Despotic Leadership, Work Withdrawal Behavior, and Acquiescent Silence

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Received: 01 November 2024, **Accepted:** 17 November 2024, **Published:** 18 November 2024

Abstract

Background: Despotic leadership fosters a negative work environment, leading to work withdrawal behavior and acquiescent silence as employees disengage to avoid conflict or retaliation. **The aim of study was** to assess the relationship between despotic leadership, work withdrawal behavior, and acquiescent silence. **Research design:** A descriptive correlational research design was used to conduct the study. **Setting.** The study was conducted at El-Mabara hospital for health insurance. **Study Subjects:** A Convenience sample was taken from all staff nurses available at the time of data collection the total number of nurse (393). **Tools:** Three tools were used to conduct the study; despotic leadership scale, work withdrawal behavior scale, and acquiescent silence scale. **Results**: In the light of the main study results; it was found that the nurses generally perceived a moderate level of despotic leadership, low levels of work withdrawal behaviors, and high level of acquiescent silence. **Conclusion:** there was statistically significant and negative correlation between despotic leadership, work withdrawal behavior, and acquiescent silence. **Recommendations:** Promote positive leadership: implement continuous training for leaders and managers on transformational and ethical leadership practices to reduce the prevalence of despotic behaviors

Keywords: *Acquiescent Silence, Despotic leadership ,Work Withdrawal Behavior.*

Introduction

Despotic leadership is a style of management where leaders exercise absolute control over their subordinates, often disregarding ethical considerations, employee well-being and organizational justice. In nursing, where teamwork and ethical decision-making are important, despotic leadership can create a toxic work environment. Nurses working under such leadership often feel undervalued, experience excessive pressure and struggle with a lack of autonomy in patient care. This can lead to increased stress and dissatisfaction, negatively affecting both individual performance and patient outcomes **(Mukarram et al., 2021).**

One of the most concerning consequences of despotic leadership in nursing is its impact on work motivation and job engagement. When nurses feel powerless under authoritarian leadership, their intrinsic motivation diminishes and they may develop negative attitudes toward their work. Instead of feeling inspired to provide compassionate care, they may perceive their role as merely task-driven, devoid of professional fulfillment. Over time, this creates emotional exhaustion, which can lead to burnout, increased absenteeism and high turnover rates in healthcare organizations **(Jabeen & Rahim, 2021).**

Despotic leadership is frequently linked to heightened stress and dissatisfaction among nurses, which often contributes to increased work withdrawal behaviors such as absenteeism and turnover. Work withdrawal in nursing encompasses both actions and attitudes that signal disengagement or emotional detachment from the workplace. These behaviors may manifest through absenteeism, lateness, reduced productivity, lack of initiative, higher turnover, emotional exhaustion, acquiescent silence, and diminished job satisfaction. Such patterns not only undermine nurses' well-being but also negatively impact patient care and overall organizational performance **(Roshida et al., 2023).**

Despotic leadership also fosters an atmosphere of fear and silence among nurses. When leaders do not encourage open communication, employees may hesitate to voice their concerns, even when patient safety is at risk. This reluctance to speak up is often linked to Acquiescent Silence, a form of employee silence where individuals withhold their opinions or concerns due to fear of negative consequences. The connection between despotic leadership and acquiescent silence is particularly critical in nursing, as effective patient care relies on a culture of transparency, collaboration and open communication among healthcare professionals **(Ahmad et al., 2023; Xu et al., 2024).**

Acquiescent silence occurs when employees deliberately withhold information, suggestions or concerns because they feel powerless or fear retribution. In nursing, this silence can have severe consequences, as it may prevent the reporting of medical errors, unsafe working conditions or unethical practices. Nurses who work in an environment dominated by despotic leadership often choose silence over confrontation, prioritizing self-preservation over organizational improvement. This behavior can compromise patient safety and hinder efforts to enhance healthcare quality **(Andrieu et al., 2024).**

