Linking Destructive Forms of Leadership to Employee Health

Sarah-Geneviève Trépanier, Valérie Boudrias, and Clayton Peterson

Authors' notes

Sarah-Geneviève Trépanier and Clayton Peterson, School of Business, Université du Québec à Trois-Rivières, Quebec, Canada; Valérie Boudrias, Department of Psychology, Université du Québec à Montréal, Quebec, Canada

Correspondence concerning this article should be addressed to Sarah-Geneviève Trépanier. Postal address: Business School, Université du Québec à Trois-Rivières, 3351, boul. des Forges, C.P. 500, Trois-Rivières (QC) G9A 5H7.
Email: sarah-genevieve.trepanier@uqtr.ca

Abstract

Purpose. This study investigated the psychological and motivational processes involved in the relationship between two forms of destructive leadership (tyrannical and laissez-faire) and employee health (burnout, affective commitment, job performance). Drawing on self-determination theory, this study links tyrannical and laissez-faire leadership to employee health through psychological need frustration and poor-quality (controlled) work motivation.

Design/methodology. A total of 399 Canadian nurses took part in this cross-sectional study. Structural equational modelling analyses were conducted.

Findings. Results show that tyrannical leadership frustrates nurses' needs for autonomy, competence and relatedness, whereas laissez-faire leadership frustrates nurses' need for autonomy only. Frustration of needs for autonomy and competence predicts low-quality (controlled) work motivation, which is consequently associated with impaired health (burnout and lower affective commitment as well as performance).

Originality/value. This study contributes to the scarce knowledge regarding the distinct outcomes of destructive forms of leadership and uncovers the specific psychological and motivational pathways through which these types of leadership influence employees' health.

Keywords: tyrannical and laissez-faire leadership; need frustration; work motivation; self-determination theory; employee health; nurses.

Linking Destructive Forms of Leadership to Employee Health

It is now well established that a healthy workforce—represented by employees who are engaged and committed— is crucial for organizational success (Bakker *et al*., 2014). As such, it is important to find ways to boost employee health. Through their leadership behaviors, managers can play a key role in such efforts. Indeed, past research has linked constructive types of leadership (e.g., transformational) and employee health (e.g., Judge and Piccolo, 2004; Kelloway *et al*., 2013). However, less attention has been given to the consequences of destructive types of leadership (e.g., tyrannical, laissez-faire) on employees' health and little is known regarding the mechanisms underlying these associations (Skogstad *et al*., 2017). Based on self-determination theory (SDT; Deci and Ryan, 2008; Vansteenkiste and Ryan, 2013), this study investigates the role of psychological need frustration (perceptions of oppression, incompetence, and isolation) as well as low-quality (controlled) motivation in the relationship between two distinct types of destructive leadership (tyrannical and laissez-faire) and employee health.

Leadership and Employee Health

Given the beneficial impact of constructive forms of leadership on the organization and employees' attitudes, behaviors, and psychological health, these managerial styles have been the focus of much research (Einarsen *et al*., 2007; Montano *et al*., 2017). Constructive leadership is an encompassing concept that includes diverse proactive managerial behaviors aimed at simultaneously attaining organizational goals and promoting the welfare of employees (Einarsen *et al*., 2007; Montano *et al*., 2017). One specific type of constructive leadership, characterized as transformational (i.e., leaders who motivate employees through behaviors such as intellectual stimulation and individualized consideration; Bass *et al*., 2003) has been the focus of impressive research in the past two decades (Barling *et al*., 2011) and is linked to many positive employee

(e.g., commitment, job satisfaction, motivation) and organizational outcomes (e.g., financial gains, team-level and organizational-level performance; Barling *et al*., 1996; Judge and Piccolo, 2004; Wang *et al*., 2011).

Less attention has been given to bad leadership (Einarsen *et al*., 2007; Montano *et al.,* 2017), how it relates to employees, and the processes that may explain these relationships. Some research has focused on laissez-faire leadership (i.e., avoiding interventions, clarification of expectations, provision of goals and standards; Bass *et al.,* 2003). Findings indicate that laissez-faire leadership is positively linked to employee distress (Skogstad *et al*., 2007), job dissatisfaction (DeRue *et al.,* 2011) and turnover intention (van Prooijen and de Vries, 2016). Yet, to fully capture the harmful nature of destructive leadership, one must also take into account more active forms of negative leadership (Einarsen *et al.,* 2007), such as tyrannical leadership, which involves anti-employee and pro-organizational behaviors (Einarsen *et al.,* 2007). The aim of this managerial approach is to fulfill the organization's goals, usually at the cost of employees' health, through uncivil and aggressive behaviors. Tyrannical leaders tend to humiliate, belittle and manipulate employees to "get the job done", resulting in impaired employee motivation and satisfaction (Aasland *et al.,* 2010; Skogstad *et al.,* 2014).

