

THE DARK SIDE OF LEADERSHIP: EXAMINING THE EFFECTS OF ABUSIVE LEADERSHIP ON EMPLOYEE SILENCE AND CONTEXTUAL PERFORMANCE

Komal Khalid*

Associate Professor, Faculty of Economics and Administration
King Abdulaziz University, Jeddah, Saudi Arabia
kmuddassar@kau.edu.sa

Abstract

The study examined the impact of abusive leadership on employee silence, and contextual performance. Research was quantitative in nature and data were collected from healthcare professionals (i.e., doctors, nurses, and administrative staff). For data analysis, descriptive statistics, Pearson correlation analysis, confirmatory factor analysis, and structural equation modelling were conducted. The results of the study showed significant impact of abusive leadership on employee silence and contextual performance. The study also proved employee silence as a significant mediator of abusive leadership and contextual performance relationship.

Keywords: *Abusive Leadership, Employee Silence, Contextual Performance, Healthcare Sector.*

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1. Introduction

Abusive leadership (AL) is defined as subordinates' perception on the degree to which leaders participate in the demonstration of resentful, verbal and nonverbal behaviors (Wang et al., 2022). It has drawn considerable

research attention due to its negative effects on both individual and organizational outcomes (Kim et al., 2019; Tepper et al., 2017). Destructive leadership or abusive leadership (AL) has been found to negatively affect employees' behaviors toward their colleagues,

* Corresponding Author

work, organizations, wellness, and sometimes careers. It has been perceived as a stressor in the workplace, that results in negative employee responses to their work. Indeed, previous research has demonstrated that abusive supervision hurts work behaviors such as participation and performance (Ogunfowora et al., 2021; Song et al., 2017). Although the effects of abusive supervision are well known, further research is needed to investigate the possible reasons for the link between AL and employee silence (ES) and performance.

Exploring the relationship between AL, ES, and CP in the healthcare industry is essential for improving patient safety, cultivating a supportive work environment, and improving organizational effectiveness (Abdelallem & Abou Zeid, 2023). By understanding these factors, these organizations may develop strategies, that could reduce the negative effects of AL, encourage employee voice, and ultimately improve patient care quality. This input can promote informed interventions and leadership development programs to enhance leadership practices, and to create enabling atmosphere for raising employee voice. In Saudi Arabia, the healthcare industry is vital for delivering high-quality medical services and promoting people's health. However, AL, characterized by hostile supervisors or managers who bully and abuse power, is one of this industry's biggest challenges. AL affects employee well-being and organizational outcomes across sectors. It is crucial to investigate how AL affects contextual performance (CP) in the Saudi healthcare sector, especially when viewed through employee silence (ES).

2. Review of Literature

AL is characterized by the consistent and pervasive mistreatment of subordinates, including bullying, demeaning, and exploiting workers (Ogunfowora et al., 2021). The influence of AL on the CP is significant and multifaceted. It has a negative impact on several aspects of employees' work attitudes, motivation, and behavior, resulting in negative outcomes for individuals and organizations (Kim et al., 2019). Additionally, AL influences teamwork and collaboration within organizations (i.e., CP). AL promoted an atmosphere, marked by fear and mistrust. Fearing negative consequences from their abusive leader, employees are less likely to share information, seek colleagues' assistance, and engage in cooperative behaviors (Hao et al., 2022).

Employee Silence (ES) occurs when employees keep their thoughts and opinions to themselves, especially in a hostile workplace (An et al., 2023). It is crucial to comprehend how AL contributes to this silence, as it can impede open communication, innovation, and employee well-being (Hao et al., 2022). Due to fear of negative repercussions, employees can suppress their voices when subjected to AL. They may fear retaliation, censure, or loss of employment (Ayub et al., 2021). This can result in a lack of valuable insights, suggestions, and concerns, which can impede organizational learning, problem-solving, and innovation and create a culture of stagnation (Azevedo et al., 2021).

CP refers to the actions and behaviors of employees that go above and beyond their formal job responsibilities, such as assisting coworkers, volunteering for additional tasks, and

engaging in proactive problem-solving (Jena, 2022). However, when employees remain silent and keep their opinions, concerns, and suggestions to themselves, it can hinder their willingness and ability to participate in CP (Chou & Chang, 2020). In healthcare organizations, ES can also contribute to a lack of ownership and accountability. ES over problems or potential improvements, can perpetuate a sense of dissatisfaction and turnover (Otsupius, 2019). This can reduce the motivation and willingness to take the initiative, contribute new ideas, and go beyond their formal job responsibilities (He *et al.*, 2018). Consequently, CP may suffer, resulting in missed opportunities for innovation, process optimization, and better patient outcomes.

