Relational Demography in the Workplace and Health: An Analysis of Gender and the Subordinate–Superordinate Role-Set*

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Using data from a 2005 national survey of working adults in the United States, we examine the effects of the gender composition of the superordinate–subordinate role-set on mental and physical health measures. Subordinates' and superordinates' genders are important determinants. Men who work in gender-mixed superordinate contexts (i.e., with one male and one female superior) report lower levels of distress and physical symptoms than men who work with one male superior. Women who work with one male superior report less distress and fewer physical symptoms compared to women who work with one female superior or in gender-mixed superordinate contexts. With a few exceptions, these observations generally hold net of occupation, job sector, and an array of work-related conditions. We discuss the implications of these findings in light of predictions derived from the similarity-attraction and role congruity theories. We also outline ways that theoretical development in relational demography can be refined by a more specific focus on the demographic characteristics—especially gender—of the superordinate–subordinate role-set.

Diversity in the workgroup has emerged as a central issue of the modern workplace (Hodson 2002). We draw upon the "relational demography" literature to inform our analysis of the effects of demographic composition on relational dynamics at work, especially the effects of similarities and differences in the gender characteristics of superordinates and subordinates (Tsui and O'Reilly 1989). Our rationale for linking these processes to health derives explicitly from two sources. First, in his classic paper on organizational demography, Pfeffer (1983) identified the potential health effects of relational demography, asserting that "the relative proportions of [groups] condition the form and nature of social interaction and group processes that in turn affect workers' psychological well-being, attitudes, and even job performance" (p. 303). Here, we connect that notion to a core prediction of stress process theory: Chronic stressors in roles can undermine well-being (Pearlin 1999). As we discuss below, research in relational demography alludes to these stress-related elements but has not tested stress process propositions with different health outcomes. Moreover, little is known about *subordinates'* experiences of these processes within demographically diverse role-sets and in a broad cross-section of job sectors and occupations (Cortina et al. 2001; Perry, Kulik, and Zhou 1999; Tsui and O'Reilly 1989; Vecchio 1993; Vecchio and Bullis 2001).

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THEORETICAL FRAMEWORK

Relational Demography in the Workplace

Relational demography involves the comparative demographic characteristics of individuals involved in interaction within dyads or groups at work (Tsui, Egan, and O'Reilly 1992). The increased shift toward team-oriented forms of organization across sectors underscores the importance of relationships in the role-set (Vallas 2003). Among the many complexities of the workplace role-set, the vertical relations between supervisors and subordinates present fertile opportunities for stress (Kasl 1998). For example, Keashley and colleagues (1994) found that superordinates commit more acts of nonsexual, nonphysical abuse (57%) than coworkers (37%) or subordinates (5%). Likewise, a survey in the United Kingdom found that managers comprise 75 percent of all perpetrators of workplace "bullying" (Hoel, Cooper, and Faragher 2001). Superordinate–subordinate relations are important because they are frequent, often intense, and consequential interactions (Duffy and Ferrier 2003), and because "superiors are the primary referent for defining performance expectations and standards for subordinates" (Tsui and O'Reilly 1989:405). While most research has focused on the effects of relational demography on task behaviors, evaluations, performance expectations, and turnover intentions, we extend prior research by examining gender similarities and differences in the superordinate–subordinate role-set and their implications for subordinates' health.

The Similarity and Dissimilarity Hypotheses

The demographic similarity or dissimilarity between superordinates and subordinates may influence individuals' attitudes and behaviors and, in turn, individual-level outcomes (Perry et al. 1999). We blend ideas from similarity-attraction, expectation states, and role congruity theories to identify two ways that gender may be relevant: (1) the extent to which the gender of superiors influences subordinates' health; and (2) the ways that the gender of subordinates modifies that association. The similarity-attraction framework proposes that demographic similarities increase attraction and convergence of attitudes, priorities, and expectations among workers. These processes, in turn, are believed to foster cohesion, decision-making, creative solutions and innovations, and fewer conflicts among workers (O'Reilly, Williams, and Barsade 1998; Tsui and O'Reilly 1989). Collectively, these ideas provide a rationale for the *similarity hypothesis:* Gender similarities between superordinates and subordinates should be associated with more favorable health among subordinates.

If demographic similarities have positive implications, it is plausible that demographic differences breed *discontent.* Therefore, the *dissimilarity hypothesis* predicts that gender dissimilarities between subordinates and superiors should be associated with poorer health among subordinates. Some scholars have argued that workplace diversity undermines the identification with others that, in turn, diminishes participation and organizational commitment (Chatman et al. 1998; Hodson 2002). Subordinates may be vulnerable to being the targets of the critical scrutiny and evaluation of dissimilar superiors (Duffy and Ferrier 2003). Dissimilarities associated with *gender* involve visible differences that have deep cognitive and social connections to stereotypes and prejudice. Members of diverse work groups must often confront opposing frames of reference that require them to manage their negative stereotypes about others (Pelled, Eisenhardt, and Xin 1999). Collectively, these processes may threaten workplace cohesion by increasing conflict with superordinates, role ambiguity, and job dissatisfaction (Tsui et al. 1992; Tsui and O'Reilly 1989).

Findings from prior studies generally favor the view that dissimilarities or demographic diversity in the workplace are associated with deleterious personal and social outcomes (Hodson 2002; Vecchio and Bullis 2001). For example, empirical tests of the similarity-attraction thesis document that demographic dissimilarity has negative effects on outcomes such as workers' attitudes, job performance, and turnover (Crompton and Harris 1998; Jehn, Northcraft, and Neale 1999). To date, however, most theory and research has focused on the *overall demographic composition* of the workplace. While these studies provide a useful framework for the effects of demographic composition on processes and outcomes, the focus on overall gender composition of the workplace may misrepresent the effects of gender in specific components of the role-set.