Furthermore, acquiescent silence erodes trust between nurses and hospital administration. In workplaces where nurses feel unheard, the organizational culture deteriorates, leading to feelings of alienation and detachment. This lack of trust further exacerbates the issue of work withdrawal behavior, where employees mentally and emotionally disengage from their duties, eventually considering leaving the organization. The combination of despotic leadership, acquiescent silence and work withdrawal behavior creates a vicious cycle that negatively impacts both employee well-being and patient care outcomes **(El-Sayed et al., 2024).**

Significance of the study

Nurses encounter numerous challenges and barriers that not only adversely affect the nursing care they deliver to patients but also impact their psychological well-being. Among these issues is despotic leadership. Despotic leadership in nursing can have a range of negative effects on both nurses and the healthcare organization as a whole **(Song et al., 2022).**

Despotic leadership can hinder career advancement opportunities for nurses, leading to work withdrawal behavior, acquiescent silence. Recognizing and addressing this issue can result in better retention rates, higher levels of nurse satisfaction, and a more skilled and experienced nursing workforce **(Iqbal et al., 2022).**

In different studies, despotic leadership has been positively related to acquiescent silence **(Xu et al., 2014).**Therefore the despotic behaviors of the leaders tend to disengage employees from work **(Manafzadeh et al., 2018).**

Due to this employees intentionally choose to stay silent and hide valuable information and ideas that could have a major impact on the business **(Adeel & Muhammad,2017; Erkutlu & Chafra, 2019b; Martins & Schilpzand, 2001; Martono et al.,2020).** There is a scarcity of studies conducted to assess despotic leadership among nurses in Egypt. So, our study aims to assess the relationship between despotic leadership, work withdrawal behavior, and acquiescent silence.

Aim of the study

The aim of the study is to assess the relationship between despotic leadership, work withdrawal behavior, and acquiescent silence among nurses at El-Mabara hospital.

Research Question:

- What are the perception of despotic leadership among nurses?
- What are the level of work withdrawal behavior among nurses?
- What are the level of acquiescent silence among nurses?
- Are there the relationship between despotic leadership, work withdrawal behavior, and acquiescent silence?

Subjects and Methods

A. Research-design:

A descriptive correlational study design was used to achieve the aim of the study

B. Setting:

The study was conducted at El-Mabara hospital For Health Insurance in Zagazig city include six floors with bed capacity 300 beds and number of hospital entrances: 5 entrances.

El-Mabara Hospital is a multi-specialty healthcare government facility that provides a wide range of medical services to patients from various regions. The hospital comprises several floors, each dedicated to specific departments and medical specialties,.

C. Subjects:

A Convenience sample of all available staff nurses at the time of data collection the total number of nurse (393) at El-Mabara hospital for health insurance according to the following inclusion criteria:

All nurses available at time of data collection

- Both gender.
- Had at least one year of experience.
- Agree to participate in the study.

D. Tools for data collection:

Three tools will be used for collecting data in this study:

Tool I: Despotic leadership scale: This scale consists of two parts:

- **Part one**: Personal characteristics of nurses, which include: age, gender, years of experience, marital status, department, and educational level of nurses.
- **Part two** : Despotic leadership scale: It was developed by **De Hoogh and Den Hartog (2008).,** to assess nurses' perception about despotic leadership. The scale includes six items (e.g :My leader is punitive, has no pity or compassion)

Scoring system:

The questionnaire originally employed a 5 Likert scale to measure nurses responses, with the options being: totally agree, agree, neutral, disagree, and totally disagree. For the purpose of data analysis and to facilitate interpretation, the scale was recoded into a 3 Likert scale. The new categories included: Agree (combining totally agree and agree), neutral, and disagree (combining totally disagree and disagree).

The scores will be summed and divided by the total score to calculate the nurses' perception level about Despotic leadership. The total score for nursing perception was determined based on cutoff point:

- High: from 3.4 to 5.
- Moderate: from 2.6 to3.39.
- Low: from 1 to 2.59.

Tool II: Work Withdrawal Behavior scale: This tool developed by **Lehman&Simpson, (1992),** to assess nurses' work withdrawal behavior. it will include twelve items grouped under two dimensions: psychological withdrawal behaviors includes eighte items (e.g: thoughts of being absent) physical withdrawal behaviors includes four items (e.g; left work early without permission).

