



DESPOTIC LEADERSHIP AND JOB SATISFACTION AMONG NURSES: ROLE OF EMOTIONAL EXHAUSTION

Abdul Samad

Muhammad Ali Jinnah University in Karachi, Pakistan

E-mail: dahriabdulsamad@gmail.com

Salman Bashir Memon

Shaheed Benazir Bhutto University, Pakistan

E-mail: salman.bashir@sbbusba.edu.pk

Imdad Ali

Shah Abdul Latif University, Pakistan

E-mail: Imdad.jokhio@salu.edu.pk

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ABSTRACT

Job satisfaction is reported with chronic issues in the healthcare sector. Specifically, in the current milieu of COVID-19 pandemic, a grave attention has been divulged on the support of the healthcare system and wellbeing of paramedic staff. There is a dearth of research on contemporary leadership in the healthcare sector, particularly in developing countries. Objective of this study was to find the direct negative effect of despotic leadership on job satisfaction through emotional exhaustion among nurses based on Affective Events Theory assumptions. Data from a sample of 265 registered nurses was collected through self-administered questionnaire distribution method deployed in public hospitals using stratified random sampling technique. The data analysis results of PLS-SEM support for the assumed effect revealed that emotional exhaustion played the meditation role between despotic leadership and job satisfaction among nurses. This study advances AET theoretical shores, research knowledge, and suggests considering feasible practical implications for HR and government bodies in the public healthcare sector in developing countries.

Keywords: Despotic; leadership; emotional; exhaustion; job satisfaction; Healthcare



1. INTRODUCTION

The healthcare sector not only provides economic expansion opportunities but also serves the basic needs of the country (Samad, Memon & Kumar, 2020). Similarly, Swayne, Duncan, and Ginter (2012) pointed out that the healthcare system is one of the crucial factors for the development and strengthening of, nation's well-being globally, and delivering health care services that meet population needs in developing countries (Mills, 2014).

Following this argument, the satisfaction of health care providers is thus found resourceful for better healthcare services (Alameddine et al., 2017). Such that, satisfied employees on average are 12% to 30% more productive and 10% lower in turnover and 25% lower in unscheduled absences as compared to the rest of the employees. This helps the organization in providing quality patient care (Tzeng, Ketefian & Redman, 2002) retain employees for long and increased job performance as well (Blaauw et al., 2013).

Similarly, the nursing profession has gone through several changes during the last decades (Kraft et al., 2017). Whereas, literature depicts job dissatisfaction is one of the chronic issues among nurses. Accordingly, the component of nurses' 'job satisfaction' in the healthcare sector, in particular, is problematic globally and acquiring importance not only in the 'developed economies' such as the USA but also in 'under-developed' economies such as Rwanda, Philippines, Ghana, Malaysia, India, and Thailand (Hamid et al., 2014; Mills, 2014; Shipley, 2015; Atefi, Abdullah & Wong, 2016; Shah et al., 2018). Specifically, for the healthcare sector, the reduced 'job satisfaction' amid nurses have shown hefty financial outcomes. For example, the annual financial loss reckoned at \$4.4 million to a 300-bed hospital due to the dissatisfied employees (Kerfoot, 2015).

However, the impact of nurses' job satisfaction issues in healthcare leads to growing concerns for the 'under-developed economies' like Pakistan, where the condition is more desperate. Ironically, the healthcare sector of Pakistan is not well equipped, resourced, and established particularly, the local dispensaries and basic health units (Ariff et al., 2010). This is reflected in the reluctance of patients utilizing public facilities (Mansoor, 2013) and also affects hospital profitability. A similar concern was recently reported by Jafree (2017) that lack in quality care in existing public 'healthcare hospitals' of Pakistan, where 'nurses' were extremely discontented with their jobs (Tasneem et al., 2018).

As 'job satisfaction' continues changing over time, it is very important to assess and keep monitoring (Coomber & Barriball, 2007). In line with the argument, Francis (2016)



reported many negative factors are linked with low levels of 'job satisfaction' within the healthcare field that are encountered by registered nurses in their day-to-day work. Recently, AMN Healthcare (2017) surveys have reported registered nurses to have mixed feelings regarding job satisfaction and were worried about their choice of career, as nursing has deteriorated them physically and mentally, which needs findings to explore the key culprits of job dissatisfaction among nurses.

