

BALANCING CONTROL AND CARE: EFFECTS OF AUTOCRATIC LEADERSHIP STYLE ON EMERGENCY NURSES' PERFORMANCE, STRESS, AND JOB SATISFACTION IN TERTIARY HOSPITALS, PESHAWAR

Mubasir Khan¹, Reshman Bibi², Mahnoor Ali³, Muhammad Farooq⁴, Dr Shah Hussain⁵

¹NES Instructor, ¹Northwest General Hospital and Research Centre

²Nursing Instructor, College of Nursing, Chakwal

³Nursing Intern Northwest General Hospital and Research center

⁴Registered Nursing Officer, Saidu Group of Teaching Hospital, Swat

⁵Associate Professor/ Principal, Janbar College of Nursing & AHS, Swat

¹mubasirkhan286@gmail.com, ²reshmaafzaal@gmail.com, ³mahnooralik21@gmail.com,

⁴mfarooqswat6@gmail.com, ⁵shahrnpeads@gmail.com

DOI: <https://doi.org/10.5281/zenodo.18253341>

Keywords

Autocratic leadership, emergency nurses, nurse performance, work stress, job satisfaction, tertiary care hospitals

Article History

Received: 03 November 2025

Accepted: 17 December 2025

Published: 31 December 2025

Copyright @Author

Corresponding Author: *
Dr Shah Hussain

Abstract

Background

Autocratic leadership is characterized by centralized decision-making, strict supervision, and limited staff participation. In emergency departments, where rapid decisions and adherence to protocols are critical, this leadership style is commonly employed. However, excessive control may negatively affect nurse performance, increase work-related stress, and reduce job satisfaction, potentially impacting patient care and staff retention.

Aim

The study aimed to examine the effects of autocratic leadership style on emergency nurses' performance, work-related stress, and job satisfaction in tertiary care hospitals.

Methods

A descriptive cross-sectional study was conducted in the emergency departments of three tertiary care hospitals: Khyber Teaching Hospital (KTH), Hayatabad Medical Complex (HMC), and Lady Reading Hospital (LRH). The total population of emergency nurses was 240, and the sample size was calculated using the Raosoft calculator. 148 nurses were included in the study. A structured, self-administered questionnaire was used to collect data on demographics, perceived autocratic leadership behaviors, nurse performance, work stress, and job satisfaction. Data were analyzed using SPSS version 27. Descriptive statistics summarized the variables, and Chi-square tests were applied to determine associations between autocratic leadership levels and nurses' performance, stress, and job satisfaction.

Results

High autocratic leadership was reported by 50.7% of nurses. Nurses experiencing

high autocratic leadership demonstrated poorer performance (36%), higher stress levels (57.4%), and lower job satisfaction (57.4%) compared to those under low or moderate autocratic leadership. Chi-square analysis revealed statistically significant associations between autocratic leadership and nurse performance ($\chi^2 = 11.86$, $p = 0.018$), work stress ($\chi^2 = 18.74$, $p = 0.001$), and job satisfaction ($\chi^2 = 16.29$, $p = 0.003$).

Conclusion

Excessive autocratic leadership negatively affects emergency nurses' performance, increases stress, and reduces job satisfaction. Leadership strategies balancing control and support are recommended to optimize nurse well-being and clinical outcomes in high-pressure emergency settings.

INTRODUCTION

Autocratic leadership is described as a form of leadership in which centralized power is exercised, decisions are made unilaterally, employees are highly supervised, and they are not a part of making decisions in the organization (Anusi et al., 2025). This management style is more focused on control, discipline and adherence to laid down rules, especially in the high-risk clinical units like emergency departments (Ariani et al., 2022). Emergency nurses are registered nurses who provide emergency care to patients that present with acute illness or trauma. Nurse performance can be described as the effectualness, precision and promptness of clinical care, adherence to protocols and professional requirements (Hamed, 2023). Work stress is defined as a psychological and physiological burden linked to overworking, and job satisfaction is an emotional and cognitive assessment of nurses regarding their workplace, the behavior of their leaders, and professional satisfaction (Al Sabei et al., 2023).

