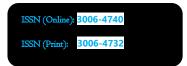# Effect of Autocratic Leadership on Nurses' Psychological Well-being in Pakistan: Examining the Roles of Psychological Empowerment and Power Distance Orientation

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Abstract

This study explores the impact of autocratic leadership on nurses' psychological well-being, with psychological empowerment as a mediator and individual power distance orientation as a moderator. Conducted through a cross-sectional survey of 230 nurses in Rawalpindi, Pakistan, the study found that autocratic leadership does not directly harm nurses' well-being. Instead, psychological empowerment helps mitigate negative effects by allowing nurses to feel a sense of influence over their work. Additionally, nurses with high power distance orientation are more accepting of autocratic leadership and experience fewer adverse effects. These findings challenge the assumption that autocratic leadership is universally harmful, suggesting it can provide structure in regulated environments. Organizations should balance control with participatory leadership to enhance psychological empowerment, improving both staff well-being and patient care. Future research should incorporate longitudinal data and explore additional moderating factors like organizational culture and social support.

Keywords: Autocratic leadership, Psychological well-being, Psychological empowerment, Power distance orientation

Background

Leadership style is vital in shaping workplace dynamics, especially in high-stress environments such as healthcare. Among different leadership styles, autocratic leadership is characterized by centralized decision-making, minimal employee participation, and strict hierarchical structures (Zheng et al., 2021). While this style may enhance efficiency and order, it can also significantly affect employee well-being. Leadership styles significantly impact their psychological well-being in the healthcare sector, where nurses form the backbone of patient care (Specchia et al., 2021).

Nurses often experience high levels of stress due to workload, emotional demands, and the critical nature of their responsibilities. Psychological well-being, which includes aspects like job satisfaction, emotional stability, and resilience, is crucial for ensuring quality healthcare services (Priya, 2023). Autocratic leadership, which limits nurses' autonomy and decision-making power, can negatively influence their mental health, leading to stress, burnout, and dissatisfaction (Ruggeri et al., 2020). Conversely, some studies suggest that autocratic leadership can be beneficial in crises where quick decisions are necessary (Bass & Riggio, 2006).

Psychological empowerment, defined as an individual's perception of their ability to influence work-related outcomes, may mediate the relationship between leadership style and psychological well-being (Avolio et al., 2004). Empowered employees are more engaged, proactive, and satisfied with their roles. However, in environments where autocratic leadership is dominant, psychological empowerment may be limited, exacerbating stress and reducing motivation (Conger & Kanungo, 1988).

This study aims to explore the impact of autocratic leadership on the psychological well-being of nurses, with psychological empowerment as a mediator and individual-level power distance orientation as a moderator. Understanding these relationships can provide insights into improving workplace environments in healthcare settings and ensuring better mental health for nurses.

Nurses employed in public and private healthcare organizations within the Rawalpindi District were the unit of analysis for this research. Nurses are crucial in healthcare teams, serving as key contributors to patient health outcomes during hospital stays and follow-up visits. Across all institutions—primary, secondary, tertiary hospitals, educational institutions, and others—nurses play a vital role in improving overall health outcomes and advancing the goal of SDG 3, "Health and Well-being." In this context, the psychological well-being of nurses is paramount, as it directly impacts the quality of care they provide to patients.

Leadership plays a critical role in shaping the work environment within healthcare organizations. Among the various leadership styles, autocratic leadership has received attention for its potential effects on employees' psychological well-being, particularly nurses at the front lines of patient care. Autocratic leadership is characterized by centralized decision-making, minimal input from subordinates, and a clear hierarchical structure (Zheng et al., 2021). While this leadership style may have benefits in terms of efficiency and control, it may also have significant implications for nurses' mental and emotional health.

The primary research question of this study is: What impact does autocratic leadership have on nurses' psychological well-being? This article aims to explore the relationship between autocratic leadership and the psychological well-being of nurses by reviewing existing literature, analyzing the potential psychological effects, and considering various mediating factors such as empowerment and organizational culture.

