

# When Leaders and Followers Match: Unveiling the Nexus Between Despotic Leadership, Supervisor–Employee Value Congruence, and Organizational Deviance—Evidence From Egypt

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## Abstract

**Introduction:** Leadership style and employee behavior has long been a topic of interest in organizational research.

**Objectives:** To explore levels of despotic leadership, supervisor–employee value congruence, and organizational deviance among the studied nurses. Furthermore, to explore the connection between the three variables.

**Methods:** The study employed a cross-sectional quantitative design. The researchers used three tools as follows: the despotic leadership survey, an organizational deviance scale, and a perceived supervisor–employee value congruence scale. The first of April 2023 to the first of July 2023 were the 3 months that were used to collect the data from 250 nurses. The data were analyzed using descriptive statistics, Spearman’s correlation, Kruskal–Wallis test, and Mann–Whitney *U* test.

**Results:** Nurses perceived a moderate level of despotic leadership as mean  $\pm$  SD,  $16.80 \pm 3.01$ , also a moderate level for organizational deviance ( $30.63 \pm 4.65$ ). The studied nurses perceived a moderate level of supervisor–employee value congruence ( $10.93 \pm 1.32$ ). Furthermore, there is a solid positive significant relationship between despotic leadership and organizational deviance where  $p = .001$ . There is a negative significant relationship between despotic leadership and supervisor–employee value congruence where  $p = .001$ . Also, there is a negative significant relationship between organizational deviance and supervisor–employee value congruence where  $p = .001$ .

**Conclusion:** Nurse managers need to retain leaders to inspire subordinates’ uncluttered communication networks, stirring nurses’ partaking in nursing committees’ assemblies, and decision-making. Hospital administrators ought to focus more on the role that value congruence plays as a buffer for subordinates who exhibit organizational deviance and high levels of mistrust. Strategies should be employed to create and maintain value congruence and reinforce desired nondeviant behaviors to foster a positive work environment.

## Keywords

Despotic leadership, organizational deviance, value congruence, nurses, Egypt

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## Introduction

Healthcare organizations express countless encounters in cultivating work procedures and service areas (Atalla et al., 2022). Consequently, healthcare organizations need influential leaders who understand the complexities of the rapidly changing worldwide environment and have good relationships with followers to attain high effectiveness. Healthcare leaders, particularly nursing leaders, are powerfully probable to stand as the role models of moral behavior and central character of cultural values and standards for their supporters. Ethical behaviors from leaders are necessary for healthcare organizations to create a strong organizational culture as well as assisting leaders in making more informed judgments and resolving issues more swiftly when they arise. Also, an ethical workplace fosters harmony by ensuring justice, equality, and fairness in decision-making processes and promotes transparency and accountability: upholding ethical principles fosters transparency and accountability on both an individual and collective level (Ahmad et al., 2021).

Nursing is a humanistic field distinguished by its unique set of caregiving services. Nurses engage with patients and their families especially therapeutically. Given the goal of reducing workplace stress, nursing leaders need to recognize that apparent despotism is traumatic and is the preliminary theme for defensive interferences. Behaviors such as being “authoritative, vengeful, controlling, dominating, and prioritizing self-interests over employees’ interests” are referred to as despotic leadership (Badar et al., 2023). Characterizing leader despotism benefits employees’ support initiatives (Khizar et al., 2023). Workers are more inclined to support organizational efforts when they perceive their boss as a despot, someone with absolute power who exercises strict control over their subordinates according to a study by Khizar et al. (2023). Workers who believe their boss has unrestricted authority may feel safe and comfortable in the company, even if that power is used oppressively. This may provide some workers with a sense of security and routine. Because fear is heightened and the possibility of punishment or retaliation might deter disagreement, employees are more likely to engage in supporting activities to gain the leader’s favor and avoid difficulty. Additionally, workers are more likely to comply because they fear the repercussions of an autocratic boss. However, this compliance can lead to organizational deviance when employees engage in behaviors that contradict the rules and expectations of the organization as a form of resistance against despotic leadership. When there are little or no job options or mobility, employees may feel compelled to support the organization and its autocratic leadership since it may be difficult for them to find other employments. To project a favorable image in the eyes of the autocratic boss, workers may conceal their true sentiments of resistance or apathy and instead show support for initiatives. Workers may then be able to cope with the

origin of their perceived despotism and acquire coping mechanisms for their goals (Nilasari & Sulastiningtyas, 2018).

To accomplish organizational objectives, followers must voluntarily participate in the leadership process, which is a social influence process. Leadership is how leaders communicate in general and relate to people, motivating and training followers to carry out their duties. Studies have mostly ignored the negative features of leadership behavior in favor of emphasizing its positive qualities. Nonetheless, there has been little research on negative leadership as a predictor. More research is necessary. Numerous studies show that detrimental actions are encountered by nurses worldwide, frequently by managers (Karatuna et al., 2020). Ethical failure of the leaders has brought the dark side of leadership under sharp focus. Compared to other professions, nurses are more prone to ethical issues because of the intricacy and difficulty of their work (Lamb et al., 2019). The physical and emotional well-being of patients and the stability of the nursing staff are correlated with nurses’ ethics and morality, making them a vital component of the healthcare system (Maluwa et al., 2019).

## Review of Literature

### *Theoretical Framework and Premises*

This study was guided by social exchange theory, confirming that when nursing managers exhibit excellent ethical qualities, nurses are more likely to follow suit, pick up on the leader’s behavior, and feel a positive psychological ownership of the unit. Additionally, because excellent ethical leaders have an honest and integrity-driven nature, they are more likely to be supported and reciprocated by nurses, which increases the likelihood of a positive mutual exchange that will advance the harmonious development of the nursing profession and boost nurses’ motivation and performance (El-Gazar & Zoromba, 2021).