Variants of the Similarity and Dissimilarity Hypotheses

While hypotheses about the effects of similarities and dissimilarities in the subordinate–superordinate role-set represent a plausible starting point, we argue that these views oversimplify or neglect the potential health implications of deeper (and sometimes subtler) psychological, sociological, and cultural processes about the roles of women and men in positions of power. Our skepticism regarding the limits of the similarity-attraction thesis is rooted in several other theoretical views that make predictions based on relational norms and collective representations of legitimacy: expectation states and role congruity theories. We draw upon ideas from these theories to inform several elaborations of the similarity and dissimilarity hypotheses.[1]

With its focus on social status characteristics, expectation states theory seeks to explain why some individuals have greater access to participation, influence, and favorable appraisals in group dynamics (Correll and Ridgeway 2003). It underscores that the *perceptions* that individuals have of their superiors is potentially influential for a range of personal and social outcomes, including well-being. Gender is among the most influential status characteristics because of its effects on performance expectations and evaluations, and perceptions of attributes that are salient in contexts involving power and prestige dynamics (Driskell and Mullen 1990; Freese and Cohen 1973). Gender is a diffuse status characteristic because individuals with advantaged characteristics (i.e., "being male") are often deemed as more competent, valued, appropriate for leadership roles, and *legitimately* in possession of power in hierarchical settings (Ridgeway 2001). Taken together, these ideas imply that male superiors should be especially advantaged with respect to workplace participation, influence, and legitimacy; by contrast, female superiors should tend to be disadvantaged. In turn, working with male or female superiors likely has different implications for the health and well-being of subordinates.

Here, we integrate ideas from role congruity theory to elaborate further on the predictions of the similarity-attraction paradigm. According to Eagly and Karau (2002), "a potential for prejudice exists when social perceivers hold a stereotype about a social group that is incongruent with the attributes that are thought to be required for success in certain classes of social roles" (p. 574). Research on gender and leadership identifies the incongruity that women encounter when they are in positions that require them to simultaneously deploy "leader" and "feminine" qualities in social roles (Eagly and Karau 2002; Moore, Grunberg, and Greenberg 2005). This "double bind" tension emerges because leadership roles involve agential or task-related attributes while "the female role" is stereotypically associated with interpersonal and cooperative traits that are *incompatible* with leadership. This *leader-female incongruity* is associated with workers' more unfavorable appraisals about women's potential for leadership, evaluations of women's actual leadership behavior, and women leaders' level of trustworthiness (Eagly, Johannesen-Schmidt, and van Engen 2003; Scott and Brown 2006; Valentine, Godkin, and Turner 2002).

Ely (1994) has identified the negative stereotypes that contribute to the deleterious effects of role incongruity processes: "women are insecure, over controlling, and unable to engage in team play; their relationships are therefore competitive and difficult" (p. 203). Likewise, Wacjman (1998) observes that senior women may experience problems when they "manage like men." Evidence confirms these unfavorable perceptions by documenting that men and women tend to view women managers as lacking the necessary attributes for competency in the higher echelons of the workplace (Brenner, Tomkiewicz, and Schein 1989; Eagly, Makhijani, and Klonsky 1992; Wajcman 1996). Several studies document that individuals who work with female superiors encounter the most problematic relations and unfavorable personal and social outcomes (Valentine et al. 2002; Vecchio and Bullis 2001). Taken together, these *role incongruent* ideas predict that the health advantages of similarity in the female subordinate-female superior dyad may be attenuated; likewise, the health disadvantages of dissimilarity in the male subordinate-female superior dyad may be exacerbated. By contrast, *role congruent* dynamics and the greater legitimacy in relational norms for male leaders predict that the health disadvantages of dissimilarity in the female subordinate-male superior dyad may be attenuated.

An alternative argument presents a more positive view of women's leadership and its implications for subordinates. In response to the

double bind, for example, women leaders may adopt a transformational style of leadership that entails empowerment and mentoring of subordinates and provides a more communal, democratic, and team-focused orientation (Eagly et al. 2003; Valentine and Godkin 2000). These ideas suggest that *both* women and men subordinates who work with a female superior should report better health. Integrating ideas from the similarity hypothesis, however, implies that women subordinates should experience the most health advantages by working with a female superior. Ridgeway and Smith-Lovin (1999) observe that gender "is a background identity that modifies other identities that are often more salient in the setting than it is" (p. 193). Thus, similarities in gender may offset problems associated with dissimilarities or role incongruity. Senior women may represent a positive force for lower status women by modifying the workplace culture in ways that reduce competition and aggressiveness, by acting as role models who provide support and inspiration for lower status women, and by fostering more "women-friendly" policies (Burke and McKeen 1996; Ely 1994).

Gender-Mixed Superordinate Contexts

While most theory and evidence provides reasons why working with male *or* female superiors might influence personal and social outcomes, surprisingly little is known about working in gender-mixed superordinate contexts—that is, having both a male superior *and* a female superior. From the dissimilarity view, we might expect negative implications for both women and men subordinates. However, that view ignores the social and cultural complexities embedded in relational norms about gender, leadership, and power. Unfortunately, there is a dearth of theory and evidence about the implications of gender-mixed superordinate contexts. Most studies focus on gender-mixed workgroups or the entire workplace. To our knowledge, none examine levels of health among subordinates who specifically work with only one male and one female superior. We attempt to address this deficit by delineating competing views about the potential positive and negative implications of gender-mixed superordinate contexts.

