Examining the effects of despotic leadership on nurses in the face of emotional exhaustion, organizational silence, and revanchist behaviors

Muzaffer Akdoğan[1*], Ali Yeşildal[2], Büşra Tekin[1], Abdullah Kıray[3], Yeter Demir Uslu[4], Ali Arslanoğlu[1] and Oktay Koç[1]

Abstract

Background Nurses are integral to healthcare, ensuring the effective functioning of healthcare services. Despite their crucial role, they face significant stressors, including despotic leadership. This type of leadership results in adverse outcomes such as organizational silence, emotional exhaustion, and revanchist behaviors. This study aims to comprehensively understand the detrimental effects of despotic leadership on nurses' well-being and behaviors, and to investigate the complex relationships between despotic leadership, organizational silence, emotional exhaustion, and revanchist behaviors in the nurses.

Methods In the study, data were collected from 216 nurses working at a public hospital in Kocaeli (Türkiye) and hypotheses were tested through path analysis based on structural equation modeling (sequential mediation model).

Results The data analysis revealed that despotic leadership contributes to emotional exhaustion and organizational silence respectively, which in turn lead to employees engaging in revanchist behaviors. However, although emotional exhaustion does not mediate the relationship between despotic leadership and revanchist behaviors, it does mediate the relationship between despotic leadership and organizational silence. Additionally, despotic leadership triggers organizational silence, which in turn results in revanchist behaviors.

Conclusion The findings highlight the detrimental effects of despotic leadership on nurses' mental health and professional behavior. Despotic leadership creates a toxic work environment that suppresses nurses' voices, leading to emotional exhaustion and revanchist behaviors. Eliminating despotic leadership practices and promoting open communication are essential to improving nurses' well-being and maintaining a healthy healthcare environment.

Keywords Despotic leadership, Organizational silence, Emotional exhaustion, Revanchist behaviors, Nurse management

*Correspondence:
Muzaffer Akdoğan
muzafferakdogan@gmail.com
[1]Health Management Department, Health Sciences University, İstanbul, Türkiye
[2]Kocaeli Metropolitan Municipality, İzmit/Kocaeli, Türkiye
[3]Management and Organization Department, Çanakkale Onsekiz Mart University, Çanakkale, Türkiye
[4]Health Management Department, Medipol University, İstanbul, Türkiye

Introduction

Nurses are an essential professional group that forms the backbone of healthcare and provides critical care to patients. Nurses play a vital role in healthcare and contribute to the effectiveness of healthcare services by providing coordination among team members [1, 2]. Additionally, nurse performance makes significant contributions to the efficiency of healthcare organizations [3]. However, nursing is a challenging profession filled with various stressors, such as long working hours, high workloads, and demands from patients and families. As statistics show in the example of negative leadership [4], one of the stress factors that nurses face in the workplace is despotic leadership [5, 6].

While leaders are generally seen as individuals who are competent, experienced, and exhibit ethical behaviors, they can also be self-serving, arrogant, and incompetent [7]. While research focusing on positive leadership still represents the mainstream, recent research also shows that leadership has a dark side that needs to be examined in the context of employee-level outcomes. This dark side includes destructive, abusive, despotic, narcissistic, and toxic leaders [8–10].

Despotic leadership, in the same line, is conceptualized as a leadership behavior in which leaders advocate for absolute authority over their subordinates and demand unconditional obedience from them [11, 12]. Reviews in the management and leadership literature indicate that despotic leadership negatively impacts employees' creativity, organizational behaviors, job performance [13], and psychological well-being [4, 5], disrupting work-life balance [14]. Additionally, despotic leaders have been shown to trigger employees' tendencies to withdraw from work, experience emotional exhaustion, engage in bullying, and believe in organizational conspiracy theories [6, 15, 16]. Hence, despotic leadership adversely affects employees' emotional and psychological well-being. The toxic environment created by such leaders leads to employee isolation and the development of defense mechanisms such as silence [17]. Furthermore, silencing employees not only suppresses the individual but also those around them, causing everyone to think less, as individuals become preoccupied with explaining the mistreatment, plotting revenge, or considering finding another job [18].

In their study Mackey et al. revealed that the literature on despotic leadership is not adequately researched [19]. Similarly, Khizar et al. also emphasized that there are some unexplored aspects of despotic leadership in the workplace [20]. Despotic leadership, despite being hotly debated in the field of political leadership, is still in its embryonic stages and has not received enough attention in the management and psychology literature [21, 22]. It has been suggested that intentionally destructive actions,

when perceived by followers, can be more damaging to their subsequent attitudes and behaviors. Therefore, the harmful nature of despotic leadership requires further investigation into how it operates in organizations [23].

Since despotic leadership is a significant source of stress experienced by nurses at work, it can cause nurses to exhibit negative attitudes and behaviors such as organizational silence, emotional exhaustion, and vengeful behavior. In this meaning, previous studies have shown that employee voice and organizational silence are associated with their exhaustion [24, 25]. In addition, repeated decisions to remain silent due to the tension created by suppressing feelings associated with ideas rejected by leaders increase exhaustion [26]. Nurses may experience exhaustion if such stressful situations are experienced chronically. When employees suppress their ideas or concerns, this creates an internal conflict or tension between what they believe and how they behave, and when this is repeated over and over, it leads to exhaustion [27]. The decision to express one's voice can be a protective factor against exhaustion, while the preference to remain silent all the time leads to the escalation of exhaustion [28]. In this direction it can be put forth that, speaking can reduce exhaustion because speaking is a behavior that reduces the gap between what employees keep in their minds and what they actually express to their teams, and thus reflects the emotional security component of psychological security [29].

In fact, there are studies examining the relationship between organizational silence and exhaustion [24–26, 28]. Although there are limited studies showing that nurses have vengeful intentions due to perceived injustice [30], there are almost no studies highlighting the relationship between organizational silence and revenge [18]. Moreover, it should be noted that there are also no studies investigating the relationships between despotic leadership and revanchist behavior, organizational silence, and emotional exhaustion. To put it, no prior research has examined the combined influence of despotic leadership on organizational silence, emotional exhaustion, and revanchist behaviors among nurses. Our study aims to bridge this gap by proposing a sequential mediation model. We hypothesize that under despotic leadership, nurses will experience increased silence, leading to emotional exhaustion, which ultimately manifests as revanchist behaviors. We expect to find significant relationships between all four variables in the sample of nurses working at a public hospital in Kocaeli (Türkiye).

Contribution

This study provides fourfold significant contributions to the literature: A key contribution of our study is the identification that despotic leadership does not directly lead to revanchist behaviors, but can do so indirectly through

organizational silence. Another significant contribution is demonstrating that revanchist behaviors do not necessarily arise from emotional exhaustion caused by despotic leadership. Instead, it is when despotic leadership causes emotional exhaustion, which subsequently leads to organizational silence, that revanchist behaviors are more likely to emerge. Additionally, our study reveals that despotic leadership, after inducing emotional exhaustion, contributes to the development of organizational silence among employees.

Within this framework, we propose the following hypotheses for testing:

H1: Emotional exhaustion mediates the relationship between despotic leadership and organizational silence among nurses

This hypothesis proposes that nurses' perceptions of despotic leadership lead to organizational silence, with emotional exhaustion acting as a mediator in this process.

Organizational silence, also known as "voicing down" in healthcare literature [31], occurs when employees choose not to voluntarily express ideas or opinions that could affect work processes. This attitude often arises when employees fear negative consequences [26, 32–35]. Employee silence hinders openness, effective decision-making, innovation, and continuous improvement [36]. Employees are more likely to speak up when they perceive their organizations are open to their ideas. Conversely, they prefer to remain silent when they believe they cannot influence an organizational outcome [25, 37].

