



RESEARCH ARTICLE

Develop or Damage Employee Mental Health through Constructive and Destructive Leadership: Mediating Role of Emotion and Cognition-Based Trust

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ARTICLE INFO	ABSTRACT
Received: Sep 17, 2024 Accepted: Nov 22, 2024	This study examined the impact of constructive and destructive leadership styles on the mental health of employees with the mediating role of emotions and cognition-based trust. The study employed a quantitative research method to collect the data from 257 health workers from public and private hospitals operating in the four major cities of Punjab, Pakistan. The hypotheses are tested through the structural equation modeling technique. The findings of this study indicate that constructive and destructive leadership have a positive and significant influence on employee mental health. Moreover, results showed that emotion-based trust, cognition-based trust partially mediated the relationship between constructive, destructive leadership and employee mental health. Further implications and future research directions are discussed in this study.
<b>Keywords</b>	
Employee Mental Health, Constructive and Destructive Leadership Styles, Cognition and Emotion-Based Trust, Health Sector	
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INTRODUCTION

It is moderately maintained in the wellbeing research that leadership styles that are essential for setting the tone for positive employee mental health and wellbeing are highly desirable in the workplace (Gregersen, Kuhnert, Zimmer, & Nienhaus, 2011). Psychological working conditions are nowadays becoming much more important than physical conditions, as the former have more exposure to threats to employee mental health in this emerging era (Probst, Jiang, & Graso, 2016; Santa, Wolter, Gusy, Kleiber, & Renneberg, 2019). One of the emerging global challenges and a key psychological stressor for today’s transitioning institutions is the diminishing level of trust in the leadership (Kramer, 1999), which has gained far less attention in the existing organizational behavior literature.

It has been argued that leadership can potentially affect followers’ mental health in organizations. However, its positive or negative effects are conditioned on the encounter with constructive (Kuoppala, Lamminpää, Liira, & Vainio, 2008) or destructive leadership (Schyns & Schilling, 2016). In other words, it could be posited that employees’ mental health is a fundamental component of the functioning of individuals in society and organizations. The World Health Organization (2004) defined mental health as a “positive emotion or affect such as a subjective sense of well-being and feeling of happiness, a personality trait encompassing the concept of self-esteem and resilience in the face of adversity and the capacity to cope with life stressors” (WHO, 2004). A recent study claimed that there is much more potential in the employee mental health area of organizational behavior research in relation to leadership and its effects (Shann, Martin, Chester, & Ruddock, 2019).

Regrettably, there is a scarcity of studies that emphasize the need for changing the focus of leadership research from its traditional areas like “effectiveness” and “performance” to a more comprehensive, essential, and balanced approach, i.e., employee mental health and well-being (Shann et al., 2019). Hence, employee mental health constructs are very much essential to study nowadays in relation to leadership. The main reason for this proposed shift is to cater to the emerging organizational dilemmas (i.e., Psychological and mental health issues of employees), which have become a significant determinant of absenteeism, medical treatment costs, productivity losses, and early retirement. Thus, the present study is primarily focused on the cost associated with these problems; instead of concentrating on enhancing mental health.

Kuoppala et al. (2008) literature review provided some consequences of constructive and destructive leadership. However, the literature is still deficient in explaining the implications for employees’ mental health. Therefore, the present study focuses on the outcomes of constructive and destructive leadership styles on employee mental health, with affect-based trust and emotion-based trust serving as mediating mechanisms.

The unique and foremost contribution of the present theoretical investigation and empirical analysis lies in the sphere of organizational behavior, as it bridges the gap between leadership and occupational health. The study is focused on recommending future conduct to improve the mental health of internal stakeholders by focusing on appropriate leadership style and other factors of keen relevance as mediators to leadership and employees’ mental health. To accomplish the above-stated goals and to overcome the shortcomings of previous research in the field of employees’ mental health and constructive and destructive leadership, the present study identified consistently neglected constructs. Furthermore, the research on the link between trust and psychological health has limited theoretical and practical scrutiny (Kelloway, Turner, Barling, & Loughlin, 2012). Hence, this is also a baseline to start from, which is attempted to cater to in the present study.

## LITERATURE REVIEW

One of the well-stated constructs in business and organizational studies is leadership (Western, 2019). Similarly, organizational leadership is a global phenomenon due to the comprehensiveness of the construct, as organizations all over the world are making huge investments in leadership and management development (Leroy, Segers, Van Dierendonck, & Den Hartog, 2018). No doubt, leadership has been the topic of interest of researchers for many years; however, still few misconceptions exist about the construct (Shaked, Benoliel, Nadav, & Schechter, 2018). Stogdill (1974) alleged in his review of leadership research that “there are many definitions of leadership that have attempted to define the concept”. There are two main difficulties in defining the concept of leadership. First, the concept is difficult, which depends upon subjective interpretation. Second, how this construct is defined is strongly influenced by one’s theoretical stance (Shaked et al., 2018).

Different researchers have described the construct in novel ways, based on their understandings (Northouse, Kershaw, Mood, & Schafenacker, 2005), in the review of leadership theory, concluded that there are four common traits or themes which are essential for leadership: (1) This is a process (2) It occurs in group (3) It involves influence (4) It involves goal attainment. Therefore, Northouse et al. (2005) define leadership as “*a process whereby an individual influences a group of individuals to achieve a common goal.*” In their most recent review, De-Haan (2016) defines leadership as “*a process that is devoted to enhancing an organization’s effectiveness.*” From leadership definitions, it is easy to guess the main and essential aspect of leadership as aggregating and facilitating the potential of all the members for meaning-making.

