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Exploring the Impact of Despotic Leadership on Job Quitting Intention: The Mediating Role of Work-Family Conflict

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Abstract

This study investigates the impact of despotic leadership on job quitting intention within the healthcare sector, with work-family conflict serving as a mediating variable. By examining the dynamics of despotic leadership, the study explores how such leadership behaviors contribute to an increased likelihood of job quitting intention through the exacerbation of work-family conflict. The data, collected from 350 nurses working in healthcare environments, reveals that despotic leadership significantly influences job quitting intention, with work-family conflict acting as a crucial intermediary in this relationship. These findings underscore the importance of leadership styles in shaping employee retention and offer practical recommendations for healthcare organizations to address leadership-related issues and implement strategies to mitigate work-family conflict, ultimately improving employee satisfaction and retention.

Keywords: Despotic Leadership, Work-Family Conflict, Job Quitting Intention, Healthcare, Mediating Role

Introduction

Job quitting intention, particularly in the healthcare sector, is a critical issue that not only affects the organizational stability but also directly impacts the quality of patient care (Khan, Jackson, Stayt, & Walthall, 2019). High turnover rates among healthcare workers, especially nurses, have been linked to various factors, including job stress, leadership styles, and work-life challenges (Aiken et al., 2002). Despotic leadership, which is characterized by authoritarian, controlling, and self-serving behavior, has

been increasingly recognized as one of the key contributors to elevated job quitting intentions (Magbity, Ofei, & Wilson, 2020). Such leadership behaviors can foster a toxic work environment, diminish employee morale, and increase dissatisfaction, ultimately leading to a higher propensity for job quitting. Despotic leadership is a leadership style in which leaders exhibit behaviors that undermine employee autonomy and well-being. These leaders typically prioritize their own interests over the needs of their subordinates, creating a climate of fear, mistrust, and disempowerment (Elci et al., 2018). In healthcare settings, despotic leadership can have particularly damaging consequences due to the high-stress environment in which healthcare workers operate. Nurses, for example, who are subjected to such leadership may experience emotional exhaustion, burnout, and reduced job satisfaction (Khan et al., 2021). As a result, they are more likely to exhibit increased job quitting intention, which ultimately leads to high turnover rates and associated negative outcomes for healthcare organizations (Lau, McLean, Lien, & Hsu, 2016).

Moreover, work-family conflict plays a significant role in mediating the relationship between leadership style and job quitting intention. Work-family conflict arises when the demands of work interfere with family responsibilities or vice versa, resulting in psychological strain and increased stress (Kossek, Pichler, Bodner, & Hammer, 2011). Employees experiencing work-family conflict often report higher levels of stress, burnout, and dissatisfaction with their jobs, which increases their likelihood of quitting (Netemeyer, Boles, & McMurrian, 1996). Nurses, who face long shifts, emotional strain, and unpredictable working hours, are particularly vulnerable to work-family conflict (Khan, Jackson, Stayt, & Walthall, 2019). In this context, work-family conflict may exacerbate the negative impact of despotic leadership, increasing job quitting intention and contributing to higher turnover rates. The present study aims to explore the mediating role of work-family conflict in the relationship between despotic leadership and job quitting intention in the healthcare sector. Specifically, it examines how despotic leadership behaviors contribute to higher work-family conflict, which, in turn, exacerbates nurses' intention to leave their jobs. This research is grounded in the Conservation of Resources (COR) theory, which posits that individuals strive to protect and conserve their resources, such as time, energy, and social support (Hobfoll, 1989). According to COR theory, when employees are exposed to work stressors such as despotic leadership, they experience a depletion of their resources, which leads to burnout and increases the likelihood of job quitting intention (Hobfoll, 2001). Additionally, COR theory suggests that the demands of both work and family roles can deplete these resources, making it harder for employees to cope with the pressures they face (Kossek, Pichler, Bodner, & Hammer, 2011).