According to AMN Healthcare (2017) reveals that 82% of registered nurses reported that leadership is indeed the call of the time in terms of quantity and quality. Subsequently, this notion is firmly associated, in a survey (HR in ASIA, 2016) by Chook, for employee job satisfaction that is directly affected by the behavior of their leaders in the workplace. Importantly, leaders have the power to change the perceptions of followers (Piccolo & Colquitt, 2006) through their behavior. Whereas, literature in this regard depicts an unseen and ignored negative effects of leadership (De Hoogh & Den Hartog, 2008) particularly, despotic leadership on job satisfaction among nurses in Pakistan is still in dark to the scholarly world.

In the local context so far, only two recent studies have pointed to dark features of despotic leadership. For example, the first study by Naseer, Raja, Syed, Donia, and Darr (2016) examined 480 professionals from telecom, banking and education sector for the effect of despotic leadership on performance, organizational citizenship behavior and creativity, supported by leader-member exchange theory, and reported the negative influence of despotic leadership.

Accordingly, leadership effect on job satisfaction may vary according to the leadership style and a weaker relationship was also reported by (Voon et al., 2011) directing to a mediating variable between direct effect of leadership and job satisfaction. Likewise, Nauman, Fatima, and Haq (2018) also reported a negative effect of despotic leadership among 224 booksellers, on work-family conflict through emotional exhaustion. While these findings lack evidence from the healthcare sector and literature is silent over the relationship between despotic leadership effects on job satisfaction among nurses. For which this study is potentially important in the local context of Pakistan.

Moreover, emotional exhaustion in various studies played a mediating role. Whereas; literature confirms the mediating role of 'emotional exhaustion' that many stressor variables were not significantly related to emotional exhaustion (Khokhar et al., 2016). Also, literature



indicated that ‘emotional exhaustion’ provides arguable effect as a mediator which calls for further research attention.

For example, Knudsen, Ducharme, and Roman (2009) reported partial instead of full mediation assumption of emotional exhaustion between job resources and turn over. Similarly, Tayfur, Bayhan Karapinar, and Metin Camgoz, (2013) reported weak mediation of ‘emotional exhaustion’ between ‘distributive justice’ and turnover, proposing for more assessments. Therefore, a new mediational aspect of emotional exhaustion is assumed in this study between the relationship of despotic leadership and job satisfaction among healthcare nurses in Pakistan.

2. LITERATURE REVIEW AND HYPOTHESIS

2.1. Despotic Leadership and Job Satisfaction

The ‘job satisfaction’ is one's positive gesture of contentment towards job (Warr, Cook & Wall, 1979). A set of psychological, circumstances of physiological, and environment of the workplace enables employees to get specific satisfaction levels in association with job tasks they perform (Hoendervanger et al., 2018). Therefore, a satisfied worker typically depends upon dissimilar reasons and it may vary from the ‘satisfaction level’ from one part to the ‘dissatisfaction level’ from the second part of the job (Chen, Sparrow & Cooper, 2016).

Having this argument, job satisfaction is a positive or negative emotional evaluation of one's job satisfaction for influencing factors at work. Such that, emotional exhaustion (Asghari et al., 2016) and ethical leadership issues over subordinates (De Hoogh & Den Hartog, 2008), ventures significant associations detailed below.

Aronson (2001, p. 252) referred to the despotic leadership as “leaders who distort the mission and goals of the organization and abuse resources by using them to further their interests. These leaders may secure the acquiescence of subordinates by threatening to and employing manifest force”. While, on the other hand, De Hoogh and Den Hartog (2008) maintained that an ethical side of leadership is well focused, ignoring the destructive aspects of leadership, leaving a vast gap for research that is less examined in literature (i.e. despotic leadership).