Organizations are very concerned about the negative qualities of their leaders, and more study is required to determine how these negative characteristics affect the behaviors of their subordinates (Ahmed et al., 2021). As such, the domain of the shadowy aspect of leadership is a new research area considered severe for organizations (Nazim et al., 2021). Because despotic leadership encompasses all the fundamental elements of a negative leadership style, it was the subject of this study. This type of leadership is exploitative, focusing mainly on the self-interests of the leader (Nastiezaie et al., 2022). In despotic leadership, leaders do not care about employees’ needs but only focus on building themselves and maintaining their position and power for their interest.

Specifically, the study’s first conceptualization of the term “despotic leadership” describes a leader’s propensity for manipulation-based personal dominance and authoritative behavior that advances their own interests and glorification. These leaders are conceited, cruel, domineering, and obsessed

with being better than their followers (Naseer et al., 2016). Despotic leaders have little regard and concern for others, are insensitive to followers' needs, and are not concerned with behaving socially constructively. Thus, they have quite slight alarm about the significance of their behavior (Zafar, 2021). Despotic leaders are predictable to damage followers' optimism regarding the future. These followers are more likely to feel awful about their role within the healthcare organization, think that their leaders are mistreating or taking advantage of them, and feel that the organization is a hostile place. As a result, they may feel that they should leave this organization and have a negative opinion of it, which encourages organizational deviance (Nauman et al., 2020).

The second conceptualization in the current study is connected to workplace deviance, which is characterized as an intended activity that transgresses important organizational norms and jeopardizes the safety of the organization, its constituents, or both. Deviant behavior includes things like stealing, acting harshly toward coworkers, and withholding effort (Robinson & Bennett, 1995). Recently, there has been an increase in deviant conduct, which negatively impacts groups and employees. When employees misbehave at work, it could be detrimental to the company and keep it from accomplishing its objectives (Abbasi & Wan Ismail, 2023).

Being up against extremely despotic leadership leads to organizational deviance. Due to power differences, followers tend to strike back toward the organization as an alternative of the leader (Erkutlu & Chafra, 2018). Organizations should be careful in treating their employees based on how they see them, should an unfavorable work environment contribute to an increase in organizational deviance. Higher degrees of followers' deviation from the aims and objectives of the organization are a result of despotic leadership (Ceri-Booms, 2012; Mukarram et al., 2021; Irshad & Bashir, 2020).

Examples of features of despotic leaders include corruption, unfair treatment of followers, a lack of moral principles and standards, an absence of transparency and dependability toward others, and decreased cooperation. These traits make followers feel psychologically insecure, which could have an impact on how well their work is survived. Also, this may cause followers to be less able to keep up a cheerful mood at work and participate in greater workplace misconduct and deviance and experience problematic value congruence.

The third conceptualization in the current study is related to value congruence between a leader and their followers known as person-supervisor congruence, and it is believed to have a favorable impact on followers' attitudes and behaviors (Byza et al., 2019). The subjective aspect of employee values measurement stems from the intricate structure of human beliefs, attitudes, and behaviors. Since values are frequently context-dependent and subject to change, it can be difficult to get a clear and comprehensive picture of an employee's value system (Rice et al., 2024).

Values are the moral tenets that shape an individual's interactions and decision-making in the workplace. Schuh

et al. (2018) showed a connection between supervisor-employee value congruence and promising followers' outcomes as followers find their work less stressful and more fulfilling when the values of leaders and followers align. Followers' and leaders' values aligning could lessen organizational deviation. On the other hand, a lack of value congruence fosters insecurity, which increases the likelihood of engaging in actions that could endanger the organization. Value congruence acts as a powerful guard against the despotism of powerful leaders (Erkutlu & Chafra, 2018).

Based on the reviewed literature, despotic leadership influences organizational deviance (Akhtar et al. (2023). Despite those theoretical assumptions, no studies examined how despotic leadership affects organizational deviance and the mechanism underlying such relationship in Egyptian healthcare.

### *Significance of the Study*

The implication of this study lies in its exploration of the nexus between despotic leadership, supervisor-employee value congruence, and organizational deviance specifically within the context of Egypt. Understanding the impact of despotic leadership on employee behavior and the role of value congruence in mitigating deviant actions are crucial for organizations operating in Egypt, as it provides insights into the unique challenges and dynamics they may face. By uncovering these relationships, this study offers valuable implications for organizational practices, leadership development, and strategies to foster a positive work environment in Egypt, ultimately enhancing organizational effectiveness and employee well-being. Moreover, this research contributes to the broader academic literature on leadership and organizational behavior by providing empirical evidence from a region that may have distinct cultural, political, and social characteristics, thus expanding our understanding of these phenomena in diverse contexts.

The worth of this study in the nursing field is twofold. Firstly, despotic leadership and its impact on employee behavior can have serious consequences for nursing professionals and patient outcomes. By investigating the relationship between despotic leadership, supervisor-employee value congruence, and organizational deviance in the context of Egypt, this study provides valuable insights into the specific challenges faced by nurses in this region. Understanding how despotic leadership practices may contribute to deviant behaviors among nurses can inform interventions and strategies aimed at promoting a healthy and supportive work environment.

Secondly, supervisor-employee value congruence plays a crucial role in shaping employee attitudes, behaviors, and job satisfaction (Zonghua et al., 2023). In the nursing profession, where teamwork, collaboration, and shared values are essential, aligning the values of supervisors and nurses is particularly important. This study highlights the significance of

value congruence in mitigating organizational deviance, such as workplace incivility or unethical behavior, within the nursing context in Egypt. The findings can guide nursing leaders and administrators in fostering a culture of shared values, promoting positive organizational behaviors, and ultimately improving patient care outcomes.

Overall, this study's significance in the nursing field lies in its contribution to understanding the impact of despotic leadership, value congruence, and organizational deviance among nurses in Egypt. The insights gained can inform evidence-based practices, leadership development programs, and interventions aimed at creating supportive work environments, enhancing nurse well-being, and ultimately improving patient care quality.

The aim of this research was therefore to explore levels of despotic leadership, supervisor–employee value congruence, and organizational deviance among the studied nurses and, furthermore, to explore the connection between the three variables.