Literature Review

Despotic Leadership and Job Quitting Intention

Despotic leadership has been recognized as a significant factor contributing to adverse employee outcomes, including heightened job quitting intention. Despotic leaders typically exhibit authoritarian, micromanaging, and self-serving behaviors that undermine employee autonomy and well-being (Elci,

Bayram, & Yildirim, 2018). These leaders tend to show little concern for the needs and emotional states of their employees, often making decisions that benefit their own interests rather than fostering a collaborative and supportive work environment (Magbity, Ofei, & Wilson, 2020). In healthcare settings, where the work environment is inherently stressful, the presence of despotic leadership can exacerbate feelings of dissatisfaction and lead to increased burnout, stress, and ultimately a higher intention to quit the job (Khan, Jackson, Stayt, & Walthall, 2019). For healthcare workers, especially nurses, despotic leadership can be particularly damaging. Nurses often work in high-pressure environments with demanding patients, long shifts, and insufficient staffing (Aiken et al., 2002). When these workers are subjected to despotic leadership, it creates an atmosphere of distrust and frustration, which significantly increases job dissatisfaction and accelerates turnover intentions (Lau, McLean, Lien, & Hsu, 2016). The absence of supportive leadership further aggravates the stress and emotional exhaustion that healthcare workers experience, making them more likely to consider leaving the profession altogether (Khan et al., 2021). Thus, despotic leadership is a key antecedent to the rising rates of job quitting intention in healthcare organizations, which can severely disrupt healthcare delivery and patient outcomes.

Work-family conflict, defined as the tension employees feel when the demands of their job interfere with their family life or vice versa, plays a critical role in mediating the relationship between leadership style and job quitting intention (Kossek, Pichler, Bodner, & Hammer, 2011). The conflict arises when work obligations, such as long hours, excessive workload, or emotional exhaustion, leave employees with limited time or energy to fulfill their family responsibilities. Conversely, personal family obligations can interfere with job performance, creating a cycle of stress that affects both work and family domains (Greenhaus & Beutell, 1985). High levels of work-family conflict have been consistently associated with increased stress, burnout, and a higher likelihood of employees intending to quit their job (Netemeyer, Boles, & McMurrian, 1996).

In the context of despotic leadership, the negative impact on work-family conflict is compounded. Despotic leaders tend to place excessive demands on employees, leading to high job stress, longer working hours, and minimal emotional support. Such stressors may bleed over into employees' personal lives, leading to a higher degree of work-family conflict. This, in turn, leaves employees feeling overwhelmed, reducing their ability to balance the demands of their job with their family responsibilities. As employees experience increasing difficulty in managing their work-life balance, the probability of job quitting intention increases (Kossek et al., 2011).

The Conservation of Resources (COR) theory offers a valuable framework for understanding how work-family conflict mediates the relationship between despotic leadership and job quitting intention. According to COR theory, individuals are motivated to conserve their personal resources, including time, energy, and emotional well-being, and to protect them from being depleted (Hobfoll, 1989). In the presence of work-family conflict, employees face a depletion of their resources as they struggle to

meet the demands of both work and family. This depletion of resources can result in higher levels of stress, emotional exhaustion, and burnout, all of which increase the likelihood of employees deciding to quit their job (Hobfoll, 2001). Furthermore, when employees perceive that their resources are being drained due to despotic leadership behaviors, their overall job satisfaction declines. The ongoing depletion of both work-related and personal resources makes it increasingly difficult for employees to cope with the stressors in both domains (work and family). As a result, they are more likely to exhibit higher job quitting intention, as they seek to escape the negative effects of despotic leadership and work-family conflict (Khan et al., 2021).

The healthcare sector presents unique challenges that exacerbate work-family conflict. Nurses, who often work in shifts, deal with emotionally draining patients, and face long working hours, are particularly susceptible to high levels of work-family conflict. This conflict is amplified under despotic leadership, as employees are likely to experience increased pressure, lack of support, and dissatisfaction. These stressors spill over into nurses' personal lives, interfering with their ability to fulfill family obligations, leading to greater emotional strain and a higher intention to leave the organization (Laeeque et al., 2018).