Traditionally, leadership research mainly linked leaders’ traits and behaviors with organizational performance or employee performance, satisfaction, or motivations. Yukl, Mahsud, Hassan, and Prussia (2013) argued that many leadership studies are inclined to design training for the lead performance and to evolve selection benchmarks for effective leadership. As the construct gained momentum, numerous studies and theories proposed the methods and theoretical frameworks for the accomplishment of organizational strategies and attainment of goals, yet largely ignored the

potential risks and benefits of such methods in occupational health (Nyberg, Bernin, & Theorell, 2005). According to the reviews by the authors in this area, it is very clear that leadership is an essential factor that determines the work-related health outcomes in the organizations (Gregersen et al., 2011; Kuoppala et al., 2008; Skakon, Nielsen, Borg, & Guzman, 2010). Moreover, research on the mental health of employees is neglected in the previous literature. Some researchers argued that health is an important and complex construct to define. According to the World Health Organization defines health is defined as “*a state of complete physical, mental, and social well-being and not merely the absence of disease*” (WHO, 2004) (p. 6300).

## Hypotheses Development

### Constructive and destructive leadership styles and employee mental health

Yukl et al. (2013) define leadership as a process of social influence between followers and the leader, and this process facilitates the organization's attainment of goals. Many authors have emphasized only the positive side of leadership. However, the construct has both positive and negative aspects relevant to its outcomes. As Einarsen, Aasland, and Skogstad (2007) argued that both constructive & destructive aspects of leadership should be considered, emphasis only on the constructive or the positive side may limit the actual results of impacts between servants and leaders. Although Einarsen et al. (2007) have defined constructive leadership as “*leadership acting in accordance with the legitimate interests of the organization, supporting and enhancing goals, tasks and strategy of the organization as well as making optimal use of organizational resources by enhancing the motivation, well-being and job satisfaction of their followers*”. However, different researchers provide different dimensions of constructive leadership. The widely used terms are: authentic leadership, transactional, and transformational leadership. Transformational transactional leadership constructs are the most widely accepted constructive leadership styles. According to Yukl et al. (2013) “*transformational leadership aims to build trust, admiration, loyalty and respect from subordinates towards the leader, resulting in the subordinates becoming motivated to perform more than they originally set out to do*”. Besides, House (1971) believes that “*transactional leadership tends to be based on the exchange process where the followers have rewarded for accomplishing specified goals*”. In the present study, transformational and transactional leadership styles are used to explain constructive leadership.

Alternatively, destructive leadership is defined by the Einarsen et al. (2007), as “*the systematic and repeated behavior by a leader that violates the legitimate interests of organization by undermining and/or sabotaging the organizations goals, tasks, resources and effectiveness and/or the motivation, well-being or job satisfaction of subordinates*”. Similarly, Schyns and Schilling (2016) viewed destructive leadership as “*a process in which over a longer period of time the activities, experiences and/or relationship of an individual or the members of the group are repeatedly influenced by their supervisor in a way that has perceived as hostile and/or obstructive*”. Consequently, the present study employed the conception of Einarsen et al. (2007) to view destructive leadership.

Einarsen et al. (2007) identified four categories of destructive leadership that include tyrannical leadership, de-railed leadership, supportive-disloyal leadership, and laissez-faire leadership. *Tyrannical leadership* reduces the motivation, well-being, or job satisfaction of subordinates (Einarsen et al., 2007). The leaders achieve results at the cost of their subordinates. *Derailed leadership* is anti-organization as well as anti-subordinates, and *supportive-disloyal leaders* “*show consideration for the welfare of subordinates while violating the legitimate interest of the organization by undermining task and goal attainment* (Einarsen et al., 2007). In *laissez-faire leadership*, leaders abdicate from their duties (Lewin, Lippitt, & White, 1939).

In addition, Gregersen et al. (2011) proposed that subordinates' mental health is positively and strongly associated with transformational leadership style. Therefore, followers' mental health is an important yet untouched area in relation to leadership. Employee mental health is a component of occupational health, and it is referred to as the capability of individuals to deal with external and internal needs, such as diverse roles in organizations. Kornhauser (1965) defined positive mental

health as “behaviors, attitudes, and feelings that represent an individual’s level of personal effectiveness, success, and satisfaction”. As it is known that the behavioral and mood swings in individuals is a natural phenomenon and are subject to daily life routine. Even though these variations positively and negatively influence mental health. For instance, in the case of negative emotions, one as a depressive mood, it will affect mental health negatively, and in the case of the sense of accomplishment or increased motivation, one may have positive emotions; this positive state influences mental health positively.

Bass and Avolio (1994) proposed that the components of leadership are relevant to employee well-being. Turner, Barling, and Zacharatos (2002) provided the theoretical grounds for the relationship between transformational leadership and employee well-being, and research offered research-based arguments of the influence of transformational leadership on employee mental health. Destructive leadership reduced employee well-being. Cooper and Cartwright (1994) posit that a poor leader-member relationship might harm an individual’s well-being and create a feeling of stress, which ultimately harms employee mental health. As it is evident in the previous literature that leadership is a “central social influence” process in the organizations so that it can be considered as an important factor influencing the mental health of employees in organizations.

Based on the above arguments, the present study predicts a strong interaction between leadership and employees’ mental health, by considering three major leadership theories, i.e., transformational leadership theories, leadership behavior (constructive and destructive) theories, and social interaction theories. Although most of the published research is focused constructive side of leadership. Several research findings are inclined towards the destructive side of leadership in the workplace, where researchers found that this destructive side has negative consequences for employees’ health and psychological well-being (Einarsen et al., 2007). Transformational leadership is positively associated, and destructive leadership is negatively associated with the employee’s mental health (Gregersen et al., 2011; Skakon et al., 2010; Weberg, 2010). On the basis of the literature review, the following research hypothesis regarding leadership and employees’ mental health has been presented.

**H1:** *Constructive leadership would have a positive relationship with the employee’s mental health*

**H2:** *Destructive leadership would have a negative relationship with the employee’s mental health*

### **Constructive Leadership and Emotion, and Cognition-Based Trust**

Several authors defined trust (Gambetta, 1988; Johnson-George & Swap, 1982; Kee & Knox, 1970). The widely accepted definition of trust was presented by Mayer, Davis, and Schoorman (1995). They defined trust as “the willingness of a party to be vulnerable to the actions of another party based on the expectations that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party”. The researchers acknowledge that trust in leadership is important and critical for the effective organizational performance (Searle & Barbuto, 2011). The present study draws upon the “social exchange theory” to present the association between leadership and trust. Social exchange theory emphasizes that a good leader-follower relationship can be developed by directing the beneficial actions to a follower by their leader (Blau, 1964; Settoon, Bennett, & Liden, 1996). The reliability of exchanged actions between a leader and subordinate depends upon the trustworthiness of the leader by the subordinate, and this trustworthiness has two main attributions: (a) competence (Cognition-based trust), and (b) trustworthiness based on relationship (affect-based or emotion-based trust) (McAllister, 1995).