As, leaders have the power to change the perceptions of followers (Piccolo & Colquitt, 2006) through their behavior. It is important to take a leadership effect on job satisfaction into account. Likewise, on a recent critical note, the global agenda council, in their outlook at top trends of 2015 globally, in general, found 86% of respondents agree that there is a leadership crisis (Shiza, 2015). As the negative effect of despotic leadership was reflected by Nauman,

Fatima, and Haq (2018) on employee life satisfaction. This prompts a clear concern if the leader possesses a negative effect on job satisfaction which is addressed in this research with the development of hypothesis:

- **H1:** Despotic leadership negatively affects job satisfaction

2.2. Despotic Leadership and ‘Emotional Exhaustion’

Alharbi (2017) that ‘leadership style’ is a strong predictor of nurses ‘job satisfaction’. The previous literature has shown that offensive supervision (i.e. workplace stressor) is linked to ‘emotional exhaustion’. As the wave of destructive supervisor-subordinate interaction is still felt, in the past few years’ steady growths in the literature focusing on potentially the dark side of the leadership features (Conger, 1990; Schaubroeck et al., 2007). Thus, the negative effect of despotic leadership being offensive works as a workplace stressor and would directly induce emotional exhaustion among employees (Aryee et al., 2008).

Accordingly, lack of positive leadership acts of support from supervisors leads to emotional exhaustion among employees (Mulki, Jaramillo & Locander, 2006). Sadly, these negative behavioral aspects of leadership exhibited by despotic leadership were intense and indicated in the local contexts by Nauman, Fatima, and Haq (2018) such as despotic supervision resulted in increased emotional exhaustion among 224 booksellers. Thus, the discussion leads to development of the following hypothesis:

- **H2:** ‘Despotic leadership’ is positively related with ‘emotional exhaustion’.

2.3. Emotional Exhaustion and Job Satisfaction

Moore (2000, p. 336) described the emotional exhaustion as “depletion of emotional and mental energy needed to meet job demands”. ‘Emotional exhaustion’ is an overload of demands beyond one’s time and energy (Boles, Johnston & Hair, 1997) as it seizes an individual’s chronic and ‘work-related-strains at the workplace (Gaines & Jermier, 1983).

The existence of emotional exhaustion in Pakistani nurses is intense and chronic, as observed in military nursing students (Khokhar et al., 2016). They also found that 78.6% of nurses showed mild emotional exhaustion, 20.2% showed moderate emotional exhaustion, and 1.2% showed high emotional exhaustion. Job satisfaction is a positive emotion (Feldman & Arnold, 1985) and it is the positive feeling that an employee has with one’s job.

On the contrary, negative feelings such as emotional exhaustion is a negative feeling that affects job satisfaction negatively (Baeriswyl, Krause & Schwaninger, 2016). Zafar, Khan,



Siddiqui, Jamali, and Razzak (2016) found that 42.2% of medical staff was emotionally exhausted in public healthcare hospitals in Sindh. These negative emotions according to (Khan, Imran & Nisar, 2016) negatively affect job satisfaction. Thus, the evidences leads to development of the following hypothesis:

- **H3:** Emotional exhaustion has a negative influence on ‘job satisfaction’.