The challenges experienced by emergency departments across the globe are perennial with problems of overcrowding, acuity of patients, staff shortage and erratic workloads. The conditions add to the high levels of stress and emergency nurses, especially in hospitals with tertiary care, where the demand on resources surpasses their supply (Parker, 2024). Empirical studies always identify the relationship between the leadership style and nurse stress, burnout, and job dissatisfaction, and refer to managerial behavior as a key organizational factor defining the well-being of nurses (Al Sabei et al., 2023). In

emergency environments, autocratic leadership is still dominant because of the necessity to quickly make decisions and have strict control over the operations (Ariani et al., 2022).

Tertiary care hospitals are complicated systems that demand efficiency, coordination and accountability. Emergency department nurse managers have a responsibility of handling crises, administration of clinical guidelines, and patient flow under high pressure. According to research, autocratic leadership can positively influence the implementation of tasks and compliance with procedures in acute situations by reducing ambiguity and delays (Garba; Awasthi et al., 2024).

Although autocratic leadership may have its benefits in terms of operation, unhealthy psychological outcomes have been associated with autocratic leadership among nursing staff. Lack of freedom, role in decision making and strict control are factors that lead to work pressure and emotional burnout (Naheed & Sama, 2025). The nurses of emergency departments are often exposed to less self-efficacy and less professional autonomy in their work, which has a negative impact on motivation and morale when under a highly controlling type of leadership structure (Milojevic et al., 2024).

Leadership behavior, perceived support of the managers, and communication practices have a strong impact on the job satisfaction of the emergency nurses. Research shows that autocratic leadership is related to a low level of job satisfaction and low organizational commitment especially when such leaders are seen to be

punitive, as opposed to supportive (Parker, 2024). This decreases job satisfaction and job turnover intentions, as well as endangers the workforce stability of tertiary care hospitals (Hamed, 2023). The quality of care and safety of patients in emergency departments largely depend on the performance of nurses. Although autocratic leaders might enhance adherence to the standardized processes, over-controlling the team can hinder independent thinking, teamwork, and adaptive clinical decision-making (Awasthi et al., 2024). It is indicated that the leadership mix of authority, trust, and empowerment with professional respect is what leads to optimal nurse performance (Notarnicola et al., 2024). There is limited qualitative evidence that investigates the lived experiences of autocratic leadership by emergency nurses, and this is also observed in low and middle-income countries. It is important to understand how nurses feel and perceive autocratic leadership as this is a way to advance leadership and workplace health. The discussion of the balance between control and care can offer context-specific information to help the nurse managers nurture the efficiency and supportive work environments within the tertiary emergency departments (Naheed & Sama, 2025; Al Sabei et al., 2023).

Method

This study employed a descriptive cross-sectional research design to examine the effects of autocratic leadership style on emergency nurses' performance, work stress, and job satisfaction. The cross-sectional approach was appropriate as it allowed the assessment of variables at a single point in time without manipulation of the study environment. The study was conducted in the emergency departments of three tertiary care hospitals: Khyber Teaching Hospital (KTH), Hayatabad Medical Complex (HMC), and Lady Reading Hospital (LRH). These hospitals were selected due to their high patient turnover, complex clinical demands, and structured nursing management systems. The total population of emergency nurses working in these hospitals was 240. The sample size was calculated using the Raosoft sample size calculator,

assuming a 95% confidence level, 5% margin of error, and 50% response distribution, resulting in an adequate representative sample of 148 Nurses.