The degree of reliance of subordinates on their leader is dependent on both types of trust, i.e., emotion-based trust and cognition-based trust, and ultimately, this trustworthiness is more likely to affect outcomes like well-being and mental health. According to McAllister (1995), affect-based trust refers to “emotional bonds between individuals that are grounded upon expression of genuine care and concern for welfare”. However, affect-based trust could forge harmony between the leader and subordinates. On the other hand, cognition-based trust is based on the competence of the leader, i.e.,

how followers perceive the cognition and competency of a leader. Parayitam and Dooley (2009), in a comprehensive study including affect-based, cognition-based trust, affective and cognitive conflict, concluded that perceptions of effect-based and cognition-based trust have a positive effect on decision outcomes. They also observed the moderating effect of affect-based trust and cognition-based trust on leadership and decision outcomes.

However, numerous studies explained the relationship between leadership styles (i.e. constructive or destructive) and employees' trust in the leaders, ultimately their commitment to the organization. For example, Holtz and Hu (2017) explained that constructive leadership plays an important role in enhancing employee well-being, and to some extent, it productively uses the employee skills. Hence, the employee may feel high-level satisfaction while his learning and productivity increase time to time working under a leader having such qualities. Therefore, the bond between leader and employee became stronger as employees feel more satisfied under such leadership and reflect a higher level of trust towards leaders Holtz and Hu (2017). Similarly, Searle and Barbuto (2011) discussed the positive relationship between constructive leadership and employees' emotion-based and cognition-based trust. Additionally, Wei, Lee, and Kwan (2016) argued that an active constructive leader could influence the employee commitment towards the organization and his/her trust in the leadership of this organization. Hence, this study postulates that;

**H3:** *Constructive leadership would have a positive relationship with emotion-based trust.*

**H4:** *Constructive leadership would have a positive relationship with cognition-based trust*

### **Destructive Leadership and Emotion, and Cognition-Based Trust**

Previous to later, several studies reflected the inverse relationship between destructive leadership style and employee trust. For instance, Mullen, Fiset, and Rhéaume (2018) maintained that the increase in the level of inter-personnel stressors (e.g., destructive leadership) negatively affects the employee perceptions of safety, security, and level of employee trust in the leadership and organizations. For example, when leadership behaves destructively and seeks their interest, then the bond between the leadership and employee will be weakened, which could ultimately demolish the trust level of an employee in leadership. In addition to it, Fors, Österberg, and Berglund (2019) discussed the negative relationship between destructive leadership and employee trust and argued that constructive leadership could generate a strong bond of trust between leader and employee; meanwhile, destructive leadership could affect the employee's emotion-based as well as cognition-based trust.

Besides, Fors et al. (2019) argued that when a leader behaves destructively, employee shows a low level of job satisfaction, which in turn puts the employees' trust in a vulnerable condition. Hence, the poor performance of the employees due to mistrust of the leader might affect the organization's performance. So, we postulate that, contrary to constructive leadership behavior, destructive leadership will negatively affect the employees' emotion-based trust as well as cognition-based trust.

**H5:** *Destructive leadership would have a negative relationship with emotion-based trust.*

**H6:** *Destructive leadership would have a negative relationship with cognition-based trust.*

### **Emotion and Cognition-Based Trust and Employee Mental Health**

Schaubroeck, Lam, and Peng (2011) in their study argued that employee trust (i.e., both emotion-based trust and cognition-based trust) could affect the employee's psychological states, such as employee mental health and productivity at the workplace. For example, if an employee thinks that their leader is competent and reliable, then the employee will be more satisfied and could be in a positive mental well-being state. Similarly, if an employee thinks that he/she and his/her leader have a good mutual understanding (i.e., interpersonal care and emotional care), then it could strengthen

the bond between them and could positively affect their mental health. On the other hand, if the interpersonal care between employee and leader is poor and the employee thinks that he/she cannot rely on the leader, then it will create dissatisfaction and could affect the employee's mental health. In a similar vein, Martin, Karanika-Murray, Biron, and Sanderson (2016) argued that employees' trust in the leadership makes an employee more satisfied and could lead to good mental health. Meanwhile, employees' distrust of leadership affects their mental health. Hence, concerning the previous arguments, we postulate that emotionally based trust has a positive and significant effect on an employee's mental health. Similarly, cognition-based trust also has a positive and significant impact on employee mental health.

**H7:** *Emotion-based trust would have a positive relationship with employee mental health.*

**H8:** *Cognition-based trust would have a positive relationship with employee mental health.*

### **Mediating Role of Emotion and Cognition-Based Trust**

As discussed earlier, constructive leadership behavior could positively and significantly affect employee emotion-based trust and cognition-based trust. In contrast, destructive leadership behavior has a negative and significant relationship with employees' emotion-based and cognition-based trust. However, employees' trust (i.e., cognition-based and emotion-based trust) in the leadership is a significant predictor for employee mental health (Fors et al., 2019; Martin et al., 2016; Mullen et al., 2018).