Scoring system:

The original version of the questionnaire employed a 5 likert scale with the response options being: usually, often, sometimes, rarely, and never. for the purpose of simplifying the statistical analysis and facilitating interpretation, the scale was recoded into a 3 likert scale. the new categories were defined as follows: usually (combined usually and often), sometimes and never (combined rarely and never).
The scores of each dimension will be summed and the total divided by the total score to calculate the nurses' level about Work Withdrawal Behavior. The total score for nursing behavior was determined based on cutoff point.

- High: from 3.4 to 5.
- Moderate: from 2.6 to3.39.
- Low: from 1 to 2.59.

Tool III: Acquiescent Silence scale: This tool developed by **Morrison and Millikens (2000)**, to assess the nurses' level of acquiescent silence: It will include 20 items (e.g: I remained silent at work to avoid conflicts).

Scoring system:

The questionnaire originally employed a 5 likert scale to measure participants' responses, with the options being: totally agree, agree, neutral, disagree, and totally disagree. for the purpose of data analysis and to facilitate interpretation, the scale was recoded into a 3 likert scale. The new categories included: agree (combining totally agree and agree), neutral, and disagree (combining totally disagree and disagree).
The scores will be summed and divided by the total score to calculate the nurses' level about acquiescent silence. The total score for nursing behavior was determined based on cutoff point

- High: from 3.4 to 5.
- Moderate: from 2.6 to3.39.
- Low: from 1 to 2.59.

Validity: The questionnaire was translated into Arabic; and then content and face validity were established by a panel of 7 experts (2 professor and 5 assistant professor) at administration department, the Faculty of Nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions, all recommended modifications were performed by the researcher.

Reliability: The reliability of the questionnaire was measured through Cronbach‟s Alpha coefficient for assessing its internal consistency, and it was as the following:

	Cronbach's Alpha	N of Items
Despotic leadership to Organization	0.883	6
Work withdrawal behavior score	0.87	12
Acquiescent silence at work	0.85	20

Pilot study: A pilot study was carried out on 10 % (39) of study subjects to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and nurses were selected randomly and they were excluded from the main study sample.

Field work description:

After securing all official permissions, the researcher started the actual field work. The field work of the study was executed in two months from the beginning of june 2024 and completed at the end of july 2024. The researcher introduced herself to nurses then explained the aim of the study to nurses and invited them to participate. Those who gave their verbal consent to participate were handed the tool form. The researcher was present during the data collection period to explain how to filling the questionnaires,

clarify any ambiguity and answer any questions then the researcher checked each filled questionnaire sheet scale to ensure its completion.

Administrative Design:

Official permissions were obtained from the dean of the Faculty of Nursing, Zagazig University, and approval to conduct the study was obtained from the medical and nursing directors of the hospital after explaining the nature of the study.

Ethical considerations:

The study was approved by ethics committee and dean of the Faculty of Nursing, Zagazig University. Ethical number (M.D.ZU.NUR/206/2024-4-15) Then, a letter containing the aim of the study was directed from the Faculty of Nursing to the medical and nursing administration of the Elmabara hospital for Health Insurance requesting their approval and cooperation for data collection. Consent was established with the completion of the questionnaires. As well, verbal explanation of the nature and aim of the study had been explained to nurses included in the study sample. Likewise, an individual oral consent was received from each participant in the study after explaining the purpose of the study. Nurse were given an opportunity to refuse or to participate, and they were assured that the information would be used confidentially for the research purpose only.

Statistical Design:

All data were collected, tabulated and statistically analyzed using IBM Corp. Released 2015. IBM SPSS Statistics for Windows, Version 23.0. Armonk, NY: IBM Corp. Quantitative data were expressed as the mean ± SD &median (range), and qualitative data were expressed as & (percentage). Percent of categorical variables were compared using Chisquare test.

Pearson' correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 Subject and Methods 70 indicate strong correlation & values near 0 indicate weak correlation. Multiple linear regression is a predictive analysis. Multiple linear regression is used to describe data and to explain the relationship between one dependent continues variable and one or more independent variables. All tests were two sided. P-value < 0.05 was considered statistically significant , p-value ≥ 0.05 was considered statistically insignificant.

