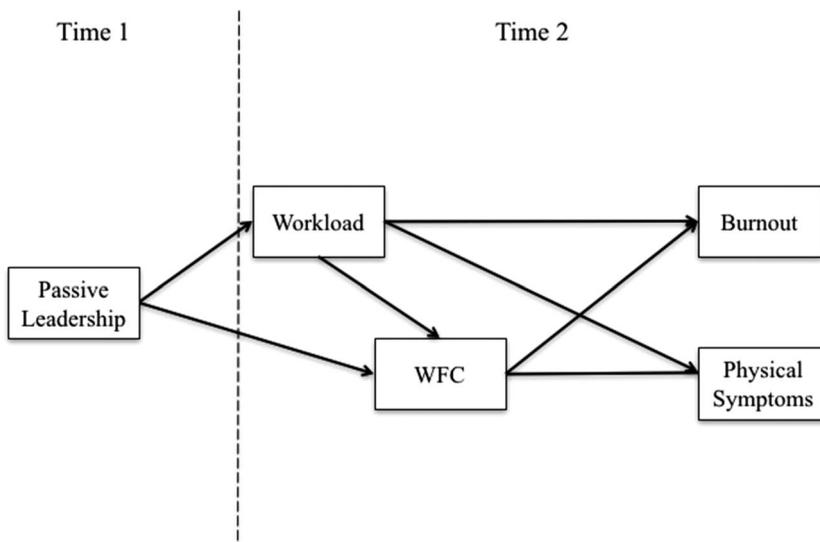

Figure 1. Graphic presentation of proposed relationships (WFC, work–family conflict).

leaders only intervene with employees' activities when problems occur and actions are difficult to avoid taking. Unlike abusive leaders, passive leaders are harmful because they inherently lack leadership skills (Kelloway et al., 2005), can create a negative environment (Arnold, Connelly, Walsh, & Martin Ginis, 2015), and do not provide the feedback that subordinates need to better invest their efforts (Chênevert et al., 2013).

Two theoretical frameworks can be used to connect passive leadership to negative employee outcomes: the conservation of resources theory (COR; Hobfoll, 1989, 2001) and Kelloway et al.'s (2005) "root cause" framework of poor leadership. First, COR theory (Hobfoll, 1989, 2001), one of the most popular theories that links stressors and strains (Rubino, Perry, Milam, Spitzmueller, & Zapf, 2012), suggests that individuals strive to obtain, maintain, and invest resources. When individuals are subjected to actual and/or threat of resource loss, they experience psychological, physical, and behavioural strains. Using the COR theory, we conceptualise passive leadership as a workplace stressor as passive leaders cannot provide the resources needed by employees to fulfil their work requirements (Chênevert et al., 2013). Thus, employees are likely to perceive resource insufficiency and/or the threat of not gaining resources, resulting in experiencing various strains.

In addition to the COR theory, Kelloway et al.'s (2005) "root cause" framework of poor leadership suggests that both abusive and passive leadership behaviours can affect employee health and well-being by determining the presence, absence, and intensity of certain traditional workplace stressors such as role stressors, workload, work pace, and work scheduling problems. Previous studies have provided empirical support for this framework by finding that passive leadership positively predicted employee psychological stress and organisational commitment through role stressors (e.g. Chênevert et al., 2013; Skogstad et al., 2007).

Outcomes of passive leadership

Burnout and physical symptoms

The COR theory (Hobfoll, 1989) and the "root cause" framework (Kelloway et al., 2005) provide a theoretical background for understanding the negative effects of passive leadership on employee health and well-being. In addition, previous studies have shown that passive leadership was positively related to psychological distress (Skogstad et al., 2007), negative emotions (Kessler et al., 2013), workplace injuries (Kelloway et al., 2006), burnout (Hetland et al., 2007), fatigue (Barling & Frone, 2016), and cortisol level (Diebig, Bormann, & Rowold, 2016), and negatively related to employee mental health (Barling & Frone, 2016; Montano, Reeske, Franke, & Hüffmeier, 2016), well-being, and physical health (Zwingmann et al., 2014). Thus, in the current study we expect to find similar relationships such that more passive leadership might be related to more burnout (Maslach, 1998), an indicator of psychological health, and more physical symptoms (Spector & Jex, 1998), an indicator of physical health.

Hypothesis 1: Passive leadership will be positively related to subordinates' burnout and physical symptoms.