When employees are subjected to AL, ES frequently ensues, which hinders their engagement in CP (Mannan & Kashif, 2020). Open communication and information exchange is required for the free flow of ideas and collaborative problem-solving. AL fosters an atmosphere of fear, intimidation, and hostility, stifling open communication and discouraging employees from speaking up (Abdelaliem & Abou Zeid, 2023). Employees, who face AL, are likelier to keep their ideas, concerns, and suggestions to themselves, resulting in ES. As a result, employees may lose interest in their work, reducing their contribution to CP (Hao *et al.*, 2022).

The COR Theory posits that people strive to acquire, preserve, and defend resources that are valuable to them. Material resources (e.g., job security, tangible rewards) and psychological resources (e.g., self-esteem, job satisfaction) can be considered resources (Hobfoll, 2011, pp.128). By destroying their self-esteem, job

satisfaction, and sense of control over the work environment, AL depletes the psychological resources of employees. This depletion contributes to psychological distress and the belief that speaking up or engaging in CP may result in additional resource loss or negative outcomes (Wang *et al.*, 2022). Therefore, employees may choose to conserve their resources by keeping quiet and refraining from engaging in behaviors that could put them in danger (Yang *et al.*, 2023).

3. Statement of Problem

The study seeks to investigate the impact of AL on CP in the healthcare industry of Saudi Arabia, specifically through ES (Figure-1). ES occurs when employees purposely withhold information or ideas in response to AL behaviors, to protect themselves from negative consequences such as reprimand, job loss, or damaged relationships with supervisors. Effective communication, collaboration, and knowledge sharing are crucial in the healthcare industry for providing high-quality care. AL and ES can hinder these processes and lead to a decrease in CP, such as colleagues helping each other, taking on additional tasks, and sharing knowledge and information.

4. Need of the Study

This study explored AL and CP in Saudi Arabia, because it is crucial for researchers and practitioners to understand the impact of such leadership styles on the workplace dynamics of the country's society and culture. Investigating the link between AL, ES, and CP can highlight how these leadership styles restrict employees' ability to contribute beyond their job roles, impacting the organization's productivity and success. Moreover, AL can have a profound

impact on employee well-being, leading to low morale, high turnover, ES, and low organizational commitment (Wang *et al.*, 2022). This study can reveal how AL affects the effectiveness and performance of Saudi Arabian organizations by analyzing the influence of AL on CP through ES.

5. Objectives of the Study:

- a. To measure the impact of AL on CP.
- b. To measure impact of AL on ES.
- c. To analyze the relationship between AL, ES and CP.

The study will help in comprehending the relationship between AL, ES, and CP in the Saudi Arabian healthcare industry. This study's findings can contribute to the development of strategies and interventions, to mitigate AL, promote employee voice, and enhance CP, thereby enhancing the overall functioning and quality of healthcare services across the nation.

6. Hypotheses of the Study

- H₁: AL has direct and significant impact on CP.
H₂: AL has direct and significant impact on ES.
H₃: ES has direct and significant impact on CP.
H₄: The relationship between AL and CP is mediated by ES.

7. Research Methodology

7.1. Sample Selection

To investigate the influence of AL on employee's CP, this research adopted the approach of quantitative primary research design. For this approach, data were collected from the healthcare sector organizations within Saudi Arabia (i.e., Riyadh, Jeddah, Makkah, and Madina). More than 100 large healthcare facilities (i.e., hospitals having more than 100 employees) are listed in the Kingdom of Saudi

Arabia. The respondents included doctors, nurses, and administrative staff of hospitals. Ten large hospitals from each city (i.e., Jeddah, Makkah, Madina, and Riyadh) were selected, and the purpose of the study was explained to the respondents, who were requested to help the data collection process. After their permission, 30 employees from each hospital were supplied with online questionnaire (Google form) through both WhatsApp and email. 1200 online questionnaires were sent and 512 responses were collected. Responses were reviewed for completion and Cook and Leverage Test was conducted for detection of outliers. As a result, 484 responses were employed for further analysis.

7.2. Sources of Data

The study primarily relied on data collected directly from participants. A questionnaire was used to gather information on demographic factors such as age, gender, and experience, as well as their attitudes towards AL, ES, and CP. The close-ended questionnaire was designed with statements, on a five-point Likert scale, allowing participants to rate their level of agreement from strongly disagree to strongly agree. This approach helped to capture the participants' perception of the research topic.