Results:

Table (1): Frequency and percentage distribution of the studied nurses according to personal characteristics, (n. *354*). Shows the distribution of the studied nurses according to their socio-demographic data. The participants in the study lie between 21 and 58years old, with a mean age of 33.85, SD ± 5.89 and 52.5% of them have age more than35 years old. Prominent gender was females 80.5%. Most studied nurses were married, 83.9 %. Nursing diploma and technical institute, Bachelor's degree were reported as levels of education among studied nurses (25.4% and 59.3%, 15.3% respectively). The highest reported occupation among the studied nurses was nurse staff (86.2%), while the lowest was head nurse (5.4%).The duration of experience was > 10 years for 52.8%, of studied nurses. According to department affiliated, most of the studied clients affiliated to medicine departments (82.8%) and 17.2% affiliated to surgical departments.

Figure (1): Despotic leadership of organizational level as perceived by studied nurses. It's clear from this figure that the highest percentage of studied nurses (35.6%) reported a moderate level of despotic leadership within their organization..

Figure (2): Work withdrawal behavior level as perceived by studied nurses. The figure illustrates that the majority of nurses (44.9%) demonstrated a low level of withdrawal behaviors.

Figure (3): Acquiescent silence at work level as perceived by studied nurses.

The figure depicts that the highest percentage of studied nurses (47.5%) reported a high level of acquiescent silence.

Table (2): Correlation matrix of despotic leadership to organization, withdrawal score , acquiescent silence at work, organizational career growth.

Shows a positive significant correlation between despotic leadership to organization, work withdrawal behavior score, and acquiescent silence at work, ($p < 0.001$). Also, there was a highly positive statistical correlation between withdrawal score and acquiescent silence at work, ($p < 0.001$).

Table (1): Frequency and percentage distribution of the studied nurses according to personal characteristics, (n. *354*).

	Total	%
Age group		
≤35 years	168	47.5
>35 years	186	52.5
Mean ± SD	33.85±5.89	
median (range)	36.5 (21-58)	
Gender		
Male	69	19.5
Female	285	80.5
marital status		
Single	29	8.2
Married	297	83.9
Widow	11	3.1
Divorced	17	4.8
Education		
nursing diploma	90	25.4
Technical institute	210	59.3
Bachelors	54	15.3
Experience		
<5y	39	11.0
from5y to10y	128	36.2
> than10 y	187	52.8
Occupation		
Nurse staff	305	86.2
Supervisor 'nurses	30	8.5
head' nurses	19	5.4
All medical departments	**293**	**82.8**
intensive care	73	20.6
Emergency	60	16.9
Renal dialysis	43	12.1
Oncology	36	10.2
general medicine	30	8.5
Gynecology	20	5.6
Pediatric intensive care	19	5.4
Burn unit	6	1.7
infection control	6	1.7
All Surgical departments	**61**	**17.2**

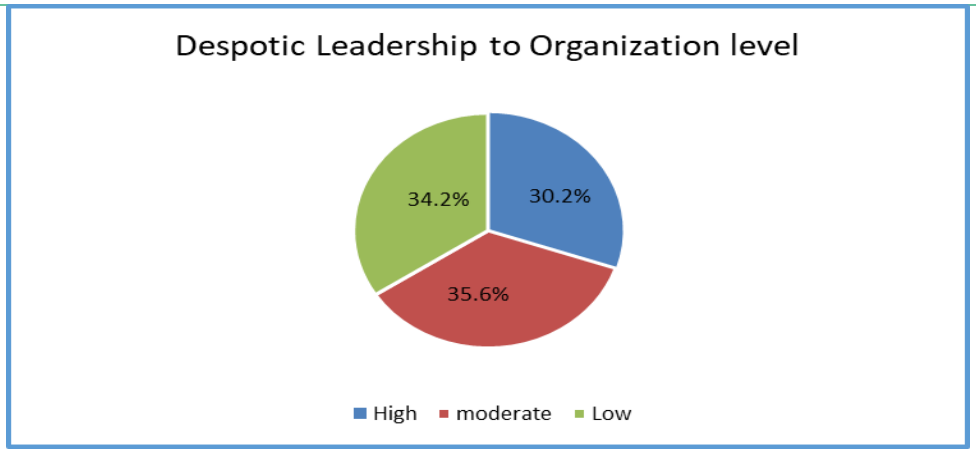

Figure (1): Despotic leadership of organizational level as perceived by studied nurses**.**