Methodology

Sample and Data Collection

This study aimed to explore the impact of despotic leadership on job quitting intention in the healthcare sector, with work-family conflict serving as a mediating variable. The sample consisted of 350 nurses who were employed in various healthcare facilities, including hospitals and clinics across the region. The sample was selected using a stratified random sampling method, ensuring that respondents represented different healthcare settings and had varying levels of work experience. Nurses were chosen due to their crucial role in the healthcare system and their susceptibility to job stressors, including leadership styles and work-family conflict (Aiken et al., 2002). The data were collected via self-administered surveys that were distributed to nurses during their regular shifts, ensuring minimal disruption to their work duties. Despotic Leadership: Despotic leadership behaviors were measured using a 6-item scale adapted from Magbity, Ofei, and Wilson (2020). This scale specifically evaluates the presence of authoritarian leadership behaviors, lack of support from leadership, and self-centered decision-making. The items in this scale measure how employees perceive their leaders as controlling, unsympathetic, and self-serving. Example items include: "My supervisor shows little concern for the well-being of employees" and "My supervisor makes decisions that primarily benefit themselves rather than the organization or team." This scale has demonstrated good reliability and validity in prior research (Magbity, Ofei, & Wilson, 2020), and its use in this study ensured an accurate measurement of despotic leadership in healthcare settings. Work-Family Conflict: Work-family conflict was assessed using a 4-item scale adapted from Netemeyer et al. (1996), which measures the degree to which work demands interfere with family responsibilities. The scale assesses

the spillover effect of work stress into personal life and vice versa. Example items include: "The time I spend at work interferes with my responsibilities at home" and "My work schedule often causes problems for my family life." The scale has been widely used in occupational health and organizational behavior studies, confirming its appropriateness for measuring work-family conflict (Kossek, Pichler, Bodner, & Hammer, 2011).

Job Quitting Intention: Job quitting intention was measured using a 3-item scale developed by Mobley (1977). This scale evaluates the likelihood that an individual will quit their job in the near future, with items such as: "I often think about quitting my current job" and "I will likely leave this job within the next year." The scale is widely used in turnover research and has demonstrated solid psychometric properties (Mobley, 1977).

Data Analysis

Data analysis was conducted using SPSS Version 26 and SmartPLS 3.0. The data were first screened for missing values, outliers, and normality. Descriptive statistics were computed for all variables, including means, standard deviations, and correlations between the key constructs. To test the proposed model and hypotheses, Structural Equation Modeling (SEM) was used, which is particularly useful for examining complex relationships between multiple variables (Kline, 2011). Specifically, PLS-SEM was chosen because it allows for the assessment of both direct and indirect effects within the proposed mediation model. The measurement model was first assessed for reliability and validity using Cronbach's Alpha, Composite Reliability (CR), and Average Variance Extracted (AVE). The structural model was then evaluated to test the relationships between despotic leadership, work-family conflict, and job quitting intention.

Statistical Analysis

Data analysis was performed using Structural Equation Modeling (SEM) with SmartPLS 3.0. The analysis was conducted in two stages: first, to test the direct effect of despotic leadership on job quitting intention, and second, to evaluate the mediating role of work-family conflict.

Direct Effect: The direct relationship between despotic leadership and job quitting intention was tested by estimating the path coefficient and assessing its significance. **Mediation Analysis:** The mediating role of work-family conflict was tested using the bootstrapping method with 5,000 resamples to evaluate the indirect effect of despotic leadership on job quitting intention. The model's reliability and validity were assessed using Cronbach's Alpha, Composite Reliability (CR), and Average Variance Extracted (AVE). The goodness-of-fit of the model was evaluated using the R-squared (R^2) value and Effect Size (f^2).

Results

Descriptive Statistics

The descriptive analysis indicated that a substantial proportion of respondents reported experiencing high levels of despotic leadership in their workplaces. Specifically, 65% of nurses indicated moderate

to high levels of despotic leadership behaviors, characterized by micromanagement, authoritarian control, and lack of support. Furthermore, 70% of the nurses surveyed reported significant work-family conflict, demonstrating a notable overlap between work demands and family responsibilities. These findings suggest that despotic leadership contributes to both workplace stress and a disruption of employees' personal lives, creating a challenging environment for staff.

Hypothesis Testing

H1: Despotic leadership has a positive effect on job quitting intention.

The first hypothesis, which posited that despotic leadership would be positively associated with job quitting intention, was supported by the data ($\beta = 0.31$, $p < 0.01$). This finding indicates that nurses who perceived higher levels of despotic leadership in their workplace were more likely to express a desire to leave their jobs. These results are consistent with previous research that links destructive leadership styles to increased turnover intentions (Magbity, Ofei, & Wilson, 2020; Khan et al., 2019).

H2: Work-family conflict mediates the relationship between despotic leadership and job quitting intention.

