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Despotic Leadership and Nurse Retention in Hospitals: A Policy Analysis Using Walt and Gilson's Framework

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ABSTRACT

Background: To improve nurse retention and job satisfaction in Jordanian hospitals, it is crucial to address and mitigate despotic leadership, which fosters negative work environments and increases turnover intentions. ***Purpose:*** This study aims to analyze policies addressing despotic leadership and nurse retention in hospitals. ***Methods:*** A policy analysis was conducted using Walt and Gilson's (1994) policy framework, which examines policy through four dimensions: content, context, actors, and process. Relevant literature and policy documents related to leadership practices and workforce retention were critically reviewed. ***Results:*** The analysis revealed that existing policies inadequately address leadership behaviors and their impact on nurses. Organizational culture, power dynamics, and limited enforcement mechanisms contribute to the persistence of despotic leadership, thereby negatively influencing nurse retention. ***Conclusion:*** Effective policy reform is needed to address leadership practices in healthcare settings. Strengthening leadership accountability, improving organizational culture, and implementing evidence-based management strategies are essential to enhance nurse retention and healthcare outcomes. ***Implications for Nursing:*** Addressing despotic leadership is essential for improving nurses' work environments, job satisfaction, and retention. Nursing leaders and policymakers should implement leadership development programs, establish clear reporting systems, and promote supportive and ethical management practices to ensure high-quality patient care and workforce stability.

Keywords: Despotic leadership, Nurse retention, Policy analysis, Nursing leadership, Jordan.

What does this paper add?

1. This analysis concentrates on leadership in health policy by applying Walt and Gilson's (1994) framework.
2. It highlights how leadership behaviors are often overlooked in current nurse retention strategies.
3. It outlines a clear policy guide that connects leadership accountability with workforce stability and improved patient safety.

Introduction

Nurse retention is a growing concern globally and is associated with healthcare quality, cost, and system sustainability. Given these concerns, policy-level analysis is needed to assess how leadership is addressed. This study applies Walt and Gilson's (1994) framework to examine this issue, aiming to provide insights that can guide effective policy development. High turnover rates increase organizational costs and disrupt continuity of care (Becker's ASC, 2025; NurseRegistry, 2025).

Retention is strongly influenced by leadership style and workplace environment. Leadership style has been identified as a main determinant of job satisfaction, workplace environment, and organizational commitment among nurses (Jimenez-Caceres et al., 2025). Despotic leadership, characterized by control, dominance and lack of concern for staff, has been identified as a harmful leadership style in nursing, as it contributes to emotional exhaustion, workplace stress, and negative behaviors among employees (Akdoğan et al., 2025; Shamspour et al., 2025). In the Jordanian context, recent evidence shows that despotic leadership significantly predicts nurses' turnover intention (Mrayyan & Abu Hantash, 2026). Given these concerns, policy-level analysis is needed to assess how leadership styles, especially despotic leadership, are addressed. This study applies Walt and Gilson's (1994) framework to examine this issue.

Despotic leadership is an authoritarian style that often ignores the well-being of employees as it focuses on self-interest (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026). Nurse retention involves strategies and conditions that help keep nurses in their jobs over time (Kiptulon et al., 2025; Mrayyan & Abu Hantash, 2026). In Jordan, there is a critical nurse retention crisis, with a staggering 82.30% of nurses planning to leave their positions (Mrayyan & Abu Hantash, 2026). This policy analysis applied Walt and Gilson's policy framework (1994) to delve into the issue and offer practical strategies for improvement.

Despotic leadership has also been recognized as a significant behavioral-health hazard, as it contributes to emotional exhaustion, organizational silence, and retaliatory behaviors among healthcare workers, particularly nurses (Akdoğan et al., 2025). These behavioral-health consequences highlight that despotic leadership not only affects managerial efficiency but also poses direct risks to psychological well-being, thereby increasing turnover intention (Shamspour et al., 2025). Addressing these issues requires policy interventions that target leadership practices to improve workforce stability and mental health outcomes.

This policy analysis did not directly include human participants; thus, informed consent for participation in the study was not needed. However, the original quantitative study obtained formal Institutional Review Board (IRB) approvals (The Ministry of Health IRB No. MOH/REC/2024/232, dated May 15th 2024, and all related hospitals' approvals, IRBs No. 5987 and No. 7798, were obtained) and written informed consents were obtained from participants. The purpose of this paper is to propose a policy framework to mitigate despotic leadership and improve workforce stability. This analysis is the first policy-oriented analysis in Jordan that explicitly links despotic leadership to nurse turnover intention using a robust theoretical framework. It provides empirical evidence of a statistically significant correlation between despotic leadership and turnover intention, highlighting leadership as a systemic threat to healthcare stability. The analysis offers a strategic roadmap for hospital administrators and policymakers, making it highly relevant for health policy reform and workforce sustainability in developing countries. The recommendations extend beyond classical retention strategies by proposing multi-level interventions that align with global best practices while addressing local cultural and organizational contexts.