Passive leadership has also been found to positively predict subordinates' role overload (Barling & Frone, 2016; Chênevert et al., 2013), suggesting that employees experiencing passive leadership also report experiencing more demands for their work roles. Passive

leadership might have the same effect on workload, defined as the amount of work employees are expected to complete within a given time period (Spector & Jex, 1998). Recent studies suggest that employees who have ethical leaders who care about employees' autonomy and feelings, make appropriate decisions, and are concerned with employees' well-being, report lower workload (Stouten et al., 2010). Thus, passive leaders who do not pay attention to their subordinates, avoid making timely decisions, and only intervene when problems occur (Kelloway et al., 2005) can potentially increase employees' workload. Passive leaders likely fail to provide resources and structure that facilitate subordinates' performance; thus, subordinates will have to figure out their work responsibilities, coordinate efforts with others, and complete a variety of tasks that might not be necessary. As a result, employees have to invest more time and effort in completing their tasks, yielding an increased workload. Furthermore, in situations when passive leaders fail to provide clear instructions or adequate feedback, employees might have to redo the same assignment or repeatedly make similar mistakes, taking more time than needed to complete one task and leaving less time to complete others. Taken together, it is reasonable to argue that employees with passive leaders are likely to experience increased workload.

> *Hypothesis 2:* Passive leadership will be positively related to subordinates' workload.

Work–family conflict occurs when employees are unable to balance work and family demands, and that their work role interferes with their family role (Greenhaus & Beutell, 1985). Passive leaders are less likely to know or care about the work scheduling preferences or needs of their subordinates, and may not assign work shifts to employees as needed (Kelloway et al., 2005). In addition, because passive leadership likely increases employees' workload, employees might not be able to complete their work in a timely fashion, reducing time that they wish to spend with family members, thus experiencing more work–family conflict (Amstad et al., 2011). Further, based on role theory (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964), overload in one domain is likely to lead to conflict to another domain. Given that passive leadership has been found to be positively related to role overload at work (Chênevert et al., 2013), it is likely that this effect could expand to the family domain and lead to more work–family conflict. Moreover, subordinates of passive leaders may be unable to access the necessary resources needed to perform their tasks (Chênevert et al., 2013). Without these resources, employees have to invest more time and efforts in completing their jobs, have fewer resources to handle the demands from home or family, and eventually experience more work–family conflict (Grandey & Cropanzano, 1999). Taken together, it is reasonable to argue that passive leadership will also positively predict work–family conflict.

> *Hypothesis 3:* Passive leadership will be positively related to subordinates' work–family conflict.

Mediating effects of workload and work–family conflict

Kelloway et al. (2005) suggested that the effect of passive leadership on health is likely to be mediated by workplace stressors because passive leaders are likely to create stressful working conditions. As previously argued, increased workload might partially explain the effect of passive leadership on work–family conflict. That is, employees who experience higher level of passive leadership might be assigned too much work that will not only take

more time to complete, but also drain employees' resources when completing it (Hobfoll, 1989). This additional cost of time and resources cannot be used to fulfil family responsibilities, and thus might lead to increased work–family conflict. In addition, previous research has demonstrated that workload is an important antecedent of work–family conflict with both primary (Ilies, Huth, Ryan, & Dimotakis, 2015; Ilies et al., 2007; Major, Klein, & Ehrhart, 2002; O'Driscoll, Ilgen, & Hildreth, 1992) and meta-analytic studies (Byron, 2005; Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011). Therefore, based on the aforementioned argument and the earlier discussion on the direct relationships between passive leadership and workload and work–family conflict, we believe that workload will mediate the relationship between passive leadership and work–family conflict. Given that workload is only one of the known antecedents of work–family conflict (Byron, 2005; Michel et al., 2011), we predict that workload will partially mediate the effect of passive leadership on work–family conflict.

> *Hypothesis 4:* Workload will partially mediate the effect of passive leadership on subordinates' work–family conflict.

Supporting Kelloway et al.'s (2005) argument, both Skogstad et al. (2007) and Chênevert et al. (2013) found evidence that role stressors mediated the effects of passive leadership on psychological distress and affective organisational commitment, respectively. In the current study, we expect workload and work–family conflict to mediate the relationship between passive leadership and employee health and well-being. On the one hand, as previously argued, passive leadership is likely to result in high workload and high work–family conflict. On the other hand, both workload and work–family conflict have been found to negatively relate to employee health and well-being. For example, workload has been widely studied as a predictor of employee psychological and physical health (Nahum-Shani & Bamberger, 2011; Nixon, Mazzola, Bauer, Krueger, & Spector, 2011). When facing an increased workload, employees use more personal resources (e.g. time, cognitive resources, and relationship resources) to cope with the demand and will have less time to engage in other activities for replenishment or detachment (Ilies et al., 2007; Nahum-Shani & Bamberger, 2011; Sonnentag & Fritz, 2007), and thus are more vulnerable to health issues (de Croon, Sluiter, & Frings-Dresen, 2003).