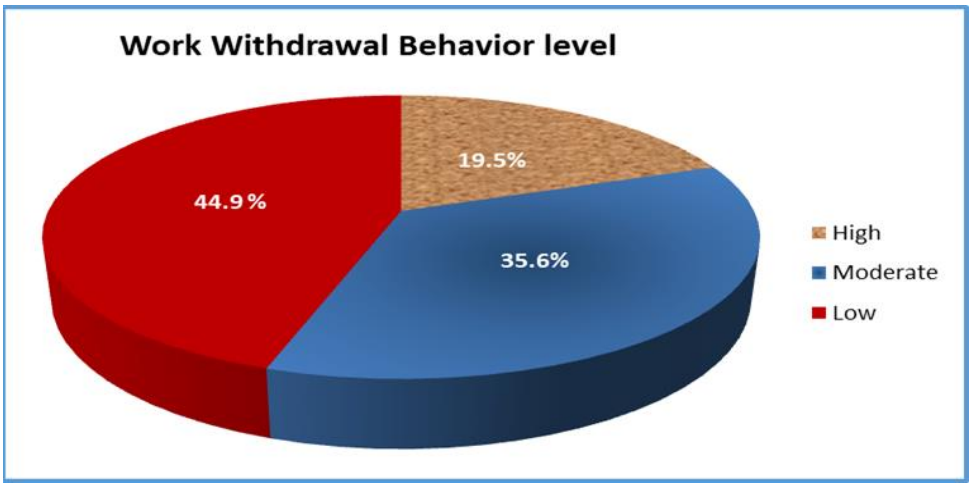

Figure (2): Work withdrawal behavior level as perceived by studied nurses

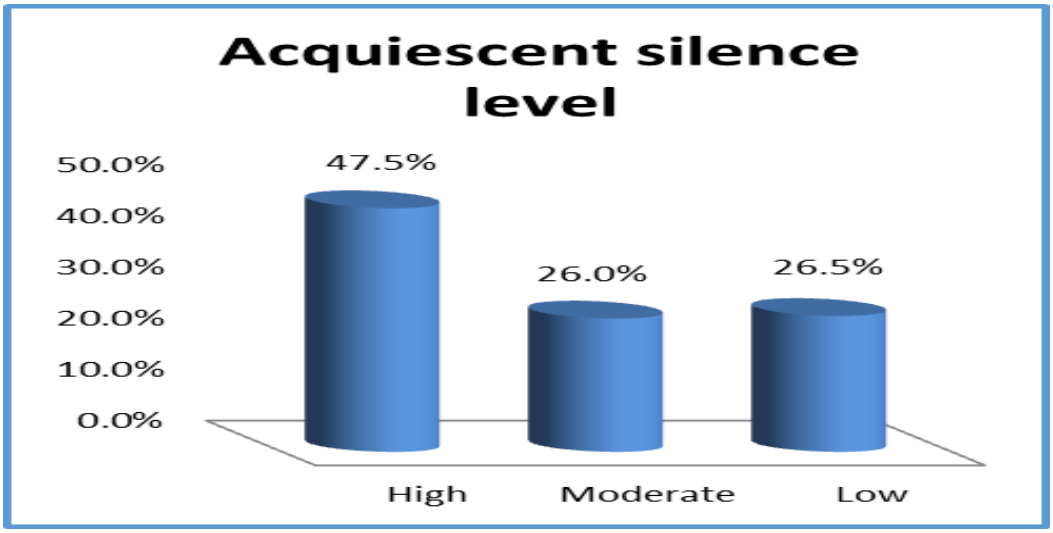

Figure (3): Acquiescent silence at work level as perceived by studied nurses

Table (2): Correlation matrix of despotic leadership to organization, withdrawal score , acquiescent silence at work, organizational career growth

Variables	Despotic leadership to organization		Work withdrawal behavior score		Acquiescent silence at work	
	R	P	r	p	r	P
Despotic leadership to organization score	1					
Work withdrawal behavior score	0.418**	<0.001	1			
Acquiescent silence at work score	0.405**	<0.001	0.604**	<0.001	1	