Nurses, who comprise most healthcare staff, play a crucial role in providing high-quality care, a priority valued by the community. A healthcare system must balance public health promotion with controlling rising costs in an ever-changing environment (Specchia et al., 2021). Nurses' job satisfaction is closely linked to optimal care, and advancements in information and technology are key to enhancing nursing practice. The quality of care depends on nurses' skills, and their psychological wellness—encompassing purpose, positivity, and life satisfaction—strongly influences their overall health (Priya, 2023; Ryff, 1989; Ruggeri et al., 2020; Paul & Perwez, 2023).

Leadership styles significantly influence organizational performance and staff treatment in the healthcare industry. A nursing manager's leadership can improve nurse retention, reduce turnover, and boost patient satisfaction, strengthening organizational bonds and enhancing productivity (Zhao & Taylor, 2020). Autocratic leadership, characterized by centralized decision-making and limited subordinate involvement, can negatively impact nurses'

psychological health. In the high-stress healthcare environment, autocratic leadership may create rigid structures and power imbalances and reduce autonomy, harming nurses' well-being. Understanding these effects is crucial, as nursing requires emotional resilience, and leadership shapes the work culture, directly affecting staff morale and engagement.

Stress is nurses' second most significant occupational health risk after musculoskeletal issues (Bernal et al., 2015). Their leadership style influences nurses' productivity, decision-making, and patient care (Kleinman, 2004). Leadership approaches also impact founders' resilience and psychological well-being, affecting their companies' success (Kleine & Schmitt, 2021). Research has explored the link between worker satisfaction and organizational performance, focusing on transformational, transactional, and laissez-faire leadership styles (Bass & Avolio, 1994). Autocratic leaders restrict subordinates' involvement in decision-making (Zheng et al., 2021) and tend to make decisions based on personal judgment, rarely considering input from others (Maqsood et al., 2013).

Centralized management, with its hierarchical structure and limited staff involvement in decision-making, raises concerns about its impact on nurses' well-being, emotional stability, and job satisfaction. Under autocratic leadership, communication between workers and superiors is restricted (Loi et al., 2012).

Psychological empowerment is a key factor that may mediate the relationship between nurses' psychological health and centralized authority. Avolio et al. (2004) suggest that empowered employees see themselves as creative and proactive. Empowering staff involves enhancing their perception of their abilities and granting them autonomy. This concept aligns with Conger and Kanungo's theory, which emphasizes self-determination and belief in one's skills as central to motivation and empowerment.

This article examines the impact of authoritative management on nurses' well-being, highlighting the role of individual power distance orientation. In authority-driven organizations, leaders consistently direct staff on how to perform tasks (Chen et al., 2016). Psychological empowerment emerges as a key factor that may mediate the effect of authoritarian management on nurses' psychological well-being.

Research Objective

- To investigate the association between nurses' psychological well-being and autocratic leadership

Research Question

- How does autocratic leadership influence the psychological well-being of nurses in healthcare settings?

Methods and Materials

A non-probability convenience sampling technique was employed to gather data from 230 nurses in Rawalpindi. Data were analyzed using SPSS and Smart PLS to examine the hypothesized relationships.

Research Design

Research design is collecting, analyzing, and drawing conclusions from data. It refers to the comprehensive strategy for a study, encompassing data collection, analysis of results, and hypothesis testing. This study investigated the role of psychological empowerment as a mediator and individual-level power distance orientation as a moderator to

understand better how autocratic leadership affects nurses' psychological well-being. The primary goal of explanatory research is to identify the factors influencing a specific phenomenon or its underlying causes. This research examines the cause-and-effect relationship between autocratic leadership and nurses' psychological well-being, incorporating mediation and moderation analyses.

The study focused on nurses employed in public and private hospitals within the Rawalpindi District.

Data Collection

Data was collected in contrived and non-contrived settings, with questionnaires distributed electronically via Google Forms and in person at their workplaces. Each respondent received clear explanations about the questionnaire items to ensure understanding. Participants were given the flexibility to complete the questionnaires at their convenience. The electronic platform aimed to capture diverse perspectives from technologically engaged nurses. At the same time, hard copies of the questionnaires were distributed during on-site visits to nurses during their duty hours. The study focused on a specific area of inquiry with minimal research intervention. Cross-sectional data for the study was collected from November 23 to January 24. Cross-sectional data was collected using a structured, self-reported questionnaire.