An organization's management style, communication environment, leadership behaviors, and attitudes towards employees significantly impact organizational silence [26, 38–43]. Leaders have a pronounced effect on employees' decisions to speak up or remain silent [44]. Employee silence is significantly influenced by the leader's characteristics, behaviors, and attitudes [45]. Despotic leadership, as a negative form of leadership, is characterized by authoritarian, controlling, and punitive behavior, which intimidates employees and induces fear of retaliation, causing them to refrain from speaking up [42, 46]. Moreover, despotic leadership has negative consequences for employee silence, particularly acquiescent silence [3, 43, 47–49]. Hence, organizational silence can be considered a defense strategy used to protect job and mental health under an abusive leader [43].

Individuals who deliberately restrict communication experience stress and physiological problems [50]. The inability of nurses to express their thoughts over an extended period negatively impacts both their physical and mental health, as well as their emotional well-being [51]. Suppression of voice can lead to feelings of frustration and helplessness, contributing to emotional exhaustion over time. Emotional exhaustion, a state of feeling emotionally drained and depleted, is particularly detrimental in the high-stress environment of healthcare [52]. Exhaustion in nurses can be reduced through increased voice and decreased silence on work and psychological safety [28]. Therefore, while despotic leadership causes organizational silence in employees, emotional exhaustion may serve as a mediator in this relationship. This implies that employees exposed to despotic leadership practices are likely to progressively engage in organizational silence. This emergent silence is expected to be associated with heightened emotional exhaustion, which itself is a product of the despotic leadership environment. Consequently, emotional exhaustion may modulate or negatively influence the relationship between despotic leadership and organizational silence.

H2: Emotional exhaustion mediates the relationship between despotic leadership and revanchist behaviors among nurses

This hypothesis assumes that revanchist behavior resulting from despotic leadership practices may also be mediated through emotional exhaustion as a linking mechanism.

Autocratic, inconsiderate, and exploitative despotic leaders create stress among subordinates, leading to exhaustion [21, 53–55]. Similarly, despotic leadership creates a toxic work environment that can overwhelm nurses, leading to chronic stress and emotional depletion. Existing literature has established a positive link between despotic leadership and emotional exhaustion [20, 56, 57]. The negative impact of despotic leadership acts as a workplace stressor, directly inducing emotional exhaustion among employees [56, 58]. A study on 350 nurses showed the positive effect of despotic leadership on employees' emotional exhaustion [59]. Badar et al. concluded that both narcissistic and despotic leadership are directly related to emotional exhaustion [22].

Emotional exhaustion is particularly common in professions such as nursing, where nurses often experience emotional stress, fatigue, and burnout due to challenging conditions, significant decision-making, and patient care. High emotional reactivity increases the likelihood of exhaustion [60]. Exhaustion leads to job dissatisfaction, lack of professionalism, patient dissatisfaction, decreased nurse productivity, desensitization, lower quality of life, and reduced quality of care [61–63]. Unhealthy practice environments, such as increased workloads, inconsistent nurse-patient ratios, and resource shortages, further exacerbate emotional exhaustion [64, 65]. Furthermore, Chaudhary & Islam found that nurses experience psychological distress when they perceive their supervisors engaging in despotic behaviors, triggering bullying behaviors and intensifying their psychological distress [66].

Previous research [e.g. 66] indicates a mediating role of revenge in the relationship between destructive leadership and employees' happiness and psychological detachment, highlighting the influence of subordinates' personalities. Emotional exhaustion can lead to feelings of hopelessness and despair, heightening the risk of revanchist behaviors as individuals may perceive it as a way to escape their unbearable situation. After seeking revenge, individuals feel a sense of accomplishment, recovering their depleted resources and experiencing higher levels of psychological relief and happiness [67]. Thus, it is hypothesized that emotional exhaustion functions as a mediating (or linking) mechanism in the emergence of revanchist behaviors resulting from despotic leadership practices. In other words, despotic leadership practices lead to emotional exhaustion in employees, which in turn mediates the emergence of revanchist behaviors. This implies that emotional exhaustion serves as a mediating role in the pathway to revanchist behaviors, effectively acting as a mechanism that connects these two variables.

H3: Organizational silence mediates the relationship between despotic leadership and revanchist behaviors among nurses

This hypothesis suggests that despotic leadership practices lead to organizational silence among nurses, which in turn increases their tendency to exhibit revanchist behaviors.

Organizational silence is related to feelings of fear, demoralization, and low self-esteem [3, 68]. Essentially, silence in the workplace can exacerbate feelings of isolation, stress, and helplessness, creating a suitable ground for emotional and psychological distress [50, 51]. Despotic leadership creates a toxic work environment that can lead to organizational silence among nurses. Thus, nurses avoid voicing their concerns and addressing issues, which leads to increased emotional and psychological distress. Although Picard (2009) praises silence, he acknowledges its dark, terrifying, hostile, and even demonic side [69].

Revenge involves inflicting harm or humiliation on another or ensuring that the same harm is inflicted on the other party [70]. It encompasses behaviors aimed at harming coworkers and superiors in organizations, manifesting in both overt and covert forms [71]. Employees working under destructive leaders may resort to seeking revenge against them as a means of coping with the harm inflicted [72]. Revenge intentions are triggered by perceived injustice, unfairness, or violence towards employees. Employees then engage in revenge-seeking behavior, motivated by anger, to restore their honor and rights [2, 73–75]. When the relationship between organizational silence and revenge is considered, some authors report that employees such as nurses who have a desire for revenge may prefer to suppress their emotions, ignore the person they are angry with, and do nothing, as well as remain silent [2].

H4: Despotic leadership leads to increased revanchist behaviors in nurses through the sequential mediation of emotional exhaustion and organizational silence

This hypothesis was formulated to determine whether despotic leadership practices cause revanchist behaviors in nurses and whether a two-stage process involving organizational silence and emotional exhaustion mediates the emergence of revanchist behaviors in this relationship.

Despotic leaders, characterized by oppression and injustice, create an environment where nurses hesitate to voice concerns, leading to organizational silence [76]. Over time, this suppressed voice translates into emotional exhaustion. Nurses, unable to express their stress and dissatisfaction, experience internal conflict and pressure [77]. The emotional exhaustion induced by organizational silence serves to intensify nurses' propensity for engaging in revanchist behaviors. Constant pressure and feelings of worthlessness can fuel anger and a desire for retaliation. This hypothesis aligns with social exchange theory, where individuals reciprocate treatment, they receive [76]. Despotic leaders' mistreatment leads to emotional and psychological distress in nurses, manifesting as decreased satisfaction and, potentially, revanchist behaviors.

By examining the mediating effects of organizational silence and emotional exhaustion, this hypothesis sheds light on the complex pathway through which despotic leadership influences nurses' tendencies for revanchist behaviors. It highlights the detrimental impact of a toxic leadership style on nurses' well-being and potential patient care.

By testing the above hypotheses, this study aims to comprehensively understand the detrimental effects of despotic leadership on nurses' well-being and behaviors, and to investigate the complex relationships between despotic leadership, organizational silence, emotional exhaustion, and revanchist behaviors in the nurses. The findings of this study could provide insights for developing intervention strategies to mitigate negative effects of those relationships and promote a healthier, more supportive work environment for nurses.

Methods
Research model
In accordance with the hypotheses developed above, we have devised the following conceptual model in Fig. 1.

According to our conceptual model, despotic leadership is hypothesized to have distinct relationships with
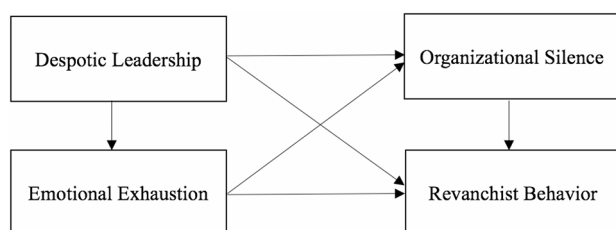
Fig. 1 Conceptual model of the study

revanchist behaviors, organizational silence, and emotional exhaustion. Notably, organizational silence and emotional exhaustion are proposed to mediate the relationship between despotic leadership and revanchist behaviors. Specifically, emotional exhaustion mediates the link between despotic leadership and revanchist behaviors, while organizational silence also serves as a mediator in this relationship. Furthermore, emotional exhaustion is suggested to mediate the connection between despotic leadership and organizational silence.