Discussion:

The destructive leadership literature has gained considerable attention among researchers after the wake of worldwide corporate scandals. Destructive leadership is an enduring issue specifically for organizations as it adversely affects significant workplace outcomes that are critical for effective organizational functioning **(Mackey et al., 2021).** Thus, the work behavior of the workers is of utmost importance. Hence the negative behavior exhibited by the Leaders increases the work withdrawal behavior of the subordinates which results in the overall unfavorable outcome for the organization **(Saeed et al., 2022).**

Abusive leader prompt negative consequences on the work behavior of subordinates. Previous research has specified that under unfavorable circumstances employees often opt to remain silent. Silence is a defensive strategy utilized by an employee to protect their jobs and psychological well-being while working under an abusive leader **(Hewawitharana et al., 2020).** Dynamics of organizations become more and more diverse, there is a greater need for leaders who manipulate their followers to achieve organizational goals and improve their performances **(Nauman et al., 2021).**

Therefore, the aim of this study was to assess the relationship between despotic leadership**,** work withdrawal behavior, acquiescent silence, and organizational career growth.

Personal characteristics of the studied nurses.

In the current study, the studied participants lied between 21 and 58 years old, with a mean age of 33.85, SD ±5.89 and more than half of them had age more than 35 years old. Prominent gender was females among most of them. Also, most of them were married. Nursing diploma and technical institute educations were the most reported levels of education among studied nurses. The most reported occupation was staff nurses. The duration of experience was more than 10 years among more than half of studied nurses. According to department affiliated, most of them affiliated to medicine departments, while less than one fifth of them affiliated to surgical departments.

From the research investigator point of view, the largest proportion of the studied nurses were above 35 years old, this could be due to the fact that this age range lies within the productive age in the workforce in the hospital. In addition, the highest percentage of them was females could be due to the high numbers of students who enter the faculty or school of nursing are females and the main core of nursing occupation is feminists. This result goes in the same line with study done be **Kasi et al., (2020)** who carried out a study in Pakistan about the mediating role of employee voice behavior in the relation between despotic leadership and employee outcomes, and found that the highest percentage of respondents were female and the age group of respondents were ranged between 36-50 among more than half of them.

Likewise**, Chaudhary & Islam, (2023)** their study aimed to examine how negative leadership (despotic leadership) affects employees' psychological distress in Lahore, and noticed that the highest proportion

of the studied participants had technical education and had more than 5 years of work experience. On the other hand, a study performed by **Ghanem et al., (2024)** to explore levels of despotic leadership, supervisor–employee value congruence, and organizational deviance among the studied nurses, in Egypt, and found that the highest percentage of nurses was from 20 to less than 30 years old, were working in surgical units, had nursing diplomas, and had from 1 to <15 years of nursing and unit experience.

Concerning to total despotic leadership level, the present study declared that, all the studied nurses were approximately equal distributed according to despotic leadership level. More than one third of them had moderate it represents the highest level of despotic leadership.

From the research investigator point of view, the relatively equal distribution of nurses across low, moderate, and high levels of despotic leadership might reflect varying managerial approaches and the subjective perception of leadership behaviors by staff. The findings suggest that while a subset of nurses perceives leadership as highly despotic, a similar proportion experiences moderate or low levels, possibly influenced by departmental culture, individual resilience, or variations in direct supervisory styles.

This result was supported by **Ahmed et al., (2021)** whose study aimed to assess effect of despotic leadership on counterproductive behavior, in Pakistan. They stated that nurses perceived a moderate level of despotic leadership as mean ±SD, 16.80±3.01, and concluded that despotic leaders encourage their followers to act in ways that are counterproductive and reduce their sense of respect and value inside the organization. In the same scene, result of study done by **Nauman et al., (2021)** to examine whether employees' job performance could be harmed by despotic supervision through employees' work withdrawal behavior, in Pakistan, and found that the highest percentage of participants reported moderate level of despotic leadership.