One advantage of this cost-effective approach was the reduced involvement of researchers, which minimized the potential for respondent biases. This method also allowed respondents to complete the surveys at their convenience, enabling them not to be a part of groupthink, reflect thoughtfully on their responses, and offer well-considered input. Groupthink is a well-established phenomenon that has significant implications for decision-making processes within groups (Sama, 2024).

Population, Sample Technique, Sample Size

Nurses in Pakistan's Rawalpindi District's governmental and private hospitals contributed to the research study's data. The leading hospitals involved in the data collection were Benazir Bhutto Hospital, Zohra Institute of Health Sciences, Royal Institute of Health Sciences, Tehsil Headquarters Hospital, Combined Military Hospital, and Armed Forces Postgraduate Medical Institute. To acquire more profound knowledge, nurses with different degrees of work experience—male and female—were enlisted.

Due to the unavailability of staff nurse lists, a non-probability convenience sampling method was used for data collection. This approach allowed for easy and practical engagement with available staff nurses from various hospitals in Rawalpindi. Unlike probability sampling, which requires detailed staff lists, convenience sampling enables voluntary participation. It is beneficial when there is limited prior knowledge on the topic, helping to identify trends for further research. Logistical, cultural, or geographic factors often make probability-based sampling difficult (Neuman, 2013), and in such cases, convenience sampling is a practical alternative, especially for targeting specific groups. This method is commonly used in online surveys, as seen in this study, where participants were easily reached via digital platforms. While convenience sampling may not provide generalizable results, it is valuable in the exploratory phase of research, generating hypotheses and refining research questions for future studies with more rigorous sampling methods (Creswell & Creswell, 2017).

Research Instrument

Data was collected using standardized questionnaires that have been used in previous studies. All items on these questionnaires were measured using Likert Scales. The questionnaire included demographic information and

instruments related to psychological well-being, psychological empowerment, individual-level power distance orientation, and autocratic leadership.

All study variables were assessed using a 7-point Likert Scale, ranging from "Very Strongly Disagree" (1) to "Very Strongly Agree" (7).

Data Analysis

A partial least square analysis was used to evaluate the study's hypothesis. Smart PLS is one of the trendiest methods for data analysis. The partial least square model was used to reduce each variable's elements for further examination. The model for measurements and the structural model are the two stages of the PLS model explanation. The measurement model determines validity, reliability, and consistency using convergent and discriminant validity, and the structural model shows the paths and interactions between the variables (Islam et al., 2020). The dependability of each item in PLS was ascertained by construct loading on the corresponding latent construct (Ali et al., 2022).

RESULTS

Autocratic Leadership

Autocratic leadership was assessed using an 8-item scale developed by Cheng, Chou, Huang, and Farh (2004). It is a seven-point Likert scale, with very Strongly disagree = 1 and very Strongly agree = 7. The value for Cronbach's alpha coefficient of autocratic leadership was 0.900. One sample item is "My supervisor asks me to obey his/her instructions completely."

Psychological Well-being

Psychological Well-being was measured by using 18 item scale developed by Ryff and

Keyes,1995; Curhan et al, (2014). Psychological well-being was measured on a seven-point Likert scale, with very strongly disagree=1 and very strongly agree=7. Cronbach's alpha coefficient was 0.880. One sample item is "I like most parts of my personality."

Demographic Statistics of the Respondents

The 230-response sample included 56 male responses and 174 female responses. Table 1 presents the gender frequency distribution, demonstrating that most of the data was provided by female respondents. This study examined four distinct demographic categories. The following sections explain each demographic variable's summary in depth. They were also considered in the regression analysis.

Gender

From the overall sample size of 230, the analysis indicates that 24.3% of the respondents were male and 75.5% were female. The result coincides with what was noted throughout the data collection phase. The demographic targeted comprised nurses employed at Rawalpindi's public and private hospitals; most of the population was female, but there was also an adequate number of males performing nursing duties. Table 1 illustrates the frequency distribution of genders.