Overall, compared to constructive forms of leadership, considerably less research has been conducted on its destructive forms and even fewer studies have investigated distinct forms of destructive leadership simultaneously to better understand their differential outcomes. Only one study investigated both tyrannical and laissez-faire leadership (Skogstad *et al.,* 2014), showing that tyrannical leadership predicted job dissatisfaction over a 6-month period whereas laissez-faire leadership predicted job dissatisfaction over a 2-year period. These results provide insight into the consequences of destructive forms of leadership and highlight the importance of

investigating other manifestations of health to deepen our understanding of the relative

relationship these forms of leadership hold with employees' overall functioning. Moreover, to

date, little attention has been given to the processes that may explain the relationship between

destructive leadership and employees' health (Skogstad *et al.,* 2017). Self-determination theory

(SDT; Deci and Ryan, 2008; Vansteenkiste and Ryan, 2013) may provide valuable insight into

this issue.

Self-Determination Theory (SDT)

Psychological needs and work motivation. According to SDT, the satisfaction of three

psychological needs (i.e., autonomy, competence, and relatedness) is considered essential to

individuals' well-being (Deci and Ryan, 2008). Autonomy refers to the experience of volition

and self-endorsement of one's behaviour. Competence entails expressing one's abilities,

mastering one's environment, and attaining valued outcomes within it, whereas relatedness refers

to establishing and maintaining meaningful interpersonal relationships.

SDT proposes that the work environment can either satisfy or frustrate employees'

psychological needs (Deci and Ryan, 2008). Much research supports the idea that positive socio-

contextual factors (e.g., job resources, organizational support) are positively related to need

satisfaction (e.g., Gillet *et al.*, 2012; Kovjanic *et al.,* 2012). However, recent research suggests

that lack of need satisfaction (i.e., not experiencing volition, competence and connectedness to

others) may not adequately reflect the detrimental repercussion of negative work-related

experiences (e.g., job demands; Trépanier *et al.,* 2015) on psychological needs. Need frustration

(i.e., feeling actively oppressed, incompetent and ostracized) is a more adequate concept for

capturing the damaging consequences of these factors. Given the negative nature of destructive

leadership, it appears important to investigate need frustration to fully capture its influence on

employees' psychological experiences at work.

SDT further proposes that frustration of psychological needs undermines the internalization process (i.e., how the value of the work is integrated with other core aspects of the self; Gagné and Deci, 2014), resulting in low-quality work motivation: controlled motivation. Controlled motivation involves engaging in one's job because of external contingencies (external regulation, e.g., for the material advantages, for praise from others) or internal pressures (introjected regulation, e.g., for ego-enhancement, to avoid feeling guilty). Given the sense of pressure that drives employees who exhibit controlled motivation, this form of motivation is associated with maladaptive outcomes, including burnout, psychosomatic complaints and distress (Fernet *et al.,* 2015; Trépanier *et al.,* 2015).

Hypothesis 1: Frustration of the needs for autonomy (H1a), competence (H1b) and relatedness (H1c) is positively related to controlled motivation.

Hypothesis 2: Controlled motivation is positively related to burnout (H2a) and is negatively related to affective commitment (H2b) as well as job performance (H2c).

Destructive leadership, psychological needs, and work motivation. Although little is known regarding the psychological and motivational processes related to destructive leadership, it is reasonable to believe that both types of leadership are linked to employee need frustration. Given that tyrannical leaders are primarily concerned with achieving organizational success, they often have unrealistic expectations towards employees and provide them with unfeasible assignments and deadlines. Such behaviors are likely to foster perceptions of inadequacy (frustration of the need for competence). Moreover, tyrannical leaders tend to resort to manipulative tactics to achieve their objectives (Einarsen *et al.,* 2007) and to exercise excessive control over employees, which is likely to be associated with employees feeling constrained

(frustration of the need for autonomy). Lastly, given that tyrannical leadership often entails stigmatizing and demeaning behaviors (e.g., giving employees the silent treatment, public ridiculing) and create a climate of fear and intimidation, employees in this context are likely to perceive themselves as being ostracized (frustration of the need for relatedness).