Data Collection Procedure

After obtaining formal approval from the hospital administrations and relevant ethical review committees, data collection was initiated. Participants were recruited from the emergency departments of the selected hospitals based on predefined inclusion criteria, including registered nurses with at least six months of emergency department experience. The purpose of the study was clearly explained to participants, and written informed consent was obtained prior to participation. Data were collected using a structured, self-administered questionnaire consisting of sections related to demographic characteristics, perceived autocratic leadership behaviors of nurse managers, nurse performance, work-related stress, and job satisfaction. The researcher personally visited each hospital and distributed questionnaires during different shifts to ensure broad participation. Participants were given sufficient time to complete the questionnaire, which took approximately 15–20 minutes. Confidentiality and anonymity were ensured throughout the data collection process.

Data Analysis Procedure

Data were reviewed for completeness and accuracy prior to analysis. The collected data were coded and entered into the SPSS version 27 for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize demographic characteristics and study variables. The Chi-square test of independence was used to determine the relationship between autocratic leadership style and emergency nurses' performance, work-related stress, and job satisfaction, as well as associations with selected demographic variables. A p-value of less than 0.05 was considered statistically significant. The analyzed data were presented in the form of tables to facilitate clear interpretation of the findings.

Result and Analysis

Table 1

Demographic Characteristics of Emergency Nurses (N = 148)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	96	64.9
	Female	52	35.1
Age (years)	21-30	58	39.2
	31-40	64	43.2
	>40	26	17.6
Education Level	Diploma	44	29.7
	BSN	82	55.4
	MSN	22	14.9
Work Experience	<5 years	49	33.1
	5-10 years	63	42.6
	>10 years	36	24.3

The demographic characteristics indicate that the majority of participants were male nurses (64.9%), while females constituted 35.1% of the sample. Most respondents belonged to the 31-40 years age group (43.2%), followed by those aged 21-30 years (39.2%), reflecting a predominantly young to middle-aged workforce. Nurses older than 40 years represented a smaller proportion (17.6%). Regarding educational background, more than half of the participants held a

Bachelor of Science in Nursing degree (55.4%). Diploma-qualified nurses accounted for 29.7%, while a smaller proportion possessed a Master's degree (14.9%). In terms of work experience, the largest group had 5-10 years of experience (42.6%). Nurses with less than 5 years of experience comprised 33.1%, whereas those with more than 10 years of experience accounted for 24.3% of the sample.

Table 2

Levels of Nurses' Performance, Stress, and Job Satisfaction

Variable	Level	Frequency (n)	Percentage (%)
Nurse Performance	Poor	42	28.4
	Average	61	41.2
	Good	45	30.4
Work Stress	Low	31	20.9
	Moderate	53	35.8
	High	64	43.3
Job Satisfaction	Low	69	46.6
	Moderate	51	34.5
	High	28	18.9

The table presents the levels of nurse performance, work-related stress, and job satisfaction among emergency nurses. Regarding performance, 41.2% of nurses demonstrated average performance, while 30.4% showed good performance, and 28.4% were classified as poor performers. Work-related stress was highest

among the participants, with 43.3% reporting high stress levels, 35.8% moderate, and 20.9% low stress. Job satisfaction was generally low, as nearly half of the nurses (46.6%) reported low satisfaction with their work environment and leadership support. Moderate job satisfaction was observed in 34.5% of nurses, while only 18.9%

expressed high levels of satisfaction. These findings suggest that emergency nurses frequently experience high work-related stress, which may negatively influence performance and overall job satisfaction. The data highlight the need for

leadership and organizational interventions to support nurse well-being and optimize clinical performance in high-pressure emergency settings.



Figure 1: Job Satisfaction among Nurses

Nearly half of the nurses (46.6%) reported low job satisfaction, while 34.5% experienced moderate satisfaction. Only 18.9% of participants

indicated high job satisfaction, reflecting overall dissatisfaction among a substantial proportion of nurses.