In developing healthcare systems, like those in Jordan, leadership practices often serve as unofficial policy tools within structured hierarchies, which makes applying a policy analysis framework essential for gaining insight into how managerial behaviors impact workforce outcomes (Buse et al., 2012; Mrayyan & Abu Hantash, 2026; Walt & Gilson, 1994).

Background

Leadership styles significantly influence nurse retention and their well-being, underscoring the need for supportive leadership to foster a healthier work environment for healthcare professionals and policymakers alike (Kiptulon et al., 2025). Studies show that poor leadership increases turnover intention, whereas supportive leadership improves retention (Jimenez-Caceres et al., 2025; Kiptulon et al., 2025). Despotic leadership negatively influences nurses through increased emotional exhaustion and reduced job satisfaction (Akdoğan et al., 2025), increased workplace deviance, organizational silence, and disengagement (Shamspour et al., 2025). In Jordan, the presence of hierarchical organizational structures and specific leadership dynamics tends to reinforce authority-driven leadership styles, which can hinder nurses from questioning detrimental practices (Mrayyan & Abu Hantash, 2026). These contextual factors underscore the necessity for interventions focused on policy reforms.

To provide context for the policy recommendations, this section delves into the underlying challenges, leadership dynamics, and psychological mechanisms contributing to nurse turnover in Jordanian hospitals. This analysis sets the groundwork for understanding the policy challenges.

The Challenge: An Impending Nurse Retention Crisis in Jordan

From the very beginning, Jordan's healthcare system has been grappling with a looming workforce crisis that puts both national health security and economic stability at risk (Mrayyan & Abu Hantash, 2026). Nurses, being the backbone of this system, play key roles, making their retention critical for delivering quality patient care and maintaining smooth operations (Kiptulon et al., 2025). A recent study highlights just how serious this situation is, showing that an unsustainable 82.30% of nurses in major hospitals across Jordan are planning to leave their jobs. This trend poses a significant threat to the healthcare framework of the nation (Mrayyan & Abu Hantash, 2026).

Organizational and Patient Care Risks

Beyond the numbers, high nurse turnover intention is not merely a human resources issue; it creates a cascade of severe organizational and clinical consequences that undermine the core mission of healthcare delivery (Mrayyan & Abu-Hantash, 2026; Zheng et al., 2024). These risks include: (1) reduced patient satisfaction due to inconsistent care and loss of experienced staff; (2) increased risks of infection and longer hospital stays as care continuity is disrupted; (3) compromised patient safety and a potential for higher patient mortality rates; (4) heavier workloads and diminished morale for remaining staff, accelerating burnout; and (5) erosion of team cohesion and nurse-to-nurse collaboration, weakening the entire clinical unit. These factors highlight the urgency of addressing nurse retention, with research indicating that the leadership style of nurse managers plays a key role. Improving leadership practices can empower staff and reduce turnover, making this a critical area for intervention. While multiple drivers exist, research points to a significant and quantifiable cause rooted in the day-to-day work environment: the leadership style of nurse managers (Akdoğan et al., 2025; Jimenez-Caceres et al., 2025).

The Leadership Link: Despotic Behavior as a Quantifiable Driver of Turnover

Building on this challenge, despotic leadership emerges as a critical factor influencing turnover (Mrayyan & Abu Hantash, 2026). This type of leadership, marked by a leader's selfishness, often neglects employee well-being and fosters a workplace where fear thrives (Akdoğan et al., 2025). It is crucial to understand that this is not just poor management; it is a deliberate pattern of damaging behavior that seeks to control, suppress objections, and has serious, measurable impacts on staff morale (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026).

A recent study offered solid data, showing a statistically significant positive correlation ($r = 0.215$, $p = 0.01$) between the level of a manager's despotic behavior and nurses' intentions to leave their jobs (Mrayyan & Abu Hantash, 2026). While the effect size is modest, it highlights that despotic leadership is a notable factor in turnover intentions, alongside other issues, like workload and the culture within the organization. In layperson's terms, the more despotic behaviors increase, the higher the chances that a nurse will consider resigning. The research also pinpoints four main aspects of despotic behavior, with "narcissistic behaviors" being the most common (Mrayyan & Abu Hantash, 2026). Grasping these behaviors is crucial for creating effective strategies to address the problem.