Besides, Jovanović (2016) maintained that there is less understanding about the relationship between well-being and trust and examined particularly the trust and subjective well-being (SWB), which comprises cognitive and emotional components of well-being. Dirks and Ferrin (2002) stated that when followers do not trust their leaders, it is more likely that they feel psychologically distressed, which negatively influences their psychological well-being. Additionally, McAllister (1995) suggested that when people have a perception of their leader that he or she is competent and has cognitive skills, they are more likely to form emotional bonds that represent affect-based trust. Therefore, it can be assumed that affect-based trust is partially or to some extent, dependent upon the cognitive-based trust. As Dirks and Ferrin (2002) emphasized, the researchers take trust in leadership as a mediator between leadership and its outcomes. Similarly, Schaubroeck et al. (2011) in their study using effect-based trust and cognition-based trust as mediators of leader behavior and psychological states, concluded that both types of trust influence the team's performance and psychological well-being. Hence, with respect to the above arguments, we postulate that employees' both cognition-based and emotional based trust on the leadership could mediate the relationship between constructive leadership and employee mental health. Similarly, employee's cognition based and emotional based trust on its leadership could also mediate the relationship between destructive leadership behavior of the leader and employee's mental health.

**H9:** *Emotion-based trust mediates the relationship between constructive leadership and employee mental health.*

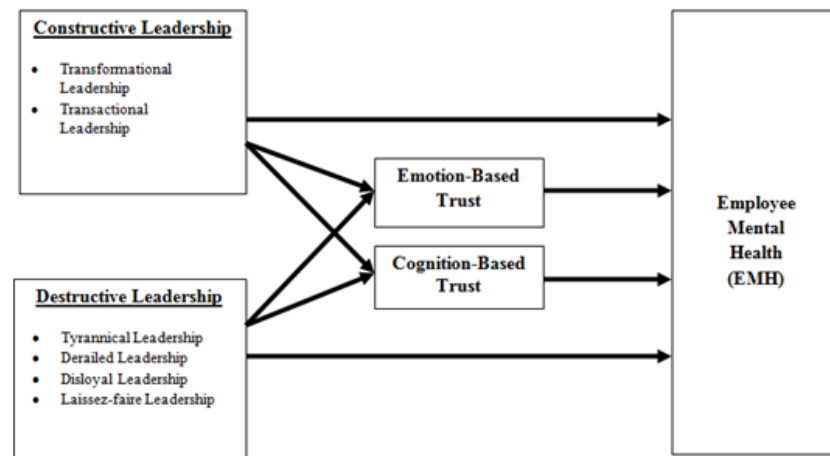
**H10:** *Cognition-based trust mediates the relationship between constructive leadership and employee mental health.*

**H11:** *Emotion-based trust mediates the relationship between destructive leadership and employee mental health.*

**H12:** *Cognition-based trust mediates the relationship between destructive leadership and employee mental health.*

### **Theoretical Framework**

The theoretical framework of the study is presented in Figure 1.



**Figure 1. Theoretical Framework**

## METHODOLOGY

To identify the relationship between predicted hypotheses, the authors gathered survey data from the employees of public sector hospitals of Faisalabad, Punjab, Pakistan. According to the Health Department, Faisalabad has 6 public sector hospitals that are working under the umbrella of Punjab, Pakistan. Before the data collection, we contacted the human resource departments of the hospitals for data collection. After getting the approval from the higher authorities, we have distributed 300 questionnaires to health workers using a convenience sampling technique. Moreover, trained field assistants who could speak and write both English and Urdu assisted the employees during the data collection process to enhance the quality of answers. We collected data in two months using a time lag approach to avoid the issue of common method bias. In the first round, we gathered data for constructive and destructive leadership measures. In the second round, we collected data for emotion, cognition-based trust, and employee mental health measures. In total, 230 questionnaires were returned in the survey, and the participation rate was 76%. There was no incentive offered to the respondents, but the anonymity of their identities and consent were taken.

## Measures

### Employee Mental Health

Employee mental health is measured through the General Health Questionnaire (GHQ-12) adopted from the study of Goldberg et al. (1997). GHQ-12 has been an extensively used instrument to detect psychological strain. A five-point Likert scale ranging from (1=never) to (5= all the time) was used to measure mental health. Cronbach's alpha coefficient of GHQ-12 stands at 0.91, which is an acceptable level of reliability. A sample item "feeling unhappy and depressed".

### Constructive and Destructive Leadership Styles

Constructive leadership was measured through two leadership styles: transformational and transactional leadership. For the measurement of transformational leadership a seven items were adapted from the work of Jensen et al. (2019), having a Cronbach's alpha of 0.885. Moreover, transactional leadership was measured through twelve questions using the same Jensen et al. (2019) adopted questionnaire.

Destructive leadership style was assessed through derailed leadership, tyrannical leadership, supportive-disloyal, and laissez-faire leadership styles. This measurement scale was adapted from the studies of Einarsen et al. (2007). [Each of the first three dimensions has](#) four questions, and the fourth dimension, laissez-faire leadership measured through four items developed by Bass and

Avolio (1994). The six-point scale is used to get responses from respondents ranging from 1=never to 6=all the time. Emotion-based trust and cognition-based trust were measured through an instrument developed by McAllister. In the scale, six items are for the assessment of cognition-based trust, and five items are for emotion-based trust. The six-point scale used to assess the responses ranging from 1=strongly disagree to 6=strongly agree.

## Data Analysis

First of all, the data was set for analysis by making the data free from missing values, aberrant values, and outliers. Secondly, descriptive statistics such as means, frequencies, and percentages are used to analyze the demography of respondents. On the third step, the goodness of the measure was ensured by using reliability and validity tests. Cronbach's alpha was used to measure reliability, and exploratory & confirmatory analysis was performed to measure the validity of the instrument.

Fourth, and the most important phase of analysis is the hypothesis testing, which was completed by using inferential statistics techniques. Important and appropriate inferential statistics used in this study are correlation analysis, regression analysis, and mediation analysis to check the relationship and impacts between dependent, independent, and mediating variables. Statistical package for social sciences software is used to perform descriptive analysis and to set the data free from errors, etc.

## First Round Analysis

In the first round, the data was checked through some preliminary test that helps researchers to clear the data for further analysis. First, univariate normality of the data was analyzed through the method suggested by Shapiro and Wilk (1965) for ensuring normality of the data. Results of the study stated that the data were non-normal for all the variables of the study ( $p < 0.001$ ). Moreover, results of multivariate normality were also investigated through the test suggested by Mardia (1970) study. The results of Mardia's test also indicated non-normality of data ( $p < 0.001$ ). Moreover, common method bias was measured through the Harman (1967) one-factor test, where no single factor emerged, and no general factor accounted for a maximum variance. Therefore, common method variance was not the issue of the study.