Study design

Sample and sampling procedure

Our sample set is selected from nurses working at a government-affiliated hospital located in the city center of Kocaeli (Türkiye) by using convenient sampling method. When planning the research, it was intended to reach participants from among the approximately 300 nurses working at this hospital. However, subsequent discussions with the hospital's chief physician and the education and quality supervisor revealed that nearly 50 individuals were not actually working at the institution; rather, they were employed in other units such as the governorship or had severed their ties with the institution due to resignation, transfers, or other reasons. Consequently, efforts were focused on reaching the remaining 250 nurses who were actively employed at the hospital. In this context, an online survey form was sent out in three rounds to those who had not yet participated. At each stage, respondents who completed the survey were removed from the list. Following this process, 216 individuals participated in the research and completed the surveys as required. Thus, the sample consisted of 216 individuals (89.4% women), which represents 72% of the employed nurses. Despite three rounds of notifications by the hospital administration, unfortunately, 36 nurses did not participate in the research.

Distribution of respondents by age is as follows: 91 people aged 40–50 (42.1%), 68 people aged 29–39 (31.5%), 46 people aged 18–28 (21.3%) and 11 people over 51 years old. (5.1%). 67.6% of the participants are married. The rate of those with undergraduate and graduate education is 82.9%. When the duration of employment in business life is examined, 52.8% of the participants have been

Table 1 Demographic characteristics of our sample set

	f	%
Gender		
Female	193	89.4
Male	26	11.6
Age Group		
18–28	46	21.3
29–39	68	31.5
40–50	91	42.1
51+	11	5.1
Marital Status		
Married	146	67.6
Single/Other	70	33.4
Education Level		
Undergraduate/Graduate	179	82.9
Below Undergraduate	37	17.1
Years of Employment (Overall)		
0–5 years	114	52.8
6–10 years	40	18.5
11 + years	62	28.7
Years of Employment (Healthcare)		
Less than 5 years	51	23.6
6–10 years	38	17.6
11 + years	127	58.8

working for 0–5 years, 28.7 for 11 years or more, and 18.5 for 6–10 years. The rate of those working as healthcare personnel for 11 years or more is 58.8%, for 6–10 years is 17.6%, and less than 5 years is 23.6%. Information regarding our sample set is given below in Table 1.

Variables

The survey form used to measure the variables that make up the research model includes 4 different scales (i.e., despotic leadership, revanchist behaviors, emotional exhaustion and organizational silence) as well as the demographic characteristics of the participants.

Despotic leadership

The despotic leadership scale consists of 6 items. The scale was developed by Hanges and Dickson [78]. Sample item: "My manager is more prone to punish. He feels no remorse or sympathy." The internal consistency level (Cronbach's alpha) of the scale was determined as 0.946. Descriptive statistics are presented in Table 2.

Emotional exhaustion

The scale was developed by Maslach & Jackson and consists of 5 statements (items) [79]. Example item: "Usually, I feel extremely exhausted." The internal consistency coefficient of the scale was determined as 0.901. Other descriptive statistics for the scale are presented in Table 2.

Table 2 Discriminant validity, composite scale reliability (CR), average variance extracted (AVE), Cronbach alpha values and descriptive statistics

	AS	DL	DS	EE	PS	RB	Alpha	CR	AVE	Mean	Std. Dev.
AS	**0.769**						0.819	0.875	0.592	2,251	0,721
DL	0.347	**0.887**					0.946	0.957	0.787	2,381	1,079
DS	0.740	0.404	**0.880**				0.927	0.945	0.774	1,966	0,783
EE	0.458	0.432	0.476	**0.843**			0.901	0.924	0.710	2,729	0,965
PS	-0.334	-0.135	-0.278	-0.246	**0.877**		0.901	0.930	0.770	4,199	0,777
RB	0.325	0.210	0.349	0.218	-0.178	**0.698**	0.937	0.944	0.487	2,349	0,686

Organizational silence

Organizational silence scale consists of 15 items and was developed by LDyne et al. The scale consists of 3 sub-dimensions [80]. These are acquiescent silence (example item: I am reluctant to talk about change suggestions that I am not interested in), defensive silence (example item: Even if I have an idea about changes in the workplace, I remain silent because I am afraid, I do not share my ideas with anyone) and prosocial silence (example item: I gain from working with others). I do not share confidential information with anyone, I keep it to myself). The internal consistency coefficients of the sub-dimensions were determined as acquiescent silence 0.819, defensive silence 0.927 and prosocial silence 0.901. In general, the internal consistency coefficient of the scale was found to be 0.793. One item was deleted from the sub-dimension (pro-social silence) of organizational silence scale (PS1) due to its low factor loading. However, there was no change in the construct validity. Descriptive statistics for the scale are presented in Table 2.

Revanchist behaviors

The scale was developed by Stuckless & Goranson and consists of 20 questions [81]. In the scale, 10 items express the willingness to take revenge (example item: It is important for me to take it out on people who hurt me) and 10 items are used as reverse (example item: It is not worth spending my time or effort to take revenge on someone who has done me wrong). During the analysis phase, reverse items were recoded. As a result of the analysis, items RB4 and RB8 were removed from the scale because they had low factor loadings, and the analyzes were continued without these items. The internal consistency coefficient of the scale is 0.937. Descriptive statistics are presented in Table 2.

Scale translations

For each of the measures described above, the standard translation-back translation method was employed. The scales were translated into Turkish with the collaboration of the 1st and 3rd authors under the leadership of the 7th author, who is an expert in organizational behavior. Following this, the scales were reviewed by two different academics specializing in scale development, each from a different university. The newly developed Turkish expressions in the scales were individually reviewed by the research team, ensuring consensus on the items. This process resulted in the final versions of the scale forms. Subsequently, an application for ethical approval was submitted to the Ethics Committee of the Health Sciences University (Istanbul, Turkey). The scales were re-evaluated by a 15-member committee, all of whom were academic staff, who confirmed that the Turkish items were suitable for implementation. Following this, the scales were also reviewed by the education and quality unit responsible at the hospital where the research would be conducted, as well as by the Provincial Health Directorate. No discrepancies were reported. Based on the approval granted by the Provincial Health Directorate, a pilot study was conducted. To assess whether the items were consistent, understandable, and accurately measured the intended constructs, the scales were tested with a sample of 50 nurses. Since no issues were reported by the analysis team, the translation process was completed, and the main research initiated.

Ethics

Ethics approval for this study was obtained from Hamidiye Scientific Research Ethics Committee of the Sağlık Bilimleri Üniversitesi. The reference number of the Committee is 2023–22,878. All participants provided informed consent and could withdraw from completing the survey at any time.

Statistical methods

In addition to calculating descriptive statistics, internal consistency estimates and zero-order Pearson correlation coefficients, we employed the PLS-SEM approach for the path analyses because of some reasons. First, as Fornell and Larcker address [82], PLS does not involve several limiting assumptions, such as distributional assumptions, caused by maximum likelihood techniques. PLS is a latent variable modeling method that integrates many dependent constructs and explicitly distinguishes measurement error. Moreover, PLS is not sensitive to sample size considerations and can appropriately work with small samples over thirty compared to covariance-based SEM [83].

Results

Measurement validation

We performed confirmatory factor analysis using the PLS structural equation method to determine the factor structure of the variables that make up the research model and to reveal their validity and reliability levels. As a result of the analysis, we removed 2 items from the revanchist behaviors scale and 1 item from the organizational silence scale because they had low factor loadings. There was no decrease in the construct validity of the scales after the statements were removed.