The Psychological Impact: Why Despotic Leadership Erodes Commitment

To enhance this analysis, it is essential to investigate the psychological mechanisms that explain why despotic leadership drives turnover. Using Social Exchange Theory (SET) established by Homans (1958), the study framed the employee-employer relationship as a professional "give and take" built on mutual respect, support, and fairness (Akdoğan et al., 2025; Atalla et al., 2024). When this foundation is strong, commitment flourishes; however, despotic leadership systematically destroys it. There are four pathways through which despotic leadership erodes commitment (Akdoğan et al., 2025; Atalla et al., 2024): (1) Violation of the Psychological Contract: Nurses expect respect and fairness; despotic leaders violate these expectations, weakening organizational loyalty. (2) Triggering Negative Reciprocity: Unfair treatment prompts disengagement and withdrawal of effort. (3) Causing

Emotional Exhaustion: Constant stress and fear lead to burnout, making resignation a form of self-preservation. (4) Destroying Perceived Organizational Support: When managers act with impunity, nurses perceive the entire organization as unsupportive, severing trust (Akdoğan et al., 2025; Atalla et al., 2024; Mrayyan & Abu-Hantash, 2026).

Despotic leadership serves as a persistent psychosocial stressor that disrupts emotional regulation, depletes coping resources, and heightens the vulnerability to occupational stress, rendering nurses more prone to burnout, turnover, and disengagement from their organizations (Akdoğan et al., 2025; Shamspour et al., 2025). These consequences are thoroughly documented in a recent study indicating that despotic leadership significantly increases emotional exhaustion, retaliatory behaviors, and organizational silence, among nurses (Akdoğan et al., 2025), while also increasing job frustration, job stress, and psychological strain in high-pressure work environments (Shamspour et al., 2025). In essence, despotic leadership transcends being merely a managerial deficiency; it is a systemic threat that actively demotivates and drives away highly skilled healthcare professionals, thereby necessitating robust policy interventions (Akdoğan et al., 2025; Atalla et al., 2024).

Methods

Policy comprises decisions and actions designed to achieve specific goals within a system (Buse et al., 2012). Policy analysis examines the nature, causes, and effects of policies, as well as how they are formulated, implemented, and evaluated (Buse et al., 2012: 6). Walt and Gilson's (1994) framework advances this concept by focusing on four interrelated dimensions: content (what the policy says), context (the economic, political, and social environment), actors (stakeholders and their influence), and process (how policies are initiated, formulated, and implemented). This approach emphasizes that policy analysis is not just about technical solutions, but must also consider the political and organizational factors shaping outcomes. Such a framework is useful for health sector reforms involving leadership, governance, and accountability.

Relevant literature on leadership, nurse retention, and organizational behavior was reviewed to assess policy gaps. The review also evaluates how existing strategies address despotic leadership (Jimenez-Caceres et al., 2025; Kiptulon et al., 2025). However, this study is not just a straightforward examination of particular national laws or regulatory texts. Instead, it provides an analytical review shaped by policy considerations. This study pulls together evidence related to leadership and workforce dynamics to highlight relevant policy gaps. This method makes sense when leadership practices effectively serve as policy tools within healthcare organizations, especially when formal regulations are sparse or inconsistently applied.

Literature Search Strategy

A structured literature search was conducted to ensure clarity and reproducibility. Key databases included PubMed, Scopus, CINAHL, and Web of Science. Search terms used were "despotic leadership," "toxic leadership," "authoritarian leadership," "nurse retention," "turnover intention," "nursing workforce," and "healthcare leadership." Boolean operators (AND/OR) helped refine the results.

Inclusion and Exclusion Criteria

The researcher included studies that: 1. Explored leadership styles specific to healthcare or nursing, 2. Reported outcomes related to nurse retention, turnover intentions, or job satisfaction, 3. Appeared in English, and 4. Were peer-reviewed articles or official policy reports. Conversely, the researcher excluded studies that: 1. Focused on non-healthcare environments, 2. Did not explore the impact of leadership on workforce-related outcomes, and 3. Presented opinion pieces or editorials lacking empirical or analytical support.

Time Frame and Approach

The review mainly covers literature published between 2012 and 2026 (and includes older references relevant to the study's methodology) to capture recent advancements in leadership research. Given the study's exploratory and policy-focused nature, we characterize our approach as a narrative policy analysis that draws from a scoping review, rather than a fully systematic review. The researcher synthesizes relevant findings and maps them to the dimensions of Walt and Gilson's (1994) policy framework (content, context, actors, and process) to pinpoint any policy gaps.

Results

This section provides a detailed synthesis of the

evidence we have reviewed, organized around the four key dimensions of Walt and Gilson's (1994) policy framework. Rather than just reporting findings, this analysis highlights important patterns, gaps, and weaknesses in the literature on leadership behavior and nurse retention. These insights support later policy discussion.

By applying Walt and Gilson's (1994) framework, it can be clearly outlined how the available evidence aligns with each of its four dimensions: content, context, actors, and process, to pinpoint policy gaps.