In the next session, all the measurements of the outer and inner models were done through the partial least squares structural equation modelling technique (PLS-SEM). The next section will confirm the convergent validity and discriminant validity, along with the results of the relationship. All the analyses were done through *SmartPLS 3.2*, recommended by Ringle, Wende, and Becker (2015).

## Measurement of Structural Model

Ahead of structural relationships among the constructs, collinearity among all the constructs was measured through the VIF value. Results of the study revealed that all the values are lower than five, which is the threshold level. Hence, the collinearity is not the issue in the model. Moreover, the coefficient of determination for the current study is 0.286 means that all predictors explain 28.6% of the variance in employee mental health. Same as the model has satisfactory predictive relevance ( $Q^2=0.236$ ).

As well as the structural relationship is concerned, constructive leadership has no direct impact on employee mental health [ $\beta = 0.024$ , CI (-0.150; 0.150)] while destructive leadership has a significant negative impact with value [ $\beta = -0.179$ , CI (-0.299; 0.009)]. Hence, H1 and H2 are accepted. Moreover, constructive leadership has a positive impact on emotion-based trust and cognition-based trust with value [ $\beta = 0.188$ , CI (0.062; 0.300)] and [ $\beta = 0.435$ , CI (0.303; 0.552)] respectively. Here, constructive leadership has a strong impact on cognition-based trust as compared to emotion-based trust ( $f^2 = 0.263$ ). Hence, H3 and H4 are accepted. Same as, H5 and H6 is accepted where destructive leadership has significant negative impact on emotion-based trust and cognition-based trust with values [ $\beta = -0.355$ , CI (-0.500; -0.153)] and [ $\beta = -0.287$ , CI (-0.417; -0.102)] Here, destructive



leadership has strong impact of emotion-based trust than cognition-based trust with value ( $f^2 = 0.144$ ). Lastly, emotion-based trust and cognition-based trust have a significant positive relationship with employee mental health, with values [ $\beta = 0.182$ , CI (0.060; 0.309)] and [ $\beta = 0.341$ , CI (0.209; 0.498)]. Here, cognition-based trust strongly influences employee mental health with an effect size value ( $f^2 = 0.109$ ). Hence, H8 and H9 are accepted. These results are mentioned in Table 1.

**Table 1. Structural Relationship results (direct paths)**

Hypothesis/Paths	$\beta$	S.E	LLCI 5%	ULCI 95%	Decision	VIF	$f^2$	Others
H1:CONSL→EMH	0.024	0.090	-0.150	0.150	×	1.429	0.001	$Q^2=0.236$
H2:DESTL→EMH	-0.179	0.094	-0.299	0.009	×	1.380	0.033	$R^2=0.286$
H3:CONSL→ET	0.188	0.075	0.062	0.300	✓	1.197	0.040	
H4:CONSL→CT	0.435	0.077	0.303	0.552	✓	1.007	0.263	
H5:DESTL→ET	-0.355	0.136	-0.500	-0.153	✓	1.091	0.144	
H6:DESTL→CT	-0.287	0.104	-0.417	-0.102	✓	1.096	0.115	
H7:ET→EMH	0.182	0.075	0.060	0.309	✓	1.251	0.038	
H8:CT→EMH	0.341	0.086	0.209	0.498	✓	1.528	0.109	

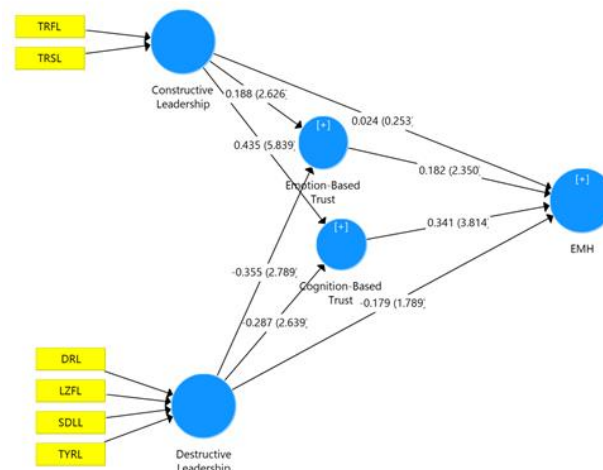
EMH = Employee Mental Health, CT = Cognition-based Trust, ET = Emotion- based Trust, CONSL = Constructive Leadership, DESTL = Destructive Leadership

The results of the mediation analysis, which are presented in Table 2, revealed that emotion-based trust and cognition-based trust mediate the relationship between constructive leadership and employee mental health. Hence, H9 and H10 are accepted. Similarly, mediation exists in the relationship between destructive leadership and employee mental health. Hence, H9 and H10 are accepted, while H11 and H12 are also accepted. The structural model of this study is presented in Figure 2.

**Table 2. Structural Relationship Results (Mediation Analysis)**

Indirect Paths	B	S.E	LLCI 2.5%	ULCI 97.50%	Decision
H9: CONSL → ET → EMH	0.031	0.016	0.015	0.070	Mediation
H10: CONSL → CT → EMH	0.145	0.044	0.091	0.236	Mediation
H11: DESTL → ET → EMH	-0.056	0.043	-0.136	-0.022	Mediation
H12: DESTL → CT → EMH	-0.094	0.052	-0.204	-0.033	Mediation

EMH = Employee Mental Health, CT = Cognition-based Trust, ET = Emotion- based Trust, CONSL = Constructive Leadership, DESTL = Destructive Leadership



**Figure 2. The Structural Model**

## DISCUSSION AND CONCLUSION

Leadership style, employee mental health, and well-being became a hot issue in organizational research. Good mental health is a prerequisite of any workplace, along with employee well-being (Gregersen et al., 2011). Therefore, our best efforts were to address the gap in how an organization could achieve good mental health and well-being of employees, particularly at the workplace, through constructive leadership. Additionally, our findings also elaborate how a leader with a destructive style could parish the employee mental health and well-being and hinder the organization from achieving its objectives.