Hypothesis 3: Tyrannical leadership is positively related to frustration of the needs for autonomy (H3a), competence, (H3b) and relatedness (H3c).

As for laissez-faire leadership, it entails being absent when needed and indifferent to employees (van Prooijen and de Vries, 2016), which is likely to fuel highly negative emotions (Skogstad *et al.,* 2017) and be perceived as a form of ostracism, whereby employees perceive that their manager is intentionally ignoring them and their needs (Skogstad *et al.,* 2007). Moreover, in the absence of assistance, employees in need are likely to experience work-related problems and defeats, which may fuel perceptions of incompetence. This lack of guidance and support is also likely to foster role ambiguity and conflict (Skogstad *et al.,* 2007; Skogstad *et al.,* 2014), elements that can undermine employees' sense of autonomy (Fernet *et al.,* 2013).

Hypothesis 4: Laissez-faire leadership is positively related to frustration of the needs for autonomy (H4a), competence, (H4b) and relatedness (H4c).

Overall, because of their damaging nature, tyrannical and laissez-faire leadership may actively frustrate employees' psychological needs. Such negative psychological experiences are consequently likely to prevent employees from adequately internalizing their work experiences, resulting in low-quality motivation (controlled motivation) and health issues.

Method

Aim of the Study

This study investigated the psychological and motivational mechanisms underlying the

relationship between destructive (tyrannical and laissez-faire) leadership and employee health in a sample of nurses. As nurses are at high risk of experiencing burnout and leaving the profession and given that reduced performance can have a significant impact on the quality of care provided (Garrosa e*t al.*, 2008; Hayes *et al.,* 2006), this study investigated burnout, affective occupational commitment and performance as indicators of health to identify their potential managerial, psychological and motivational antecedents.

Participants and Procedure

Out of a total of 2500 Canadian nurses contacted by email and invited to participate in a study on well-being in the nursing profession, 399 accepted (response rate of 16%). Most participants were female (88.8%) and worked full-time (69.1%). Mean age was 42.74 (*SD* = 11.40) and the mean job tenure as a nurse was 18.83 years (*SD* = 11.58). Participants worked on average 33.00 hours per week (*SD* = 10.64).

Measures

All measures were administered in French. Instruments originally written in English were translated using the back translation method (Vallerand and Halliwell, 1983). Properties (means, standard deviations, and correlations) of measures are presented in Table 1.

Leadership. The Destructive Leadership Scale (Aasland *et al.,* 2010; Einarsen *et al.,* 2002) was used to assess tyrannical and laissez-faire leadership. Sample items are "Has humiliated you, or other employees, if you/they fail to live up to his/her standards" (tyrannical; 4 items; α = .76) and "Has avoided getting involved in your work" (laissez-faire; 4 items; α = .80). Participants were asked to rate the frequency with which their supervisors used the described behaviours in the past six months on a scale ranging from 1 (*never*) to 4 (*very often*).

Need frustration. The French version (Gillet *et al.,* 2012) of the Psychological Need

Thwarting Scale (Bartholomew *et al.,* 2011) was used to measure need frustration. This scale assesses frustration of the needs for autonomy (e.g., "I feel prevented from making choices that concern the way I work"; 3 items; α = .80), competence (e.g., "There are moments that I am told things that make me feel incompetent"; 3 items; α = .74), and relatedness (e.g., "I feel I am rejected by those around me"; 3 items; α = .67). Items were scored on a scale ranging from 1 (*totally disagree*) to 5 (*totally agree*).

Controlled motivation. The Multidimensional Work Motivation Scale (Gagné *et al.,* 2015) was used to assess controlled motivation. Two motivational dimensions were used: external regulation (e.g., "to get others' approval"; 6 items; α = .72) and introjected regulation (e.g., "because I have to prove to myself that I can"; 2 items; α = .71). On a scale from 1 (*not at all for this reason*) to 7 (*exactly for this reason*), participants rated how each statement represented their main reasons for accomplishing their job. The mean scores of the external and introjected regulation subscales were used as indicators of the latent construct of controlled motivation in the analyses.