On the positive side, the *role incongruent* thesis underscores the power of the communal stereotype: Women superiors are more likely to provide supportive environments, especially for subordinate women. That predicts favorable health status for women subordinates in gender-mixed scenarios. Moreover, the similarity hypothesis predicts that gender similarity in the female subordinate-female superior context should trump the effects of work status dissimilarities and offset any negative implications of the additional presence of a male superior. However, unfavorable countercurrents may prevail if women in gender-mixed scenarios "manage like men" in ways that disappoint subordinate women (Wajcman 1998). The bulk of relevant theory and evidence provides a compelling case for the negative implications of gender-mixed superordinate contexts, with most of it directed toward superordinate women. For example, Wharton and Baron (1991) describe an "intragender competition effect" in which women struggle to attain supportive benefits from other women but also encounter competitive undercurrents. Likewise, in what has been called the "queen bee syndrome," female superiors in male-dominated contexts receive psychosocial rewards from higher status men when they denigrate other women (Cooper 1997; Staines and Tavris 1974). Here, it is plausible that many female superiors experience gender-mixed superordinate contexts as male-dominated. Some scholars contend that female superiors tend to be highly competitive with other women, and, even more insidiously, male superiors in these contexts may be more likely to pit women against each other (Ely 1994). Likewise, as Kanter (1977) observed, men may instigate tensions between superordinate and subordinate women by fostering and exaggerating competitive relations. Collectively, these ideas predict that women in gender-mixed superordinate contexts should experience the most unfavorable levels of health. Unfortunately, there is little prior theory or evidence to guide speculation about how gender-mixed superordinate contexts will influence subordinate men's health. Therefore, while it seems plausible to suspect that men in gender-mixed scenarios will benefit, we do not attempt to specify the direction of that effect in advance.

Taking Other Potential Explanations into Account

The final section of our analyses examines the possibility that relational demography effects are due to occupation and work condi-

tions. In some instances, such as occupation, any observed effects are more likely due to confounding effects. For example, female superiors may tend to cluster in lower status occupations that, in turn, are more strongly associated with poorer health outcomes (Reskin and Bielby 2005; Smith 2002). In other cases there are clearer theoretical reasons for suspecting possible explanatory mechanisms. As we noted in our rationale for the hypotheses, dissimilarities and role incongruent conditions may correspond with unfavorable work conditions, discordant relations with superordinates, and job dissatisfaction. Specifically, incongruity between leader-female roles purportedly increases workers' negative appraisals of women leaders that should manifest in exposure to more unfavorable work conditions, poorer relationship quality, and greater dissatisfaction. Under such conditions, status and role incongruity would likely be visible and, in turn, fuel subordinates' negative attitudes and behaviors. Collectively, these ideas provide the rationale for our analyses of whether occupation, work conditions, relationship quality with superordinates, and job dissatisfaction contribute to any disparities in health across superordinate–subordinate gender comparisons.

METHODS

Sample

The data derive from telephone interviews with 1,800 adults in the 50 U.S. states from February through August of 2005.[2] Eligible participants were 18 years of age or older and participating in the paid labor force at the time of interview. Interviews were conducted in English, so participants had to be sufficiently fluent in order to complete the interview. We were able to successfully interview 70.8 percent of eligible respondents. The sample characteristics are similar to those of working adults in other national data sets such as the 2005 American Community Survey. Using American Community Survey data, we weighted analyses to achieve conformance with the population in terms of sex, age, race, marital status, and occupation. For the purposes of our analyses, we examine data from a subset of 1,537 workers who reported "yes" to the following question: "In your current job, do you have a supervisor or manager? That is, someone who *manages, supervises, directs,* or *controls* your work?" We included cases only if they had one male superior, one female superior, or one male *and* one female superior ("gender-mixed"). We excluded individuals if they had two superiors of the same gender, more than two superordinates, or missing information on gender and superiors. These exclusions yielded 1,095 cases for analyses (444 men and 651 women). Of those 1,095 individuals, 521 have one male superior, 409 have one female superior, and 165 have one male *and* one female superior.[3]

Measures

Psychological distress. We measured distress by asking participants the number of days in the past seven days that they "felt that everything was an effort," "felt sad," "had trouble getting to sleep or staying asleep," "had trouble keeping your mind on what you were doing," "couldn't get going," "were unable to shake the blues," "worried a lot about little things," and "felt anxious or tense." We averaged the items to create the distress index ($\alpha = .85$).

Physical symptoms. We asked participants the number of days in the past seven days that they had "headaches," "stomach pain or problems like indigestion or heartburn," "chest pain or rapid heart beat," "neck or back pain," "muscle aches, soreness, or stiffness," and "felt tired or run down." We averaged the items to create the physical symptoms index ($\alpha = .70$).

Gender of superiors. We contrasted individuals who work with "one male superior" (i.e., this is the omitted reference group in regression models) with those who work with "one female superior" and "gender-mixed superiors." Each of these three groups was dummy-coded as 0 = no, 1 = yes.

Occupation. To assess occupation, we asked participants about the job title of the "main job at which you worked last week." This question refers to the main place of employment; that is, the one at which participants spend the most time. We also asked about some of the main duties in order to more accurately code responses. Using open-ended information, we coded responses into five categories in accordance with the Bureau of Labor Statistics codes. These include: "professional" (managerial and professional specialty occupations), "administrative" (technical, sales, and administrative support occupations), "service" (service occupations), "craft" (precision production, craft, and repair occupations), and "labor" (operators or laborers). In regression analyses,

we use the "professional" category as the omitted reference group.