Work–family conflict has also been found to relate to employee health outcomes (e.g. Crain et al., 2014; Hobfoll & Shirom, 2001). Resources such as time and energy are exhaustible; therefore, when individuals use more resources in one domain they will have fewer resources for the other domain (Shaffer, Harrison, Gilley, & Luk, 2001). That is, when employees consume more resources at work, they will have fewer resources for their family needs, thus creating feelings of resource loss that further leads to increased strains (e.g. more burnout and more physical symptoms). Empirical findings have supported this notion by reporting that work–family conflict positively relates to various health indicators such as burnout, stress, psychological strain, and somatic symptoms (Amstad et al., 2011).

Taken together, it is reasonable to argue that workload and work–family conflict can mediate the relationships between passive leadership and both burnout and physical symptoms. Kelloway et al. (2005) suggested that multiple stressors could mediate the effect of passive leadership on employee health, and role stressors have been found to mediate the passive leadership-health relationship (Skogstad et al., 2007). Thus, we predict that workload and work–family conflict each will partially mediate the effect of

passive leadership on burnout and physical symptoms, respectively. In addition, given that workload was proposed to be a mediator between passive leadership and work–family conflict in the previous section, we also predict that passive leadership will have an indirect effect on burnout and passive physical symptoms via a two-stage mediation with workload being the first-stage mediator and work–family conflict as the second-stage mediator.

Hypothesis 5: Workload will partially mediate the positive relationships of passive leadership with burnout and physical symptoms.

Hypothesis 6: Work–family conflict will partially mediate the positive relationships of passive leadership with burnout and physical symptoms.

Hypothesis 7: Passive leadership will have an indirect effect on burnout and physical symptoms through a two-stage mediation with workload being the first-stage mediator and work–family conflict as the second-stage mediator.

Method

Participants and procedure

The current sample consisted of full-time nurses (focal participants) attending continuing education classes in a large medical university in China, and their co-workers who worked in the same unit under the same supervisor. To reduce common method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003), we used a multi-source design to collect two waves of data from focal participants and one wave of data from their co-workers. In the first wave, researchers visited three continuing education classes and distributed an initial survey consisting of measures of passive leadership, workload, and demographic information, and three self-generated identification codes: city of birth, name of high school, and month/day of mother's birth. It was suggested that self-generated codes are useful to maintain the anonymity of participants (Kearney, Hopkins, Mauss, & Weisheit, 1984).

A total of 452 focal participants completed the Time 1 survey and were then provided with a short survey and a return envelope to give to a co-worker who worked under the same supervisor. The co-worker survey contained the same three identification codes provided by the focal participant before they gave the survey to their co-workers, and passive leadership. Focal participants were instructed to return the sealed envelope with the co-worker survey to their class instructors within the following 3 weeks. A total of 312 co-worker surveys were returned (response rate = 69.0%).

In the second wave (3 weeks after the 1st wave), researchers returned to the classes and distributed a Time 2 survey measuring work–family conflict, burnout, physical symptoms, and the same three identification codes. Two hundred and seventy-four focal participants from Time 1 responded to the Time 2 survey (response rate = 60.6%).

Participants were informed that their participation was voluntary, that they could stop at any time, and that their choice would have no impact on their relationship with their current employers or the university. Using three self-generated identification codes, we obtained paired data (Time 1 and Time 2) from 274 focal participants, among whom 214 also had co-worker-reported passive leadership. Of the 274 focal participants with paired data, 97% were females and the average age was 25.82 years ($SD = 2.65$). They had on average 15.74 years of education ($SD = 2.28$) and their average job tenure was 5.29 years ($SD = 3.93$). Their co-workers were also primarily females (96%) and their

average age was 27.53 years old ($SD = 5.39$). The nurses worked in a variety of hospitals and departments. Among them, 11.1% were from internal medicine departments, 9.1% were from surgical departments, 6.2% were from intensive care units, and 6.2% were from emergency room, with the rest of them from other departments with 5% or less of the participants. Thirty per cent of the focal participants were married or living with a partner, while 16% of the focal participants had children.

We conducted six *t*-tests to compare focal participants who responded to both Time 1 (group 1) and Time 2 surveys with those who only responded to the Time 1 survey (group 2), on variables measured at Time 1 (age, gender, education, tenure, passive leadership, and workload). The only significance difference detected was for gender, with 97% of group 1 being females, and 99% of group 2 being females. There was no significant difference between the two groups on other Time 1 variables.