7.3. Period of Study

The study was conducted during the period, February, 2023 to May, 2023.

7.4. Tools used in this Study

The study used descriptive statistics (i.e., mean, and standard deviation), Pearson correlation analysis, Confirmatory factor analysis (CFA), Structural Equation Modelling (SEM), and Model evaluation (i.e., SRMR, NFI and Q²_{Predict}). The study used the SPSS version 24 and SmartPLS4 for data analysis.

8. Data Analysis of the Effects of Abusive Leadership on Employee Silence and Contextual Performance

Data analysis in this study was conducted in two sections. In the first section, data were tested for its reliability (i.e., Cronbach alpha, Rho_A, and Composite reliability), validity (AVE, HTMT, and Fornell and Larcker test), confirmatory factor analysis, and multicollinearity (Variance Inflation Factor), as shown in **Table-1**. Descriptive statistics (i.e., Mean, and standard deviation) and Pearson correlation analysis for the three study variables (i.e., AL, ES, and CP) are shown in **Table-3**. In the second section, hypothesis testing was conducted by utilizing Structural Equation Modelling (SEM) through SmartPLS4.

For assessing the measurement model, this research followed the approach of **Hair et al., (2019)**. According to their criteria, the accepted value of the loading should be greater than 0.4, reliability (Cronbach alpha, CR, and rho_A) should be greater than 0.7 and the accepted value of the average variance extracted (AVE) should be greater than 0.50 (**Hair Jr, et al., 2020**). The results, displayed in **Table-1**, revealed the construct's reliability as the value of CR, rho-A, and Cronbach's alpha was greater than 0.7 for all constructs (**Hair et al., 2019**). Similarly, the AVE value was greater than 0.5 for all constructs, and the VIF value was close to two (**Purwanto & Sudargini, 2021**). Thus, the variables satisfied satisfactory standards for convergent validity and multicollinearity. HTMT and Fornell-Larcker Criterion results are shown in the **Table-2**. **Salloum et al. (2021)** asserted that the accepted HTMT threshold value is 0.85. No discriminant validity issues were detected, with HTMT value lying less than 0.85 for all

constructs. For Fornell-Larcker, the AVE (square root) value of the construct should be greater than its correlation with other constructs (**Hair Jr et al., 2020**). The square root of the AVE's of AL, ES, and CP were 0.764, 0.828, and 0.716, respectively (all these diagonal values were greater than all non-diagonal values (**Table- 2**). The **Table 3** shows the results of descriptive statistics and the correlations within the different measurement scales. The correlation coefficient is measured by using each construct's average values of the scale items. AL was significantly and positively related to ES ($r = 0.726, p < 0.01$), and negatively related to CP ($r = -0.795, p < 0.01$). Overall, significant correlation between constructs was observed (**Table-3**).

In order to evaluate the stated hypotheses, bootstrapping of the sample was conducted. This allowed the study dataset to be resampled for statistical tests such as path coefficients, construct confidence intervals, t-value, and p-value. The **Table-4** shows the results of hypothesis testing with direct and indirect effects. Overall, all hypotheses of the study were supported. The results shown in **Table-4**, indicated significant direct negative influence of AL on CP. The beta coefficient ($\beta = -0.534$) indicated the strength and direction of this relationship, while the t-value (66.328) and p-value (<0.000) indicated the statistical significance of the relationship. The extremely high t-value revealed strong association between AL and CP. Therefore, **H₁** was accepted. The BCCI values $[-0.515, -0.593]$, indicated the stability of the path coefficient. Similarly, significant positive direct influence of AL on ES was reported. The positive sign of the beta coefficient (0.785) demonstrated that as AL

increased, ES also increased. The high t-value (43.830) revealed strong association between AL and ES. The p-value (<0.000) further confirmed the statistical significance, indicating that the observed relationship was highly unlikely to have occurred by chance. Therefore, H_2 was supported. Regarding H_3 , significant negative direct influence of ES on CP was found. The sign and value of the beta coefficient (-0.820) demonstrated that as ES increased, CP will also decrease. The high t-value (47.860) established that ES significantly impacted CP. The statistical significance was further supported by the p-value (0.001), which indicated how unlikely it is for the observed relationship to have arisen by chance. Therefore, H_3 was sustained. Similarly, the results also confirmed the significant indirect effect of AL on CP through ES (H_4). The indirect effect demonstrated that AL indirectly influenced ES, which, in turn, influenced CP. Given the size of the negative beta coefficient (-0.644), it is likely that AL exerted significant indirect impact on CP through ES. The indirect effect was statistically significant, as shown by the t-value (26.716), and it was highly unlikely that it could have happened by chance, as shown by the p-value (0.000).