Job sector. We assessed participants' job sector by contrasting (in regression analyses) the modal category of "private for-profit company" with "government," "non-profit organization including tax-exempt or charitable organizations," and "self-employed/family business."

Work hours. Work hours are measured as the number of hours worked in a typical week.

Job authority. We used four items to assess job authority: (1) "Do you influence or set the rate of pay received by others?" (2) "Do you have the authority to hire or fire others?" (3) "Do you supervise or manage anyone as part of your job?" and, if they reported "yes" to the last question, (4) "Do any of those individuals supervise or manage others?" We coded "no" responses as 0 and "yes" responses as 1. To create the index, we summed responses such that higher scores indicate more authority; items are similar to those in other studies (Elliott and Smith 2001).

Nonroutine work. To measure nonroutine work, we asked five items that blend themes associated with decision-making, creative problem-solving and learning opportunities, and engaging (not boring) work: (1) "How often do you make decisions on what needs to be done?" (2) "How often do you have the chance to solve problems?" (3) "How often do you have the chance to learn new things?" (4) "How often does time feel like it is dragging at work?" and (5) "How often do you do the same things over and over again?" (4 and 5 are reverse-coded). Response choices are "never" (coded 1), "rarely" (2), "sometimes" (3), and "frequently" (4). We averaged the items; higher scores indicate higher levels of nonroutine work ($\alpha = .57$).

Demanding work. We asked about demands in the workplace: "In the past 30 days, has anyone at work made too many demands on you?" Participants were able to choose any source (e.g., "supervisor, someone you supervise, customer/client, coworker, or someone else at work") and then describe the frequency: "rarely" (coded 1), "sometimes" (2), and "frequently" (3). We coded individuals who reported no demands as 0. We also asked, "How often do the demands of your job exceed those doable in an 8-hour workday?" Response choices are "never" (coded 0), "rarely" (1), "sometimes" (2), and "frequently" (3). We standardized and averaged items to create the index.

Noxious work. We used three items to assess subordinates' level of noxious workplace environments: "How often is your workplace . . ." (1) "noisy," (2) "dirty or dusty," and (3) "dangerous; that is you are at risk of illness or injury because of the work." Response choices are never (coded 0), rarely (1), sometimes (2), and frequently (3). We averaged the items such that higher scores represent a higher level of exposure to noxious work ($\alpha = .63$).

Job insecurity. One question asks participants, "In the next 2 years, how likely is it that you will lose your job or be laid off?" Response choices are "not at all likely" (coded 0), "somewhat likely" (1), and "very likely" (2).

Personal income. Income is assessed with the question, "For the complete year of 2004, what was your total personal income, including income from all of your paid jobs, before taxes?"

Job tenure. One item asks participants, "How many years have you worked at your current job?" Response choices are coded in years.

Superordinate conflict. To assess subordinates' experiences of conflict with superiors in the past 30 days, participants were asked the extent that superiors (1) "treated you unfairly," (2) "got annoyed or angry with you," (3) "teased or nagged you," (4) "gossiped or talked about you behind your back," (5) "blamed or criticized you for something that wasn't your fault," (6) "gave you unclear directions about work you need to do," and (7) "did not do the work that needed to be done or did it in a sloppy or incompetent way." Response choices are "never" (coded 0), "rarely" (1), "sometimes" (2), and "frequently" (3). We averaged the items to create the index ($\alpha = .71$).

Superordinate support. To assess subordinates' experiences of support from superiors in the past 30 days, participants were asked the extent that superiors did the following: (1) "listened to your ideas or opinions," (2) "thanked you for the work you do," (3) "gave you positive feedback, guidance, or advice," and (4) "said or did something that made you feel pride in your work." Response choices are "never" (coded 0), "rarely" (1), "sometimes" (2), and "frequently" (3). We averaged these items to create the superordinate support index ($\alpha = .79$).

Job dissatisfaction. One item asks participants, "How satisfied do you feel with your job?" Response choices are coded such that higher scores indicate higher levels of job dissatisfaction: "very much satisfied" (coded 1), "quite a bit" (2), "somewhat" (3), and "not at all" (4).

Basic control measures. All analyses control for age, race, marital status and education (but are excluded from the regression tables to conserve space). Age is measured in years. We contrast non-Hispanic white with African Americans and those of "other" race-ethnic background. We contrast those who are currently married (coded 1) with all others for our measure of marital status (coded 0). We measure education as less than high school (coded 1), high school graduate/GED (2), specialized (vocational) training (3), some college but no degree earned (4), associate's degree (2-year) (5), college graduate (B.A. or B.S.) (6), and post graduate with advanced degree (e.g., M.A., Ph.D.) (coded 7). Table 1 shows the descriptive statistics for all of the measures.