Measures

All measures were translated into Chinese and back-translated into English by two bilingual individuals (the second author for the translation and first author for back-translation). Discrepancies in both back-translated and original English measures were resolved after discussion between the two translators.

Passive leadership

Passive leadership was measured using the Karakitapoğlu-Aygün and Gumusluoglu's (2013) 10-item scale. Both focal participants and their co-workers were asked to rate the extent to which each item described their supervisors. An example item is "Avoids responsibility." Response options ranged from 1 ("Strongly disagree") to 5 ("Strongly Agree").

Workload

Workload was measured using the 5-item Quantitative Workload Inventory (Spector & Jex, 1998). One example item was "How often does your job require you to work very fast?," and focal participants rated their responses on a scale from 1 ("Less than once per month or never") to 5 ("Several times per day").

Work–family conflict

Work–family conflict was measured using the 5-item scale from Netemeyer, Boles, and McMurrian (1996). Focal participants were asked the extent to which they agreed with each item (Example item: "The demands of my work interfere with my home and family life"). Response options ranged from 1 ("Strongly disagree") to 5 ("Strongly agree").

Burnout

Burnout was measured using the 16-item Oldenburg Burnout Inventory (Demerouti, Bakker, Vardakou, & Kantas, 2003) using a 4-point scale from 1 ("Strongly Disagree") to 4 ("Strongly Agree"). Focal participants were asked to indicate whether they agreed with each of the 16 items, with an example item being "There are days when I feel tired before I arrive at work."

Physical symptoms

Physical symptoms were measured using the 13-item Physical Symptom Inventory (Spector & Jex, 1998). Focal participants were asked to rate how often they experienced each of the 13 symptoms (Example items: "An upset stomach or nausea"; "A backache"). We used a 5-point scale from 1 ("Not at all") to 5 ("Everyday").

Demographic variables

The Time 1 survey asked the following demographic variables: age, gender, education, and tenure with their current position.

Data analysis

We first conducted confirmatory factor analyses to examine the distinctiveness of our studied variables using Mplus 7.2 (Muthén & Muthén, 2010). We compared our hypothesised 6-factor model of 6 original distinct variables with: a 5-factor model combining self-reported and co-worker-reported passive leadership, a 4-factor model combining workload and work–family conflict, a 3-factor model combining burnout and physical symptoms, and a unidimensional model. Using the chi-square difference test, results showed that the 6-factor model (Comparative Fit Index = 0.85, Tucker Lewis Index = 0.85, Root Mean Square Error of Approximation = 0.05) fits our data significantly better than the 5-factor model [$\chi^2(df = 5) = 927.8$, $p < .001$)], the 4-factor model [$\chi^2(df = 9) = 1199.61$, $p < .001$], the 3-factor model [$\chi^2(df = 12) = 1485.62$, $p < .001$], and the 1-factor model [$\chi^2(df = 15) = 3251.68$, $p < .001$].

We tested our Hypotheses 1–3 using correlations, and the mediation hypotheses using the PROCESS macro (Hayes, 2013) for SPSS that allows us to test the direct, indirect, and total effects simultaneously. We tested our hypotheses using self-reported passive leadership and co-worker-reported passive leadership, respectively, and present unstandardised regression coefficients in Table 2 and estimates of direct and indirect effect coefficients in Table 3. In addition, we estimated 95% bias corrected confidence intervals for all regression coefficients and effect coefficients using 5000 iterations of bootstrapping.

Results

Table 1 includes descriptive statistics and intercorrelations between study variables. Both self-reported passive leadership and co-worker-reported passive leadership were positively related to employees' burnout (self: $r = .26$, $p < .01$; co-worker: $r = .17$, $p < .05$), and physical symptoms (self: $r = .28$, $p < .01$; $r = .19$, $p < .05$), supporting Hypothesis 1. Similarly, Hypotheses 2 and 3 were fully supported as both employee and co-worker-reported passive leadership were positively related to subordinates' workload (self: $r = .22$, $p < .01$; co-worker: $r = .16$, $p < .05$) and work-to-family conflict (self: $r = .22$, $p < .01$; co-worker: $r = .14$, $p < .05$).

Hypothesis 4 proposed that workload would partially mediate the relationship between passive leadership and work–family conflict. Table 1 showed that self-reported passive leadership and co-worker-reported passive leadership were positively related to workload, and workload was positively related to work–family conflict. Further, Table 2 showed that when both passive leadership (self- or co-worker-reported) and workload were used to predict work–family conflict at the same time, only workload remained significant

Table 1. Descriptive statistics and intercorrelations of study variables.