In the present study, our first hypothesis was rejected as the findings suggested no direct link between constructive leadership style and employee mental health. Similarly, as far as the second hypothesis is concerned, results show that the destructive leadership style also does not influence the employee's mental health directly. However, both constructive and destructive have an indirect effect on employee mental health, which will be discussed later in this discussion. The results pertaining first and second hypotheses are consistent with the previous studies of (Larsson, Brandebo, & Nilsson, 2012; Probst et al., 2016). As Larsson et al. (2012) argued that leadership style plays an important role in the improvement and destruction of employee mental health, but it may not directly affect employee mental health and well-being, but for sure may have an indirect effect. Similarly, Probst et al. (2016) posit that the direct relationship between leadership styles (i.e., constructive and destructive) is still vague in the present literature. However, there is some variable which could act as a bridge through which leadership style could affect employee mental health such as employee satisfaction and employee trust (Larsson et al., 2012). In contrast, our results of first and second hypotheses counter the arguments of Gregersen et al. (2011); Skakon et al. (2010); Weberg (2010) as they discussed that leadership style has a direct impact on employee mental health.

In addition to this, numerous studies discussed that employees' trust in leadership is largely affected by the style a leader adopts. For example, if a leader has constructive leadership behavior, then there is a greater probability that the employees will trust in their leadership both emotionally and cognitively. Similarly, Wei et al. (2016) argued that both constructive and destructive leadership styles influence employee trust in leadership. However, constructive leadership style has a positive and significant impact on employee trust, whereas destructive leadership style has a negative and significant impact on employees' trust in leadership (Wei et al., 2016). Although in this research, our findings are also consistent with the previous research that both constructive and destructive leadership styles have a direct and significant effect on employees' cognition-based and emotion-based trust in leadership. Similarly, our findings are also consistent with the study of Holtz and Hu (2017) that constructive leadership positively affects employees' both cognition-based and emotion-based trust, whereas destructive leadership negatively affects employees' trust in leadership (i.e., both cognition-based trust and emotion-based trust). For example, if a leader adopts a constructive leadership style and also acknowledges the employee's well-being along with the company's desired objectives and self-interest, then it will establish the employee's trust in leadership and ultimately in the organization. Similarly, destructive leadership styles also play an important role in the invasion of employees' trust on leadership (Probst et al., 2016). For instance, if an employee thinks that leaders have no concern for their interests and do not work for employee wellbeing and only concentrate on their own objectives, then the bond of trust between employee and leader will perish and ultimately affect the work output. Additionally, a recent study of Fosse, Skogstad, Einarsen, and Martinussen (2019) also supports our results that leadership styles (i.e., constructive and destructive) may positively or negatively influence the employee's trust level in their leader. Hence, a constructive leadership style is recommended to establish a strong bond of trust between employee and their leader, while destructive leadership must be avoided in order to establish the trust between employee and their leader (Fors et al., 2019; Khan et al., 2024).

In this research, we incorporated employee cognition-based and emotion-based trust in its leadership as mediator variables between leadership styles (i.e., both constructive and destructive) and employee mental health. This is because, in 2016, Jovanović discussed that there is still a vague

understanding among the constructs, such as employees' trust in its leadership and employee well-being.

However, Jovanović (2016) suggested that researchers should incorporate constructs such as mediators and moderators in leadership styles and the employee mental health framework. Additionally, numerous researchers discuss the mediating role of employees' trust in their leadership (i.e., cognition-based and emotion-based) between leadership styles (i.e., constructive and destructive) and employee mental health. For example, Schaubroeck et al. (2011) argued that employees' mental health depends on employee well-being and employees' trust in their leadership, whereas employee cognition-based and emotion-based trust could be established or invaded by the leadership styles adopted by the leader. Similarly, Mullen et al. (2018) asserted that if a leader leads their subordinates constructively, there are more chances that his/her subordinate has trust in their leader and vice versa, if a leader's style is destructive.

Hence, consistent with the previous literature, our findings also suggest that both employee cognition-based and emotion-based trust mediate the relationship between leadership styles (i.e., constructive and destructive) and employee mental health in H9, H10, H11, and H12. For instance, our findings revealed that if a leader adopts a constructive leadership style, then it will strengthen the bond of trust between leadership and employees, which will consequently have positive effects on employee mental health. In contrast, as asserted by Jovanović (2016); Mullen et al. (2018), our finding also divulges that if a leader leads their subordinates destructively, then it will erode the trust of employees in their leadership, which ultimately has negative consequences on employees' mental health. For example, if an employee thinks that its leadership is more oriented to its own objective and less on employee well-being and leads destructively, then the employee will not trust the leadership and the organization (i.e., both cognitively and emotionally), which will lead to increased job stress and ultimately affect the employee's mental health. For this reason, it is asserted that a leader should adopt constructive leadership style while performing leader's functions because it will establish the employee's trust on its leadership and improve employee's mental health and vice versa in case of destructive leadership (Fors et al., 2019; Gregersen et al., 2011; Jovanović, 2016; Weberg, 2010; Khan et al., 2023a; Khan et al., 2024).

## **Research Implications**

As the saying "a company is only as good as its employees". Although every organization relies on the human resource (HR) at each level meanwhile HR plays a core role in achieving the desired outcomes as well as and enables the organization to accomplish prerequisite goals and objectives. Similarly, as effective employees could play an important role in the success of the organization, while ineffective employees could parish the organization as well. Therefore, employee well-being and good mental health are required by the managers because these are the most fundamental factors that make an employee effective and efficient (Fors et al., 2019; Ali et al., 2024).