Burnout. The Maslach Burnout Inventory General Survey (Schaufeli *et al.,* 1996) was used to assess burnout. The two core dimensions of burnout were measured: emotional exhaustion (e.g., "I feel totally exhausted in my job"; 5 items; α = .92) and cynicism (e.g., "I have become cynical about the fact that my work can contribute to anything"; 5 items; α = .85). On a scale ranging from 1 (*never*) to 7 (*every day*), participants were asked to indicate the frequency with which they experienced the feelings described.

Occupational affective commitment. The Occupational Commitment Questionnaire (Meyer *et al.,* 1993) was used to assess affective commitment (e.g., "This profession has a great

deal of personal meaning to me"; 6 items; α = .85). Items were scored on a scale from 1 (*strongly*

disagree) to 5 (*strongly agree*).

      Job performance. A self-reported scale (e.g., "I adequately complete the tasks that are

assigned to me"; 4 items; α = .93) adapted from the in-role performance subscale of the

organizational citizenship behavior scale (William and Anderson, 1991) was used to assess job

performance. Items were scored on a 1 *(do not agree at all)* to 7 *(very strongly agree)* scale.

Results

Statistical Analyses

      Structural equation modelling was performed using M*plus* (Muthén and Muthén, 2012).

All models were single-level models and were tested with standardized coefficients obtained

through maximum likelihood estimation (Satorra-Bentler). To assess model fit, four indices were

used: The Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), the Root Mean Square

Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR).

Values of .90 and higher for the CFI and TLI indicate an acceptable data fit (Hoyle, 1995),

whereas values below .08 for the RMSEA and SRMR suggest a relatively good data fit (Hu and

Bentler, 1999).

Preliminary Analyses

      A measurement model (M1a) was tested in which the observed variables loaded on their

respective latent factor and provided a satisfactory fit to the data: χ^2 = 1410.587 (*df* = 890); CFI

= .918; TLI = .909; RMSEA = .043 [CI= .039-.047]; SRMR = .059). Next, common method bias

was assessed by controlling for a common latent method factor (M1b; Podaskoff *et al.,* 2012).

This model did not fit the data well (χ^2 = 1613.891 (*df* = 902); CFI = .888; TLI = .877; RMSEA

= .050 [CI = .046-.054]; SRMR = .196) and provided a worse fit the data than M1a ($\Delta\chi^2$ (*df* =

12) $= 276.98$, $p < .01$). Furthermore, the common latent factor in M1b only accounted for 28% of the explained variance. These results suggest that common method bias is unlikely to have influenced our results. A SEM model (M1c) was then tested in which all latent factors were allowed to covary with demographic variables (gender, job status, and age) that have been linked to employee health in past research (Antoniou et al., 2006; Garrosa et al., 2008) and all significant relationships were included in the main analyses testing the proposed model[1].

Main Analyses

The proposed mediation model (M2) provided a satisfactory fit to the data: $\chi^2 = 903.129$ ($df = 504$); CFI = .905; TLI = .895; RMSEA = .050 [CI= .045-.055]; SRMR = .071). This model was compared to a subsequent model (M3) in which the direct links between the leadership forms and employee health were investigated. M3 consisted of M2 with the inclusion of six direct links (the two types of leadership to the three indicators of health). This model also fit the data well ($\chi^2 = 864.272$ ($df = 498$); CFI = .913; TLI = .902; RMSEA = .048 [CI= .043-.054]; SRMR = .064) and provided a significantly better fit to the data than M2: $\Delta\chi^2(6) = 33.85$, $p < .01$. It was therefore considered the best fitting model. Results are depicted in Figure 1 (for simplicity, covariances are not presented). Results show that tyrannical leadership was positively related to the frustration of all three needs (supporting H3), whereas laissez-faire leadership was positively associated to frustration of the need for autonomy only (supporting H4a but not H4b/H4c). Controlled motivation was positively predicted by frustration of the needs for autonomy and competence but not need for relatedness (supporting H1a/H1b but not H1c). Lastly, controlled motivation positively predicted burnout and negatively predicted affective commitment and job performance (supporting H2). As for the direct links, laissez-faire leadership negatively predicted affective commitment and positively predicted burnout.

Results further revealed significant indirect relationships between tyrannical leadership and controlled motivation through frustration of the needs for autonomy and competence. Need frustration did not significantly intervene in the relationship between laissez-faire leadership and controlled motivation. Indirect relationships between frustration of the needs for autonomy/competence and the three outcomes through controlled motivation were also found. Controlled motivation did not significantly intervene in the relationship between frustration of the need for relatedness and the indicators of health.