Variables	1	2	3	4	5	6	7	8	9	10
1. Age[a]	–									
2. Gender[a]	.09	–								
3. Education[a]	.13	.08	–							
4. Tenure[a]	.81**	.00	.25**	–						
5. Passive leadership[a]	−.03	.00	.09	.15*	(.95)					
6. Passive leadership[c]	.02	−.01	.04	.06	.58**	(.96)				
7. Workload[a]	−.02	.09	−.06	.00	.22**	.16**	(.82)			
8. WFC[b]	.03	−.03	.00	.04	.22**	.14*	.43**	(.88)		
9. Burnout[b]	−.01	.04	−.02	−.10	.26**	.17*	.40**	.41**	(.85)	
10. Physical symptoms[b]	.02	.07	.00	.04	.28**	.19**	.41**	.38**	.47**	(.88)
Mean	25.82	0.97	15.74	5.29	2.47	2.28	3.33	3.51	2.74	2.35
SD	2.65	0.17	2.28	3.93	0.97	0.94	0.84	0.90	0.37	0.63

Notes: $N = 214–274$. Coefficient alphas are presented in parentheses. For gender: 0 = male and 1 = female. WFC = Work–family conflict.
[a]Time 1.
[b]Time 2.
[c]Co-worker-report.
*$p < .05$, **$p < .01$.

(self: $B = .44$, $p < .001$, 95% CI [.33, .57]; co-worker: $B = .45$, $p < .001$, 95% CI [.32, .58]). Taken together, the results suggested that workload fully mediated the relationship between passive leadership (self- and co-worker-reported) and work–family conflict, thus partially supporting Hypothesis 4. Figures 2 and 3 showed coefficients for each path of the PROCESS model.

Lastly, as shown in Table 3, passive leadership (self-reported and co-worker-reported) had significant indirect effects on burnout through workload (self: indirect effect = .019, $p < .05$, 95% CI [.008, .039]; co-worker: indirect effect = .017, $p < .05$, 95% CI [.004, .039]), and through two-stage mediation with workload and work–family conflict (self: indirect effect = .010, $p < .05$, 95% CI [.004, .019]; co-worker: indirect effect = .008, $p < .05$, 95% CI [.002, .019]), but not through work–family conflict only (self: indirect

Table 2. Regression coefficients of passive leadership predicting burnout and physical symptoms through workload and work–family conflict.

Antecedent	Mediator 1			Mediator 2			Outcome			R^2
	Coeff	LLCI	ULCI	Coeff	LLCI	ULCI	Coeff	LLCI	ULCI	
	Workload			Work–family conflict			Burnout			
Passive leadership[a]	.19***	.09	.29	.09	−.01	.19	.06**	.02	.10	.24***
Workload				.44***	.33	.57	.10***	.05	.15	
Work–family conflict							.11***	.07	.16	
Passive leadership[b]	.15*	.03	.26	.07	−.05	.19	.03	−.02	.05	.24***
Workload				.45***	.32	.58	.12***	.06	.18	
Work–family conflict							.12***	.06	.17	
	Workload			Work–family conflict			Physical symptoms			
Passive leadership[a]	.19***	.09	.29	.09	−.01	.19	.07	−.01	.14	.23***
Workload				.44***	.33	.57	.21***	.12	.30	
Work–family conflict							.20***	.11	.29	
Passive leadership[b]	.15*	.03	.26	.07	−.05	.19	.07	−.01	.15	.23***
Workload				.45***	.32	.58	.21***	.11	.32	
Work–family conflict							.17***	.08	.26	

Notes: Coeff, Coefficient; LLCI, lower level of 95% confidence interval; ULCI, upper level of 95% confidence interval.
[a]Self-report.
[b]Co-worker-report.
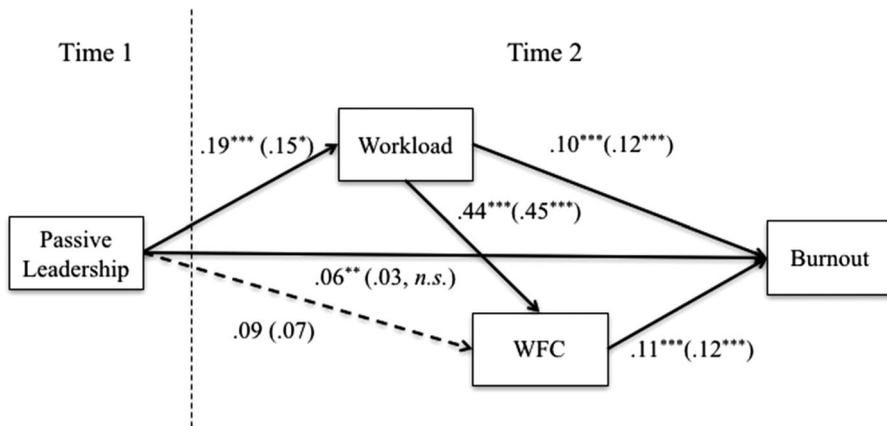*$p < .05$; **$p < .01$; ***$p < .001$.