Hence, we suggested that in order to ensure the good mental health of the employees, managers must adopt a constructive leadership style. Because when a leader behaves constructively, the employee likely establishes cognition-based and emotion-based trust in leadership. For example, when a leader's objective is not only to seek the organizational and personal goals but also to empower the employee, it will create a positive impression on the employee that its leadership is working for a win-win condition. Hence, the conflict between employee and leadership will fade, and a bond of trust will be established, which will ultimately affect the employee's mental health in a positive way. In contrast, we also suggest that a leader with destructive behavior will parish the trust of an employee in their leadership, which consequently affects the employee's mental health negatively.

In sum, an organization must ensure that its managers are adopting constructive leadership styles rather than destructive ones if the organization seeks long-term benefits instead of short-term outcomes. Because employees' trust (i.e., both cognition-based and emotion-based) in its leadership and good mental health will be beneficial for the organization in the long term, and vice versa.

## Limitations and Future Recommendations

As an old saying “practice makes perfect, but nobody is perfect”. Similarly, our research is also surrounded by a couple of limitations. First of all, in this research, we incorporated constructive and destructive leadership styles, which affect the employee's mental health positively and negatively, respectively. However, the team members who are working with each other could also affect the mental health of their subordinates. For example, if the other team members are not supporting the employee, then it might be possible that an employee gets stressed while working solely in the presence of a team, which ultimately affects the employee's mental health. Hence, future researchers are encouraged to include some other variables of team members' support as a moderator variable in an integrated framework of leadership style and employee mental health. Similarly, data could also be collected at the dyadic level to analyze the explicit effect of team member support between the leader and the subordinate relationship.

Secondly, this research has been conducted in the banking sector of Pakistan; however, in the banking sector, usually leaders and employees work in a single environment, and employees' mental health might directly be affected by leaders' behaviour. Whereas, in manufacturing sectors, it might be possible that the leader and employee are not working in the same environment. For example, an employee is working in a production department to produce mechanical equipment while the leader has an official environment from where he/she lead their subordinates. Hence, future researchers are encouraged to take a sample of manufacturing sector employees and analyze how a leadership style affects the employees' mental health, where the interaction between employee and leader is indirect, and what will be the role of the working environment where the leader and employee are working in different environments.

Finally, this research has been conducted in a high power distance culture. Hence, the findings could not be generalized in a low power distance culture easily. However, future researchers are encouraged to replicate the study in countries where the power distance is low and to analyze how different cultures might affect the leader and employee relationship in the workplace.

## REFERENCES

- Ali, M., Usman, M., Khan, M. A. S., Shafique, I., & Mughal, F. (2024). “Articulating Cognizance About What to Hide What not”: Insights into Why and When Ethical Leadership Regulates Employee Knowledge-Hiding Behaviors. *Journal of Business Ethics*, 190(4), 885-895.
- Bass, B. M., & Avolio, B. J. (1994). Transformational leadership and organizational culture. *The International Journal of Public Administration*, 17(3-4), 541-554.
- Blau, P. (1964). Power and exchange in social life. In: New York: J Wiley & Sons.
- Cooper, C. L., & Cartwright, S. (1994). Healthy mind; healthy organization—A proactive approach to occupational stress. *Human relations*, 47(4), 455-471.
- De-Haan, E. (2016). The leadership shadow: How to recognise and avoid derailment, hubris and overdrive. *Leadership*, 12(4), 504-512.
- Dirks, K. T., & Ferrin, D. L. (2002). Trust in leadership: Meta-analytic findings and implications for research and practice. *Journal of applied psychology*, 87(4), 611.
- Einarsen, S., Aasland, M. S., & Skogstad, A. (2007). Destructive leadership behaviour: A definition and conceptual model. *The Leadership Quarterly*, 18(3), 207-216.
- Fors, B., Maria, Österberg, J., & Berglund, A. K. (2019). The impact of constructive and destructive leadership on soldier's job satisfaction. *Psychological reports*, 122(3), 1068-1086.
- Fosse, T. H., Skogstad, A., Einarsen, S. V., & Martinussen, M. (2019). Active and passive forms of destructive leadership in a military context: A systematic review and meta-analysis. *European Journal of Work Organizational Psychology*, 28(5), 708-722.
- Gambetta, D. (1988). Trust: Making and breaking cooperative relations.
- Goldberg, D. P., Gater, R., Sartorius, N., Ustun, T. B., Piccinelli, M., Gureje, O., & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological medicine*, 27(1), 191-197.