After this process, it was determined that the item loadings that make up the factors are in the range of 0.862–0.921 in the despotic leadership scale, 0.709–0.908 in the emotional exhaustion scale, 0.558–0.825 in the revanchist behaviors scale, 0.513–0.878 in the acquiescent silence scale, 0.815–0.906 in the defensive silence scale and 0.784–0.938 in the prosocial silence scale. All factor loadings except 5 items are above 0.60, and this result is sufficient for convergent validity.

After this stage, composite reliability (CR), Cronbach's alpha and average variance extracted (AVE) values were calculated to determine the reliability of the scales. Finally, the PLS-based CR was higher than the threshold value of 0.70, Cronbach's alpha surpassed the threshold value of 0.70 and the AVE goes above the 0.50 threshold value for all the first order constructs (See Table 2).

To determine the discriminant validity of the measurements, Fornell and Larcker's recommendations were taken into consideration. According to Fornell and Larcker, the AVE for each construct should exceed the squared correlation values among the constructs [82]. Table 2 demonstrates the correlation amongst all first-order variables, suggesting discriminant validity. Such results imply that the items have more common variance with their relevant constructs than with the dimensions [84].

Organizational silence

We wanted to see overall effect of organizational silence on revanchist behaviors and overall effect of despotic leadership on organizational silence. Therefore, we performed second order factor analysis for the silence scale. The standardized regression loadings of the sub-dimensions on the organizational silence scale were determined as 0.896 ($P = 0.000$) for acquiescent silence, 0.916 ($P = 0.000$) for defensive silence and − 0.539 ($P = 0.000$) for prosocial silence. These results provide some empirical evidence in support of a composite organizational silence scale.

Path analysis

We utilized the partial least squares structural equation modeling (PLS-SEM) approach [85] with the bootstrapping re-sampling method, using the SmartPLS 4 statistical tool, to calculate the total, direct and indirect effects between despotic leadership, emotional exhaustion, organizational silence, and revanchist behaviors. The path coefficients, their related t-values and p values are presented in Table 3.

The total effects show that there are statistically significant associations between despotic leadership, emotional exhaustion, organizational silence, and revanchist behaviors. Yet we have omitted only one path (the path between emotional exhaustion, organizational silence, and revanchist behaviors) from consideration. Since this path does not involve despotic leadership, which is the focal point of our study, we have not tested this particular path.

The examination of Table 3 reveals that despotic leadership exerts a significant positive effect on both emotional exhaustion ($\beta = 0.432$, T = 6.525, $P = 0.000$) and organizational silence ($\beta = 0.217$, T = 3.203, $P = 0.000$). Furthermore, it is observed that despotic leadership does not have a direct effect on revanchist behaviors ($\beta = 0.069$, T = 0.754, $P = 0.451$).

An analysis of the direct effects reveals that emotional exhaustion significantly influences organizational silence ($\beta = 0.416$, T = 7.048, $P = 0.000$), whereas it does not have a direct effect on revanchist behaviors ($\beta = 0.014$, T = 0.136, $P = 0.892$). Additionally, the direct effect of organizational silence on revanchist behaviors is found to be both significant and positive ($\beta = 0.337$, T = 4.108, $P = 0.000$).

Table 3 Hypothesis testing result

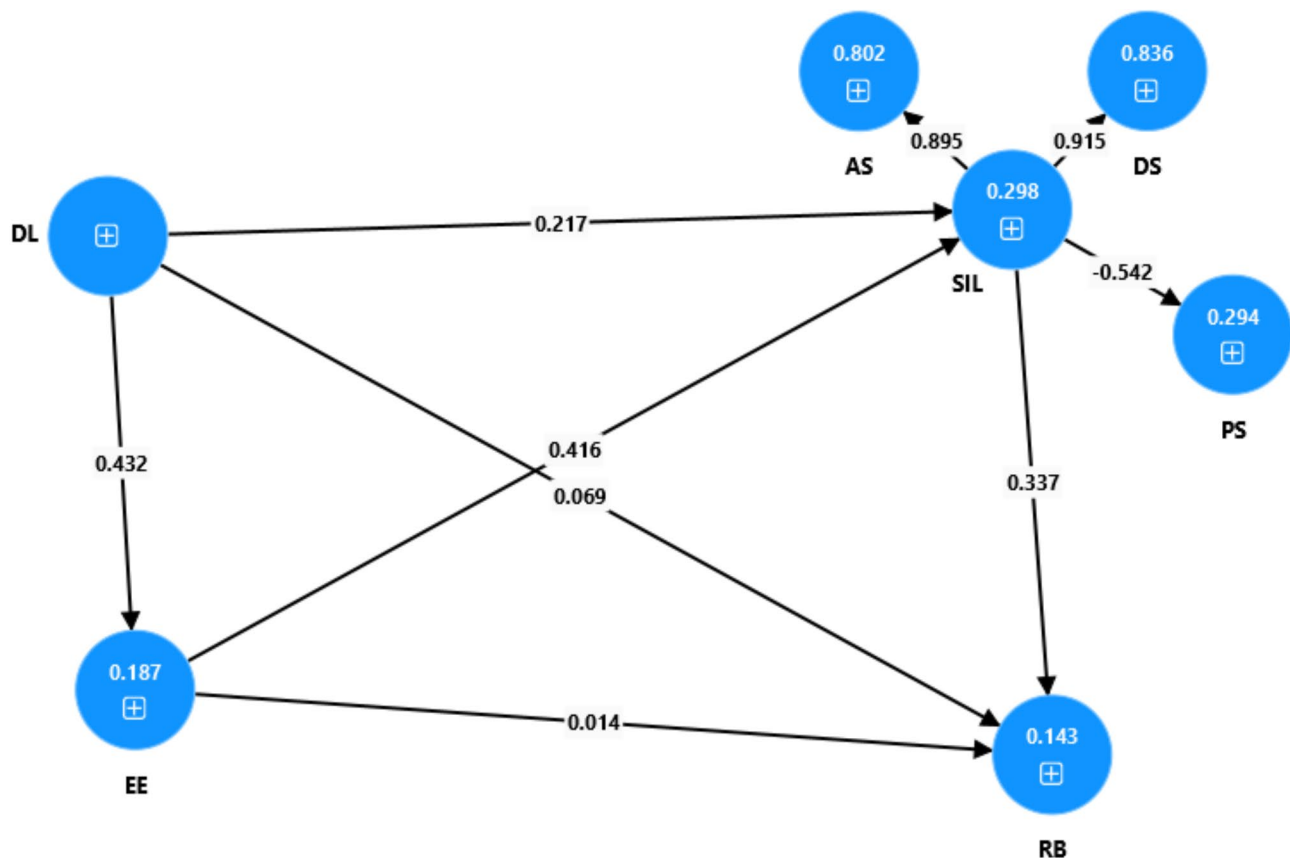| Total effect			Direct effect			Indirect effect		
Relationships	Path Coeff. (Beta)	*P* value	Relationships	Path Coeff. (Beta)	*P* value	Relationships	Path Coeff. (Beta)	*P* value
DL-> EE	0.432	0.000	DL-> EE	0.432	0.000	-	-	-
DL-> RB	0.209	0.004	Dl-> RB	0,069	0.451	DL-> EE > RB	0.006	0.894
						DL-> EE-> SIL-RB	0.061	0.003
						DL-> SIL-> RB	0.073	0,013
DL-> SIL	0.396	0.000	DL-> SIL	0.217	0.001	DL-> EE-> SIL	0.180	0.000
EE-> RB	0.154	0.096	EE-> RB	0.014	0.892	EE-> SIL-> RB	0.140	0.001
EE-> SIL	0.416	0.000	EE-> SIL	0,416	0.000	-	-	-
SIL-> RB	0.337	0,000	SIL-> RB	0.337	0,000	-	-	-

Fig. 2 Path analysis

The examination of indirect effects reveals that despotic leadership does not have a significant impact on revanchist behaviors through emotional exhaustion (β = 0.006, T = 0.134, *P* = 0.894). Conversely, despotic leadership significantly influences revanchist behaviors through organizational silence (β = 0.073, T = 2.486, *P* = 0.013). Additionally, despotic leadership exerts an effect on revanchist behaviors through both emotional exhaustion and organizational silence (β = 0.061, T = 3.109, *P* = 0.003). Moreover, despotic leadership impacts organizational silence via emotional exhaustion (β = 0.180, T = 5.467, *P* = 0.000). Finally, emotional exhaustion significantly contributes to revanchist behaviors through the mediation of organizational silence (β = 0.140, T = 3.330, *P* = 0.001). The path analysis we created in this context is presented in Fig. 2 below.