## Methods

### Research Design Study Participants and Setting

A descriptive correlational study design was employed. All of the inpatient care units at Itay El-Baroud General Hospital participated in this cross-sectional quantitative analysis. The hospital is affiliated with the Ministry of Health and Population. In El Behaira Governorate, it is regarded as one of the best hospitals. This particular hospital was chosen due to its substantial bed capacity (200 beds) and diverse nurse educational backgrounds. Furthermore, it offers an extensive array of medical services, including critical care, inpatient, outpatient, radiographic, laboratory, and physical therapy services. The hospital's units are categorized as follows: general ICU ( $n = 1$ ), pediatric ICU ( $n = 1$ ), and high risk ( $n = 1$ ) are the three intensive and critical care units ( $n = 3$ ), additionally, inpatient care units ( $n = 11$ ) for pediatrics ( $n = 1$ ), obstetrics and gynecology ( $n = 2$ ), dialysis ( $n = 1$ ), and medical (free and economical) ( $n = 2$ ).

### Research Questions

To attain the study's objectives, the subsequent research questions are suggested:

1. How do nurses feel about organizational deviance, supervisor–employee value congruence, and despotic leadership?
2. What are the relationships among organizational deviance, supervisor–employee value congruence, and despotic leadership?

### Sample and Inclusion/Exclusion Criteria

The study participants comprised a convenience sample of 250 nurses who had been employed for at least 6 months in the previously chosen units who were available for data

collection and also consented to take part in the study. Simultaneously, all nurses lacking the aforementioned attributes were disqualified. The distribution of study participants was as follows: qualified nurses who hold a bachelor's degree in nursing sciences (BSC Ng) ( $n = 47$ ), technical nurses who hold a diploma degree from a technical science institute (nursing branch) ( $n = 96$ ), and practical nurses who hold diploma degree of technical nursing schools ( $n = 87$ ) founded on power analysis as follows, the total population of nurses ( $N = 463$ ), the prevalence of the problem 50%, confidence level 95%, and the margin of error 5%; the minimum sample size is 210; the final sample will be ( $n = 250$ ) for possible nonresponse.

### Study Instruments

In the current investigation, these instruments were used as follows:

#### Demographic questionnaire

The demographic data sheet for the nurses was also created by the researchers to gather information about their years of experience, gender, age, and current working unit.

### The Despotic Leadership Survey

The scale was created by De Hoogh and Den Hartog (2008) and consists of six items. How much their leader engaged in the behaviors listed in the questions was one of the questions posed to respondents. Some of the examples were "Acts like a tyrant or despot, imperious (dictator)" and "Expects unquestioning obedience of those who report to him/her." A five-point Likert scale, with one representing "strongly disagree" and five representing "strongly agree," was used to score the items. The range of the overall mean score is 6–30. The mean score for despotic leadership varies from 6 to <13 at the low level, 13 to <22 at the moderate level, and 22 to 30 at the high level. These ratings are determined by De Hoogh and Den Hartog (2008).

**Organizational Deviance Scale.** The 12-item Bennett and Robinson's (1995) original self-report items were modified and used by the researchers. Examples include "How often did your colleague in the last year take property from work without permission?" Oder "How often did your colleague in the last year intentionally work slower than he/she could have worked?" A five-point Likert scale, with one representing never and five representing very often, was used to rate the items. The range of the overall mean score is 12–60. The typical score for organizational deviation falls into three categories: low, between 12 and less than 28; moderate, between 28 and less than 43; and high, between 43 and 60. Based on Bennett and Robinson (1995), these scores were generated.

**Supervisor–Employee Value Congruence Scale.** This is a three-item scale developed by Cable and DeRue (2002) to measure the perceived supervisor–employee value congruence.

“My values match my supervisor’s values and beliefs” is an example of a sample item. A five-point Likert scale, with one representing never and five representing very often, was used to rate the items. The range of the overall mean score is 3–15. The supervisor–employee value congruence mean score falls into three categories: low, which is  $<6$ ; moderate, which is  $<11$ ; and high, which is  $<15$ . The basis for these scores is Cable and DeRue’s (2002).

For *validity* and *reliability*, the three tools underwent adaptation, Arabic translation, and English translation backward. After that, a panel of five experts—three professors from Alexandria University’s Faculty of Nursing and two professors from Damanhour University’s Faculty of Nursing—reviewed and tested the content validity of the tools and provided input on their content, question types, and item clarity. Their feedback was taken into account to guarantee accuracy and reduce the possibility of the study being invalidated. Additionally, the internal consistency of the study instruments was measured using Cronbach’s alpha coefficient test to assess their reliability, whereas  $\alpha = 0.89$  for the despotic leadership survey, 0.92 for the organizational deviance scale, and 0.87 for the perceived supervisor–employee value congruence scale attest to the reliability of the three instruments at a statistical significance level  $p \leq .05$ . A pilot 10% of the staff nurses ( $n = 25$ ) in the previously described setting participated in the pilot study, which was conducted to verify the practicality and clarity of the items, spot any obstacles and problems during data collection, and gauge how long it would take to complete out the tools. Researchers were needed to provide clarification on a few topics, but no changes were necessary. Those who took part in the pilot study were not included in the study participants. Before the researchers left the study area and returned, the completed questionnaires were reviewed for accuracy and completeness.

### Data Collection Procedures

The data were collected through the study questionnaires given to each nurse individually and took approximately 15–20 min to be completed. Nurses were chosen to distribute and gather completed forms since they were required to attend the hospital every day. Since nurses were typically associated with certain units, it was simple for researchers to monitor distribution and collection to guarantee the highest possible response rate. For their involvement, participants were given little snacks. Also, the study participants were interested in the study topic. The first of April 2023 to the first of July 2023 were the 3 months that were used to collect the data. Every query from the nurses was addressed, and justifications were provided.

### Ethical Considerations

The ethics committee at Damanhour University’s Faculty of Nursing approved the study (July 2022, research code: 80).

The researchers distributed the questionnaire to nurses who agreed to participate in the study after receiving official approval from the Damanhour University’s Faculty of Nursing and the hospital and nursing directors at Itay El-Baroud General Hospital In El Behaira Governorate. The researchers informed all participants about the study’s objectives and made it clear to the participants that they had the option of withdrawing from the study at any time. Participants have given their signed informed consent to participate in the study, and the researchers ensured data privacy and confidentiality.