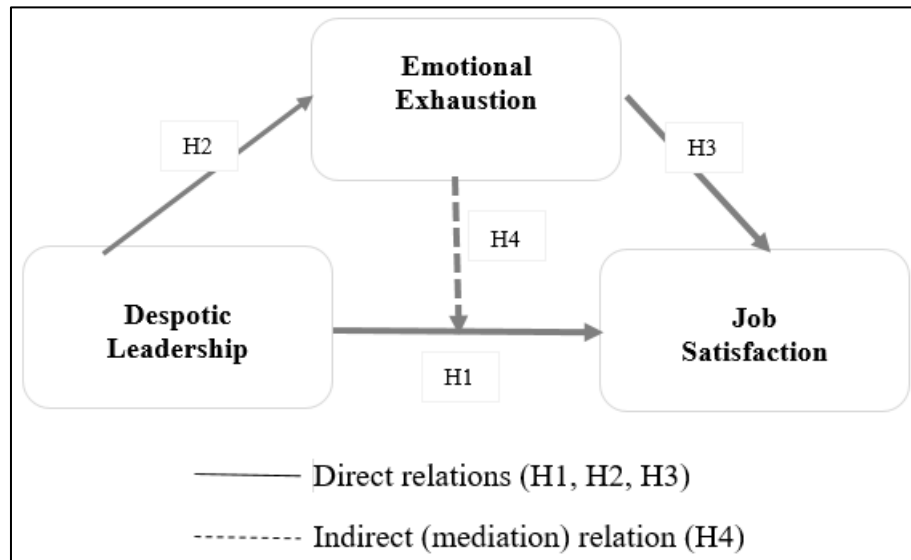


Figure 1: Hypothesized framework

2.4. The mediating role of emotional exhaustion

As much as the association of the supervisor’s role as a leader is known in the healthcare sector so as their bad behavior towards their employees. While, considering despotic leadership in ‘affective events theory’ (Weiss & Cropanzano, 1996) context serves as a stressor or negative event at the workplace. Hence, the supervisor’s stropy attitude and lack of feedback to employees is a negative event at the workplace and a significant factor of exhaustion (Maslach et al., 2001). Also, a significant linkage between ‘emotional exhaustion’ and low ‘job satisfaction’ among nurses also established by Zhang, You, Liu, Zheng, Fang, Lu ... and Wu (2014).

While, different leadership styles based on their behavioral aspects had different influence over subordinates ‘job satisfaction’ (Voon et al., 2011). For example, the dark side of leadership by portraying destructive aspects of leadership that have negative effects (Schyns & Hansbrough, 2010) on ‘emotional exhaustion’ (Nauman, Fatima & Haq, 2018) ultimately lowering ‘job satisfaction’ (Tepper, 2000; Hur, Kim & Park, 2015). These arguments lead to the following hypothesis:

- **H4:** Emotional exhaustion mediated the relationship between despotic leadership and job satisfaction

Thus, keeping these pieces of evidence, the relationship of despotic leadership with job satisfaction and mediating role of emotional exhaustion Figure 1 shows the hypothesized research framework.

3. METHODOLOGY

3.1. Population and Sample Size

The target population of 1630 nurses working in district hospitals of the public healthcare sector in the Sindh province of Pakistan was focused to address the phenomenon under study. A sample of 310 was estimated following Krejcie and Morgan (1970). The data from the sample was collected by distributing 484 questionnaires from 24 district hospitals with random stratification based on the number of beds available in each hospital following Gok and Sezen (2013). Subsequently, a total of 315 questionnaires were returned at a 65% response rate out of which 265 were usable.

3.2. Measurement

In this study, the despotic leadership variable is measured by 6 items (5-point Likert, 1- strongly disagree to 5- strongly agree) scale which was adapted from De Hoogh and Den Hartog (2008) having $\alpha = 0.82$. Recently, Naseer, Raja, Syed, Donia, and Darr (2016) used the same scale and reported $\alpha = 0.92$. The 'emotional exhaustion' measured with 9 items Likert type scale anchored between 1 never to 7 very often borrowed from Maslach and Jackson (1981).

The original scale unveiled an acceptable reliability (i.e. $\alpha = 0.89$). The same measure was recently used in the study by Medler-Liraz and Seger-Guttmann (2018) reported $\alpha = 0.90$. However, the job satisfaction measured through a 15 item(s) scale Lickert type scale fixed between 1 completely dissatisfied to 7 completely satisfied adopted from Warr, Cook, and Wall (1979). The α -value of the original scale was 0.85, recently used in the study of Koon and Pun (2018) posited $\alpha = .892$.

4. RESULTS AND ANALYSIS

A total of 265 questionnaires were useable which were used for screening through SPSS for the analysis. PLS-SEM results are less contradictory than regression analysis when it comes to indirect and mediating variable effects (Ramli, Latan & Nartea, 2018) which has also been



applied for the current study for its handling with not normal data. For evaluating the measurement model, the researcher must determine individual item reliability, convergent validity, and discriminant validity values (Nunnally & Bernstein, 1994; Hair et al., 2016). Therefore, the following tests were applied:

4.1. Measurement Model - Convergent validity

According to Hair, Hult, Ringle, and Sarstedt (2016), convergent validity measures the correlation of one variable with the other variable. Therefore, factor loadings, composite reliability (CR), and average variance extracted (AVE) must be checked. Following Chin (1998) suggestions the factor loadings were above 0.6 (see Table 1), AVE was above 0.5, and CR values were also above 0.7 (see Table 2).