Table 1 Frequency distribution of genders.

Gender				
Categories	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid Male	56	24.3	24.3	24.3
Female	174	75.7	75.7	100.0
Total	230	100.0	100.0	

The analysis confirmed the significant mediating role of psychological empowerment and the moderating effect of individual-level power distance orientation in the relationship between autocratic leadership and psychological well-being. Most hypotheses were supported except for the direct effect of autocratic leadership.

Hypothesis Result

Hypothesis	Relationship	β	SD	T	P	Status
H1	AL-> PWB	0.038	0.093	0.273	0.785	Not Supported

Discriminant Validity

Discriminant validity was assessed to confirm each item's uniqueness. Both the HTMT ratio and the Fornell-Larcker criterion were applied. Table 2 presents the Fornell-Larcker results, confirming discriminant validity as all diagonal values exceed the non-diagonal values. Henseler et al. (2015) introduced the HTMT method, noting that Fornell-Larcker and cross-loading often fail to verify discriminant validity. The HTMT results in this study show that all variable values are below the threshold of 0.85, further confirming that all components are distinct.

ANOVA

Psychological well-being

	F	p-value
Gender	1.174	.207
Age	1.922	.000
Qualification	1.077	.347
Work Experience	1.473	.025

The statistical data was collected to examine the moderating effect of individual power distance orientation and the mediating role of psychological empowerment in the relationship between autocratic leadership and psychological well-being. Both statistical and quantitative analyses were conducted to derive the results. A one-way ANOVA was applied for quantitative analysis of demographic variables. To test the hypothesis, regression and correlation analyses were used to explore the relationships between the variables. Two software programs were employed:

SPSS for quantitative analysis, one-way ANOVA and correlation analysis, and Smart-PLS for regression analysis. This incorporates various analytical methods, including quantitative data analysis, descriptive analysis, one-way ANOVA, correlation analysis, and regression analysis, to investigate the connections between autocratic leadership, psychological empowerment, psychological well-being, and individual-level power distance orientation.

A one-way ANOVA was applied to assess the impact of demographic variables on the dependent variables. If a demographic trait significantly affects the dependent variables, it can be considered for manipulation. The results of the one-way ANOVA are displayed in Table 8. The mean value of psychological well-being (PWB) shows significant variation, with age having an F value of 1.922 and a p-value of .000 and job experience having an F value of 1.473 and a p-value of 0.025. PWB varies significantly with age. However, there was no significant difference in the mean psychological well-being scores based on gender or education level.

The analysis examining the relationship between autocratic leadership (AL) and psychological well-being (PWB) reveals a non-significant positive association, contrary to the hypothesis (H1), which predicted a negative relationship between the two variables. Instead, the results suggest a minimal or possibly even positive connection between autocratic leadership and psychological well-being. This outcome aligns with existing literature, often indicating that the relationship between leadership styles and employee outcomes is complex and multifaceted.

The lack of a negative association between autocratic leadership and psychological well-being could be attributed to several factors. For example, autocratic leadership may not hurt psychological well-being in specific contexts or situations. In highly structured crises, autocratic leadership might offer clarity and direction, potentially benefiting employee well-being (Bass & Riggio, 2006). Additionally, individual differences among employees may moderate this relationship. Some individuals may be more resilient to autocratic leadership and perform well in environments with clear instructions. In contrast, others may experience lower well-being under such leadership styles (Avolio & Bass, 1995).

Further understanding how autocratic leadership influences nurses' emotions, stress levels, burnout, job satisfaction, and overall mental health could provide valuable insights for improving workplace conditions and fostering a healthier work environment. Autocratic leaders typically make decisions without consulting others, which can lead to prompt action but may also result in disengagement and complacency among employees (Coleman et al., 2002). In contrast, transformational leadership emphasizes inspiring and empowering employees, promoting a more positive work environment. Research indicates that transformational leadership generally benefits nurses' well-being, job satisfaction, and overall work engagement (Ibtissam et al., 2020; Geyan et al., 2022; Kohnen et al., 2024).