Also, a study in Pakistan was congruent with the present study finding, done by **Islam et al., (2024)** to investigate how despotic leadership affects employee well-being through bullying behavior, and they noted that employee perceived their supervisor/leader as despotic. Consistently, a study conducted by **Chaudhary & Islam, (2023)** reported that the studied nurses perceived average level of despotic leadership and pointed out that when nurses perceive their supervisors/leaders involved in despotic behaviors they involve in psychological distress.

On contrary, these findings were contradicted with a study conducted by **Badar et al., (2020)** in New Zealand, to investigate whether two types of destructive leadership styles – despotic and narcissistic – predict turnover intentions of nurses via emotional exhaustion, and stated that despotic leadership was high as perceived by the studied sample. Also, study performed by **Karatuna et al., (2020)** to examine workplace bullying research among nurses with the focus on sources, antecedents, outcomes and coping responses, and reported quite high rates of destructive leader behaviors among the studied sample.

Pertaining the studied nurses' total level of withdrawal behaviors, the current study demonstrated that more than two fifths of them had low level of work withdrawal behavior it represents the highest level and more than one third of them had moderate level, while less than one fifth of them had high level with allover (Mean ±SD) score was (31.77±9.78) and range from 12 to 56.This may be due to the varying degrees of work-related stressors, organizational support, and individual coping mechanisms among nurses, which influence their overall withdrawal behaviors, this result suggests that a significant proportion might be able to maintain engagement and commitment despite workplace challenges, possibly due to supportive environments or personal resilience.

In the same line, a study done by **Khalid et al., (2022)** in Pakistan, who conducted a study to indicate how incivility among supervisors leads to work withdrawal and when this link might be mitigated, it was noticed that the studied sample had low level of work withdrawal behavior. Also, **Thanuja & Nirojan, (2024)** who conducted a study to explore the complex link between the sector (public and private) and employees' withdrawal behavior in Sri Lanka, and stated that a significant portion of nurses may exhibit low to moderate withdrawal behaviors due to factors like ethical climate and organizational commitment.

Also, this result matched with **Ababneh et al., (2023)** who studied the impact of functional withdrawal on organizational commitment as perceived by nurses working in public hospitals in Jordan, and emphasized that work withdrawal behaviors were less prevalent in healthcare settings where nurses had access to professional development and sufficient workplace resources, aligning with the current study's findings.in addition This result was inconsistent with **Khawaja et al., (2021)** who conducted a study in Islamabad to draw new insights into workplace stressors and employee withdrawal behavior, and stated that the highest percentage of the studied participants had high work withdrawal behaviour. They found that workplace stressor significantly related to aggression and employee withdrawal behavior.

Concerning acquiescent silence total level, the current study results reflected that the studied nurses' level of acquiescent silence was high among nearly half of them, with allover (Mean ±SD) score (67.67±20.08) and range from 32 to 99. This may be attributed to the organizational culture and hierarchical structure in healthcare settings which discourage open communication and promote conformity among nurses. In this concern, a study conducted by **Yang et al., (2022)** who carried out a study about organizational silence among hospital nurses in China, and noticed that nurses reported that speaking up is either discouraged or ineffective, leading them to remain silent.

In the same vein, **Pirzada et al., (2020)** who studied employee silence, organizational justice and work engagement, in Pakistan, and affirmed that employees in rigid organizational structures often adopt silence, feeling that their input may be ignored or even lead to negative consequences, reinforcing acquiescence silence across experience levels.

Additionally, the result of the current study was congruent with **El Abdou et al., (2023)**, who conducted a study about organizational silence as perceived by staff nurses and its relation to their self-efficacy, in Egypt, and stated that despite organizational efforts to promote open communication, many nurses still reported high levels of acquiescence silence, particularly around issues concerning administrative decisions, they found that hierarchical structures and fear of negative repercussions were common reasons for this silence, even in institutions claiming to prioritize open dialogue.

On the other hand, **Kaur & Arora, (2023)** who conducted a study to explore the impact of employee silence in private hospitals-a structural equation modeling approach, in India, and argued that factors as personal confidence and supportive leadership can influence the extent to which employees feel comfortable expressing concerns. In work environments, where supportive leadership and open communication are encouraged, nurses may exhibit less acquiescence silence, feeling empowered to voice their opinions.