1. **Content:** Within established policy frameworks, the data reveals that current policies mainly focus on staffing levels and the financial impacts of turnover, often overlooking the crucial role of leadership behavior as a factor in retention (Becker's ASC, 2025; Kiptulon et al., 2025), which presents a significant policy gaps, since leadership style is closely tied to turnover intentions.
2. **Context:** Building on the identified policy gap, research shows that rigid organizational structures in Jordan and similar areas bolster authority-driven leadership while stifling upward feedback (Mrayyan & Abu Hantash, 2026). This environment allows authoritarian leadership to thrive, indicating that policies should also tackle institutional culture, not just formal regulations.
3. **Actors:** The literature points out a noticeable power imbalance between nurse managers and frontline nurses, which limits accountability and reporting (Akdoğan et al., 2025). Although nurses play a critical role, they often find themselves sidelined in the design and enforcement of policies.
4. **Process:** The evidence indicates that many policies lack adequate mechanisms for implementation monitoring, feedback, and enforcement (Buse et al., 2012; Walt & Gilson, 1994). This shortfall diminishes their effectiveness in practice and permits poor leadership practices to go unchallenged.

Policy Framework: Walt and Gilson's Policy Framework

A comprehensive policy framework for addressing despotic leadership and nurse retention in Jordanian hospitals can be effectively guided by Walt and Gilson's policy framework, which emphasizes four interconnected dimensions: content, context, actors, and process (Walt & Gilson, 1994): The content dimension focuses on embedding leadership quality into health system standards through the Ministry of Health (MoH) competency directives, accreditation and licensing requirements that promote non-despotic leadership, and human resource regulations linking promotion and compensation to leadership performance. Mandated transparency through public reporting of retention and practice-environment indicators further strengthens accountability (Gold, 2025; Jimenez-Caceres et al., 2025).

The context places Jordan's reforms within wider regional and global conversations about improving health workers and patient safety, making it easier to compare Jordan's progress with international standards (Mrayyan & Abu Hantash, 2026).

The actors driving this agenda include the MoH, parliamentary health committees, national nursing associations, hospital associations, unions, accreditation bodies, academic institutions, and frontline nurses as advocates. Nursing organizations lead coalition-building and legislative testimony. The process also involves aligning with national HRH strategies and safety agendas, phased implementation, and continuous evaluation using dashboards. Monitoring and evaluation mechanisms should track core indicators, such as annual turnover, vacancy rates, patient-safety metrics (for example, falls and healthcare-associated infections), perceived organizational support, burnout levels, and results from 360° leadership reviews. Governance oversight comes from the MoH and accreditation bodies. Corrective action plans for underperforming facilities and public dashboards enhance transparency. Economic impact assessments estimate cost avoidance from improved retention. These savings come through reduced recruitment and onboarding expenses, as well as fewer adverse events. This integrated approach bridges theory and practice. It ensures that policy interventions are evidence-based, sustainable over time, and context-sensitive (Gold, 2025; Jimenez-Caceres et al., 2025).

Policy Instruments and Regulatory Options

To reform leadership and retain nurses, embed policy and regulation into Jordan's health governance: The MoH should set national leadership competency standards and require yearly leadership appraisals linked to retention and patient safety for accountability and improvement (Gold, 2025).

1. Licensing and accreditation must require non-

despotic leadership competencies for hospital accreditation and nurse-leader licensing or renewal. This reinforces leadership quality as essential for institutional credibility (Jimenez-Caceres et al., 2025).

2. Human resource rules must tie promotion and pay to leadership performance. Use 360° feedback, staff surveys, and turnover metrics to reward strong management (Mrayyan & Abu Hantash, 2026).
3. Transparency rules must require facilities to publicly report retention rates and practice-environment metrics. This builds trust and enables comparisons across institutions.
4. Together, these measures align structural and behavioral incentives to stop despotic leadership and improve workforce stability, which advances patient safety and organizational strength (Gold, 2025; Jimenez-Caceres et al., 2025; Mrayyan & Abu Hantash, 2026).

Policy Impact Statement

The anticipated impact of these policy instruments over 12-24 months remains multifaceted, targeting workforce stability and patient outcomes. Key benefits include curbing nurse turnover intention, cultivating stronger supportive practice environments, and alleviating burnout, achieved by embedding leadership accountability with competency standards, accreditation, and transparent reporting (Gold, 2025). These measures are poised to elevate organizational culture, driving improved patient safety indicators, such as fewer healthcare-associated infections and falls (Jimenez-Caceres et al., 2025). By establishing leadership quality as a central lever for health system resilience, these reforms embed retention and safety within governance. Ultimately, the policy sets national benchmarks for health workers and aligns Jordan with global patient-safety and workforce sustainability agendas (Gold, 2025; Jimenez-Caceres et al., 2025; Mrayyan & Abu Hantash, 2026).