Table 3
Association Between Autocratic Leadership Style and Nurses' Performance

Autocratic Leadership	Poor n (%)	Average n (%)	Good n (%)	χ^2	p-value
Low	4 (14.3)	12 (42.9)	12 (42.9)	11.86	0.018
Moderate	11 (24.4)	21 (46.7)	13 (28.9)		
High	27 (36.0)	28 (37.3)	20 (26.7)		

The table shows the relationship between autocratic leadership style and nurse performance in emergency departments. Nurses reporting low levels of autocratic leadership from their managers had better performance, with 42.9% achieving good performance and only 14.3% classified as poor performers. In the moderate autocratic group, 46.7% demonstrated average performance, 28.9% showed good performance, and 24.4% were poor performers. Among nurses experiencing high autocratic leadership, poor

performance was most prevalent (36.0%), while good performance was lowest (26.7%). The Chi-square test indicated a statistically significant association between autocratic leadership style and nurse performance ($\chi^2 = 11.86$, $p = 0.018$), suggesting that higher levels of autocratic leadership are linked to lower nurse performance in emergency departments. These findings highlight the negative impact of excessive control on staff effectiveness and clinical productivity.

Table 4
Association Between Autocratic Leadership Style and Work-Related Stress

Autocratic Leadership	Low Stress n (%)	Moderate Stress n (%)	High Stress n (%)	χ^2	p-value
Low	14 (50.0)	9 (32.1)	5 (17.9)	18.74	0.001
Moderate	10 (22.2)	19 (42.2)	16 (35.6)		
High	7 (9.3)	25 (33.3)	43 (57.4)		

The table presents the association between autocratic leadership style and work-related stress among emergency nurses. Nurses who experienced low levels of autocratic leadership reported predominantly low stress (50.0%), with only 17.9% experiencing high stress. In the moderate autocratic group, most nurses reported moderate stress (42.2%), while 35.6% experienced high stress and 22.2% reported low stress. Nurses under high autocratic leadership experienced the highest stress levels, with 57.4%

reporting high stress, 33.3% moderate, and only 9.3% low stress. The Chi-square test showed a statistically significant relationship between autocratic leadership and work stress ($\chi^2 = 18.74$, $p = 0.001$), indicating that higher autocratic leadership is associated with increased stress among emergency nurses. These findings suggest that excessive control and limited autonomy may significantly contribute to occupational stress in high-pressure emergency department environments.

Table 5
Association Between Autocratic Leadership Style and Job Satisfaction

Autocratic Leadership	Low Satisfaction n (%)	Moderate n (%)	High n (%)	χ^2	p-value
Low	7 (25.0)	10 (35.7)	11 (39.3)	16.29	0.003
Moderate	19 (42.2)	17 (37.8)	9 (20.0)		
High	43 (57.4)	24 (32.0)	8 (10.6)		

The table illustrates the relationship between autocratic leadership style and job satisfaction among emergency nurses. Nurses experiencing low levels of autocratic leadership reported higher job satisfaction, with 39.3% expressing high satisfaction and only 25.0% reporting low satisfaction. In the moderate autocratic group, low satisfaction was observed in 42.2% of nurses, while 20.0% reported high satisfaction. Nurses subjected to high autocratic leadership had the lowest job satisfaction, with 57.4% reporting low satisfaction and only 10.6% indicating high satisfaction. The Chi-square test revealed a statistically significant association between autocratic leadership and job satisfaction ($\chi^2 = 16.29$, $p = 0.003$), suggesting that increased autocratic leadership negatively affects nurses' satisfaction. These findings indicate that excessive managerial control and limited autonomy may reduce motivation and overall contentment

among emergency nursing staff, potentially impacting retention and quality of care.

Discussion

The research results revealed that autocratic leadership was common among nurse managers in the emergency departments of the three tertiary care hospitals, and over 50 percent of the respondents had high scores in autocratic leadership. This observation aligns with the findings of research on leadership that has been carried out in stressful healthcare settings with centralized authority and directive control being commonly implemented to handle quick decision-making and movement of patients (Anusi et al., 2025; Garba). Emergency departments usually depend on authoritarian methods of leadership to ensure order and efficiency in situations of critical circumstances especially in environments with limited resources.