Also, the finding of **De los Santos et al., (2022)**, who carried out a study to investigate the impact of organizational silence and favoritism on nurse's work outcomes and psychological wellbeing, in Philippines, and reported that nurses demonstrated lower levels of acquiescence silence. They found that nurses were less likely to remain silent on issues related to patient care and staff well-being due to a perceived culture of openness. In contrast, **Parlar et al., (2021)** who studied the effect of organizational silence on the job satisfaction and performance levels of nurses, in Turkey, and reported that when nurses experienced leadership encouragement to speak up, their levels of acquiescence silence significantly decreased.

Correlation between despotic leadership to organization, work withdrawal, and acquiescent silence.

The present study demonstrated that there were positive significant correlations between despotic leadership, work withdrawal behavior, and Acquiescent silence at work. Also, there was highly positive statistical correlation between work withdrawal and acquiescent silence at work. This may be attributed to the interconnected nature of workplace dynamics, where negative leadership styles, such as despotic leadership, create a toxic environment that fosters work withdrawal behavior and acquiescent silence among employees. Such leadership likely diminishes trust, morale, and open communication, lead to disengagement and passive compliance **(Mgbemena, 2022).** Also, when employees perceive opportunities for advancement and professional development, they are less likely to withdraw or remain silent, even in challenging environments. This underscores the importance of fostering positive

leadership and career growth opportunities to counteract workplace negativity **(Xie et al., 2024).**
This result was in accordance with the finding of study in Pakistan, conducted by **Kazmi et al., (2022),** entitled "The Effect of Despotic Leadership on the Employee Work Withdrawal Behavior and Acquiescent Silence" and stated that despotic leadership increases withdrawal behavior and acquiescence in silence among employees. Consistently, **Nauman et al., (2021)** who declared that the harmful effect of despotic leadership on employees' work withdrawal is mitigated when employees have high quality of work-life.
In the same scene, a study conducted by **Martono et al., (2020)** in Spain about the effect of abusive supervision on employee silence, and stated that despotic leadership has been positively related to acquiescent silence. Therefore, the despotic behaviors of the leaders tend to disengage employees from work. Due to this, employees intentionally choose to stay silent and hide valuable information and ideas that could have a major impact on the business. Align with this result, a study by **Islam et al., (2024)** who pointed out that the presence of workplace incivility and despotic leadership in organizations damage the innovative work behavior of employees as they harm the psychological wellbeing of employees.
This finding was parallel with **Bhende et al., (2020)** who conducted a study in India, found that quality of work life has a direct impact on employee job satisfaction. Their findings suggest that when employees have a good work–life balance, they show higher commitment, greater motivation, and improved flexibility in their work.

Conclusion

In the light of the main study results; it can be concluded that the highest percentage of studied nurse had a moderate level of despotic leadership, low level of work withdrawal behavior, high Acquiescent silence level. Additionally, there was statistically significant correlation between despotic Leadership, work withdrawal behavior, and acquiescent silence.

Recommendations

1. Promote Positive Leadership: Implement continuous training for leaders and managers on transformational and ethical leadership practices to reduce the prevalence of despotic behaviors.
2. Foster open communication: establish mechanisms such as anonymous feedback systems or regular team debriefings to encourage nurses to speak up without fear of retaliation.
3. Strengthen psychological support: provide access to counseling services, peer support groups, and stress management programs to help nurses cope with workplace pressures.
4. Implement clear reporting channels: develop and communicate transparent procedures for reporting abusive or unethical leadership behavior, ensuring confidentiality and protection for whistleblowers.
5. Enhance career development: offer structured career advancement paths, mentorship programs, and continuous professional development to increase motivation and retention.
6. Monitor and evaluate leadership behavior: regularly assess leadership effectiveness through staff surveys and performance evaluations, and take corrective actions when necessary.
7. Build a Supportive Organizational Culture: Cultivate a workplace culture that values respect, inclusivity, and employee well-being, which can counteract the negative effects of despotic leadership.
8. Balance Workload and Staffing: Ensure adequate staffing and manageable workloads to reduce physical and psychological strain, which can contribute to withdrawal behaviors

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