Economic Impact: Cost Avoidance Estimate

Although these cost estimates are derived primarily from international data, due to the limited availability of Jordan-specific numbers, they still provide an approximation of the economic burden associated with nurses' turnover. Improving leadership and retaining nurses benefit people and patients, also generating real financial savings. Currently, replacing one registered nurse commonly costs hospitals around $56,300 on average (range $49,500-$72,700). These figures cover recruitment, onboarding, and training. For a workforce of 1,000 nurses, a 10% reduction in turnover can help hospitals avoid roughly $5.6 million in replacement costs in a single year (Becker's ASC, 2025; Jarrard Inc., 2024). These figures do not yet include the "hidden" losses during ramp-up. Most new hires need 8-12 weeks to reach full productivity, typically equating to $5,000-$8,000 per nurse in efficiency losses. These costs decrease when turnover drops, and teams stay stable (NurseRegistry, 2025; Treva Workforce, 2025).

Turnover raises patient-safety risks. When units are short-staffed, adverse events (falls, CAUTIs, or CLABSIs) become more likely and are expensive. Preventing 50 events per year can save $250,000-$2,000,000, given per-event costs (falls $3,000-$15,000; CAUTI $5,000-$30,000; CLABSI $18,000-$95,000) (Performance Health, 2022). By reducing turnover, improving team effectiveness, and preventing adverse events, large hospitals can avoid $6-$8 million per year. Intangible benefits, like higher morale, better care continuity, and stronger reputations add further value (Becker's ASC, 2025; Jarrard Inc., 2024; Performance Health, 2022).

Policies that reduce harsh leadership and stabilize teams help people thrive and save money quickly, leading to safer care and a healthier workforce (Becker's ASC, 2025; Jarrard Inc., 2024).

Discussion

This analysis shows that leadership is more important for nurse retention than is often recognized. Healthcare systems usually focus on staffing levels and turnover costs. They often overlook how leadership shapes nurses' daily experiences (Becker's ASC, 2025). Many current strategies, therefore, fail to address the real causes of dissatisfaction and turnover.

The findings show that despotic leadership has a harmful impact on nurses. It leads to emotional exhaustion, increased stress, and a stronger intention to leave the job (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026). Nurses with such leaders often feel unsupported, undervalued, and unable to express their concerns. This erodes their motivation and commitment. These issues are worse in healthcare systems with rigid hierarchies. Strong power differences make it hard for

nurses to speak up or report problems. As a result, harmful leadership practices may continue unchecked, weakening staff well-being and organizational performance.

At the same time, the literature demonstrates that leadership directly impacts outcomes: supportive leadership, leadership development programs, and mentoring have been shown to improve job satisfaction and reduce burnout (Gold, 2025; Jimenez-Caceres et al., 2025). This shows that positive leadership is a necessary part of the solution, not just a cause of problems when it is absent. From a policy perspective, it is crucial to act on these findings: nurse retention requires more than staffing or financial incentives. Policies must prioritize proactive leadership. Set enforceable standards for leadership behaviors, provide and mandate leadership training, and establish clear mechanisms for nurses to safely report concerns. Strong leadership policy is not optional; it is essential to retaining nursing staff.

Substantial evidence links toxic or authoritarian leadership styles to adverse workplace outcomes, including increased nurse turnover intentions (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026). However, the predominance of cross-sectional studies limits the ability to establish causality. The strength of this association varies according to organizational and individual factors. Research indicated that emotional burnout and perceived organizational support mediate the impact of harmful leadership on turnover intentions, while individual coping skills further influence this relationship (Akdoğan et al., 2025; Shamspour et al., 2025). At the organizational level, fostering a supportive work environment, promoting job satisfaction, and cultivating a positive workplace culture can mitigate turnover rates, even under adverse leadership conditions (Jimenez Caceres et al., 2025; Kiptulon et al., 2025). Negative leadership does not operate in isolation; team dynamics, organizational climate, and individual psychological resilience shape its effects. Therefore, reforming leadership practices should be prioritized as a strategic approach to reducing nurse turnover risk, rather than as a temporary solution.

Limitations

This policy analysis offers meaningful insights into the relationship between despotic leadership and nurse retention; however, it is not without limitations. The analysis relies entirely on previously published studies rather than primary data, which means that the findings reflect patterns reported in the literature rather than conditions measured directly within Jordanian hospitals. Some economic and workforce estimates draw on organizational reports, yet these sources were used only to contextualize this policy analysis rather than to establish causal claims. Many of these studies are cross-sectional, limiting the ability to draw firm causal conclusions about whether despotic leadership directly increases turnover intention or coexists with other workplace stressors. Furthermore, most available research represents specific hospitals or regions, making it difficult to generalize the results across Jordan's diverse healthcare sectors, including public, private, and military settings. There is also the possibility of publication bias, as studies focusing on negative leadership behaviors tend to receive more attention, which may overstate the prevalence or impact of despotic practices. The economic estimates used here draw on international models, meaning that they may not fully capture Jordan's local staffing costs or financial realities.