9. Findings of the Study

- The study's findings provide strong evidence, regarding the association between AL, ES, and CP in Saudi Arabia's healthcare sector. According to the study, such abusive behavior hurts the overall performance of healthcare professionals. In the healthcare sector, abusive leadership can negatively affect the well-being of employees and the quality of patient care and organizational outcomes.
- The study emphasizes the role of ES as mediating the relationship between AL and

CP. The findings show that when employees experience AL, they are more likely to keep quiet and refrain from sharing their thoughts, worries, or suggestions with the rest of the organization.

- The study also emphasizes ES's negative effects on CP. In the healthcare industry, CP can help a coworker, do extra work for free, or develop innovative patient care solutions. AL's significant indirect effect on CP through ES suggests that AL's negative effects go beyond the leader-employee interaction. AL promotes fear and silence, which hinders employee engagement, creativity, and dedication to organizational goals. Thus, healthcare professionals are less likely to take the initiative to improve operations.

10. Suggestions of the Study

The implications of these findings for healthcare organizations in Saudi Arabia and beyond are substantial. Recognizing the negative effects of AL on ES and CP, organizations must address and mitigate abusive leadership behaviors. Leadership development programs, open communication, and anonymous reporting can create a supportive workplace that boosts employee engagement and reduces ES. Healthcare organizations can improve employee well-being, innovation, and patient care by addressing AL and promoting psychological safety and empowerment. The study's findings emphasize the importance of positive healthcare leadership practices to help businesses succeed and create constructive work environments.

11. Conclusion

The study proves that AL indirectly affects CP through ES in Saudi Arabia's healthcare sector. Abuse by healthcare leaders breeds fear,

intimidation, and sense of powerlessness. Thus, employees are more likely to remain silent, withholding valuable input, concerns, and suggestions. The study emphasizes the importance of AL and employee voice in healthcare organizations, adding to leadership and organizational behavior literature. These negative outcomes subsequently affect their willingness and ability to engage in discretionary behaviors that contribute to the overall effectiveness and efficiency of their roles. Therefore, AL indirectly impairs the contextual performance of healthcare professionals (i.e., doctors, nurses, and administrative staff).

12. Limitation of the study

The study was based on the Saudi Arabian healthcare sector's specific context. In this setting, unique cultural, organizational, and contextual factors may influence the relationship between AL, ES, and CP.

13. Scope for further research

The study focused on the mediating role of ES, overlooking other potential mediators that may explain the relationship between AL and CP. Future research could explore alternative mechanisms through which AL impacts employee performance, such as job satisfaction, organizational commitment, or psychological well-being.

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Table-1: Results of Factor Loading, Reliability, Validity, and Multicollinearity

Construct	Items	Loading	CA	Rho_A	CR	AVE	VIF
Abusive Leadership	AL1	0.604	0.883	0.888	0.902	0.583	1.871
	AL2	0.526					1.757
	AL3	0.530					1.581
	AL4	0.523					1.724
	AL5	0.473					1.423
	AL6	0.513					1.582
	AL7	0.469					1.492
	AL8	0.565					1.829
	AL9	0.447					1.283
	AL10	0.498					1.808
	AL11	0.436					1.487
	AL12	0.502					1.444
	AL13	0.503					1.402
	AL14	0.482					1.587
	AL15	0.526					1.404
Employee Silence	ES1	0.622	0.787	0.789	0.849	0.685	1.296
	ES2	0.705					1.445
	ES3	0.701					1.434
	ES4	0.705					1.433
	ES5	0.703					1.494
	ES6	0.736					1.569
Contextual Performance	CP1	0.428	0.864	0.865	0.893	0.512	1.442
	CP2	0.487					1.576
	CP3	0.510					1.612
	CP4	0.571					1.861
	CP5	0.568					1.855
	CP6	0.515					1.635
	CP7	0.565					1.783
	CP8	0.455					1.518
Note: CA= Cronbach alpha; CR = Composite reliability; AVE = Average variance extracted; VIF = Variance inflation factor							

Source: Primary data computed using SmartPLS4

Table-2: Results of Discriminant Validity of AL, ES, and CP using HTMT and Fornell-Larcker Criterion

HTMT Criteria				Fornell-Larcker Criteria		
	AL	ES	CP	AL	ES	CP
Abusive Leadership				0.764		
Employee Silence	0.653			0.685	0.828	
Contextual Performance	0.729	0.693		-0.714	-0.720	0.716
<i>Note:</i> The bold numbers in diagonal in Fornell- Larcker section are the square root of AVE of each construct, and other numbers are correlations between constructs.						