### Data Analysis

The data were coded and introduced into IBM SPSS version 25. While mean and standard deviation were used to characterize continuous variables, the frequency and percentage were employed to characterize categorical variables. The data that did not show a normal distribution were analyzed after going through a normal transformation. To compare the groupings, a “post hoc” command was utilized. The relationship between the research variables was investigated using Spearman’s correlation coefficient. To ascertain if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal dependent variable, researchers employ the rank-based nonparametric Kruskal–Wallis H test. Oftentimes, it is called the “one-way ANOVA on ranks.” The Mann–Whitney *U* test is a nonparametric method for comparing two means that originate from comparable populations. Statistics were deemed significant at  $p = .05$ .

### Results

After following up with all participants, the response rate is 100% ( $n = 250$ ). As illustrated in Table 1, the highest percentage of nurses (49.6%) was from 20 to less than 30 years old, and the lowest percentage (0.8%) were 50 and older. Regarding gender, most staff nurses (92.8%) were females, and only 7.2% were male. Also, regarding the hospital unit, 24.4% of staff nurses were working in the general intensive unit, compared to 19.6% working in surgical units. In contrast, the minority (2.4%) worked in the infectious disease unit. Concerning nurses’ educational qualifications, 41.6% of nurses had Technical Nursing Institute diplomas, while 20.4% had Bachelor of Science in Nursing degrees. About years of nursing and unit experience, the highest percentage of nurses had from 1 to  $<15$  years of nursing and unit experience (66.8%, 78.0%), respectively. More demographic data can be found in Table 1.

Table 2 reveals that, regarding despotic leadership, the highest percentage of nurses (83.6%) perceived a moderate level, while 8.4% perceived a low level. About organizational deviance, about two-thirds of staff nurses (66.4%) perceived a moderate level, while 33.6% perceived a low level.

**Table 1.** Nurses' Demographic Characteristics (N = 250).

Sociodemographic items	No.	%
Age (years)		
20 to <30	124	49.6
30 to <40	105	42.0
40 to <50	19	7.6
≥50	2	0.8
Mean ± SD	31.03 ± 7.47	
Gender		
Male	18	7.2
Female	232	
Current working unit		
Medical care unit	24	9.6
Surgical care unit	49	19.6
Intensive care unit (ICU)	61	24.4
Others		
Pediatric intensive unit (ICU)	11	4.4
High risk care unit	15	6.0
Pediatric unit	12	4.8
Dialysis unit		20
Obstetrics and gynecology	8	3.2
Outpatient	16	6.4
Emergency care unit	28	11.2
Infection disease unit	6	2.4
Educational level		
Bachelor's degree in nursing science	51	20.4
Technical Nursing Institute	104	41.6
Secondary nursing school diploma	95	38.0
Years of experience in nursing		
<15	167	66.8
15 to <20	60	24.0
≥20	23	9.2
Mean ± SD	11.22 ± 6.68	
Years of experience in the unit		
<15	195	78.0
15 to <20	40	16.0
≥20	15	6.0
Mean ± SD	9.69 ± 6.51	

SD = standard deviation.

Regarding value congruence, 58.8% of nurses perceived a high level compared to 41.2% who perceived a moderate level. Moreover, nurses perceived a moderate level of despotic leadership ( $16.80 \pm 3.01$ ), also a moderate level of organizational deviance ( $30.63 \pm 4.65$ ). The studied nurses perceived a moderate level of supervisor–employee value congruence as  $10.93 \pm 1.32$ .

Table 3 displays a solid positive significant relationship between despotic leadership and organizational deviance where  $p = .001$ . At the same time, there is a negative significant relationship between despotic leadership and supervisor–employee value congruence where  $p = .001$ . Also, there is a negative significant relationship between organizational deviance and supervisor–employee value congruence where  $p = .001$ . Table 3 shows the remaining correlations between the subscales of the three scales.

Table 4 shows that there was no statistically significant liaison between despotic leadership, organizational deviance, supervisor–employee value congruence, and participants' demographic data ( $p > .05$ ).

## Discussion

Most previous studies disregarded the detrimental aspects of leadership behavior that might impair productivity, encourage abnormal work habits, cause stress, increase employee turnover, and cause other issues. The concepts of authoritarian leadership, abusive supervision, and destructive leadership have all been used to analyze and research these harmful leadership behaviors (Yue et al., 2024). Followers of despotic leaders perceive their leader as mistreating them and feel that the workplace is a more unfriendly place, with subsequent negative feelings toward it, which leads to organizational deviance and problematic value congruence (Nauman et al., 2020). When followers have varying degrees of value congruence, the strength of despotic leadership and organizational deviance can vary as well. In these cases, value congruence can act as a useful buffer against extreme levels of despotism in a leader (Erkutlu & Chafra, 2018). Thus, the current study explored the connection between despotic leadership, supervisor–employee value congruence, and organizational deviance.

According to the current study, nurses verified moderate despotic leadership and organizational deviance while perceiving high-value congruence. This result may be accredited to the element that the leaders and their nurses are working around a shared vision, developing a core set of values and shared ideas so that the level of unethical leadership characteristics will decrease, helping those staff nurses to gain sponsorship and support from their leaders, and as a result, work deviance behaviors decrease. They are willing to show organizationally relevant positive attitudes.

This finding aligns with the findings of Bregenzler et al. (2019), who suggested that followers of a leader who share similar personal beliefs are less susceptible to autocratic conduct and can mitigate the harmful effects of poor leadership. They refuse to let the fallout impact them both personally and professionally. According to Ahmed et al. (2021), employee reciprocation whether favorable or unfavorable depends on the behavior they encounter. Despotic leaders encourage their followers to act in ways that are counterproductive and reduce their sense of respect and value inside the organization. Also, Naseer et al. (2016) have shown that despotic leaders are low on the ethical spectrum and treat their followers scantily; as a result, their followers get disengaged and don't try to forward the interests of the organization.