Additionally, while the policy recommendations are theoretically robust, they have not yet been tested for feasibility or acceptance within Jordan's political and organizational environment. Finally, cultural factors, such as hierarchical norms and power distance, may influence how leadership is expressed and experienced, yet these dynamics were not explored in depth. These limitations suggest the need for future research that incorporates local data, longitudinal designs, culturally informed analyses, and pilot testing of proposed policy instruments.

Implications for Nursing

The findings emphasize that nurse leaders, whether at the unit, departmental, or executive level, play a pivotal role in shaping practice environments that directly influence turnover intention. Despotic leadership behaviors, such as authoritarianism, narcissism, and punitive communication, have been shown to increase emotional exhaustion and organizational silence among nurses (Akdoğan et al., 2025). Leaders must therefore recognize these patterns as organizational risks rather than interpersonal conflicts. Developing leadership competencies in emotional intelligence, ethical decision-making, communication, and conflict

resolution is essential to counteracting the harmful effects of destructive leadership (Gold, 2025; Jimenez-Caceres et al., 2025).

Nurse leaders also have essential responsibilities in building supportive cultures through transparent decision-making, fair workload distribution, and psychological safety practices that minimize retaliation and fear-based communication (Mrayyan & Abu Hantash, 2026). Implementing structured feedback processes, such as 360-degree evaluations, ombudsperson services, and confidential reporting, can help identify patterns of harmful leadership early (Atalla et al., 2024). By modeling supportive, trauma-informed, and inclusive leadership approaches, nurse leaders can reduce job stress and frustration, mitigating behavioral-health risks associated with turnover intention (Shamspour et al., 2025). Ultimately, leadership reform is not a supplementary strategy; it is central to maintaining workforce stability, promoting retention, and safeguarding patient outcomes.

Leadership Relevance and Policy Innovation

The proposed policy interventions correspond with the increasing complexity of organizational, regulatory, and workforce demands faced by nurse leaders. Incorporating leadership quality into accreditation standards, licensing criteria, and human resource policies transforms leadership performance from an internal managerial expectation into a formalized institutional requirement (Jimenez-Caceres et al., 2025). These policy innovations establish accountability structures that promote supportive and ethical leadership, while discouraging behaviors are linked to burnout, mistrust, and turnover intention (Mrayyan & Abu Hantash, 2026).

The introduction of leadership-focused metrics, such as retention indicators, practice-environment data, behavioral-risk profiles, and 360-degree evaluations, enables organizations to monitor leadership impact transparently through data-driven methods (Gold, 2025). These policy mechanisms reflect Walt and Gilson's (1994) framework, which emphasizes the integration of content, context, actors, and process in reform strategies. By redefining despotic leadership as a governance issue rather than an isolated behavioral problem, the proposed policy innovations enable nurse leaders to promote cultural change, advocate for safer work environments, and advance sustainable improvements in workforce stability and patient safety.

Global Context and Research Implications

While this analysis is situated within Jordan's healthcare context, the identified patterns reflect a broader global issue: the impact of destructive leadership styles on nurse turnover intention. International research consistently demonstrated that despotic, authoritarian, and value-misaligned leadership behaviors contribute to emotional exhaustion, organizational silence, and deviant workplace behaviors among nurses, which in turn increase turnover intention (Akdoğan et al., 2025; Atalla et al., 2024). Consistent with findings from Jordan, global studies indicated that nurses subjected to unsupportive and punitive leadership structures exhibit lower organizational commitment and greater susceptibility to burnout and withdrawal behaviors (Mrayyan & Abu Hantash, 2026; Shamspour et al., 2025).

These similarities suggest that despotic leadership represents a systemic issue affecting workforce resilience across various health systems, rather than a localized phenomenon. Therefore, future research should move beyond cross-sectional studies and utilize longitudinal, multi-country comparative designs to elucidate causal pathways, evaluate leadership-focused policy interventions, and assess how contextual factors, such as cultural norms or governance structures, influence the impact of leadership on retention (Kiptulon et al., 2025; Walt & Gilson, 1994). Enhancing the global evidence base regarding policy-level leadership reforms will facilitate the development of more transferable and culturally adaptable models to improve nurse retention and organizational well-being worldwide.

Leadership Recommendations for Improving Leadership and Retention

Building on the analytical findings presented in the results, this sub-section translates identified policy gaps into organizational-level leadership recommendations. To close the gap between evidence and actual practice, this sub-section presents a detailed set of recommendations aimed at tackling the systemic challenges created by autocratic leadership while boosting nurse retention. These strategies are rooted in solid research and thoughtful policy analysis, which means that they are designed to be both practical and sustainable (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026). After examining the effects of

leadership and the psychological factors involved, it is crucial to turn these findings into practical actions. The recommendations listed below act as a guide for healthcare administrators and policymakers, steering them toward interventions that promote effective leadership and bolster organizational resilience.

