The Exploitative Leadership and Burnout among Staff Nurses

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Abstract

Background: The exploitative behaviors of the leaders have negative impacts on organization as well as staff nurses. Exploitative / dark side of leadership is an assistant cause to burnout in nursing. **Aim**: This study aimed to assess the relationship between exploitative leadership and burnout among staff nurses at Beni-Suef University Hospital. **Method**: A correlational descriptive design was used, 179 staff nurses were convenient sample participated in the study from critical care units at Beni-Suef University Hospital. Data were collected by using two tools namely; Nursing staff perception of exploitative leadership questionnaire to measure nurses' perception about exploitative leadership and Maslach Burnout Inventory Questionnaire. The tool is designed to measure burnout among individuals working in health care occupations including nursing. **Results**: Demonstrated that more than three quarters of studied staff nurses had low levels of exploitative leadership perception, and less than three quarters of them experienced moderate level of burnout. **Conclusion**: There was a highly statistically significant correlation between exploitative leadership and burnout among studied staff nurses. **Recommendations**: Providing training programs for nursing leaders to avoid exploitative leadership behaviors, and for staff nurses to increase their awareness about other destructive forms of leadership, exploitation, and how to cope with it.

Key words: Exploitative Leadership, Staff Nurses, Burnout.

Introduction

Leadership behavior can be categorized as either destructive or constructive behavior. Constructive leadership refers to acting in the best interests of the followers and demonstrating behaviors that promote followers' wellbeing, motivation, and job satisfaction, like praising, supporting, and taking care of them. Destructive leadership is defined as reducing the followers' wellbeing, motivation, and job satisfaction by behaviors like bullying and manipulation. For instance, it's crucial to remember that there isn't a single, comprehensive classification for the various leadership behaviors that make up the more general categories of constructive and destructive leadership **(Omer et al., 2022).**

Exploitative leadership **(EL)** is defined as a negative leadership style in which the leader: (a) exhibits egoistic behavior, (b) manipulates by pressuring employees, (c) leaves employees overworked, and (d) destroys their expertise and skills while putting obstacles in the way of their personal development **(Schmid et al., 2019; Majeed& Fatima, 2020).** EL is a very self-serving form of leadership that focuses on benefiting leaders themselves at the expenses of their followers' interests, characterized by genuine egoistic behavior, taking credit, exerting pressure,

underchallenging followers, and manipulating followers **(Ye et al., 2022; Ye et al., 2023).**

Exploitative nurse leaders take advantages of staff nurses through acting egoistically, selfishly, and prioritizing their goals over staff goals, take a credit though claiming that achievements of staff as their own, control and overburden them through given them extra tasks, underchallenge them through giving them no chance for self-development or professional growth, manipulate and deceive them through practicing unethical attitudes and injustice norms among staff nurses which lead to anger excitement and resentment among exploited nurses making them against each other to achieve personal goal of the leader **(Schmid et al., 2019;Basiony & Ibrahim, 2023; Ye et al., 2023).**

EL may have negative effects on the organization as well as staff nurses. (I) For the organization, EL may lead to decreased production, higher turnover rates, and lower morale. EL has the potential to hinder the growth and development of a career by creating a toxic work setting that threatens professional ethics, limiting opportunities for progress, and inhibiting creativity and innovation. (II) Staff nurses consider themselves exploited and underappreciated. Furthermore, because of their excessive

workload, lack of support, and unjustified requests from exploitative leaders, staff nurses may suffer from physical consequences such stress-related health problems. Staff nurses may have emotional problems such as sadness, anxiety, and burnout, which can affect their general well-being and job satisfaction. (**Johnson et al., 2019; Li et al., 2022**).

Nurse burnout is acknowledged by the Committee on the Future of Nursing 2020–2030 as a major issue facing the nursing profession both now and in the upcoming ten years. Nurse leaders are crucial in fostering a healthy nursing workforce. In order to support nurses' professional development, lessen nurse burnout, and help them negotiate the complicated work conditions in healthcare, nurse leaders are seen as essential. They are the ones that nurses rely on and go to for assistance, they are an empowering force with the power to bring nurses together and foster collaboration. Because nurse burnout grows more widespread, many studies emphasized on the relation between nursing leadership styles specifically destructive styles and burnout (**Wei et al., 2020**).