- Gregersen, S., Kuhnert, S., Zimmer, A., & Nienhaus, A. (2011). Leadership behaviour and health-current research state. ). *Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))*, 73(1), 3-12.
- Harman, D. (1967). A single factor test of common method variance. *Journal of Psychology*, 35(1967), 359-378.
- Holtz, B. C., & Hu, B. (2017). Passive leadership: relationships with trust and justice perceptions. *Journal of Managerial Psychology*, 32(1), 119-130.
- House, R. J. (1971). A path goal theory of leader effectiveness. *Administrative science quarterly*, 321-339.
- Jensen, U. T., Andersen, L. B., Bro, L. L., Bøllingtoft, A., Eriksen, T. L. M., Holten, A.-L., . . . Salomonsen, H. H. (2019). Conceptualizing and measuring transformational and transactional leadership. *Administration Society*, 51(1), 3-33.
- Johnson-George, C., & Swap, W. C. (1982). Measurement of specific interpersonal trust: Construction and validation of a scale to assess trust in a specific other. *Journal of personality Social Psychology*, 43(6), 1306.
- Jovanović, V. (2016). Trust and subjective well-being: The case of Serbia. *Personality Individual Differences*, 98, 284-288.
- Kee, H. W., & Knox, R. E. (1970). Conceptual and methodological considerations in the study of trust and suspicion. *Journal of conflict resolution*, 14(3), 357-366.
- 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(1), 39-55.
- Khan, M. A. S., Du, J., Anwar, F., Qalati, S. A., Waqas, M., & Iqbal, S. (2023). Relationship between workplace romance, job involvement, and work effort: moderating roles of gender and workplace romance types. *Current Psychology*, 42(15), 12359-12373.
- Khan, M. A. S., Du, J., Hameed, A. A., Anwar, F., Waqas, M., Kayani, A. J., ... & Alhazmi, A. H. (2024). Effects of ethical leadership on individual learning and unlearning: Mediation through affective commitment. *European Research on Management and Business Economics*, 30(3), 100258.
- Khan, M. A. S., Jianguo, D., Jin, S., Saeed, M., & Khalid, A. (2023). Participative leadership and service recovery performance: a moderated mediation model. *Journal of Service Theory and Practice*, 33(4), 537-555.
- Kornhauser, A. (1965). Mental health of the industrial worker: A Detroit study.
- Kramer, R. M. (1999). Trust and distrust in organizations: Emerging perspectives, enduring questions. *Annual Review of Psychology*, 50(1), 569-598.
- Kuoppala, J., Lamminpää, A., Liira, J., & Vainio, H. (2008). Leadership, job well-being, and health effects—a systematic review and a meta-analysis. *Journal of Occupational and Environmental Medicine*, 50(8), 904-915.
- Larsson, G., Brandebo, M. F., & Nilsson, S. (2012). Destrudo-L: Development of a short scale designed to measure destructive leadership behaviours in a military context. *Leadership Organization Development Journal*, 33(4), 383-400.
- Leroy, H., Segers, J., Van Dierendonck, D., & Den Hartog, D. (2018). Managing people in organizations: Integrating the study of HRM and leadership. In: Elsevier.
- Lewin, K., Lippitt, R., & White, R. K. (1939). Patterns of aggressive behavior in experimentally created "social climates". *The Journal of social psychology*, 10(2), 269-299.
- Mardia, K. V. (1970). Measures of multivariate skewness and kurtosis with applications. *Biometrika*, 57(3), 519-530.
- Martin, A., Karanika-Murray, M., Biron, C., & Sanderson, K. (2016). The psychosocial work environment, employee mental health and organizational interventions: Improving research and practice by taking a multilevel approach. *Stress health*, 32(3), 201-215.
- Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of management review*, 20(3), 709-734.
- McAllister, D. J. (1995). Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations. *Academy of management journal*, 38(1), 24-59.
- Mullen, J., Fiset, J., & Rhéaume, A. (2018). Destructive forms of leadership: The effects of abusive supervision and incivility on employee health and safety. *Leadership Organization Development Journal*, 39(8), 946-961.

- Northouse, L., Kershaw, T., Mood, D., & Schafenacker, A. (2005). (Effects of a family intervention on the quality of life of women with recurrent breast cancer and their family caregivers. *Psycho-Oncology*, 14(6), 478-491.
- Nyberg, A., Bernin, P., & Theorell, T. (2005). The impact of leadership on the health of subordinates: National Institute for Working Life [Arbetslivsinstitutet] Stockholm.
- Parayitam, S., & Dooley, R. S. (2009). The interplay between cognitive-and affective conflict and cognition-and affect-based trust in influencing decision outcomes. *Journal of Business Research*, 62(8), 789-796.
- Probst, T. M., Jiang, L., & Graso, M. (2016). Leader-member exchange: Moderating the health and safety outcomes of job insecurity. *Journal of Safety Research*, 56, 47-56.
- Ringle, C. M., Wende, S., & Becker, J.-M. (2015). SmartPLS 3. Boenningstedt: SmartPLS GmbH.
- Santa, M. A., Wolter, C., Gusy, B., Kleiber, D., & Renneberg, B. (2019). The impact of health-oriented leadership on police officers' physical health, burnout, depression and well-being. *Policing: A Journal of Policy Practice*, 13(2), 186-200.
- Schaubroeck, J., Lam, S. S., & Peng, A. C. (2011). Cognition-based and affect-based trust as mediators of leader behavior influences on team performance. *Journal of applied psychology*, 96(4), 863.
- Schyns, B., & Schilling, J. (2016). How bad are the effects of bad leaders? A meta-analysis of destructive leadership and its outcomes. *The Leadership Quarterly*, 24(1), 138-158.
- Searle, T. P., & Barbuto, J. E. (2011). Servant leadership, hope, and organizational virtuousness: A framework exploring positive micro and macro behaviors and performance impact. *Journal of Leadership Organizational Studies*, 18(1), 107-117.
- Settoon, R. P., Bennett, N., & Liden, R. C. (1996). Social exchange in organizations: Perceived organizational support, leader-member exchange, and employee reciprocity. *Journal of applied psychology*, 81(3), 219.
- Shaked, H., Benoliel, P., Nadav, N., & Schechter, C. (2018). Principals' systems thinking: the meaning and measure of a leadership construct. In *Leading Holistically* (pp. 54-73): Routledge.
- Shann, C., Martin, A., Chester, A., & Ruddock, S. (2019). Effectiveness and application of an online leadership intervention to promote mental health and reduce depression-related stigma in organizations. *Journal of occupational health psychology*, 24(1), 20.
- Shapiro, S. S., & Wilk, M. B. (1965). An analysis of variance test for normality (complete samples). *Biometrika*, 52(3/4), 591-611.
- Skakon, J., Nielsen, K., Borg, V., & Guzman, J. (2010). Are leaders' well-being, behaviours and style associated with the affective well-being of their employees? A systematic review of three decades of research. *Work & Stress*, 24(107-139).
- Stogdill, R. M. (1974). *Handbook of leadership: A survey of theory and research*: Free Press.
- Turner, N., Barling, J., & Zacharatos, A. (2002). Positive psychology at work. *Handbook of positive psychology*, 52, 715-728.
- Weberg, D. (2010). Transformational leadership and staff retention: an evidence review with implications for healthcare systems. *Nursing administration quarterly*, 34(3), 246-258.
- Wei, F., Lee, J., & Kwan, H. K. (2016). Impact of active constructive leadership and passive corrective leadership on collective organizational commitment. *Leadership Organization Development Journal*, 37(7), 822-842.
- Western, S. (2019). *Leadership: A critical text*: Sage.
- WHO. (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. Retrieved from
- Yukl, G., Mahsud, R., Hassan, S., & Prussia, G. E. (2013). An improved measure of ethical leadership. *Journal of Leadership & Organizational Studies*, 20(1), 38-48.