Plan of Analyses

We use ordinary least squares (OLS) regression analyses to assess our hypothesized focal associations. We conducted analyses separately for men (Table 2) and women (Table 3) because of expectations about gender differences. In separate analyses (not shown), we pooled the sample and tested for gender interactions (i.e., gender × female superordinate). Coefficients shown in bold type in Tables 2 and 3 indicate that we observed statistically significant gender interaction effects (more details later). In the two tables that present regression results, model 1 regresses the focal dependent variable—psychological distress or physical symp-

TABLE 1. Descriptive Statistics for Study Variables

	Men (N = 444)	Women (N = 651)	Total (N = 1,095)
Focal Dependent Measures			
Psychological Distress	1.375***	1.964	1.725
Physical Symptoms	1.376***	1.951	1.718
Focal Comparisons			
Male Superordinate	.709***	.316	.475
Female Superordinate	.175***	.508	.373
Gender-Mixed Superordinates	.114**	.175	.150
Focal Control Measures			
Professional Occupation	.268	.305	.290
Administrative Occupation	.274***	.454	.381
Service Occupation	.139	.178	.162
Craft Occupation	.141***	.012	.064
Labor Occupation	.175***	.049	.100
For-Profit Sector	.664*	.588	.619
Government Sector	.211	.238	.227
Non-Profit Sector	.076*	.124	.105
Self-Employed/Family Business	.047	.049	.048
Job Tenure	6.060	5.800	5.905
Work Hours	45.916***	39.550	42.132
Job Authority	1.011***	.715	.835
Nonroutine Work	2.912	2.852	2.876
Demanding Work	.018	–.009	.002
Noxiousness Work	2.558***	2.334	2.425
Job Insecurity	.265	.216	.236
Personal Income	54.248***	37.105	44.056
Superordinate Conflict	1.819	1.699	1.748
Superordinate Support	5.608	5.682	5.652
Job Dissatisfaction	1.961	1.920	1.936
Basic Control Measures			
Age	43.065	43.931	43.580
Married	.612**	.522	.558
White	.772**	.700	.729
African American	.139	.184	.166
Education	5.263	5.299	5.284

Note: * $p < .05$; ** $p < .01$; *** $p < .001$ (mean difference between men and women; two-tailed test).

toms—on the focal comparisons between workers with a male superior and those with a female superior or with gender-mixed superordinates. In subsequent models, we adjust for occupation, job sector, and work conditions (model 2) and the quality of relationships with superordinates and job dissatisfaction (model 3).

RESULTS

Findings among Men

The first three columns in Table 2 show the results for models with distress as the focal dependent variable. Model 1 indicates that men with a female superior and those with a male superior do not differ in levels of

TABLE 2. Distress or Physical Symptoms Regressed on Superordinate Contrasts and Focal Controls (Men Only; *N* = 444)

	Psychological Distress			Physical Symptoms		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Focal Comparisons						
Female Superordinate[a]	.050	–.013	–.143	**–.037**	**–.026**	**–.114**
	(.251)	(.239)	(.220)	(.188)	(.170)	(.167)
Gender-Mixed Superordinates[a]	**–.462***	**–.471***	**–.456***	**–.471***	**–.500****	**–.493****
	(.222)	(.237)	(.225)	(.185)	(.186)	(.173)
Focal Control Measures						
Administrative[b]		–.137	–.125		–.160	–.147
		(.228)	(.208)		(.191)	(.179)
Service[b]		–.360	–.230		–.588*	–.496*
		(.271)	(.249)		(.228)	(.209)
Craft[b]		–.136	–.182		–.323	–.353
		(.341)	(.303)		(.287)	(.262)
Labor[b]		–.078	.025		–.627*	–.543*
		(.301)	(.282)		(.251)	(.237)
Government[c]		–.313*	–.232		–.132	–.076
		(.154)	(.159)		(.140)	(.133)
Non-Profit[c]		.019	.103		–.012	.043
		(.272)	(.261)		(.217)	(.224)
Self-Employed/Family Business[c]		.011	.022		.034	.031
		(.264)	(.291)		(.321)	(.306)
Job Tenure		–.017	–.015		–.033*	–.033*
		(.019)	(.018)		(.017)	(.016)
Work Hours		–.010	–.008		–.002	–.001
		(.006)	(.005)		(.006)	(.006)
Job Authority		–.021	–.048		.022	.005
		(.060)	(.056)		(.057)	(.055)
Nonroutine Work		–.742***	–.311		–.608***	–.368*
		(.146)	(.170)		(.123)	(.147)
Demanding Work		.312*	.177		.157	.059
		(.139)	(.123)		(.104)	(.099)
Noxiousness Work		.097	–.020		.328***	.242**
		(.081)	(.077)		(.076)	(.077)
Job Insecurity		.182	.039		.139	.053
		(.169)	(.134)		(.118)	(.111)
Personal Income		.002	.002		.001	.001
		(.003)	(.003)		(.002)	(.002)
Superordinate Conflict			.130**			.099**
			(.044)			(.035)
Superordinate Support			.004			.016
			(.021)			(.017)
Job Dissatisfaction			.439**			.262*
			(.164)			(.127)
Constant	1.467	3.982	1.904	1.563	2.969	1.698
R-Square	.059	.165	.280	.046	.195	.255

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed test).
[a] Compared to male superordinate.
[b] Compared to professional occupations.
[c] Compared to for-profit sector.
Note: Unstandardized regression coefficients, with standard errors in parentheses. Coefficients in bold indicate a statistically significant difference between women and men.

distress. However, men who have gender-mixed superordinates report significantly less distress than men with a male superior. As shown in model 2, individuals who work in the for-profit sector report more distress than those in the government sector. Nonroutine work is associated negatively with distress, while demanding work is associated positively with distress. In model 3, conflict with superiors and job dissatisfaction are associated positively with distress. These adjustments, however, fail to account for the differences among superordinate comparisons observed in model 1. Finally, although not part of our focal associations, several other patterns deserve brief mention. Men in the government sector report less distress because of their lower levels of interpersonal conflict compared to men in the private sector. Likewise, nonroutine work is associated with less distress because it also tends to be associated with less job dissatisfaction. Finally, demanding work is associated with more distress because of its positive association with job dissatisfaction and conflict with superiors.