Figure 2. Graphic presentation of coefficients for each path in the process model for burnout.

Note: Coefficients in parentheses are for co-worker-report of passive leadership; WFC, work–family conflict.

effect = .010, *n.s.*, 95% CI [−.002, .027]; and co-worker: indirect effect = .008, *n.s.*, 95% CI [−.005, .027]). Further, passive leadership (self-reported and co-worker-reported) had significant indirect effects on physical symptoms through workload (self: indirect effect = .040, $p < .05$, 95% CI [.016, .077]; co-worker: indirect effect = .032, $p < .05$, 95% CI [.006, .072]), and through two-stage mediation with workload and work–family conflict (self: indirect effect = .017, $p < .05$, 95% CI [.007, .034]; co-worker: indirect effect = .011, $p < .05$, 95% CI [.002, .026]), but not through work–family conflict only (self: indirect effect = .017, *n.s.*, 95% CI [−.002, .046]; and co-worker: indirect effect = .012, *n.s.*, 95% CI [−.006, .042]). Taken together, the results suggested that the path through workload only and through the two-stage mediation of workload and work–family conflict each mediated part of the total effect of passive leadership on burnout or physical symptoms. Therefore, Hypotheses 5 and 7 were supported. However, Hypothesis 6 was not supported
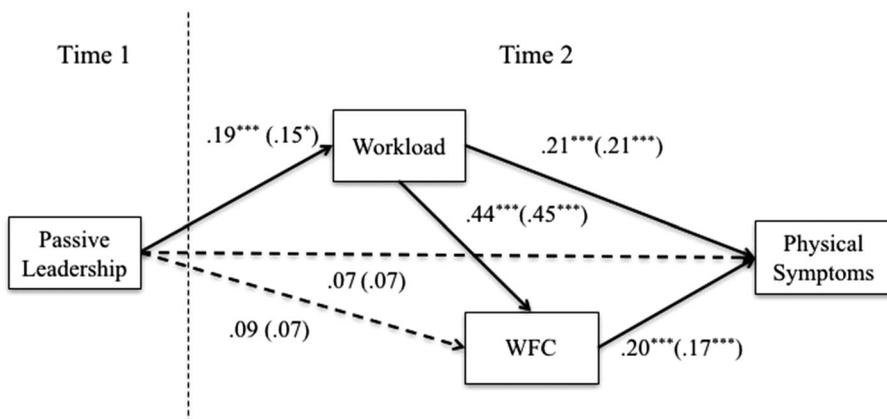

Figure 3. Graphic presentation of coefficients for each path in the process model for physical symptoms.

Note: Coefficients in parentheses are for co-worker-report of passive leadership; WFC, work–family conflict.

Table 3. Direct and indirect effects coefficients of passive leadership on burnout and physical symptoms.

	Coefficients and confidence interval		
Relationships	Coeff	LLCI	ULCI
Passive leadership[a] → Burnout	.055	.015	.096
Passive leadership[a] → Workload → Burnout	.019	.008	.039
Passive leadership[a] → Workload → WFC→ Burnout	.010	.004	.019
Passive leadership[a] → WFC → Burnout	.010	−.002	.027
Passive leadership[a] → Physical symptoms	.067	−.008	.142
Passive leadership[a] → Workload → Physical symptoms	.040	.016	.077
Passive leadership[a] → Workload → WFC→ Physical symptoms	.017	.007	.034
Passive leadership[a] → WFC → Physical symptoms	.017	−.002	.046
Passive leadership[b] → Burnout	.033	−.015	.080
Passive leadership[b] → Workload → Burnout	.017	.004	.039
Passive leadership[b] → Workload → WFC→ Burnout	.008	.002	.019
Passive leadership[b] → WFC → Burnout	.008	−.005	.027
Passive leadership[b] → Physical symptoms	.071	−.011	.152
Passive leadership[b] → Workload → Physical symptoms	.032	.006	.072
Passive leadership[b] → Workload → WFC→ Physical symptoms	.011	.002	.026
Passive leadership[b] → WFC → Physical symptoms	.012	−.006	.042

Notes: Coeff, Coefficient; LLCI, lower level of 95% confidence interval; ULCI, upper level of 95% confidence interval.
[a]Self-report.
[b]Co-worker-report.

because the path through work–family conflict did not mediate the effect of passive leadership on burnout or physical symptoms.