Source: Primary data computed using SmartPLS4

Table-3: Results of Descriptive Statistics and Pearson Correlation Analysis of AL, ES, and CP.

Descriptive Statistics			Pearson Correlations Analysis		
	Mean	SD	AL	ES	CP
Abusive Leadership	1.714	0.476	1		
Employee Silence	1.869	0.457	0.726**	1	
Contextual Performance	4.324	0.472	-0.795**	-0.819**	1
Note: **. Correlation is significant at the 0.01 level (2-tailed).					

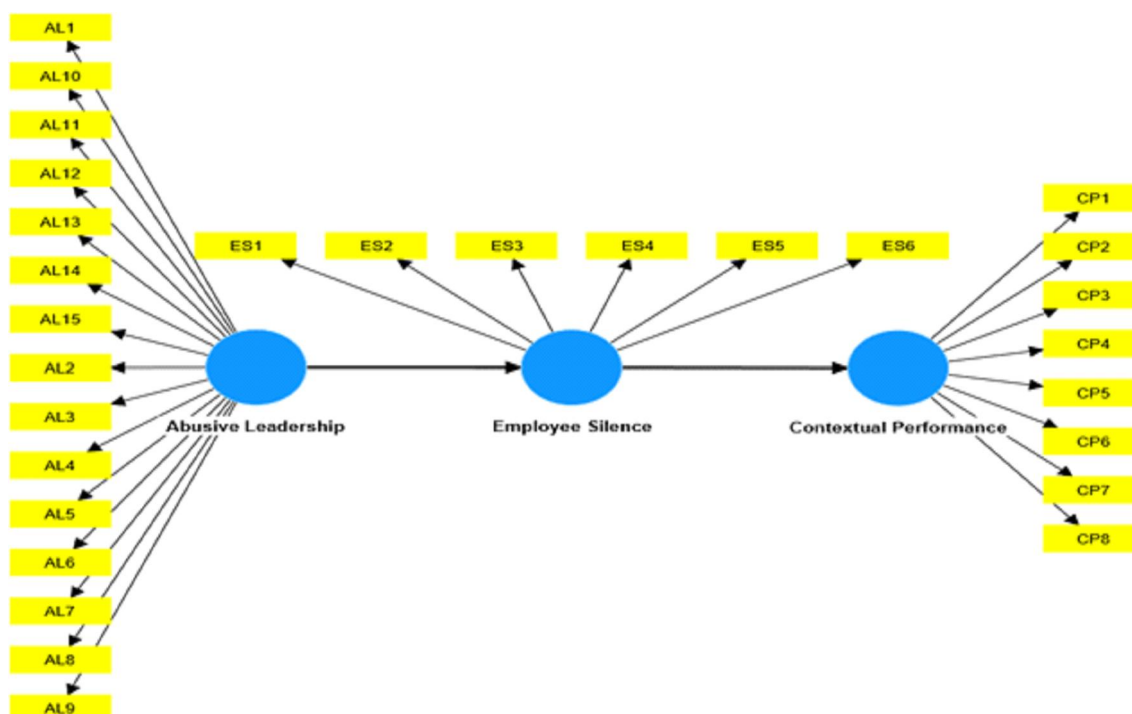
Source: Primary data computed using SmartPLS4

Table-4: Results of Structural Equation Modelling Dependent (CP), Independent (AL) and Mediator (ES) of the Study

Hypot hesis	Direct/ Indirect Effect	Path Coefficients	T Value	P values	BCCI		Hypothesis Support
					5.00%	95.00%	
H ₁	AL -> CP	-0.534	66.328	0.000	-0.515	-0.593	Supported
H ₂	AL -> ES	0.785	43.830	0.000	0.744	0.815	Supported
H ₃	ES -> CP	-0.820	47.860	0.000	-0.849	-0.780	Supported
H ₄	AL -> ES -> CP	-0.644	26.716	0.000	-0.685	-0.588	Supported
Note: Abusive Leadership (AL); Employee Silence (ES); Contextual Performance (CP)							

Source: Primary data computed using SmartPLS4

Figure-1: Theoretical Model with Study Variables AL, ES, and CP



Source: Primary data computed using SmartPLS4