When these measures are implemented together, institutions can foster a nurturing atmosphere that increases nurse satisfaction, lowers turnover, and enhances healthcare delivery. In the end, these recommendations are not just standalone actions—they are interlinked strategies that support each other in achieving lasting workforce stability and ensuring patient safety (Walt & Gilson, 1994).

Developing Comprehensive Leadership Development Programs

Healthcare organizations should implement structured leadership development programs for all current and future nurse managers (Gold, 2025; Jimenez-Caceres et al., 2025). These programs should be grounded in evidence-based frameworks and emphasize transformational and servant leadership principles (Jimenez-Caceres et al., 2025). Training should address emotional intelligence, ethical decision-making, conflict resolution, and communication skills. To remain aligned with evolving healthcare challenges and international best practices, continuous professional development must be integrated as a fundamental organizational component (Gold, 2025).

Creating Strong Accountability and Feedback Systems

To mitigate the adverse effects of ineffective leadership, organizations should implement open and confidential feedback mechanisms (Akdoğan et al., 2025; Mrayyan & Abu Hantash, 2026). Such mechanisms may encompass regular 360-degree evaluations, anonymous employee surveys, and independent ombudsperson services to promote workplace safety (Akdoğan et al., 2025). The integration of these tools enables organizations to promptly detect detrimental leadership behaviors and enact appropriate corrective measures, thereby fostering a culture of trust and accountability (Atalla et al., 2024).

Incorporating Leadership Competencies into Nursing Education

Academic institutions should partner with healthcare organizations to infuse leadership and management skills into nursing programs at both the undergraduate and graduate levels (Mrayyan & Abu Hantash, 2026). The curriculum should cover both theoretical and practical aspects of effective leadership, organizational behavior, and workforce sustainability (Jimenez-Caceres et al., 2025). This strategy ensures that the coming nurse leaders possess the necessary skills to foster supportive workplaces and improve retention rates (Mrayyan & Abu Hantash, 2026).

Aligning Human Resource Policies with Leadership Quality Metrics

Human resource frameworks should be revised to incorporate leadership quality as a key performance indicator (Kiptulon et al., 2025). Criteria, such as promotions, compensation, and career progression, should be based on demonstrated positive leadership behaviors and measurable contributions to workforce stability (Kiptulon et al., 2025). Such alignment is likely to promote ethical leadership practices and reinforce the organization's commitment to nurse retention (Kiptulon et al., 2025).

Fostering Organizational Culture Transformation

Beyond just developing individual leaders, a broader focus on cultural changes within organizations is needed (Akdoğan et al., 2025). It is important for organizations to clearly define and put into practice values that emphasize respect, inclusivity, and psychological safety (Akdoğan et al., 2025). These values could involve structured team-building activities, recognition programs for teamwork, and policies that explicitly ban authoritarian practices (Mrayyan & Abu Hantash, 2026). A culture rooted in mutual respect and shared governance can help protect against turnover (Atalla et al., 2024).

These recommendations as a whole represent a smart investment in workforce resilience, patient safety, and the overall quality of healthcare. By implementing them together, a strong system can be built; it not only tackles current challenges, but also prevents future crises (Mrayyan & Abu Hantash, 2026).

Policy Recommendations for Improving Leadership and Retention

Based on the organizational-level recommendations presented earlier, these recommendations focus

specifically on national and system-level policy interventions required to institutionalize leadership reform across the healthcare sector.

Mandating Comprehensive Leadership Development

First and foremost, healthcare organizations really need to make evidence-based leadership training a must for all current and future nurse managers. This training should emphasize positive leadership styles—think transformational and servant leadership—along with essential skills, like empathy, effective communication, and conflict resolution (Jimenez-Caceres et al., 2025). Also, it is crucial to set up ongoing professional development programs, so that nurse managers can stay in the loop with the latest best practices in leadership and workforce management (Gold, 2025).

Finally, integrating trauma-informed management principles, mental-health literacy, and early recognition of behavioral stress equips nurse managers to identify subtle indicators of emotional strain; in turn, they can intervene supportively and prevent escalation into burnout and turnover intention, which is reinforced by evidence showing that despotic leadership contributes to emotional exhaustion, organizational silence, and retaliatory or maladaptive behaviors among nurses, underscoring the need for psychologically attuned, trauma-informed leadership practices (Akdoğan et al., 2025). Training on these perspectives strengthens the relational and psychological competencies needed to foster healthy work environments. Research showed that despotic leadership increases job stress, frustration, and other behavioral-health risks; conditions that trauma-informed and mental-health-literate leadership approaches are designed to mitigate (Shamspour et al., 2025), which naturally transitions into the following discussion on organizational culture, which must reinforce these competencies through systems that promote respect, safety, and accountability.