The examination of direct and indirect effects reveals the following:

1. Full Mediation Effect: Despotic leadership affects organizational silence through emotional exhaustion (β = 0.180, T = 5.467, *P* = 0.000). This suggests that emotional exhaustion fully mediates the effect of despotic leadership on organizational silence.

2. Partial Mediation Effect: Despotic leadership affects revanchist behaviors through organizational silence (β = 0.073, T = 2.486, *P* = 0.013). This suggests that organizational silence partially mediates the relationship between despotic leadership and revanchist behaviors.

3. Partial Mediation Effect: Despotic leadership influences revanchist behaviors through both emotional exhaustion and organizational silence (β = 0.061, T = 3.109, *P* = 0.003). This indicates that both emotional exhaustion and organizational silence partially mediate the relationship between despotic leadership and revanchist behaviors.

4. No Mediation Effect: Despotic leadership does not exhibit a significant impact on revanchist behaviors through emotional exhaustion (β = 0.006, T = 0.134, *P* = 0.894).

Discussion

In our study, the relationships between despotic leadership and revanchist behaviors were examined through organizational silence and emotional exhaustion. According to our conceptual model, it is predicted that despotic leadership will cause organizational silence, which will lead to emotional exhaustion. In addition, we also

thought that the relationships between these variables would eventually lead to the emergence of revanchist behaviors in nurses.

Data collected from our sample set was analyzed using quantitative methods to test the hypotheses we developed. This analysis provides significant contributions to the literature by examining relationships between despotic leadership, organizational silence, emotional exhaustion, and revanchist behaviors that have not been previously explored. An examination of the literature indicates that while some of our findings corroborate existing research, others offer novel contributions that introduce new dimensions to the field. For example, literature speaks of the negative effect of leader behaviors on organizational silence. For instance, Farghaly Abdelaliem and Abou Zeid [3] have addressed this effect by stating despotic leadership creates a toxic work environment that can lead to organizational silence among nurses. According to Morrison and Milliken [26], despotic leaders, characterized by oppression and injustice, create an environment where nurses hesitate to voice concerns, leading to organizational silence. More specifically, when employees perceive leader behavior as negative, they tend to remain silent [45]. In this meaning, it can easily be said that despotic leadership might cause negative consequences for employee silence, particularly acquiescent silence [43, 47–49]. Farghaly Abdelaliem & Abou Zeid also mentioned this negative effect in their study on nurses [3]. Some other scholars (e.g., Erkutlu & Chafra) defined silence as a defense strategy used to protect employees' job and mental health under an abusive leader [43]. Moreover, organizational silence can lead to feelings of frustration and helplessness, contributing to emotional exhaustion over time [52]. This type of silence prevents employees from voicing their concerns and addressing issues, leading to increased emotional and psychological distress [4, 5, 86]. Our study also revealed that there are positive relationships between despotic leadership and organizational silence and emotional exhaustion. In other words, despotic leadership causes organizational silence and emotional exhaustion in the end. Furthermore, when all three variables are evaluated together, it is necessary to state that we obtain a different, strong, and remarkable finding: The relationship between despotic leadership and organizational silence is mediated by emotional exhaustion. This situation could be construed as nurses experiencing heightened emotional exhaustion in response to despotic leadership, resulting in a growing tendency towards organizational silence. Our hypothesis on those relations was confirmed yet our findings seem to be similar to the literature.

It is considered within the scope of our conceptual model that there may be a relationship between despotic leadership, emotional exhaustion, and revanchist behaviors. Naturally, revanchist behaviors can be seen in every organization where there are people. This can sometimes manifest to the detriment of either the organization or individuals. The negative impact of despotic leadership acts as a workplace stressor in general, directly inducing emotional exhaustion among employees [56, 58]. Moreover, employees working under destructive leaders may resort to seeking revenge against their leaders as a means of coping with the harm inflicted [72]. According to Syed et al. (2022), after seeking revenge, individuals feel a sense of accomplishment, recovering their depleted resources and experiencing higher levels of psychological relief and happiness [67]. When we analyzed the relationships between these variables in the scope of our study, surprisingly, and contrary to existing literature, we were unable to establish a [positive] link [20, 56, 57] nor detect a [positive] relationship [22, 59, 66] between despotic leadership and revanchist behaviors. To put it more clearly, our study reveals that despotic leadership does not directly precipitate revanchist behaviors. Interestingly, (unlike the existing literature) emotional exhaustion also does not lead to revanchist behaviors and does not mediate the relationship between despotic leadership and revanchist behaviors [67]. Our study provides a unique perspective compared to existing research. Despite these distinct findings, it remains essential to further examine the relationships among these three variables. Despotic leaders, by fostering a toxic work environment, can lead to both organizational silence and revanchist behaviors, which significantly impact various aspects of nurses' performance, emotional well-being, and overall health [69].

When considering the anticipated relationships among despotic leadership, organizational silence, and revanchist behaviors in our conceptual model, it can be noted that the literature lacks extensive research on those particular relationships. However, as far as it is known, despotic leadership causes negative emotions such as silence in employees [43, 47–49, 69, 72] with a dark, terrifying, hostile, and even demonic side [69]. Employees' perceptions of despotic leadership can also lead them to revanchist behaviors [87], since revenge-seeking behavior, motivated by anger, might help to restore employees' honor and rights [2, 73–75]. Moreover, a different relationship that we cannot see in the literature is that organizational silence plays a mediating role in the relationship between despotic leadership and revanchist behaviors. This relationship was confirmed in our study. That is, organizational silence mediates the relationship between despotic leadership and revanchist behavior. This is a novel finding for the literature. Because the literature has identified a relationship between organizational silence and despotic leadership, and again between despotic leadership and revanchist behaviors [38, 88].

However, the fact that organizational silence mediates this relationship is an original finding of our study. This finding has the possibility of making a significant contribution to the literature. In fact, this finding shows us that employees who encounter despotic leadership practices tend to exhibit revanchist behaviors, and the more silent they become, the more likely this tendency will occur since despotic leaders' mistreatment leads to emotional and psychological distress in nurses [86].

The final relationships defined in our conceptual model enable all variables to be evaluated together. Accordingly, it is assumed that organizational silence and emotional exhaustion play a mediating role in the relationship between despotic leadership and revanchist behaviors. It is possible to come across articles in the literature where these relationships are studied separately. For example, in some studies, the relationship between leadership and organizational silence [e.g., 3, 43, 47, 48, 49], or the relationship between organizational silence and emotional exhaustion [e.g., 28, 52], or the relationship between emotional exhaustion and revanchist behaviors [e.g., 66, 67] (etc.) has been shown without mentioning the relationship between these four variables together. However, there seems to be no study in which all of them are evaluated together. Therefore, the most striking and original finding of our study is that four variables were correlated simultaneously for the first time. This striking finding involves identifying the roles of emotional exhaustion and organizational silence in the relationship between despotic leadership and revanchist behaviors. This finding suggests that despotic leadership does not directly lead to revanchist behaviors. Even when emotional exhaustion is considered as a mediating variable, revanchist behaviors do not emerge. Only with the inclusion of organizational silence as a mediator, following emotional exhaustion, do revanchist behaviors become evident. This highlights the importance of emotional exhaustion and organizational silence as significant mechanisms in the effect of despotic leadership on revanchist behaviors. Thus, as employees experience increasing emotional exhaustion and organizational silence in response to despotic leadership, their tendency to engage in revanchist behaviors also rises. Because silence is linked to feelings of fear, demoralization, and low self-esteem [3, 47], it can exacerbate feelings of isolation, stress, and helplessness in the workplace, thereby creating a conducive environment for emotional and psychological distress [66, 67].