The last three columns in Table 2 show the results for models with physical symptoms as the focal dependent variable. Model 1 indicates that men with a female superior and those with a male superior do not differ in levels of physical symptoms. By contrast, however, men with gender-mixed superordinates report fewer physical symptoms. As shown in model 2, men in professional occupations report more physical symptoms than men in service and labor jobs. Nonroutine work and job tenure are associated negatively with physical symptoms; noxious work is associated positively with symptoms. Separate analyses (not shown) indicate that nonroutine and noxious work function as suppressors of the differences between professionals and these occupation groups. Specifically, the differences in symptoms between professionals versus service and labor occupations do not appear until we account for professionals' higher levels of nonroutine work and lower levels of noxious work. In model 3, conflict with superiors and job dissatisfaction are associated positively with physical symptoms. Taken together, however, these adjustments have little influence on the comparisons established in model 1.

In sum, men with one male superior do not differ from those with one female superior in levels of distress or physical symptoms. By contrast, men who work with one male *and* one female superior (the "gender-mixed superordinate" scenario) report lower levels of distress and physical symptoms than men who work with one male superior—net of occupation, job sector, and an array of work-related conditions.

Findings among Women

As shown in model 1 of Table 3, women with a female superior and those in gender-mixed superordinate contexts report more distress compared to women who work with a male superior. In model 2, job tenure and nonroutine work are associated negatively with distress; demanding work and job insecurity are associated positively with distress. Separate analyses (not shown) indicate that women with a female superior and those with gender-mixed superordinates report shorter tenures than women with a male superior. This contributes to the disparities in distress across superordinate comparisons shown in model 1 and reduces the gender-mixed coefficient to nonsignificance. In model 3, conflict with superiors is associated positively with distress; however, conflict does not vary across superordinate groups. Thus, its inclusion in model 3 has little influence on the differences that were observed in model 2. Also, among the peripheral findings, it is noteworthy that women with longer job tenures and nonroutine work report less distress because they experience less conflict with superiors.

The last three columns in Table 3 show the results for physical symptoms. Model 1 indicates that, compared to those who work with a male superior, women with one female superior or in gender-mixed superordinate contexts report more physical symptoms. In model 2, job tenure is associated negatively with physical symptoms; demanding work, noxious work, and job insecurity are associated positively with physical symptoms. Relative to women with a male superior, the shorter tenure among women with female superiors or in gender-mixed superordinate contexts contributes to their higher levels of physical symptoms. Likewise, in model 3, conflict with superiors is associated positively with physical symptoms. Taken together, however, these adjustments have little additional influence on the focal comparisons established in model 2. As we observed for distress, women with longer job tenures report fewer physical symptoms because they experience less conflict with superiors.[4]

TABLE 3. Distress or Physical Symptoms Regressed on Superordinate Contrasts and Focal Controls (Women Only; *N* = 651)

	Psychological Distress			Physical Symptoms		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Focal Comparisons						
Female Superordinate[a]	.388*	.319*	.336*	**.424****	**.390****	**.404****
	(.157)	(.148)	(.146)	(.139)	(.138)	(.138)
Gender-Mixed Superordinates[a]	**.470***	**.397**	**.370**	**.373***	**.285**	**.259**
	(.221)	(.202)	(.191)	(.180)	(.176)	(.175)
Focal Control Measures						
Administrative[b]		.075	.109		.010	.035
		(.190)	(.186)		(.142)	(.140)
Service[b]		.397	.441		.345	.378
		(.233)	(.229)		(.212)	(.208)
Craft[b]		–.537	–.395		–.907	–.813
		(.711)	(.672)		(.508)	(.490)
Labor[b]		–.703	–.544		–.102	.016
		(.402)	(.389)		(.403)	(.406)
Government[c]		.004	.093		.090	.161
		(.175)	(.177)		(.145)	(.142)
Non-Profit[c]		–.097	–.084		–.060	–.049
		(.237)	(.232)		(.173)	(.164)
Self-Employed/Family Business[c]		.261	.301		.271	.307
		(.258)	(.247)		(.352)	(.352)
Job Tenure		–.051**	–.038		–.036*	–.026
		(.020)	(.019)		(.018)	(.018)
Work Hours		.008	.007		.004	.004
		(.006)	(.006)		(.006)	(.006)
Job Authority		.052	.053		.033	.034
		(.065)	(.064)		(.055)	(.055)
Nonroutine Work		–.412*	–.197		–.192	–.043
		(.161)	(.191)		(.139)	(.141)
Demanding Work		.598***	.466***		.366***	.257**
		(.098)	(.105)		(.081)	(.082)
Noxiousness Work		.127	.115		.247*	.239*
		(.109)	(.109)		(.099)	(.097)
Job Insecurity		.473**	.437**		.406*	.379*
		(.173)	(.167)		(.160)	(.157)
Personal Income		.000	.000		.001	.001
		(.003)	(.003)		(.003)	(.003)
Superordinate Conflict			.095**			.085**
			(.033)			(.026)
Superordinate Support			–.022			–.016
			(.021)			(.016)
Job Dissatisfaction			.174			.105
			(.101)			(.078)
Constant	1.848	2.604	1.453	1.803	1.662	.843
R-Square	.065	.209	.243	.065	.177	.208

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed test).
[a] Compared to male superordinate.
[b] Compared to professional occupations.
[c] Compared to for-profit sector.
Note: Unstandardized regression coefficients, with standard errors in parentheses. Coefficients in bold indicate a statistically significant difference between women and men.