Additionally, a substantial positive statistically significant association between organizational deviance and despotic leadership was found in the current study. In addition, there was a statistically significant negative correlation found between despotic leadership and value congruence. This

**Table 2.** Distribution of the Studied Nurses According to Their Levels and Mean Percent Score of Despotic Leadership, Organizational Deviance and Supervisor–Employee Value Congruence ( $n = 250$ ).

Variables	Low		Moderate		High		Total score Mean $\pm$ SD.	Mean score out of 5 (weighted mean) Mean $\pm$ SD
	No.	%	No.	%	No.	%		
Despotic leadership	21	8.4	209	83.6	20	8.0	16.80 $\pm$ 3.01	2.80 $\pm$ 0.50
Organizational deviance	84	33.6	166	66.4	0	0.0	30.63 $\pm$ 4.65	2.55 $\pm$ 0.39
Supervisor–employee value congruence	0	0.0	103	41.2	147	58.8	10.93 $\pm$ 1.32	3.64 $\pm$ 0.44

SD = standard deviation.

**Table 3.** Correlation Between Despotic Leadership, Organizational Deviance and Supervisor–Employee Value Congruence ( $n = 250$ ).

Variables	Despotic leadership	Organizational deviance	Supervisor–employee value congruence	Overall
Despotic leadership	<i>r</i>	.448	-.772	.718
	<i>P</i>	<.001	<.001	<.001
Organizational deviance	<i>r</i>		-.544	.931
	<i>P</i>		<.001	<.001
Supervisor–employee value congruence	<i>r</i>			-.624
	<i>P</i>			<.001
Overall	<i>r</i>			
	<i>P</i>			

*r* = Pearson correlation; significant *p* at  $\leq .05$ ; high significant *p* at  $\leq .001$ ;  $r \geq .9$  very high correlation *r*; .7 to  $< .5$  low correlation. Statistically significant at  $p \leq 0.05$ ; statistically high significant at  $p \leq 0.001$ .

result may be rationalized by the fact that when leader mistreats their staff nurses, setting unethical work standards becomes demanding and controlling of them; deviance from work goals appears as one of the consequences of unethical work behaviors with the focus on staff nurses' progress instead of focusing on hospital growth. Incorporating the influence and power of background in research, situational influences rather than leaders as alleged organizational policies or norms and values can significantly affect employee deviant behavior. This is consistent with Zhou et al. (2021), who mentioned that despotic leadership figures opposing feelings and intents; it is positively associated with employee workplace deviance and followers' turnover intention and negatively affect the followers' relationship with their leaders and well-being. Along the identical line, Mackey et al. (2019) discovered that the darker side of leadership has a positive effect on organizational deviance. Moreover, Erkutlu and Chafra (2018) found a strong positive statistically significant connection between despotic leadership and organizational deviance.

Furthermore, the current study revealed no statistically significant liaison between despotic leadership, organizational deviance, supervisor–employee value congruence, and all staff nurses' demographic data. This result is consistent with Khan et al. (2022), who found no statistically significant relationship between despotic leadership and demographic data. This finding is inconsistent with

Gonzalez (2016), who found a significant relationship between demographic characteristics and value congruence.

In conclusion, this research adds to the body of knowledge regarding workplace deviance, by enlightening the relationship between despotic leadership and organizational deviance. This study also proposed applied support to nurses in health-care organizations and leaders concerned with constructing trust, increasing leader–employee relationships, and decreasing organizational deviance (Erkutlu & Chafra, 2018). Based on the input of the current study, there is a strong positive significant relationship between despotic leadership, value congruence, and organizational deviance. The findings of this study propose that nursing leaders should be gentle and sensitive in treating their nurses' subordinates, as it will prime positive interactive relationships, which, in turn, will condense organizational deviance. Likewise, they should pay more courtesy to the safeguarding role of value congruence for those nurses' subordinates with high mistrust and displaying organizational deviance (Erkutlu & Chafra, 2018).

### Strengths and Limitations

To the best of the author's knowledge, the outcome of this research is meaningfully subsidized to the contemporary literature. This study has several strengths; one of these strengths is the research design, which made it possible to measure various factors in the population sample all at

**Table 4.** Relation Between Despotic Leadership, Organizational Deviance, and Supervisor–Employee Value Congruence (Overall Mean Score) with Demographic Data ( $n = 250$ ).

Demographic data	Despotic leadership Mean $\pm$ SD	Organizational deviance Mean $\pm$ SD	Supervisor–employee value congruence Mean $\pm$ SD
Age (years)			
20 to <30	16.83 $\pm$ 2.98	30.69 $\pm$ 4.78	10.95 $\pm$ 1.32
30 to <40	16.62 $\pm$ 2.98	30.31 $\pm$ 4.47	11.00 $\pm$ 1.29
40 to <50	17.89 $\pm$ 3.28	32.53 $\pm$ 4.53	10.32 $\pm$ 1.38
$\geq 50$	13.50 $\pm$ 2.12	25.50 $\pm$ 2.12	12.00 $\pm$ 0.00
H( $p$ )	4.632 (0.201)	6.440 (0.092)	5.785(0.123)
Gender			
Male	17.33 $\pm$ 3.12	32.56 $\pm$ 4.18	10.56 $\pm$ 1.38
Female	16.75 $\pm$ 3.01	30.48 $\pm$ 4.66	10.96 $\pm$ 1.31
U( $p$ )	1949.0(0.630)	1534.0(0.56)	1761.0(0.210)
Current working unit			
Medical care unit	16.04 $\pm$ 3.51	31.83 $\pm$ 5.54	10.83 $\pm$ 1.34
Surgical care unit	16.49 $\pm$ 3.08	31.06 $\pm$ 5.09	10.98 $\pm$ 1.33
Intensive care unit (ICU)	16.95 $\pm$ 3.13	29.69 $\pm$ 4.19	10.95 $\pm$ 1.35
Others	17.00 $\pm$ 2.81	30.70 $\pm$ 4.47	10.92 $\pm$ 1.31
H( $p$ )	4.526 (0.210)	3.686(0.297)	0.205(0.977)
Educational level			
Bachelor science in nursing	17.00 $\pm$ 3.10	31.02 $\pm$ 4.75	10.90 $\pm$ 1.36
Technical Nursing Institute	16.91 $\pm$ 2.95	30.92 $\pm$ 4.79	10.88 $\pm$ 1.31
Secondary nursing school diploma	16.56 $\pm$ 3.04	30.11 $\pm$ 4.45	11.01 $\pm$ 1.31
H( $p$ )	1.305 (0.521)	1.821 (0.402)	0.544 (0.762)
Years of experience in nursing			
<15	16.86 $\pm$ 2.90	30.57 $\pm$ 4.68	10.99 $\pm$ 1.31
15 to <20	16.33 $\pm$ 3.14	30.35 $\pm$ 4.57	10.95 $\pm$ 1.29
$\geq 20$	17.52 $\pm$ 3.38	31.78 $\pm$ 4.75	10.48 $\pm$ 1.41
H( $p$ )	2.914 (0.233)	1.732 (0.421)	3.066 (0.216)
Years of experience in the unit			
<15	16.77 $\pm$ 2.91	30.58 $\pm$ 4.67	11.01 $\pm$ 1.30
15 to <20	16.65 $\pm$ 3.30	30.25 $\pm$ 4.37	10.78 $\pm$ 1.35
$\geq 20$	17.47 $\pm$ 3.66	32.33 $\pm$ 5.08	10.40 $\pm$ 1.40
H( $p$ )	0.763 (0.683)	2.332(0.312)	3.616 (0.164)