Discussion

In this paper we described a study examining how passive leadership, a prevalent but understudied type of destructive leadership, is a potential antecedent of traditional stressors (workload and work–family conflict) that affect employee psychological and physical health. Results showed that both self-reported and co-worker-reported passive leadership had significant relationships with burnout and physical symptoms, and with workload and work–family conflict, respectively. Lastly, we found support that workload partially mediated the relationships of passive leadership with burnout and physical symptoms. Passive leadership had significant indirect effects on burnout and physical symptoms through a two-stage mediation with workload and work–family conflict, and that work–family conflict alone did not mediate the effect of passive leadership on either burnout or physical symptoms.

Overall, our study joins others that have begun to examine the negative effects of destructive leadership. Although destructive leadership includes both abusive supervision and passive leadership and is related to various negative outcomes including impaired well-being, the literature mainly focused on abusive supervision (Schyns & Schilling, 2013). Thus, our findings contribute to our understanding of the detrimental effects of passive leadership, and call for future research to further investigate this passive form of destructive leadership.

Based on the COR theory (Hobfoll, 1989), passive leadership can be considered a workplace stressor that not only reduces the necessary resources employees need to complete their work, but also creates stressful environments that will further drain employee resources, and thus impairs employee health. For example, previous studies found that passive leadership positively related to psychological distress (Skogstad et al., 2007) as

well as burnout (Hetland et al., 2007) and negatively related to organisational commitment (Chênevert et al., 2013). Our findings contribute to this line of research by showing that passive leadership not only related to employees' psychological well-being, but also to their physical health outcomes. To our knowledge, this is one of the few studies (for exception, see Zwingmann et al., 2014) to examine the potential negative effects of passive leadership on physical health. Results of this study further support the notion that passive leadership can potentially impair employee health and well-being much like abusive supervision (Kelloway et al., 2005).

This is also the first study that we know of to examine passive leadership as a potential antecedent of workload and work–family conflict. Kelloway et al.'s (2005) "root cause" framework suggests that passive leadership might lead to the increase of other stressors and create a stressful environment that harms employees. While this argument has been supported in previous studies examining role stressors (e.g. Chênevert et al., 2013; Skogstad et al., 2007, 2014), we for the first time, examined the effect of passive leadership on workload and work–family conflict. Our findings showed that employees who report experiencing more passive leadership tend to report having an increased workload and increased work–family conflict. As they are less likely to do their jobs well, passive leaders are likely to have their employees experience increased demands at work, and also experience more conflicts between work roles and family roles. Further, it is worth pointing out that our findings support that workload fully mediates the effect of passive leadership on work–family conflict. This suggests that increased workload and its subsequent consequences (e.g. more working time, more depleted resources, and less flexible working schedule) are the main reasons why passive leadership affects work–family conflict. Furthermore, our findings contribute to the occupational stress literature that focuses primarily on the stressor–strain relationship (Hart & Cooper, 2002) in showing that passive leadership might be a potential antecedent of workplace stressors.

In addition, our results suggest that workload alone, and the two-stage mediation with workload and work–family conflict, partially mediate the effect of passive leadership on burnout and physical symptoms, extending our understanding of the mechanisms through which passive leadership might affect employee health and well-being. While studies have demonstrated that role stressors might serve as the explanatory pathway though which passive leadership affects employee stress and commitment (Chênevert et al., 2013; Skogstad et al., 2007), our findings suggest that workload and work–family conflict also play important roles in this process. Our findings provide more insights on the process through which passive leadership might affect employee health and well-being. The non-significant indirect effect through work–family conflict alone further suggests that workload is a key stressor through which passive leadership affects employee-well-being outcomes and work–family interference.

Lastly, it is worth noting that our findings were consistent between using self-reported passive leadership and using co-worker-reported passive leadership, suggesting that the perception of passive leadership behaviours is likely to be shared by employees with the same leader. Since self-reported and co-worker-reported passive leadership were highly related ($r = .58$, $p < .01$), this further demonstrates the wide scope of passive leadership behaviours, indicating the need to better understand this construct.

Practical implications

The results of the current study offer a number of practical implications. First, passive leadership relates to and also might have direct and indirect effect on employee health and well-being. This finding strengthens the need for organisations to consider passive leadership as a harmful type of leadership behaviour, and to reduce passive leadership behaviours or mitigate their negative effects on employee health.