Assessing Gender Differences

In additional analyses (not shown), we pooled women and men into one sample and tested for statistically significant gender interactions: gender × female subordinate and gender × gender-mixed subordinates. We identify statistically significant differences in bold font in Tables 2 and 3. Specifically, we found a significant gender × gender-mixed superordinates coefficient, which indicates that the difference between women and men in gender-mixed superordinate contexts is significant for both distress and physical symptoms. To reiterate, compared to those who work with a male superior, men with gender-mixed superiors re-

port less distress and fewer physical symptoms. By contrast, women in gender-mixed superordinate contexts report higher levels of distress and more symptoms. We also found that the gender × female subordinate interaction is statistically significant, but only for physical symptoms.[5]

DISCUSSION

In our analysis of relational demography in the workplace and health, two main contributions emerge: (1) We document the relevance of superordinates' gender for levels of psychological distress and physical symptoms among subordinates; and (2) We describe the ways that subordinates' gender functions as an effect modifier. First and foremost, our observations underscore the importance of considering the gender of *both* subordinates and superordinates. We discuss each set of findings below, describing their connections to our hypotheses and their implications for the similarity and dissimilarity hypotheses and the variants of those views. We also outline directions for future investigations that would further elaborate on our findings.

According to the similarity hypothesis, gender similarities among subordinates and their superiors should be associated with more favorable levels of health among subordinates. By contrast, the dissimilarity hypothesis predicts poorer health among subordinates with different genders than their superiors. Our observations do not provide clear support for either view. For example, we found that men with a female superior share similar levels of distress and physical symptoms as men with a male superior. Likewise, we also found that women with a female superior reported more distress and physical symptoms than women with a male superior. Collectively, these findings challenge both the similarity and dissimilarity hypotheses and underscore the need for other theoretical ideas that might illuminate the patterns.

We draw upon the ideas of expectation states and role congruity theories to guide our elaboration and refinement of the similarity-dissimilarity perspective. Based on role congruent dynamics and the claims of legitimacy in relational norms for male leaders, we predicted that the health disadvantages of dissimilarity in the female subordinate-male superior dyad would be attenuated. Our observations are consistent with this notion. The role incongruent thesis also predicted that the health advantages of similarity in the female subordinate-female superior dyad should be attenuated. The findings seem to corroborate that claim: Women with a female superior report more distress and physical symptoms. Role congruity theory provides insights that might help explain that pattern. In the "double bind," women superiors encounter conflicting roles that expect simultaneous deployment of leader and feminine attributes (Eagly and Karau 2002). Evidence shows that women leaders are often disadvantaged in more masculine role scenarios; that is, the greater the role incongruence the more unfavorably women leaders are rated on attributes such as effectiveness or competence (Eagly, Karau, and Makhijani 1995). Moreover, Ridgeway (2001) has articulated the tension between expectations surrounding traditional gender roles and exercising authority:

> . . . when women assert authority over others they violate the essential hierarchical element of gender status beliefs. This violation may provoke negative reactions and resistance to their efforts. (P. 648)

Women superordinates may be aware of these incongruent expectations and compensate by acting more aggressively towards female subordinates (Ely 1994). Collectively, the vast bulk of existing theory yields the controversial notion that working under female superordinates is especially disadvantageous for women. Much has been written about successful women shedding their feminine identity in order to navigate the challenges of higher status positions. Many scholars have speculated that these processes often represent significant sources of stress for subordinate women. Moreover, the *expectations* of social support may be especially relevant here. The similarity-attraction paradigm posits that the shared gender of female subordinates and superordinates should trump the effects of work status dissimilarities or deviations from relational norms (i.e., "leader = male"). Despite role incongruities, the communal stereotype implies that women superordinates *should* provide especially supportive environments for subordinate women. However, countercurrents may prevail if women "manage like men" in ways that disappoint subordinate women. Even more problematic is the notion that junior women are less likely to respect senior women because—as expectation states and role incongruity theories suggest—women are viewed less favor-

ably and with less legitimacy when they hold leadership positions. Although data limitations constrain our ability to document these dynamics, the next step is to establish whether or not these processes—including perceived legitimacy, intragender competition, and expected versus received support—contribute to stress and unfavorable health outcomes among women with female superiors.

While the comparisons of individuals working with only one male or female superior are provocative, we also found complex patterns among those working with one male and one female (the "gender-mixed" superordinate context). Male subordinates in this context reported lower levels of distress and physical symptoms than their male counterparts with a male superior, net of occupation, job sector, and an array of work-related conditions. By contrast, female subordinates in gender-mixed superordinate contexts reported higher levels of distress and physical symptoms than women with a male superior. These patterns underscore the inadequacies of the similarity-dissimilarity thesis. Unexpectedly, however, we found that the inclusion of job tenure contributes to these differences. Women in gender-mixed superordinate contexts tend to report shorter job tenures, and shorter tenures are associated with more distress and physical symptoms. This finding undermines claims about more complex influences of social and cultural complexities of gender in leadership and power dynamics.