Limitation
Exclusively conducting our work within public hospitals could be defined as a limiting factor. Perhaps, the data obtained from nurses working in private hospitals may yield different findings than our findings. This situation can actually be expressed as a suggestion for future studies. On the other hand, the fact that the majority of the sample in our study consisted of women can be defined as another limitation. The attitudes of female employees and male employees may differ from each other in this sense. Therefore, a more homogeneously distributed sample in terms of gender may provide the opportunity to obtain much different findings.

Additionally, including only professional nurses in the sample may also be a limitation (albeit not a strong one) in terms of objectivity of the data obtained in the face of the presence of other professionals. It may be interesting to evaluate the views of not only nurses but also other healthcare professionals on the relationships between despotic leadership, emotional exhaustion, organizational silence, and revanchist behaviors.

Conclusions
It is known that nurses, like other employees, become psychologically weak under some challenging conditions (such as bad leadership) in organizations and may show some symptoms. Furthermore, when they cannot cope with such negative emotions (such as silence and exhaustion), they may resort to revenge for creating a state of equilibrium. It should be emphasized that despotic leadership, as one of the bad leadership styles in organizations, may be one of the reasons why employees become silent. Despotic leadership can also trigger emotional exhaustion. Furthermore, while despotic leadership alone may not induce revanchist behaviors, its interaction with organizational silence can indeed lead to the emergence of such behaviors. But when there is emotional exhaustion in this relationship instead of organizational silence, revanchist behaviors do not occur. However, despotic leadership primarily leads to emotional exhaustion among employees, which, in turn, causes organizational silence and eventually results in revanchist behaviors.

To eliminate such undesirable counterproductive work behavior, it is essential to implement certain micro and meso-level measures within the organizational setting. First and foremost, the negative effects of despotic leadership should be recognized, and these effects should be reduced by eliminating despotic leadership in organizations at strategic level. Based on this, employees in general and nurses in particular need to be able to speak more openly, not be subjected to mistreatment by their managers, and an organizational climate based on trust needs to be created. Employees should be prevented from turning inward and becoming silent by organizing "talking hours" for example. Informal relationships between individuals should be supported as much as possible and opportunities for this should be created. Perceptions of injustice and inequality should not be caused, an objective and impartial management style should be followed. In addition, individuals should be provided with some

support such as psycho-social support to help them overcome the negative situations they are in.

Declarations

Ethics approval and consent to participate
This study was conducted in accordance with the Declaration of Helsinki and was approved by the Hamidiye Scientific Research Ethics Committee of the Sağlık Bilimleri Üniversitesi. The reference number of the Committee is 2023–22878. Informed consent was obtained from the participants in the study.

Consent for publication
Not applicable.

Questionnaire and scale
The questionnaires and scales used in this study has previously been published elsewhere, and we provide references to them in this manuscript.

Competing interests
The authors declare no competing interests.

References
1. Dong X, Lu H, Wang L, Zhang Y, Chen J, Li B, Huang X, Wan Q, Dong S, Shang S. The effects of job characteristics, organizational justice and work engagement on nursing care quality in China: a mediated effects analysis. J Nurs Adm Manag. 2020;28(3):559–66. https://doi.org/10.1111/jonm.12957.
2. Yılmaz T, Altuntaş S. The organizational revenge intention in nurses: is the organizational justice perception effective? J Health Nurs Manage. 2022;9(1):136–44. https://doi.org/10.54304/SHYD.2022.82612.
3. Farghaly Abdelaliem S, Abou Zeid MAG. The relationship between toxic leadership and organizational performance: the mediating effect of nurses' silence. BMC Nurs. 2023;22(4):1–12. https://doi.org/10.1186/s12912-022-01167-8.
4. Syed F, Akhtar MW, Kashif M, Asrar-Ul-Haq M, Husnain M, Aslam MK. When leader is morally corrupt: interplay of despotic leadership and self-concordance on moral emotions and bullying behavior. J Manage Dev. 2020;39(7/8):911–28.
5. Raja U, Haq IU, De Clercq D, Azeem MU. When ethics create misfit: combined effects of despotic leadership and Islamic work ethic on job performance, job satisfaction, and psychological well-being. Int J Psychol. 2020;55(3):332–41.
6. De Clercq D, Azeem MU, Haq IUl, Bouckenooghe D. The stress-reducing effect of coworker support on turnover intentions: moderation by political ineptness and despotic leadership. J Bus Res. 2020;111(C):12–24. https://doi.org/10.1016/j.jbusres.2020.01.064.
7. Van Wart M, Rahman S, Mazumdar T. The dark side of resilient leadership: vampire leadership. Transylv Rev Administrative Sci. 2021;17:144–65. https://doi.org/10.24193/tras.SI2021.8.
8. Pelletier KL, Kottke JL, Sirotnik BW. The toxic triangle in academia: a case analysis of the emergence and manifestation of toxicity in a public university. Leadership. 2019;15:405–32.
9. Schmidt AA. Development and validation of the toxic leadership scale (master's thesis). USA: University of Maryland; 2008. https://api.drum.lib.umd.edu/server/api/core/bitstreams/34c0937f-a731-495d-9876-c3d5d3a86c2d/content. Accessed 23 June 2024.
10. Schilling J, Schyns B, May D. When your leader just does not make any sense: conceptualizing inconsistent leadership. J Bus Ethics. 2023;185(1):1–13. https://doi.org/10.1007/s10551-022-05119-9.
11. Cheng M-Y, Wang L. The mediating effect of ethical climate on the relationship between paternalistic leadership and team identification: a team-level analysis in the Chinese context. J Bus Ethics. 2015;129(3):639–54. https://doi.org/10.1007/s10551-014-2189-5.
12. Zhou X, Rasool S, Yang J, Asghar M. Exploring the relationship between despotic leadership and job satisfaction: the role of self-efficacy and leader-member exchange. Int J Environ Res Public Health. 2021;18(10):5307. https://doi.org/10.3390/ijerph18105307.
13. Naseer S, Raja U, Syed F, Donia MBL, Darr W. Perils of being close to a bad leader in a bad environment: exploring the combined effects of despotic leadership, leader member exchange, and perceived organizational politics on behaviors. Leadersh Q. 2016;27(1):14–33.
14. Nauman S, Fatima T, Haq IUI. Does despotic leadership harm employee family life: exploring the effects of emotional exhaustion and anxiety. Front Psychol. 2018;9:601.
15. Nauman S, Zheng C, Basit AA. How despotic leadership jeopardizes employees' performance: the roles of quality of work life and work withdrawal. Leadersh Organ Dev J. 2020;42(1):1–16. https://doi.org/10.1108/LODJ-11-2019-0476.
16. Van Prooijen JW, De Vries RE. Organizational conspiracy beliefs: implications for leadership styles and employee outcomes. J Bus Psychol. 2016;31(4):479–91.
17. Wang H, Huang J, Li X, Song Z. The impact of despotic leadership on employee silence and job outcomes: the mediating role of perceived control loss. J Bus Ethics. 2020;162(2):353–69.
18. Naylor D. Speaking up in a culture of silence: changing the organization activity from bullying and incivility to one of listening and productivity. Routledge; 2023.
19. Mackey JD, Ellen B, Parker MA, Charn P, Alexander KC. The dark side of leadership: a systematic literature review and meta-analysis of destructive leadership research. J Bus Res. 2021;132:705–18.
20. Khizar HMU, Tareen AK, Mohelska AF, Hanaysha JR, Akhtar U. Bad bosses and despotism at workplace: a systematic review of the despotic leadership literatüre. Heliyon. 2023;9:1–14. https://doi.org/10.1016/j.heliyon.2023.e19535.
21. Schilling J. From ineffectiveness to destruction: a qualitative study on the meaning of negative leadership. Leadership. 2009;5(1):102–28. https://doi.org/10.1177/1742715008098312.
22. Badar K, Aboramadan M, Plimmer G. Despotic vs narcissistic leadership: differences in their relationship to emotional exhaustion and turnover intentions. Int J Confl Manage. 2023;34(4):818–37. https://doi.org/10.1108/ijcma-12-2022-0210.
23. Son SY, Pak J. Enough is enough! The impact of core self-evaluation on the relationship between despotic leadership and individual outcomes. RMS. 2024;18:777–98. https://doi.org/10.1007/s11846-023-00622-3.
24. Milliken FJ, Schipani CA, Bishara ND, Prado AM. Linking workplace practices to community engagement: the case for encouraging employee voice. Acad Manage Perspect. 2015;29(4):405–21. https://doi.org/10.5465/amp.2013.0121.
25. Sherf EN, Parke MR, Isaakyan S. Distinguishing voice and silence at work: unique relationships with perceived impact, psychological safety, and burnout. Acad Manag J. 2021;64(1):114–48. https://doi.org/10.5465/AMJ.2018.1428.
26. Morrison EW, Milliken FJ. Organizational silence: a barrier to change and development in a pluralistic world. Acad Manage Rev. 2000;25(4):706–25. https://doi.org/10.2307/259200.
27. Bakker AB, Heuven E. Emotional dissonance, burnout, and in-role performance among nurses and police officers. Int J Stress Manage. 2006;13(4):423–40. https://doi.org/10.1037/1072-5245.13.4.423.
28. Lee SE, Seo J, Squires A. Voice, silence, perceived impact, psychological safety, and burnout among nurses: a structural equation modeling analysis. Int J Nurs Stud. 2024;151(1). https://doi.org/10.1016/j.ijnurstu.2023.104669
29. Holland PJ, Allen BC, Cooper BK. Reducing burnout in Australian nurses: the role of employee direct voice and managerial responsiveness. Int J Hum