Discussion

Theoretical Contributions

Leadership literature. By simultaneously investigating tyrannical and laissez-faire leadership, this study provides insight into the distinct relationships between destructive forms of leadership and employees' health and uncovered the specific psychological and motivational pathways underlying these relationships. Tyrannical leadership is a managerial style aimed at fulfilling the organization's goals (pro-organization) by using behaviors that often undermine employees' health and satisfaction (anti-employees). However, our results reveal that this approach is doubly ineffective, as it is not only related to poor emotional (more burnout) and attitudinal (less affective commitment) functioning, it is also linked to less performance, which is critical for organizational success. In the nursing profession, poor performance can have serious repercussions on quality of care and patient safety (Hayes *et al.,* 2012). Results from mediation analyses indicate that the encompassing negative outcomes of tyrannical leadership are explained by distinct psychological experiences. More specifically, by exercising excessive control over nurses (frustration of the need for autonomy) and fostering perceptions of incompetence (by providing nurses with unrealistic goals which results in nurses experiencing failures or by

criticizing their achievements, which undermines their sense of self-worth), tyrannical leaders fuel poor-quality motivation in nurses. This leads to poor performance, results in nurses feeling overextended as well as overly detached from their work (burnout), and prevents nurses from developing an emotional attachment to their profession (affective commitment).

Results also show that laissez-faire leadership is associated with frustration of the need for autonomy. This finding refutes the proposition that a hands-off approach, which characterizes laissez-faire leadership, can sometimes be positive as it allows employees to feel autonomous (Yang, 2015). Laissez-faire leadership was also found to be directly linked to burnout and low affective commitment. Overall, our results highlight that more passive forms of destructive leadership can be as damaging as active forms. As such, the assumption that laissez-faire leadership, often conceived as the absence of leadership and therefore as being only an ineffective managerial approach (Schyns and Schilling, 2013), should be revised (Skogstad *et al.,* 2007).

Self-Determination Theory. Past research investigating the antecedents and outcomes of need frustration has most commonly done so using a composite score of need frustration (e.g., Gillet *et al.,* 2012; Trépanier *et al.*, 2015). By investigating the three needs distinctly, this study contributes to the dearth of knowledge on how work-related factors are related to each precise need and how these needs subsequently fuel work motivation. Results show that active forms of destructive leadership (tyrannical) are particularly harmful to nurses' psychological experiences, having a generalized negative relationship with need frustration (all three needs) whereas more passive forms (laissez-faire) appear to create working conditions that mainly erode employees' sense of volition.

Regarding the relationship between psychological needs and work motivation, results reveal that frustration of the needs for autonomy and competence are the sole predictors of controlled motivation. These results align with pioneering SDT research proposing that feelings of autonomy and competence are the essential conditions that facilitate the internalization process, and without which motivational deficiencies appear (Gagné and Deci, 2014). It was initially proposed and shown that socio-contextual factors that allow individuals to experience efficiency and perceive their behaviors as self-determined are crucial to promote high-quality work motivation (see Gagné and Deci, 2014). Results from mediation analyses reveal that the relationship between tyrannical leadership and controlled motivation is driven by frustration of the needs for autonomy and competence. This implies that when nurses feel controlled by their managers or receive cues that they are inadequate in their interactions with their work environment, they are unable to adequately internalize their work experiences and harmoniously assimilate their work's importance and meaning. This renders nurses more likely to behave in an alienated manner (i.e., controlled motivation), possibly as a way to compensate for their frustrated needs (Trépanier *et al.,* 2015; Vansteenkiste and Ryan, 2013). Indeed, our results suggest that employees who feel incompetent and oppressed are more likely to invest themselves in their work to replenish their sense of self-worth and validate themselves through external sources (e.g., positive perceptions of colleagues, material gains). Such a reaction is problematic, as our results indicate that this compensatory mechanism, which requires the deployment of employees' resources (Vansteenkiste and Ryan, 2013), is linked to energy depletion and psychological costs (e.g., burnout).