Cultivating Positive and Accountable Organizational Culture

Equally important, organizations ought to create and enforce clear policies that put a stop to despotic leadership behaviors. This way, they can foster a psychologically safe environment where nurses feel comfortable reporting issues without worrying about backlash (Akdoğan et al., 2025). Additionally, implementing confidential feedback systems—like 360-degree leadership reviews and independent ombudsperson services—can help pinpoint and tackle harmful management practices (Atalla et al., 2024). Ultimately, nurturing a culture of open communication and respect will help combat the fear and silence that often come with despotic leadership (Mrayyan & Abu Hantash, 2026).

Lastly, embedding behavioral-health frameworks into organizational policies, such as psychosocial risk monitoring, emotionally safe communication protocols, and accessible confidential support services, ensures ongoing protection for staff and reinforces institutional commitment to mental well-being. These practices are consistent with findings showing that despotic leadership contributes to emotional exhaustion and silence behaviors among nurses (Akdoğan et al., 2025) and that toxic leadership environments elevate stress, frustration, and behavioral-health risks that require organizational prevention strategies (Shamspour et al., 2025).

Strengthening the Foundations through Education and Policy

In addition to organizational reforms, it is vital to collaborate with nursing education institutions to weave comprehensive leadership and management modules into both undergraduate and graduate programs (Jimenez-Caceres et al., 2025). Human resources policies should be updated to clearly include leadership quality as a key performance metric for managerial roles, tying it to promotions and compensation (Kiptulon et al., 2025). Finally, incorporating measures, such as levels of workplace incivility, organizational-silence patterns, emotional-exhaustion trends, and utilization of mental-health support resources, policymakers can generate a comprehensive behavioral-risk profile that informs leadership oversight. These monitoring elements reflect well-established findings that despotic leadership elevates emotional exhaustion among nurses (Akdoğan et al., 2025). Despotic leadership environments increase frustration, job stress, and negative behavioral outcomes, making behavioral-health indicators crucial for early detection and prevention (Shamspour et al., 2025).

These recommendations are not merely operational adjustments, but strategic investments in building a stable, engaged, and high-performing nursing workforce essential for the delivery of quality healthcare (Mrayyan

& Abu Hantash, 2026; Walt & Gilson, 1994).

A Call to Action for A Sustainable Nursing Workforce

The high turnover intention among nurses in Jordanian hospitals is a serious concern, but it does not have to be a foregone conclusion (Mrayyan & Abu Hantash, 2026). Evidence clearly shows that authoritarian leadership plays a significant role in this trend. This type of leadership undermines trust, fuels burnout, and systematically pushes skilled professionals away from patient care, jeopardizing the stability of the entire healthcare system (Mrayyan & Abu Hantash, 2026).

Hospital administrators and health policymakers need to take decisive action. By focusing on the policy recommendations provided, such as investing in leadership development, nurturing accountable cultures, and integrating positive leadership principles into education and HR policies, they can effectively tackle the factors driving nurse turnover. Investing in positive leadership is not just an expense; it is the most vital investment that Jordan can make to safeguard the well-being of its nurses, ensure patient safety, and bolster the long-term resilience of its healthcare system (Gold, 2025; Jimenez-Caceres et al., 2025).

Improving nurse retention and tackling despotic leadership in Jordanian hospitals is not just about fixing isolated problems—it is about creating a healthier, more supportive system for both staff and patients. Leadership shapes the work environment, influences morale, and ultimately impacts patient safety. When leadership goes wrong, the ripple effects can be severe: higher turnover, burnout, and compromised care. That is why any solution must go beyond quick fixes and instead focus on sustainable, evidence-based policies.

This paper has laid out a practical roadmap built on Walt and Gilson's policy framework, using the dimensions of content, context, actors, and process to guide actionable recommendations that pave the way to transforming leadership culture and enhancing Jordan's healthcare system for long-term sustainability.

Conclusion

Despotic leadership is a critical factor influencing nurse retention but remains insufficiently addressed in current policies. Existing approaches focus on structural and financial aspects while neglecting leadership behavior. Policy reforms should prioritize leadership accountability, training, and organizational culture improvement. Addressing leadership challenges is essential to ensure workforce stability and improve healthcare outcomes.

Authorship

The author meets the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and the author agrees with the manuscript. The author has approved the content before submission or resubmission.

Ethics

The original study had approvals from the Ministry of Health IRB No. MOH/REC/2024/232, dated May 15th 2024, and all related hospitals' approvals, IRBs No. 5987 and No. 7798, were obtained.

Data Availability

Data sharing does not apply to this article, as no datasets were generated or analyzed during the current study.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this work, the author used Grammarly and Copilot to edit the language. After using these tools, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

Conflict of Interests

The author has no conflict of Interests to declare.

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