SD = standard deviation; H = Kruskal–Wallis test; U = Mann–Whitney  $U$  test.

$p = p$  value for comparison between the studied categories; statistically significant at  $p \leq .05$ .

once and get precise data that are less vulnerable to the possible biases of case reports and case series. Additionally, being an understudied topic in the healthcare sector, the study adds to the exploration of organizational deviance, value congruence, and dictatorial leadership as viewed by nurses. In addition, the response rate (100%) is another strength point.

There are certain restrictions, though. First, since the study was conducted at a single hospital, generalization is not possible. Second, the association between nurses' judgments of autocratic leadership and their assessments of organizational deviance as a dependent variable was the sole one examined in this study. Future studies can measure characteristics other than value congruence that influence organizational deviance. Also, a lot of data entering and cleaning work was needed for the paper-based questionnaire. Lastly, there is no suggestion of causation between the elements in the study. Its goal is to investigate the relationship between

various factors. Another limitation may be that the study was conducted in Egypt and differences in cultural norms and practices in other countries may not be comparable to the perceptions of nurses from other countries. Also, although 100% participation was established, providing snacks or individually providing surveys to nurses may have affected their motivation or perceived value of participating in the survey.

## Implications of the Study

### *Implications for Nursing Practice*

Nursing is a profession noticeable by its human-centered features and distinguishing caring amenities. Exclusively, nurses interrelate with their patients and their families based on certain values (Abou Hashish & Ghanem Atalla, 2023). Nurse managers need to retain leaders in the hospital



to inspire the personal and professional development of their subordinates, also stimulating those leaders and subordinates' uncluttered communication networks, inspiring nurses' partaking in nursing committees' assemblies and decision-making, and guaranteeing equivalent supply apportionment (Atalla et al., 2023). The results of this study indicate that hospital administrators should treat their staff members with compassion because doing so will foster goodwill among them and reduce organizational deviance. Additionally, they ought to focus more on the role that value congruence plays as a buffer for subordinates who exhibit organizational deviance and high levels of mistrust. Strategies for maintaining value congruence include nursing team diversity and inclusion emphasizing collaboration and cooperation, which are essential for staff nurses and nurse leaders in a multicultural environment. Also, nurse leaders' emotional balance is reflected in how they can manage both their own and other staff's emotions. Corporate communication was considered by both leaders and staff as being essential. The leaders have to give attention to systematic or strategic communication, which refers to the calculated use of communication by the leaders to fulfill the organizational goals. Appropriate training must be provided to nurses who work under autocratic dictators to lessen the suffering of such leaders (Flores et al., 2023).

Retaining good leaders who can promote open communication, encourage nurse participation in committees that make decisions, and cultivate a positive work environment is largely dependent on nursing leadership (Hanson et al., 2024). Promoting value congruence between nurses and the organization should be the hospital administrators' main priority because it can lessen organizational deviance and foster trust among subordinates. The performance of the organization and its decision-making processes can be enhanced by nurse managers and hospital administrators by emphasizing strong leadership, value alignment, and a supportive work environment. Superior patient outcomes, increased job satisfaction, and nurse retention can all result from an all-encompassing strategy (Aini & Dzakiyullah, 2024).

## Conclusion

This study shows that nurses perceived a moderate level of despotic leadership, organizational deviance, and supervisor–employee value congruence. At the same time, there is a negative significant relationship between despotic leadership and supervisor–employee value congruence, and there is a negative significant relationship between organizational deviance and supervisor–employee value congruence.

The nursing field is given a lot of attention. It is recommended that hospital managers foster structured channels of communication between nursing leaders and their subordinates. This will enable nurses to participate in committee meetings and make choices. Organizational leadership

fosters a positive work environment that promotes the growth of organizational intelligence and soft skills among nurses (Atalla et al., 2024). Strategies should be employed to create and maintain value congruence and to foster a positive supportive work environment to reinforce desired non-deviant behaviors.

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## Authors' Note

All authors have accepted the manuscript for submission. We confirm that the content of the manuscript has not been published or submitted for publication elsewhere. The ethics committee at Damanhour University's Faculty of Nursing approved the study (July 2022, research code: 80). The researchers made it clear to the participants that they had the option of withdrawing from the study at any time. Participants have given their signed informed consent to participate in the study, and the researchers ensured data privacy and confidentiality. All data generated or analyzed during this study are included in this published article [and its supplementary information files].