Burnout is an emotional, cognitive, and behavioral condition caused by prolonged occupational pressures, consists of three elements come together to form its

conclusion: depersonalization or cynicism, emotional exhaustion, and inefficacy or decreased achievement. Although burnout is primarily associated with the workplace, it can also refer to structured, forceful, goal-oriented work-like activities in non-work areas (**Chen et al., 2024**).

Nursing burnout is a harmful and consequential syndrome that impacts not only the nurses themselves but also the patients they care for and the organization they work for. Up to 50% of nurses are suffering from burnout, which increases the risk of negative personal outcomes, dysfunctional work environments, and patient safety (**Kelly et al., 2021**). Another definition, Nursing burnout is defined as a common occurrence that is characterized by a decline in the energy levels of nurses, leading to feelings of emotional exhaustion, decreased motivation, and dissatisfaction. There is a chance that these phenomena will make them less productive at work (**Haedrich, 2024**).

In general, burnout can present with a variety of symptoms. Burnout can manifest as physical or emotional tiredness, reduced efficiency at work, and workplace cynicism, according to the World Health Organization. Physical manifestations of burnout include increased fatigue, anxiety, headaches, aches and pains in the body, and changes in appetite.

According to the American Nurses Association, burnout symptoms might include feeling excessively tired, overworked, detesting your job, feeling underappreciated, or as though your work is meaningless (**Haedrich, 2024**).

Additionally, nurses' attitudes and behaviors toward clinical care may be impacted by job burnout, which might raise the risk of medical mistakes. During the pandemic, working longer hours may increase the risk of burnout and other negative psychological issues. Anxiety, sadness, burnout syndrome, and post-traumatic stress disorder (PTSD) were prevalent issues (**Wang et al., 2024**). Also, burnout has an extensive effect on patient death rates, professional effort levels, interpersonal collaboration quality, and quality and risk of medical malpractice. It also results in a fall in productivity (**Dyrbye et al., 2023**).

Significance of the Study:

Nursing leadership is crucial since nurses make up most of the health care work force. Leadership style can affect the staff nurses' self- image at the workplace positively or negatively. Exploitative leaders are more dangerous than other bad leaders because of their egoistic behaviors and also, they apply pressure on the staff nurses (**Schmid et al., 2019**). Burnout had a high prevalence among those working in health care occupations, especially nurses. In Egypt, a study that examined the prevalence of burnout among health care providers at Aswan University found that 51.2% of participants had high Emotional Exhaustion (EE), 32.9% had high Depersonalization (DP), and 39% had low Personal Accomplishment (PA). according to another study on the nursing staff at Beni-Suef University Hospital, the percentage of EE was 26.9%, the DP was 48%, and the PA was 2.2% (**Elsheikh& Naga, 2021**). Also, it can affect the nurses physically and mentally. Additionally, due to the manipulation and overburdening which exploitative leaders put on their staff nurses can affect their emotional state badly. So, this study aims to assess the relationship between exploitative leadership and burnout among staff nurses.

Aim of the Study:

The current study aims to assess the relationship between exploitative leadership and burnout among staff nurses through: -

- Identifying the level of staff nurses' perception about exploitative leadership.

- Determining the level of burnout among staff nurses.

- Finding out the relationship between exploitative leadership and burnout among staff nurses.

Research Questions:

- What is the level of staff nurses' perception about exploitative leadership?

- What is the level of burnout among staff nurses?

- Is there a relation between exploitative leadership and levels burnout among staff nurses?

Subjects and Methods

Research Design:

A correlational descriptive design was used to achieve the aim of the current study.

Setting of the study:

This study was carried out in overall critical care units in Beni-Suef University Hospital namely; general ICU, ER, Tropical care unit, Surgical ICU (63beds). Cardiac care unit, Chest care unit (26 beds). Neurological care unit (14 beds). Pediatric ICU, Neonatal ICU (38 beds). The data were collected from all previous mentioned units.

Sample: A convenient sample (n= 179) of staff nurses out of (N= 324) who were male and female, accepted to participate in the study and had at least one year experience in the study setting. The sample size was calculated by using Solvin's formula **(Tejada& Punzalan, 2012).**

$$n= \frac{N}{1+(N\times E2)} = \frac{324}{1+(324\times 5\%2)} = 179 \text{ Staff Nurses}$$

n: sample size.