Resource Manage. 2013;24(16):3146–62. https://doi.org/10.1080/09585192.2013.775032.

30. Tekin G, Kaya Ş. The relationship of organizational justice perception of nurses with revenge and forgiveness behaviors. Mehmet Akif Ersoy Univ J Econ Administrative Sci Fac. 2021;8(1):107–30. https://doi.org/10.30798/makuiibf.792585.

31. Schwappach D, Richard A. Speak up-related climate and its association with healthcare workers' speaking up and withholding voice behaviours: a cross-sectional survey in Switzerland. BMJ Qual Saf. 2018;27(10):836–43. https://doi.org/10.1136/bmjqs-2017-007388.

32. Li ZY, Yang YP, Wang Q, Zhang MX, Luo CW, Zhu LF, Tung TH, Chen HX. Association between abusive supervision and nurses' withholding voice about patient safety: the roles of impression management motivation and speak up-related climate. BMC Nurs. 2024;23:256. https://doi.org/10.1186/s12912-024-01921-0.

33. Yalçın B, Göktepe N, Türkmen E. The relationship between nurses' communication practices, personality traits and organizational silence behavior. J Health Sci. 2023;3(3):336–45. https://doi.org/10.56061/fbujohs.1260532.

34. Yang J, Yang H, Wang B. Organizational silence among hospital nurses in China: a cross- sectional study. Biomed Res Int. 2022;22:1–8. https://doi.org/10.1155/2022/9138644.

35. Ayan A, Ünsar AS, Oğuzhan A. Lı̇derlı̇k Tarzlarının Örgütsel Sessı̇zlı̇k ve Tükenmı̇şlı̇k Düzeyı̇ Üzerı̇ne Etkı̇sı̇: Bı̇r Alan Araştırması. CBÜ Sosyal Bı̇lı̇mler Dergı̇sı̇. 2016;14(2):507–38. https://doi.org/10.18026/cbusos.68544.

36. Fast NJ, Burris ER, Bartel CA. Managing to stay in the dark: managerial self-efficacy, ego defensiveness, and the aversion to employee voice. Acad Manag J. 2014;57(4):1013–34. https://doi.org/10.5465/amj.2012.0393.

37. Kerrissey MJ, Hayirli TC, Bhanj A, Stark N, Hardy J, Peabody CR. How psychological safety and feeling heard relate to burnout and adaptation amid uncertainty. Health Care Manage Rev. 2022;47(4):308–16. https://doi.org/10.1097/hmr.0000000000000338.

38. Bowen F, Blackmon K. Spirals of silence: the dynamic effects of diversity on organizational voice. J Manage Stud. 2003;40(6):1393–417. https://doi.org/10.1111/1467-6486.00385.

39. Detert JR, Burris ER. Leadership behavior and employee voice: is the door really open? Acad Manag J. 2007;50(4):225–41. https://doi.org/10.5465/amj.2007.26279183.

40. Tangirala S, Ramanujam R. Employee silence on critical work issues: the cross level effects of procedural justice climate. Pers Psychol. 2008;61(1):37–68. https://doi.org/10.1111/j.1744-6570.2008.00105.x.

41. Whiteside DB, Barclay LJ. Echoes of silence: employee silence as a mediator between overall justice and employee outcomes. J Bus Ethics. 2013;116(2):251–66. https://doi.org/10.1007/s10551-012-1467-3.

42. Yurdakul M, Beşen MA, Erdoğan S. The organizational silence of midwives and nurses: reasons and results. J Nurs Adm Manag. 2016;24(5):686–94. https://doi.org/10.1111/jonm.12374.

43. Erkutlu H, Chafra J. Leader machiavellianism and follower silence. Eur J Manage Bus Econ. 2019;28(3):323–42. https://doi.org/10.1108/ejmbe-09-2018-0097.

44. Zehir C, Erdoğan E. The association between organizational silence and ethical leadership through employee performance. Procedia Social Behav Sci. 2011;24(42):1389–404. https://doi.org/10.1016/j.sbspro.2011.09.054.

45. Brinsfield CT. Employee silence motives: investigation of dimensionality and development of measures. J Organizational Behav. 2013;34(5):671–97.

46. Eriguc G, Özer Ö, Turac İS, Sonğur C. Thecausesand effects of the organizational silence: on which issues the nurses remain silent? Int J Manage Econ Bus. 2014;10(22):131–53. https://dergipark.org.tr/en/download/article-file/1145890. Accessed 20 May 2024.

47. Adeel S, Muhammad A. Employee silence as mediator in the relationship between toxic leadership behavior and organizational learning. Abasyn J Social Sci. 2017;10(2):294–310.

48. Chou SY, Fannin WR, Barron K. Employee silence, managerial attributions of employee silence, and the moderating role of leader-member exchange: integrating stages of institutionalised socialisation. Int J Manage Pract. 2018;11(4):353–71. https://doi.org/10.1504/IJMP.2018.095180.

49. Xu AJ, Loi R, Lam LW. How abusive supervision and leader-member exchange influence employee silence. 2014 Annual Meeting of the Academy of Management Proceedings. 2014;(1). https://doi.org/10.5465/ambpp.2014.12420abstract

50. Dedahanov AT, Rhee J. Examining the relationships among trust, silence and organizational commitment. Manag Decis. 2015;53(8):1843–57.

51. Gambarotto F, Cammozzo A. Dreams of silence: employee voice and innovation in a public sector community of practice. Innovations. 2010;12(2):166–79.

52. Kim C, Han K, Trinkoff AM, Baek H. Workplace access, burnout, and prescription drug misuse among Korean hospital nurses: a cross-sectional study. BMC Nurs. 2024;23:368. https://doi.org/10.1186/s12912-024-02042-4.

53. Ashforth BE, Lee RT. Burnout as a process: commentary on cordes, dougherty and blum. J Organizational Behav. 1997;18(6):703–08. https://doi.org/10.1002/(SICI)1099-1379(199711)18:6%3C703::AID-JOB847%3E3.0.CO;2-1.