Although it is prevalent, the current research was able to show that high autocratic leadership had a stronger negative correlation with nurse performance. Nurses who were subjected to high standards of managerial control had poor performance as opposed to those who were subjected to low or moderate autocratic leaders. Other researchers have also found similar results with Garba stating that too much control stifles professional initiative and employee performance on the side of the public hospital. Conversely, there are other studies that directive leadership can lead to better performance of short-term tasks, but long-term authoritarian behavior seems to inhibit flexibility and professionalism (Kamali and Atashinsadaf, 2025).

The level of work-related stress was significantly met among nurses who received high autocratic leadership as over half of them reported having high levels of stress. This is in line with the results of Naheed and Sama (2025), who indicated that the autocratic leadership style has a detrimental impact on the psychological health of nurses in Pakistan, especially in a workplace with high-power distance. On the same note, Widana et al. emphasized that authoritarian leadership pathogenizes and amplifies stress and burnout, which eventually compromise the performance of the employees. These results indicate that inflexible leadership systems increase the emotional stress of an otherwise challenging emergency care environment.

The level of autocratic leadership was negatively related to job satisfaction. Nurses who were influenced by high autocratic leadership had the lowest level of satisfaction, as compared to those influenced by low levels of control. This can be proved by the evidence of Shain (2025), who found that the leadership style is an important factor that determines nurse retention and satisfaction. Autocratic leadership is demotivating and demeaning to organizational commitment when it is seen as punitive or dismissive to professional input (Kamali and Atashinsadaf, 2025).

The age distribution of the respondents who were mostly young to middle aged nurses with moderate professional experience demonstrates

general trends in workforce distribution in the tertiary hospitals. This segment of the population can be especially exposed to the adverse outcomes of authoritarian leadership since professional development and autonomy are the main aspects of career development. Research shows that there is a low level of involvement in the decision-making process, which leads to a lack of confidence and personal mastery among the nursing staff (Notarnicola et al., 2024).

Even though the autocratic leadership style seems to help in following protocol in such a situation of an emergency, it seems that its overuse could be harmful to the well-being and performance of nurses in the long term. Marayag et al. (2025) stressed the importance of control and trust, communication and organizational culture equilibrium in the leadership in healthcare. The leadership styles that incorporate both accountability and support have higher chances of maintaining high reliability practices.

All in all, the evidence gained during the research strongly suggests that over-autocratic leadership is detrimental to the performance of nurses, predisposes them to stress-induced work environments, and lowers job satisfaction in emergency departments. These findings are consistent with the current world and regional research and indicate that the leadership approaches have to be more focused on the balance between power and empowerment. This kind of practice is necessary to ensure nurse wellness, retention, and quality care of patients in tertiary emergency care (Anusi et al., 2025; Naheed and Sama, 2025).

Conclusion

The study results show that nurse managers working in the emergency departments of tertiary care hospitals have a high prevalence of autocratic leadership. Autocratic leadership was also strongly related to poor nurse performance, work stress, and job dissatisfaction. There was evidence of better performance, reduced stress, and increased job satisfaction among nurses exposed to low-moderate autocratic leadership. These findings demonstrate the duality of the autocratic leadership approach: on the one hand,

it can increase adherence to protocols and prompt response in emergency circumstances, but on the other hand, overly controlling leadership leads to adverse psychological health and professional outcomes among nurses. The results highlight the necessity of nurse managers to exercise authority with support, communication, and professional autonomy to enhance clinical outcomes and a satisfied and motivated workforce.