Table 1: Factor Loadings

	DL	EE	JS
dl1	0.811		
dl2	0.881		
dl3	0.824		
dl4	0.754		
dl5	0.866		
dl6	0.725		
ee1		0.707	
ee2		0.856	
ee3		0.865	
ee4		0.889	
ee5		0.908	
ee6		0.912	
ee7		0.833	
ee8		0.833	
ee9		0.781	
js1			0.75
js10			0.792
js11			0.752
js12			0.782
js13			0.807
js14			0.767
js15			0.761
js2			0.827
js3			0.746
js4			0.805
js5			0.777
js6			0.799
js7			0.814
js8			0.791
js9			0.787

4.2. Discriminant Validity

The distinctiveness among the variables is called the discriminant validity for which Hetero-Trait-Mono-Trait (HTMT) was measured following Heselner et al. (2015) guidelines.



According to Hamid, Sami, and Sidek (2017) the HTMT values must be below 0.9 and for better significance confidence interval (CI) were also measured following Lau and Cheung (2012) for which the values were also below 1 as revealed in **Table 2**.

Table 2: ‘Heterotrait-Monotrait’ (HTMT)

	DL	EE	JS	CR	AVE
DL				0.92	0.659
EE	0.497			0.957	0.714
JS	0.61	0.552		0.96	0.615

Finally, testing a structured hypothesis, there are few assumptions for the model to be fit for measurement analysis. Henseler, Ringle, and Sarstedt (2015) introduced ‘Standardized Root Mean Square Residual’ (SRMR) with acceptable values less than 0.10 to 0.08, and the closer the ‘Normed Fit Index’ (NFI) values to 1, the more model will be fit. The SRMR and NFI acceptable model fit values for the present study were 0.61 and 0.812 respectively which shows a good model fit.

4.3. Structural Model Testing

The structural model assessment was done on Hair *et al.*, (2016) recommendations through the bootstrapping procedure with 5000 bootstrap sample on 265 cases to indicate the significance level of path coefficient of the direct and indirect hypothesized relationships (see Table 3) which details that the ‘despotic leadership’ was assumed to have a negative relationship with ‘job satisfaction’ (i.e. $\beta = -0.426$, $t = 9.004$, $p < 0.001$) and confidence interval was CI [-0.518, -0.334]. While, the ‘despotic leadership’ was hypothesized to have a positive association with ‘emotional exhaustion’ (i.e. $\beta = 0.459$, $t = 9.176$, $p < 0.001$) and CI [0.357, 0.552]. Similarly, ‘emotional exhaustion’ was assumed to have a negative relationship with ‘job satisfaction’ (i.e. $\beta = -0.333$, $t = 5.726$, $p < 0.001$) and CI [-0.445, -0.215]. The data analysis results significantly supported H1, H2, H3, and H4.

Table 3: Results Hypotheses

Path	Beta	t-stats	LL	UL	p-stats	R2	f2	Q2
DL -> EE	0.459	9.176	0.357	0.552	0.000	0.211	0.267	0.139
DL -> JS	-0.426	9.004	-0.518	-0.334	0.000	0.423	0.248	0.238
EE -> JS	-0.333	5.726	-0.445	-0.215	0.000		0.152	
DL -> EE -> JS	-0.153	4.617	-0.219	-0.09	0.000			

Mediating estimation was followed by Preacher and Hayes (2008) suggestion and 265 cases were bootstrapped on 5000 samples. According to Hayes (2009), PLS-SEM provides better precision for mediation model estimation. Table 3 reveals the despotic leadership mediated the negative effect on job satisfaction ($\beta = -0.153$, $t = 4.453$, $p < 0.000$).