54. Den Hartog DN, De Hoogh AH. Empowering behaviour and leader fairness and integrity: studying perceptions of ethical leader behaviour from a levels-of-analysis perspective. Eur J Work Organ Psychol. 2009;18(2):199–230. https://doi.org/10.1080/13594320802362688.

55. Fontaine P, Ross SE, Zink T, Schilling LM. Systematic review of health information exchange in primary care practices. J Am Board Fam Med. 2010;23(5):655–70. https://doi.org/10.3122/jabfm.2010.05.090192.

56. Hewawitharana A, Saher S, Daniel K, Masih S. Influence of despotic leadership on personnel lives via emotional exhaustion and moderating role of perceived supervisory support: a testing of COR model. Global J Emerg Sci. 2020;2(1):56–69. https://doi.org/10.37187/gjoes.0320.0201.06.

57. Samad A, Memon S, Ali I. Despotic leadership and job satisfaction among nurses: role of emotional exhaustion. Indep J Manage Prod. 2021;12(1):127–42. https://doi.org/10.14807/ijmp.v12i1.1344.

58. Aryee S, Sun LY, Chen ZXG, Debrah YA. Abusive supervision and contextual performance: the mediating role of emotional exhaustion and the moderating role of work unit structure. Manage Organ Rev. 2008;4(3):393–411.

59. Malik MS, Sattar S. Effects of despotic leadership and sexual harassment on emotional exhaustion of employees in health sector of Pakistan: moderating role of organizational cynicism. Rev Econ Dev Stud. 2019;5(2):269–80. https://doi.org/10.26710/reads.v5i2.587.

60. Sarıkaya N, Öztürk S, Öz S, Elmas S. Emotional reactivity and burnout in clinical nurses. J Psychiatric Nurs. 2022;13(3):205–10. https://doi.org/10.14744/phd.2022.24381.

61. Duquette A, Kerouac S, Sandhu B, Beaudet L. Factors related to nursing burnout: a review of empirical knowledge. Issues Ment Health Nurs. 1994;15(4):337–58.

62. Ertem M, Capa S, Karakaş M, Ensari H, Koç A. Investigation of the relationship between nurses' burnout and psychological resilience levels. Clin Experimental Health Sci. 2020;1:9–15. https://doi.org/10.33808/clinexphealthsci.600924.

63. Vahey DC, Aiken LH, Sloane DM, Clarke S, Vargas D. Nurse burnout and patient satisfaction. Med Care. 2004;42(2):1157–66.

64. Ducharme M, Bernhardt J, Padula C, Adams J. Leader influence, the professional practice environment, and nurse engagement in essential nursing practice. J Nurs Adm. 2017;47(7/8):367–75. https://doi.org/10.1097/NNA.0000000000000497.

65. Poku C, Donkor E, Naab F. Determinants of emotional exhaustion among nursing workforce in urban Ghana: a cross-sectional study. BMC Nurs. 2020;19(1):116. https://doi.org/10.1186/s12912-020-00512-z.

66. Chaudhary A, Islam T. Unravelling the mechanism between despotic leadership and psychological distress: the roles of bullying behavior and hostile attribution bias. Kybernetes. 2023;52(12):5829–48. https://doi.org/10.1108/K-10-2021-0987.

67. Syed F, Naseer S, Shamim F. Dealing with the devil: combined effects of destructive leadership and dark triad personality on revenge, happiness and psychological detachment. Can J Administrative Sci. 2022;39(2):213–30. https://doi.org/10.1002/cjas.1660.

68. Pinder CC, Harlos KP. Employee silence: quiescence and acquiescence as responses to perceived injustice. In: Ferris GR, editor. Research in personnel and human resources management. Greenwich: Emerald Group Publishing Limited; 2001. p. 331–69.

69. Picard M. Die welt des schweigens. Verlag: Loco; 2009.

70. Bordia P, Kiazad K, Restubog SLD, DiFonzo N, Stenson N, Tang RL. Rumor as revenge in the workplace. Group Organ Manage. 2014;39(4):363–88. https://doi.org/10.1177/1059601114540750.

71. Robinson SL, Bennett RJ. A typology of deviant workplace behaviors: a multidimensional scaling study. Acad Manag J. 1995;38(2):555–72. https://doi.org/10.5465/256693.

72. Thoroughgood CN, Sawyer KB, Padilla A, Lunsford L. Destructive leadership: a critique of leader-centric perspectives and toward a more holistic definition. J Bus Ethics. 2018;151(3):627–49. https://doi.org/10.1007/s10551-016-3257-9.

73. Bies RJ, Tripp TM. The study of revenge in the workplace: conceptual, ideological, and empirical issues. In: Fox S, Spector PE, editors. Counterproductive

work behavior: investigations of actors and targets. American Psychological Association; 2005. pp. 65–81.

74. Koç O. Revanchist behaviours in the workplace and medea syndrome: a case analysis in the Turkish public administration field. J Administrative Sci. 2016;14(28):587–610.

75. Osgood JM. Is revenge about retributive justice, deterring harm, or both? Soc Pers Psychol Compass. 2017;11(1):1–15. https://doi.org/10.1111/spc3.12296.

76. Mukarram A, Hussain S, Khan M. A brief overview of despotic leadership research. Int Rev Manage Bus Res. 2021;10(1):38–55. https://doi.org/10.30543/10-1(2021)-5.

77. Tufail M, Wazir B, Haroon Ur Rashid M, Faheem Z. Despotic leadership and job satisfaction: exploring the role of psychological distress. Int J Bus Manage Sci. 2023;4(2):15–30.

78. Hanges JH, Dickson MW. The development and validation of the globe culture and leadership scales. In: House RJ, Hanges PJ, Javidan M, Dorfman PW, Gupta V, editors. Leadership, culture, and organizations: The GLOBE study of 62 societies. Thousand Oaks, Sage; 2004. p. 122– 51.

79. Maslach C, Jackson SE. The measurement of experienced burnout. J Organizational Behav. 1981;2:99–113. https://doi.org/10.1002/job.4030020205.

80. LDyne LV, Ang S, Botero IC. Conceptualizing employee silence and employee voice as multidimensional constructs. J Manage Stud. 2003;40:1359–92.

81. Stuckless N, Goranson R. The vengeance scale: development of a measure of attitudes toward revenge. J Soc Behav Pers. 1992;7:25–42.

82. Fornell C, Larcker DF. Evaluating structural equation models with unobservable variables and measurement error. J Mark Res. 1981;18(1):39–50. https://doi.org/10.2307/3151312.

83. Hair JF, Matthews LM, Matthews RL, Sarstedt M. PLS-SEM or CB-SEM: updated guidelines on which method to use. Int J Multivar Data Anal. 2017;1:107–23.

84. Howell JM, Avolio BJ. Transformational leadership, transactional leadership, locus of control, and support for innovation: key predictors of consolidated-business-unit performance. J Appl Psychol. 1993;78(6):891-902. https://doi.org/10.1037/0021-9010.78.6.891.

85. Chin WW, Marcolin BL, Newsted PR. A partial least squares latent variable modeling approach for measuring interaction effects: results from a Monte Carlo simulation study and an electronic-mail emotion/adoption study. Inf Syst Res. 2003;14:189–217. https://doi.org/10.1287/isre.14.2.189.16018.

86. Anasori MK, Khaliq M, Mehmood MA. Destructive leadership and employee identification with the organization: the mediating role of emotional exhaustion and psychological safety. J Bus Ethics. 2021;170(2):299–314.

87. Khan HGA, Ain UI, Mumtaz Q. The relationship between despotic leadership and employee outcomes: an empirical study from Pakistan. J Asian Finance Econ Bus. 2022;9(6):331–41. https://doi.org/10.13106/jafeb.2022.vol9.no6.0331.

88. Staub E. Promoting healing and reconciliation in Rwanda, and generating active bystandership by police to stop unnecessary harm by fellow officers. J Association Psychol Sci. 2019;14(1):60–4. https://doi.org/10.1177/1745691618809384.

Publisher's note