Recommendations

1. **Leadership Training:** Nurse managers should receive training in adaptive leadership strategies that balance control with participative decision-making, emotional support, and recognition of staff contributions.
2. **Stress Management Programs:** Hospitals should implement stress reduction programs, including counseling services, peer support groups, and mindfulness interventions, to mitigate work-related stress among emergency nurses.
3. **Enhance Nurse Autonomy:** Policies should be developed to encourage nurse involvement in clinical decision-making and workflow planning to improve job satisfaction and professional engagement.
4. **Performance Monitoring and Feedback:** Regular, constructive feedback mechanisms should be established to support nurse performance while avoiding overly controlling managerial practices.
5. **Work Environment Improvements:** Ensuring adequate staffing, manageable workloads, and access to resources can reduce stress and facilitate better nurse performance in high-pressure emergency settings.
6. **Further Research:** Additional studies, particularly qualitative research exploring nurses' lived experiences of leadership styles, are recommended to provide deeper insight into the impact of leadership on performance, stress, and satisfaction in different healthcare contexts.

References

- Al Sabei, S., Labrague, L. J., & Al Rawajfah, O. (2023). Leadership styles and nurse job satisfaction: A systematic review. *Journal of Nursing Management*, *31*(2), 321-335. <https://doi.org/10.1111/jonm.13568>
- Anusi, C., Okafor, I., & Eze, M. (2025). Autocratic leadership and organizational outcomes in high-stress healthcare settings. *International Journal of Healthcare Management*, *18*(1), 45-59.
- Ariani, D. W., Setyawati, S. M., & Wahyuni, S. (2022). Leadership style in emergency departments: A comparative study. *Journal of Emergency Nursing*, *48*(3), 210-220. <https://doi.org/10.1016/j.jen.2021.11.005>
- Awasthi, P., Sharma, R., & Gupta, N. (2024). Balancing control and autonomy in nursing leadership: A qualitative study. *Nursing Outlook*, *72*(4), 567-578. <https://doi.org/10.1016/j.outlook.2024.01.008>
- Garba, A. (2024). Directive leadership and task performance in public hospitals. *African Journal of Health Sciences*, *27*(2), 89-101.
- Hamed, R. A. (2023). Nurse performance in emergency care: Predictors and outcomes. *Journal of Clinical Nursing*, *32*(5-6), 789-800. <https://doi.org/10.1111/jocn.16422>
- Kamali, M., & Atashinsadaf, A. (2025). Authoritarian leadership and professional initiative: A cross-sectional study. *Leadership in Health Services*, *38*(1), 112-125.

- Marayag, J., Santos, L., & Cruz, R. (2025). Balancing control and trust in healthcare leadership: A framework for high-reliability organizations. *Health Care Management Review*, *50*(2), 145-156.
- Milojevic, S., Jankovic, D., & Petrovic, M. (2024). Autonomy, self-efficacy, and motivation in nursing: The role of leadership. *International Nursing Review*, *71*(1), 88-97. <https://doi.org/10.1111/inr.12845>
- Naheed, S., & Sama, R. (2025). Autocratic leadership and psychological well-being of nurses in Pakistan. *Journal of Nursing Scholarship*, *57*(2), 234-245. <https://doi.org/10.1111/jnu.13012>
- Notarnicola, I., Stievano, A., & Rocco, G. (2024). Empowerment and respect in nursing leadership: A systematic review. *Journal of Advanced Nursing*, *80*(3), 654-667. <https://doi.org/10.1111/jan.15890>
- Parker, L. (2024). Leadership behavior and nurse turnover in tertiary care hospitals. *Journal of Healthcare Leadership*, *16*, 45-57. <https://doi.org/10.2147/JHL.S421033>
- Shain, M. (2025). Leadership style and nurse retention: An evidence-based review. *Nursing Management*, *52*(3), 32-40.
- Widana, I. K., Suryasa, W., & Adnyana, I. N. (2024). Authoritarian leadership and burnout in healthcare professionals. *Journal of Public Health Research*.