As we have noted, most theory and evidence on this topic focuses on *overall* demographic dissimilarities or diversity in the workplace. The few studies that have focused on subordinate–superordinate relations usually examine dyads in specific workplace organizations and have primarily assessed outcomes like workers' attitudes, job performance, and turnover. The general conclusion of that research is that dissimilarities or demographic diversity in the workplace are associated with deleterious personal and social outcomes. These ideas are consistent with the similarity-attraction thesis: Similarities are preferred among workers while dissimilarities breed discontent. Our findings challenge those ideas as oversimplifying the complexity of the role-set. The dynamics in subordinate–superordinate relationships provide a unique set of insights into workers' well-being. Yet, our research is limited: We do not have information about subordinates' evaluations and appraisals of *both* male and female superiors. Future research should assess subordinates' perceptions of competence, legitimacy, conflict, support, and satisfaction of *each* superior in gender-mixed contexts. Moreover, it would be useful to know more about the quality of the relationships between male and female superiors (from subordinates' perspective) and the relative position of each in the status hierarchy at work.

Several other limitations deserve brief mention. Although we do not explicitly discuss causality, our analyses are framed around an assumption that the gender of the superordinate–subordinate role-set influences health. It is plausible that causality runs in the opposite direction: Individuals with poorer health could be more likely to select into subordinate positions. In our view, this direction is less tenable. Given our observations, selection bias would also result in individuals in poorer health being more likely to select into subordinate positions within female or gender-mixed superordinate contexts (since these conditions are associated with the poorest health among women). We cannot think of a compelling reason why individuals in poor health would be less likely to select into subordinate work roles within men-only superordinate contexts. By contrast, there are clearer theoretical and empirical arguments for social-structural influences on health rather than the reverse. In addition, supplemental analyses found no health differences between individuals with and without superordinates; likewise, health differences between those who have subordinates and those who do not are insignificant. These patterns concur with Mirowsky and Ross's (2003) observation that job authority is unrelated to health. Nonetheless, longitudinal data could more accurately determine the causal mechanisms in our focal associations.

Selection may account for the finding that women with a male superior have better health than those with a female superior. Those with more distress and physical symptoms may select into less-challenging positions. Structural arrangements that have tended to reserve better jobs for men may imply that jobs with male supervisors also tend to have other favorable conditions (e.g., prestige, pay). The healthy may be more able to strive for those positions, while someone in ill health may find it difficult to search for or to be hired in such a job. However, it is more puzzling why women in poorer

health would select into gender-mixed supervisory conditions. This is an area of research that deserves much more detailed attention.

CONCLUSION

In sum, sociologists of mental health have long underscored the relevance of the quality of role conditions for stress and health (Pearlin 1999). It seems reasonable to extend that tradition to study the relevance of relational demography in the workplace for individuals' well-being. In the present work, we offer preliminary steps toward that effort, and we discover that the gender composition of the superordinate–subordinate role-set matters differently for the health and well-being of women and men subordinates.

NOTES

1. We wish to emphasize here that we are synthesizing and applying ideas from expectation states and role congruity theories to *inform* the multiple ways that gender of subordinate–superordinate role-sets might influence health, beyond those predicted by the similarity-attraction thesis. It is important to underscore that we are *not* explicitly testing the numerous processes or mechanisms embedded in these theories. That effort would require data well beyond those available to us. Nonetheless, we outline ways that the concepts and evidence associated with expectation states and role congruity theories yield insights for our analytical framework.
2. To obtain the sample, we used a list-assisted random digit dialing selection drawn proportionally from all 50 states from GENESYS Sampling Systems. The sampling approach employed the list + 1 method, which tends to yield a higher proportion of productive numbers (Lepkowski 1988). List-assisted random digit dialing is widely accepted now by most social survey research organizations as a cost-effective alternative to the pure random digit dialing methods originally developed by Waksberg (1978). List-assisted random digit dialing increases the probability of encountering residential numbers while minimizing the biases often associated with non-traditional random digit dialing techniques. For our study, GENESYS generated a sample from 50 states that was drawn in proportion to the distribution of households. The total sample was based on the following four criteria: (1) telephone numbers associated with residential households, (2) households agreeing to answer the screening questions, (3) successfully screened households that have one or more adult members who are currently working, and (4) eligible households with a subsampled adult who agreed to participate in the interview.
3. In the sample of 1,537, 8 percent of those who reported having a superior had three superiors, and 6 percent reported more than three superiors. We decided to focus exclusively on individuals with one superior or gender-mixed superiors (one of each) in order to minimize the variation embedded in more complicated subordinate–subordinate role-sets. However, later we report comparisons between gender-mixed contexts and those with two superiors of the same gender.
4. Some readers may wonder about women and men who work with two same-gender superiors. Separate analyses (not shown) indicate that women with two female *or* two male superiors do not differ significantly from women who work with one male superior in distress and physical symptoms. Likewise, men with two male superiors do not differ significantly from males with one male superior in distress and physical symptoms. However, compared to men with one male superior, men with two female superiors report significantly lower levels of distress. These comparisons were excluded from the focal associations reported in Tables 2 and 3 because of small cell sizes and elevated standard errors, which undermine our confidence in the estimates. For example, while it is interesting that men working with two female superiors report less distress than those working with one male superior, there are only 11 men with two female superiors. Future investigations of the effects of having multiple same-gender superiors can provide valuable information and credible comparisons if a larger sample can be obtained.
5. Although it is beyond the scope of this article, we recognize that some readers may suspect that gender composition of coworkers, clients/customers, and subordinates also has relevance for workers' health. In numerous additional analyses (not shown) of workers who reported having coworkers, subordinates, and customers/clients, we

compared workers in all-male contexts within each scenario to those with all-female or gender-mixed compositions in each respective role-set. However, none of these contrasts revealed statistically significant disparities in levels of distress or physical symptoms (full analyses available from the authors upon request). These patterns further underscore our earlier assertions about the importance of relational demography within the superordinate–subordinate role-set.

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