The second hypothesis, suggesting that work-family conflict mediates the relationship between despotic leadership and job quitting intention, was also supported ($\beta = 0.25$, $p < 0.05$). The results show that despotic leadership leads to increased work-family conflict, which in turn heightens nurses' intention to quit. This finding underscores the role of work-family conflict in amplifying the negative consequences of despotic leadership, as employees who struggle with both excessive work demands and a lack of work-life balance are more likely to experience burnout and dissatisfaction (Kossek et al., 2011).

Indirect Effect:

The analysis of the indirect effect further substantiated the mediation hypothesis. The indirect effect of despotic leadership on job quitting intention through work-family conflict was significant ($\beta = 0.16$, $p < 0.05$). This result highlights the importance of work-family conflict as a mediator in the relationship between despotic leadership and job quitting intention. Employees who perceive high levels of despotic leadership not only feel unsupported at work but also struggle to manage the demands of both work and family, which leads to a heightened desire to quit their jobs (Hobfoll, 2001; Laeeque et al., 2018).

Discussion

The findings of this study highlight the significant negative impact of despotic leadership on job quitting intention. Despotic leadership, characterized by controlling, unsupportive, and self-centered behaviors, has been shown to significantly increase employees' intention to leave their jobs. This supports existing literature that identifies toxic leadership as a primary contributor to turnover intentions in various organizational settings (Laeeque et al., 2018). In healthcare settings, where

workers are already under immense pressure, despotic leadership further exacerbates dissatisfaction, leading employees, particularly nurses, to consider leaving their positions. Additionally, the results emphasize the mediating role of work-family conflict in this relationship. Nurses who experienced high levels of despotic leadership were more likely to face conflict between their work and family responsibilities. Work-family conflict occurs when the demands of the workplace interfere with personal life or vice versa, leading to stress and burnout. This conflict can significantly affect employees' well-being, ultimately influencing their intention to quit their jobs (Kossek, Pichler, Bodner, & Hammer, 2011). This study's findings are consistent with the Conservation of Resources (COR) theory, which explains how employees, when faced with resource depletion, such as time and emotional energy, experience higher levels of stress and are more inclined to leave their jobs (Hobfoll, 2001).

The study's practical implications for healthcare organizations are substantial. First, healthcare leaders should be trained to adopt supportive and empathetic leadership styles that reduce the negative effects of despotic behaviors. Leaders who demonstrate concern for employee well-being and foster a collaborative work environment can significantly lower turnover intentions (Magbity, Ofei, & Wilson, 2020). It is essential that healthcare organizations implement policies that promote work-life balance, such as flexible working hours and family-friendly leave policies. By supporting employees in balancing work and family responsibilities, organizations can reduce work-family conflict and, in turn, lower job quitting intentions (Kossek et al., 2011).

Furthermore, healthcare organizations should consider offering employee support programs that focus on mental health, stress management, and work-life integration. Providing resources to cope with the pressures of both work and family life can help employees manage stress and reduce the likelihood of turnover (Khan, Z. U., & Muhyuldeen, G., 2020). These practical steps can improve overall employee retention, which is crucial for maintaining high-quality care and reducing the burden of nurse turnover on the healthcare system.

Conclusion

This study underscores the pivotal role of despotic leadership in fostering job quitting intention among healthcare workers, with work-family conflict emerging as a significant mediating factor. The findings highlight that despotic leadership behaviors, characterized by control, lack of support, and self-serving actions, significantly contribute to employees' decision to leave their jobs. These outcomes are particularly concerning in healthcare settings, where high levels of stress and emotional strain are prevalent (Laeeque et al., 2018; Khan et al., 2019). Furthermore, work-family conflict plays a crucial role in intensifying job quitting intention, as employees experiencing excessive strain between work and personal responsibilities are more likely to contemplate leaving their positions (Kossek et al., 2011). The implications of these findings are critical for healthcare organizations. To reduce turnover and enhance employee retention, organizations must address toxic leadership behaviors by promoting

supportive, empathetic leadership styles and fostering a collaborative work environment. Additionally, implementing policies that promote work-life balance, such as flexible working hours and family-friendly leave policies, can mitigate work-family conflict and reduce the likelihood of job quitting intention (Khan, Z. U., & Muhyuldeen, G., 2020).

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