Additionally, the measures used to assess autocratic leadership and psychological well-being may have influenced the observed relationship. Different instruments may capture distinct aspects of these constructs, and the assessed dimensions could produce varying results (Barling et al., 2011). Although the results did not support the anticipated negative link between autocratic leadership and psychological well-being, they contribute to the broader discussion on how leadership styles affect employee outcomes. Future research could explore potential boundary conditions or moderators that may shape the relationship between autocratic leadership and psychological well-being.

The rejection of the hypothesis suggesting that autocratic leadership negatively impacts nurses' well-being could be attributed to other factors observed in this study. For example, strong social support, sufficient job resources, or individual coping mechanisms among nurses may have buffered the potential adverse effects of autocratic leadership. The failure to confirm the hypothesis highlights the complexity of leadership styles and their impact on nurses' well-being. It emphasizes further research to understand better the intricate interactions between leadership approaches and psychological outcomes in healthcare settings.

DISCUSSION

The findings of this study indicate that autocratic leadership does not directly negatively affect nurses' psychological well-being. Contrary to expectations, the data suggests a minimal or slightly positive relationship between these two variables. This result challenges the assumption that autocratic leadership always leads to adverse psychological outcomes. Instead, this leadership style may provide stability in specific structured environments where clear direction and control are necessary (Bass & Riggio, 2006).

Existing literature presents mixed findings on the impact of autocratic leadership on psychological well-being. While many studies highlight its adverse effects, such as increased stress and reduced job satisfaction (Zhao & Taylor, 2020), others suggest that in highly regulated industries, this leadership style may offer clarity and efficiency (Coleman et al., 2002). Moreover, the relationship between leadership style and psychological outcomes is complex, influenced by various factors such as job demands, individual resilience, and organizational culture (Ibtissam et al., 2020).

From a research perspective, the findings highlight the importance of context when evaluating leadership effectiveness. While autocratic leadership is often criticized for being rigid and authoritative, it may not always be detrimental to employee well-being. For instance, clear directives and strict control can reduce uncertainty and enhance job performance in crisis situations or structured environments. However, organizations must strike a balance by integrating elements of participative leadership to ensure employee engagement and satisfaction (Avolio & Bass, 1995).

The study found that psychological empowerment is crucial in shaping nurses' well-being. When nurses feel empowered and have control over their work, they experience higher job satisfaction and lower stress levels (Conger & Kanungo, 1988). However, under autocratic leadership, empowerment is often restricted, leading to disengagement and dissatisfaction (Ruggeri et al., 2020). Organizations should, therefore, focus on enhancing nurses' autonomy and involvement in decision-making to improve their psychological health.

Individual-level power distance orientation, which reflects how comfortable individuals are with hierarchical structures and authority, also influences the relationship between leadership style and psychological well-being (Chen et al., 2016). In cultures or work environments where high power distance is accepted, employees may not perceive autocratic leadership as negatively as those who value autonomy and participate in decision-making. This suggests cultural and personal factors must be considered when assessing leadership impact (Henseler et al., 2015).

FINDINGS

1. Autocratic leadership does not always negatively impact psychological well-being; it may provide stability in structured environments.
2. Psychological empowerment significantly mediates the relationship between leadership style and well-being.
3. High power distance orientation can moderate the effects of autocratic leadership, making it more acceptable to certain employees.
4. The effectiveness of autocratic leadership depends on context, job role, and organizational culture.
5. Enhancing psychological empowerment can mitigate the potential adverse effects of autocratic leadership on nurses' well-being.

CONCLUSION

While autocratic leadership is often associated with adverse employee outcomes, its effects are not always straightforward. This study suggests that specific structured environments provide stability and clarity. However, organizations must promote empowerment and participatory decision-making for long-term psychological well-being. By understanding the moderating and mediating factors in leadership effectiveness, healthcare organizations can create a more supportive work environment for nurses, ultimately improving their well-being and patient care quality.