Second, our findings suggest that passive leadership might harm employees and organisations by potentially increasing workload that further affects work–family conflict and employee-well-being outcomes. Thus, when identifying stressors in the workplace, organisations should not only focus on active and overt behaviours of leaders such as yelling and condescension, but also pay attention to passive behaviours of leaders that can potentially create a more stressful environment. Effectively improving the leadership skills of passive leaders can be valuable for maintaining a less stressful environment. For example, organisations can first conduct a 360-degree leadership assessment to identify leaders who exhibit passive leadership behaviours. Those identified as being overly passive could be provided leadership development training to improve their leadership skills by exhibiting more active transformational or transactional leadership behaviours, and avoid engaging in passive leadership behaviours.

Third, given our findings, organisations should explore why leaders behave passively. Potential reasons might include lack of leadership training (e.g. leaders do not know how to do their work), poor selection/promotion (e.g. leaders are put into supervisory roles without adequate aptitude), and temporary leader ability impairment (e.g. leaders experience burnout and their ability to supervisor subordinates is affected). Identifying the origins of passive leadership might contribute to maintaining a less stressful working environment and healthier employees.

Limitations and directions for future research

Despite these implications, several limitations exist. First, given that study participants were nurses working in China, caution should be used when generalising these findings to other populations. One issue is that nurses can be considered to have high-stakes jobs where the consequences of errors can be life threatening. Participants from occupations where pressure to avoid errors is much lower might respond to passive leadership less negatively. Another issue is that employees of different cultures might perceive and react to passive leadership differently. Using two of the nine culture dimensions of the GLOBE project (House, Hanges, Javidan, Dorfman, & Gupta, 2004) as an example: employees of a culture with high future orientation who value planning might find passive leadership more stressful as compared to employees of a culture with low future orientation; meanwhile, employees of a culture with high institutional collectivism might find passive leadership less stressful because they might get resources from other people in the organisation other than their supervisors. Although the observed relationships of workload and work–family conflict with burnout and physical symptoms are consistent with previous findings, future research using participants from different occupations and cultures to address the effect of passive leadership on employee health through workplace stressors is needed.

Second, although we measured the self-reported variables at two different time points to reduce common method bias as suggested by Podsakoff et al. (2003), we cannot draw conclusions regarding the direction of these relationships. To our knowledge, Skogstad et al. (2014) was the only study that examined the effect of passive leadership using a longitudinal design with three waves of data. Future studies utilising similar designs are needed to examine the direction of the effects observed in the current study by measuring all variables across four measurement time points, and conducting cross-lagged mediation analyses.

Third, although we examined the indirect effects of passive leadership on employee health through workload and work–family conflict, we were not able to compare their mediating effects with previously studied role stressors (e.g. Chênevert et al., 2013; Skogstad et al., 2007), and with other categories of stressors such as interpersonal relations, job content, and control that were suggested by Kelloway et al. (2005). We encourage future researchers to compare and contrast all the proposed stressors simultaneously as mediators between passive leadership and employee health and well-being, and employee behavioural strains.

Fourth, there were a few methodological limitations. First, while we instructed focal participants to find a co-worker who had the same supervisor, we did not specify other requirements. This might lead to a selection bias that they only selected people who shared similar views of their supervisors. Thus, randomly selecting multiple employees from the same supervisor might provide us a more accurate estimate of supervisors' passive leadership. Second, similar to a few other studies (e.g. Barling & Frone, 2016; Diebig et al., 2016), our measure of passive leadership was different from more frequently used measure of passive-avoidant leadership (Bass & Avolio, 1990). Although this measure showed good internal consistency and construct validity with our sample, we hope future research can further demonstrate its convergent validity with the passive-avoidant leadership scale from Bass and Avolio (1990). Finally, given that strong correlation between self-reported and co-worker-reported leadership, future research using multilevel designs can help us better understand passive leadership as both individual perceptions and a shared perception among employees from the same leader.

Conclusion

This study is among a few that, in line with Kelloway et al.'s (2005) proposition, has studied passive leadership as a "root cause" of employee health. In summary, our findings extend the current literature by finding evidence that passive leadership positively predicts workload and work–family conflict, and has indirect negative effects on employee burnout and physical symptoms through the two stressors. The results suggest that in addition to active and direct destructive leadership behaviours, passive and indirect destructive leadership behaviours also might have detrimental effects on organisations and employees. Future research should look into this type of leadership to better understand its negative consequences, and its potential antecedents so that organisations can adopt effective interventions accordingly.

Disclosure statement

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