Limitations and Future Research

Certain limitations regarding this study should be mentioned. First, this study used a cross-sectional design. Longitudinal research is needed to investigate the temporal relationship between the two forms of leadership, need frustration, controlled motivation, and employee health. Second, this study relied on self-reported data only. As such, common method bias may have tainted the results. However, several methodological strategies were taken to minimize this potential bias. For example, the data was obtained through a general data collection which investigated psychosocial factors associated with well-being in the nursing profession. Many variables unrelated to the present study were therefore measured and mixed with the present study's variables, offering both proximal and psychological separation, which tends to reduce participants' tendency to use previous answers to respond to subsequent questions (Podsakoff *et al.,* 2012). Nevertheless, future research is encouraged to use more objective indicators of health and functioning (e.g., physiological indicators of stress, performance as evaluated by employees' peers or manager, records of absenteeism) to reduce the risk of common method bias and improve the validity of the proposed model. Moreover, the present study investigated affective commitment to the nursing profession, as staffing shortages as well as nurses' intention to leave the profession are major concerns in this occupational setting (Flinkman *et al.,* 2010; Hayes *et al.,* 2012). However, given that destructive leadership is situated at the work unit-level, future research could investigate organizational commitment to better understand the potential contextual and individual factors associated with nurses' attachment to their current healthcare establishment.

Practical Implications and Conclusion

Our results highlight that destructive leadership is associated to various symptoms of malfunctioning by promoting negative psychological experiences and low-quality work

motivation. As such, organizations should aim at reducing the presence of such managerial practices. This is particularly important given that tyrannical and laissez-faire leadership is also linked to negative organizational outcomes, including absenteeism and turnover (Bardes and Piccolo, 2010; Erickson *et al.,* 2015). To do so, organizations must first identify the potential organizational factors that contribute to such detrimental behaviors. For example, a toxic organizational culture (i.e., represented by a climate of instability and perceived threat; Padilla *et al.,* 2007) tends to be fertile ground for destructive leadership (Erickson *et al.,* 2015). Bardes and Piccolo (2010) also suggest that when leaders' goals are difficult to achieve and when their rewards are contingent on their performance (as well as their team's performance), this contributes to destructive behaviors through elevated stress. As such, by promoting an organizational culture that reinforces collaboration as well as by reviewing the level of goal difficulty and their goal-contingent reward system, organizations create working conditions in which destructive leadership approaches are less likely.

Second, although destructive and constructive leadership are not mutually exclusive (i.e., leaders may display both; Aasland *et al.*, 2010), organizations wishing to promote a healthy workforce should aim to develop constructive leadership behaviors in their managers, as it has been extensively linked to optimal employee health (e.g., Judge and Piccolo, 2004; Kelloway *et al.,* 2013). Providing managers with training regarding what behaviors constitute constructive leadership as well as individualized coaching sessions in which managers establish and monitor specific goals to improve their leadership are efficient in enhancing types of constructive leadership (i.e., transformational leadership; Barling *et al.,* 1996; Kelloway and Barling, 2010). Such interventions should also emphasize the importance of nurturing employees' needs for autonomy and competence (e.g., giving employees choices, recognizing their accomplishments)

given that the frustration of these needs is particularly crucial in explaining low-quality work

motivation and poor employee health.

Overall, by creating high-quality work environments and by promoting optimal managerial

behaviors in their leaders, organizations are likely to boost employees' positive psychological

and motivational experiences at work, resulting in a healthier workforce.

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Footnote

[1] Seven relationships were significant. Women reported more frustration of their need for relatedness and more tyrannical leadership from their manager than men. Nurses working part-time experienced less affective commitment and reported more frustration of their need for competence as well as more laissez-faire leadership from their manager than nurses working full-time. Age was negatively related to controlled motivation and positively related to affective commitment.

Table 1

Means, standard deviations, latent correlations between variables

| Variables	Scale	Mean	SD	1	2	3	4	5	6	7	8
1-Tyrannical leadership	1-4	1.25	.43	---							
2- Laissez-faire leadership	1-4	1.71	.67	.57**	---						
3- Need frustration: autonomy	1-5	2.85	.93	.35**	.32**	---					
4- Need frustration: competence	1-5	2.58	.93	.32**	.31**	.56**	---				
5- Need frustration: relatedness	1-5	1.74	.70	.36**	.18*	.41**	.60**	---			
6- Controlled motivation	1-7	3.38	1.13	.12	.07	.25**	.42**	.30**	---		
7- Burnout	1-7	2.76	1.10	.42**	.42**	.59**	.70**	.48**	.38**	---	
8- Affective commitment	1-5	3.35	.94	-.22**	-.35**	-.37**	-.39**	-.41**	-.14†	-.54**	---
9- Job performance	1-7	5.95	.79	.01	.03	-.11†	-.30**	-.16**	-.20**	-.34**	.23**