Autocratic leadership has significant implications for the psychological well-being of nurses. The hierarchical nature of this leadership style, combined with limited autonomy and participation, can lead to stress, lower job satisfaction, emotional exhaustion, and diminished psychological empowerment among nurses. As healthcare systems continue to face challenges in managing staff well-being and improving patient care, understanding the impact of leadership styles is crucial.

While autocratic leadership may be efficient in certain situations, healthcare organizations must balance control with opportunities for empowerment, involvement, and support for nurses. By fostering a work environment where nurses feel valued, heard, and empowered, organizations can improve the psychological well-being of their staff and the quality of patient care.

RECOMMENDATIONS FOR FUTURE STUDY/FUTURE IMPLICATIONS

Research Limitations

Acknowledging this study's limitations will highlight opportunities for future research. First, the data was collected from a subset of nurses in hospitals in Rawalpindi rather than from all hospital nurses. Future studies could expand the scope to include hospitals from the entire twin cities, the province, or even the whole country.

Second, convenience sampling was used due to time constraints, which limits the ability to generalize the results. Data was gathered using hard copy and online questionnaires distributed by nurses to their colleagues. Future research could target a larger, more diverse population and employ random sampling to yield more generalization findings.

Third, the study utilized a cross-sectional design and gathered data through Google Forms questionnaires, restricting the ability to establish causality between variables. Since the data was collected at one point, it is difficult to assess the relationships' directionality. Future research using longitudinal designs could provide more substantial evidence of causal relationships between autocratic leadership, psychological empowerment, and well-being among nurses.

Additionally, this study's sample did not represent all nurses in Pakistan. Factors such as the sample size, demographic characteristics, and sampling methods may introduce bias and limit the generalization of the results. Future research should include a more diverse and representative sample of nurses from various healthcare settings and regions across Pakistan to enhance the external validity of the findings. Longitudinal data could also be collected to understand better the long-term effects of autocratic leadership on psychological empowerment and well-being, as psychological well-being is an emotional construct that can change over time. Longitudinal studies could provide valuable insights into time-related relationships and potential delayed effects that cross-sectional designs cannot capture.

Another limitation of the study is that it focused exclusively on staff nurses, which limits its scope. The findings may not apply to other healthcare professionals or non-healthcare sectors, where job demands, work environments, and leadership dynamics may differ. Future research could explore these relationships across various occupational groups to broaden the applicability of the findings. A more diverse sample, including individuals with varied ages, socio-economic backgrounds, and cultural perspectives, would further enhance the depth of the study.

This research examines the mediating role of psychological empowerment and the moderating effect of individual-level power distance orientation on the relationship between autocratic leadership and psychological well-being. However, other factors could influence these relationships, such as organizational culture, job characteristics, and social support. Future studies could incorporate additional variables to provide a more comprehensive understanding of the mechanisms at play. Moreover, the reliance on self-report measures for assessing autocratic leadership, psychological empowerment, and psychological well-being introduces potential biases, such as common method bias and social desirability bias. Participants may be influenced by what they perceive as socially acceptable or desirable rather than their actual experiences. Future research could employ multi-source and multi-method approaches, such as incorporating supervisor ratings or observational data, to mitigate these biases.

Lastly, this study's findings may be influenced by Pakistan's unique cultural context. Cultural norms, values, and societal expectations regarding leadership, empowerment, and well-being may differ from those in Western settings. Therefore, caution should be exercised when generalizing the results to other cultural contexts. Future research could explore how these dynamics vary across different cultures to provide a broader and more nuanced understanding of the relationships between autocratic leadership and psychological well-being.

Future Research Directions

Future research could explore the specific mechanisms by which autocratic leadership impacts nurses' psychological well-being, such as the role of communication, job autonomy, and perceived organizational support. Longitudinal studies examining the long-term effects of autocratic leadership on nurse retention, job satisfaction, and patient outcomes also provide valuable insights. Additionally, research examining the intersection of leadership style, psychological empowerment, and organizational culture could help identify strategies to mitigate the adverse effects of autocratic leadership in healthcare settings.

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