5. DISCUSSION

Building over the AET, all hypothesized relationships were tested and found support. The results were also in logical flow in terms of the hypothesized framework. That supported the author's argument about despotic leadership features not only existed in Pakistan but also had a negative influence on job satisfaction among nurses which was reported through their response. Through the lens of past literature, emotional exhaustion being a negative emotion, threatened the emotional resource of employees and escalate emotional exhaustion which in turn mediated through emotional exhaustion on reducing job satisfaction. These relationships are sequentially expanded not only by AET but also by contributing towards COR theory by Hobfoll (1989).

Further, recently, Alola, Avci, and Ozturen (2018) study 329 five-star hotels in Nigeria that accounted for supervisors causing emotional exhaustion among employees. Followed in the local context by studies of Khokhar, Chaudhry, Bakht, Alvi, and Mohyuddin (2016) found 72% of nurses showed emotional exhaustion caused by their supervisors. Thus, this study fulfills another unexplored relationship between despotic leadership and emotional exhaustion in light of past studies.

Since, job satisfaction is also an emotion of contention with one's job (Spector, 1985). It is backed by AET, emotional exhaustion is a negative event and meant to have a significantly strong negative relationship with job satisfaction. Emotionally exhausted workers often feel helpless, lose self-esteem, and feel a lack of accomplishment (Cordes & Dougherty, 1993; Moore, 2000). This argument found among Chinese nurses who revealed the strong association of emotional exhaustion with lower job satisfaction (Zhang et al., 2014).

Scholars elaborated on the unclear mediating role of emotional exhaustion with respect to employee job satisfaction (Halbesleben & Bowler, 2007; Khokhar et al., 2016). Thus, the results of this study subsidized not only to affirm the basic assumptions of AET but also expands the theoretical knowledge in terms of despotic leadership, emotional exhaustion, and job satisfaction among nurses of the healthcare sector from the local context of Pakistan.

5.1. Practical Implications

This study was conducted in public health care sector hospitals where reluctance found in patients regarding public hospitals and private clinics were preferred. Implications of this study will not only increase the profitability but also boost hampered government attention over public hospitals in Sindh. This study not only addressed this crucial issue but also provided



the most needed and efficient remedy for government officials which are easy to identify and ready to implement. Besides that, job satisfaction was a major issue in public hospital nurses reported in many examinations and reports.

Results of this study elaborate problem of job satisfaction as respondents reported and is still a major issue and mainly influenced by despotic leadership features of supervisors and emotional exhaustion. The above discussion and results summarized that ‘job satisfaction’ among nurses working in public hospitals is directly and indirectly affected by the negative events created by despotic leadership which ultimately mediate negative consequences towards job satisfaction.

The emphasis can be made by HR management to assess well before deploying any supervisor in the place of the leader. Therefore, attention should be focused on ways to nurture job satisfaction among nurses by substitute emotional grievance through training, socialization, and issue recognition in public healthcare hospitals.

5.2. Limitations and way forward

This study followed a cross-sectional design and limited in terms of time, resources, and scope. Therefore, future research may consider longitudinal design for responsive confirmation of the hypothesized relationships. Secondly, self-reporting was implied which can also be considered as a limitation of the study which may have inflated the relationships among variables as the randomly nominated participants can be predisposed due to the emotional state, attitude, and behavior.

Though, the current study attempted to minimize this issue by ensuring anonymity and improvement of the selected scale (Podsakoff, Mackenzie & Podsakoff, 2012). To do so scale items were simplified in terms of words, answering formats, and written in clear language. Thus, future studies may employ other strategies that claim generalizability for ‘despotic leadership’, ‘emotional exhaustion’ as a mediator on ‘job satisfaction’ in other fields such as, public-private banking, education, insurance, tourism, and hotel industries.

5.3. Conclusion

The results of this revealed that despotic leadership affects job satisfaction negatively and increases emotional exhaustion concerns that further this negative influence of leaders deploying deteriorating job satisfaction among employees. The present study supported the assumptions of AET and expanded the literature towards understanding the issue of ‘job



satisfaction' among nurses in the 'public sector' hospitals in Pakistan. This study also fulfilled research gaps and a paved path for further research explorations.

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