Note.
*p < .05; **p < .01; † p < .07
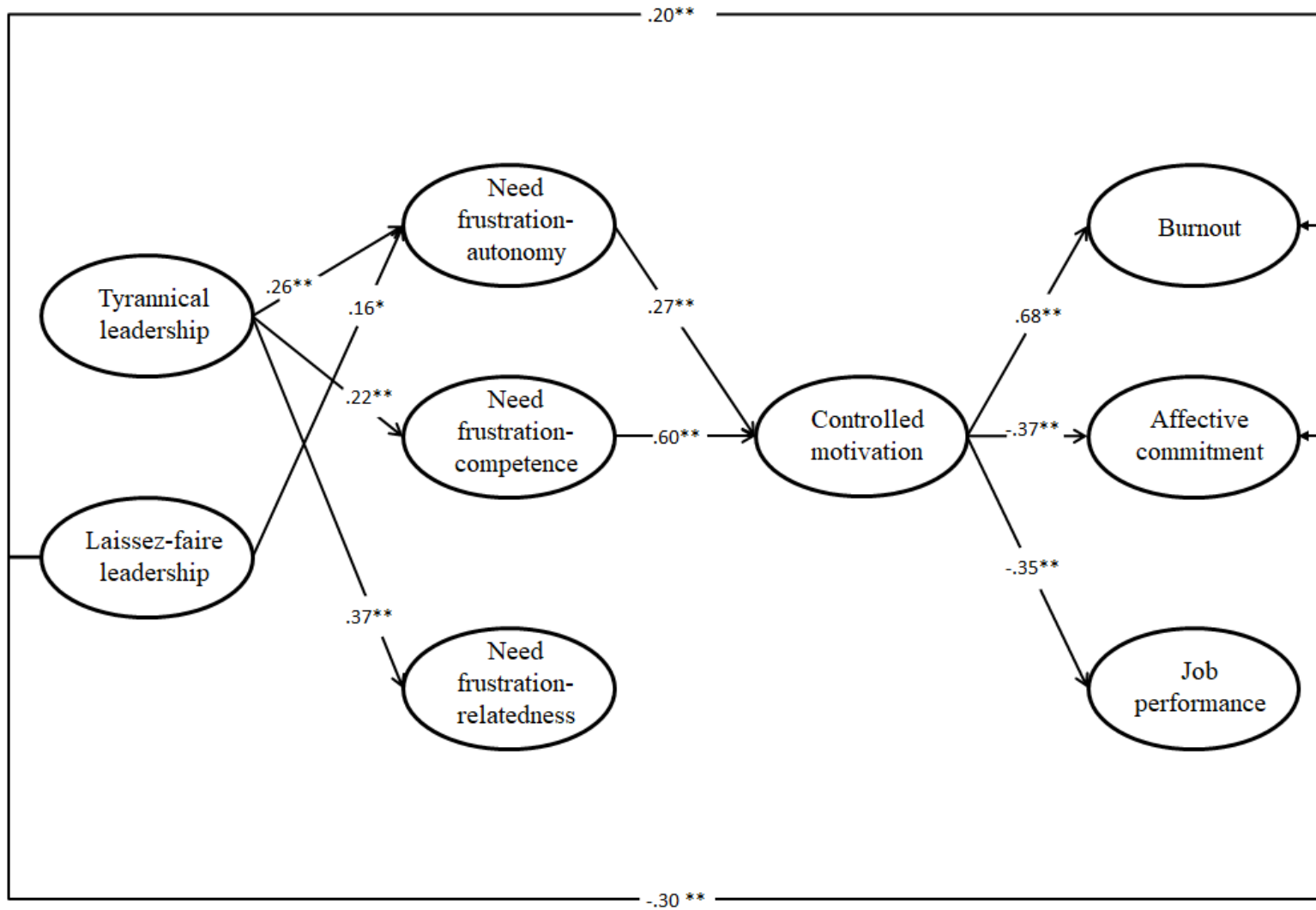
Figure 1. The final model depicting the psychological and motivational processes involved in the relationship between destructive leadership and employee health

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