## Data Availability Statement

The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Ethical Considerations

The ethics committee at Damanhour University's Faculty of Nursing approved the study (July 2022, research code: 80). The researchers distributed the questionnaire to nurses who agreed to participate in the study after receiving official approval from the Faculty of Nursing and the hospital and nursing directors at Itay El-Baroud General Hospital In El Behaira Governorate. The researchers informed all participants about the study's objectives and made it clear to the participants that they had the option of withdrawing from the study at any time. Participants have given their signed informed consent to participate in the study, and the researchers ensured data privacy and confidentiality.

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**Supplemental Material**

Supplemental material for this article is available online.

**References**

- Abbasi, A., & Wan Ismail, W. K. (2023). Linking organizational citizenship behavior and organizational trust towards reducing workplace deviance behavior in higher education. *Cogent Social Sciences*, 9(1), 2157538. <https://doi.org/10.1080/23311886.2022.2157538>
- Abou Hashish, E. A., & Ghanem Atalla, A. D. (2023). The relationship between coping strategies, compassion satisfaction, and compassion fatigue during the COVID-19 pandemic. *SAGE Open Nursing*, 9, 23779608231160463. <https://doi.org/10.1177/23779608231160463>
- Ahmad, U., Rashid, H. U., Khan, Y., Khan, Z., Askarzai, W., & Khan, S. (2021). The Impact of Despotism Leadership on Employee Performance: A Moderating-Mediated Model. *Ilkogretim Online*, 20(3). <https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=13053515&AN=150153450&h=ay4kjvzMZUE9wG%2BQmbYB6dZVBL5ihfunarMz5x5J3MOid5ZjOj00ySXC0DaDzjJuD%2Bdefvc4vdALM0Dbihhc3A%3D%3D&crl=c>
- Ahmed, M. A., Shabeer, S., & Khalid, S. (2021). Effect of despotic leadership on counterproductive behavior: The role of reduced organization-based self-esteem and emotional stability. *Revista Brasileira de Gestão de Negócios*, 23, 454–469.
- Aini, Q., & Dzakiyullah, N. R. (2024). Leadership styles in health-care settings for hospital management and employee engagement. *Journal of Angiotherapy*, 8(5), 1–7.
- Akhtar, M. W., Garavan, T., Syed, F., Huo, C., Javed, M., & O'Brien, F. (2023). Despotic Leadership and Front-Line Employee Deviant Work Behaviors in Service Organizations: The Roles of Moral Disengagement and Moral Identity. *Journal of Service Research*, 10946705231207991.
- Atalla, A. D. G., Elamir, H., & Abou Zeid, M. A. G. (2022). Exploring the relationship between organisational silence and organisational learning in nurses: A cross-sectional study. *Journal of Nursing Management*, 30(3), 702–715. <https://doi.org/10.1111/jonm.13539>
- Atalla, A. D. G., Mahmoud Elseesy, N. A., El-Ashry, A. M., Sharif, L. S., Mahsoon, A., Aljohani, W. F., & Sobhi Mohamed, S. M. (2024). Unraveling the synergy: How organizational intelligence fuel soft skills and nurses' thriving: A cross-sectional study. *BMC Nursing*, 23(1), 315. <https://doi.org/10.1186/s12912-024-01933-w>
- Atalla, A. D. G., Sharif, L. S., Katoa, N. E., Kandil, F. S., Mahsoon, A., & Elseesy, N. A. M. (2023). Relationship between nurses' perception of professional shared governance and their career motivation: A cross-sectional study. *International Journal of Nursing Sciences*, 10(4), 485–491. <https://doi.org/10.1016/j.ijnss.2023.09.016>
- Badar, K., Aboramadan, M., & Plimmer, G. (2023). Despotic vs narcissistic leadership: Differences in their relationship to emotional exhaustion and turnover intentions. *International Journal of Conflict Management*, 34(4), 818–837. <https://doi.org/10.1108/IJCM-12-2022-0210>
- Bregenzler, A., Felfe, J., Bergner, S., & Jiménez, P. (2019). How Followers' emotional stability and cultural value orientations moderate the impact of health-promoting leadership and abusive supervision on health-related resources. *German Journal of Human Resource Management*, 33(4), 307–336.
- Byza, O. A., Dörr, S. L., Schuh, S. C., & Maier, G. W. (2019). When leaders and followers match: The impact of objective value congruence, value extremity, and empowerment on employee commitment and job satisfaction. *Journal of Business Ethics*, 158(4), 1097–1112. <https://doi.org/10.1007/s10551-017-3748-3>
- Cable, D. M., & DeRue, D. S. (2002). The convergent and discriminant validity of subjective fit perceptions. *Journal of Applied Psychology*, 87(5), 875. <https://doi.org/10.1037/0021-9010.87.5.875>
- Çeri-Booms, M. (2012). How can authentic leaders create organizational identification? An empirical study on Turkish employees. *International Journal of Leadership Studies*, 7(2), 172–190. [https://www.academia.edu/download/34848305/trust\\_1\\_.pdf](https://www.academia.edu/download/34848305/trust_1_.pdf)
- De Hoogh, A. H., & Den Hartog, D. N. (2008). Ethical and despotic leadership, relationships with leader's social responsibility, top management team effectiveness and subordinates' optimism: A multi-method study. *The Leadership Quarterly*, 19(3), 297–311. <https://doi.org/10.1016/j.leaqua.2008.03.002>
- El-Gazar, H. E., & Zoromba, M. A. (2021). Ethical leadership, flourishing, and extra-role behavior among nurses. *SAGE Open Nursing*, 7, 23779608211062669.
- Erkutlu, H., & Chafra, J. (2018). Despotic leadership and organizational deviance: The mediating role of organizational identification and the moderating role of value congruence. *Journal of Strategy and Management*.
- Flores, I. F., Dator, W. L. T., Olivar, J. J., & Gaballah, M. K. (2023, January). Congruence of effective leadership values between nurse leaders and staff nurses in a multicultural medical city in Saudi Arabia: A sequential mixed-methods study. *Healthcare*, 11(3), 342. <https://doi.org/10.3390/healthcare11030342>
- Gonzalez, J. A. (2016). Demographic dissimilarity, value congruence, and workplace attachment: Asymmetrical group effects. *Journal of Managerial Psychology*.
- Hanson, M. D., Altman, M., & Lacey, S. (2024). Supporting and retaining nurses in trying times. *Critical Care Nursing Clinics*.
- Irshad, M., & Bashir, S. (2020). The dark Side of organizational identification: A multi-study investigation of negative outcomes. *Frontiers in Psychology*, 11, 572478. <https://doi.org/10.3389/fpsyg.2020.572478>
- Karatuna, I., Jönsson, S., & Muhonen, T. (2020). Workplace bullying in the nursing profession: A cross-cultural scoping review. *International Journal of Nursing Studies*, 111, 103628. <https://doi.org/10.1016/j.ijnurstu.2020.103628>
- Khan, H. G. A., & Ahmed, I., Q Ulain., R Mumtaz., & M Ikram. (2022). The relationship between despotic leadership and employee outcomes: An empirical study from Pakistan. *The Journal of Asian Finance, Economics and Business*, 9(6), 331–341. <https://koreascience.kr/article/JAKO202217458120633.pdf>
- Khizar, H. M. U., Tareen, A. K., Mohelska, H., Arif, F., Hanaysha, J. R., & Akhtar, U. (2023). Bad bosses and despotism at workplace: A systematic review of the despotic leadership literature. *Heliyon*.
- Lamb, C., Evans, M., Babenko-Mould, Y., Wong, C. A., & Kirkwood, K. W. (2019). Conscience, conscientious objection,

- and nursing: A concept analysis. *Nursing Ethics*, 26, 37–49. <https://doi.org/10.1177/0969733017700236>
- Mackey, J. D., Mcallister, C. P., Maher, L. P., & Wang, G. (2019). Leaders and followers misbehaving: A meta-analytic examination of curvilinear relationships between destructive leadership and followers' workplace behaviors. *Personnel Psychology*, 72(1), 3–47. <https://doi.org/10.1111/peps.12286>
- Maluwa, V. M., Gwaza, E., Sakala, B., Kapito, E., Mwale, R., Haruzivishe, C., & Chirwa, E. (2019). Oral competence among nurses in Malawi: A concept analysis approach. *Nursing Ethics*, 26, 1361–1372. <https://doi.org/10.1177/0969733018766569>
- Mukarram, A. L. E. E. N. A., Hussain, S., & Khan, M. A. (2021). A brief overview of despotic leadership research. *International Review of Management and Business Research*, 10(1), 38. [https://doi.org/10.30543/10-1\(2021\)-5](https://doi.org/10.30543/10-1(2021)-5)
- Naseer, S., Raja, U., Syed, F., Donia, M. B., & Darr, W. (2016). 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. *The Leadership Quarterly*, 27(1), 14–33. <https://doi.org/10.1016/j.leaqua.2015.09.005>
- Nastiezaie, N., Vahdani, A., Porki, A., Galavi, Z., & Ramroudi, M. (2022). The effect of despotic leadership on work alienation with the mediating of work boredom. *International Journal of Psychological Studies*, 14(2), 54. <https://doi.org/10.5539/ijps.v14n2p54>
- Nauman, S., Zheng, C., & Basit, A. A. (2020). How despotic leadership jeopardizes employees' performance: The roles of quality of work life and work withdrawal. *Leadership & Organization Development Journal*.
- Nazim, M., Maqbool, A., Habib, A., Zeb, N., Nadeem, A. H., Abdullah, M., & Anam, Z. (2021). Discernment of despotic leadership through the interpersonal deviance: Mediation moderation model. *Ilkogretim Online*, 20(2). <https://www.ilkogretim-online.org/fulltext/218-1615809946.pdf>
- Rice, B., Raziq, M. M., Martin, N., Rice, J. L., Memon, M., & Fieger, P. (2024). Intrinsic satisfaction and turnover intentions: the moderating roles of collegial and managerial values congruence. *Benchmarking: An International Journal*.
- Robinson, S. L., & Bennett, R. J. (1995). A typology of deviant workplace behaviors: A multidimensional scaling study. *Academy of Management Journal*, 38(2), 555–572. <https://doi.org/10.2307/256693>
- Schuh, S. C., Van Quaquebeke, N., Keck, N., Göritz, A. S., De Cremer, D., & Xin, K. R. (2018). Does it take more than ideas? How counter-ideal value congruence shapes Employees' trust in the organization. *Journal of Business Ethics*, 149(4), 987–1003. <https://doi.org/10.1007/s10551-016-3097-7>
- Sulastiningtiyas, D., & Nilasari, B. M. (2018). The effect of leadership style, work environment, and organizational motivation on employee performance with job satisfaction as variable mediating. *Business and Entrepreneurial Review*, 18(2), 93–114. <https://doi.org/10.25105/ber.v18i2.5310>
- Yue, C. A., Qin, Y. S., & Men, L. R. (2024). The dark side of leadership communication: The impact of supervisor verbal aggressiveness on workplace culture, employee–organization relationships and counterproductive work behaviors. *Corporate Communications: An International Journal*, 29(3), 405–429. <https://doi.org/10.1108/CCIJ-04-2023-0050>
- Zafar, H. (2021). *Despotic Leadership and Job Satisfaction: Mediating Role of Emotional Exhaustion* [Published master's thesis]. Faculty of Education and Business Studies, Gavel University.
- Zhou, X., Rasool, S. F., Yang, J., & Asghar, M. Z. (2021). Exploring the relationship between despotic leadership and job satisfaction: The role of self-efficacy and leader–member exchange. *International Journal Of Environmental Research And Public Health*, 18(10), 5307. <https://www.mdpi.com/1660-4601/18/10/5307/pdf> <https://doi.org/10.3390/ijerph18105307>
- Zonghua, L., Junyun, L., Yulang, G., Ming, Z., & Xu, W. (2023). The effect of corporate social responsibility on unethical pro-organizational behavior: The mediation of moral identity and moderation of supervisor-employee value congruence. *Current Psychology*, 42(17), 14283–14296. <https://doi.org/10.1007/s12144-022-02722-x>