N: total population.

E: acceptable margin of error.

Data Collection Tools: Two tools were employed:

Tool(I): Nursing staff perception of exploitative leadership questionnaire.

This tool was developed by **(Schmid, 2019)** to measure nurses' perception about exploitative leadership, and adapted by the researcher based on **(Abdulmuhsin et al., 2021; Kayani et al., 2021; Wang et al., 2021).** This tool consisted of two parts as following:

Part (1): Personal data of staff nurses (age- gender- marital status- nursing qualification- years of experience- working area- number of working hours/ Day- number of working days/Week).

Part (2): Exploitative Leadership Structure Questionnaire; consisted of (27) items covered 5 dimensions namely; egoistic behavior of the nursing leader contained (5) items, taking credit contained (4) items, exerting pressure contained (8) items, manipulating followers contained (5) items and under challenging followers contained (5) items. Each item had response measured with

three- points Likert scale ranging from 1 (rarely) to 3 (always).

Scoring system

Nurses' responses were measured on three points Likert Scale ranged from 3-1. The total scores were calculated by summing of all categories and classified according to cutoff points into: High level of exploitative leadership >75%, Moderate level of exploitative leadership 60% ≤ 75% and Low level of exploitative leadership <60%. (Always=3, Occaissionally=2, Rarely=1)

Tool II: Maslach Burnout Inventory (MBI): - The MBI was developed by (**Maslach and Jackson, 1981**), and adapted by a researcher based on (**Mostafa Ahmed et al., 2022; Zaid, 2019**). The tool is designed to measure burnout among individuals working in health care occupations including nursing. The tool is grouped into three domains: Emotional Exhaustion (EE) contained (7) items, Depersonalization (DP) contained (7) items, and Personal Accomplishment (PA) contained (8) items. Each item had response measured with three- points Likert scale ranging from 0 (rarely) to 2 (always).

(Always= 2, Occasionally= 1, Rarely= 0)

Scoring system: -

Nurses' responses were measured on three points Likert Scale ranged from 2-0. The total scores were calculated by summing of all categories and classified according to cutoff points into: High level of burnout >75%, Moderate level of burnout 60% ≤ 75% and Low level of burnout <60%.

Validity and Reliability
Validity

Validity of data collection tools was evaluated by five jury experts in nursing administration. They were from four different faculties of nursing (two assistant professors, Beni-Suef University- one assistant professor, Benha University- one assistant professor, Cairo University- one professor, Mansoura University), who reviewed the tools for clarity, comprehensiveness, relevancy, accuracy, understanding, and applicability. Their opinions were stood, and the required modifications were applied.

Reliability

Both Exploitative Leadership and MBI questionnaires were tested for reliability by using Cronbach's alpha coefficient. Cronbach's alpha coefficient for exploitative leadership was (0.933), and for MBI was (0.804) which indicated good internal consistency.

Pilot Study:

A pilot study was conducted on 10% (18 staff nurses) of the studied nurses to assess the clarity, objectivity, applicability, adequacy, and to determine time needed to fill- in questionnaire. There weren't modifications needed, and participants involved in pilot study were included in the study sample.

Ethical Consideration:

The ethics and research committee of Beni-Suef University's college of medicine provided written approval with approval number (09072023). Each participant gave their informed permission after being informed about the purpose and nature of the study. For anonymity and secrecy, each page was coded, and the subjects' names were not written on the sheets. Subjects were informed that they had the freedom to withdraw from the study.

Statistical Analysis:

After collecting the data, it was reviewed, tabulated, coded, and analyzed statistically using SPSS software (statistical package for the social sciences, version 29). Descriptive statistics were applied as mean and standard deviation for quantitative variables. Descriptive statistics were applied as frequency, and percentage for qualitative variables. Chi- test (χ^2) was used to compare two groups or more. Pearson rank correlation coefficient also was used to examine the relationship between variables. Statistical significance level value was determined when P-value P≤.0.05.

Results

Table (I): Illustrates that, total studied sample was (179) staff nurses. Regarding to the age; the highest percent (96.6**%)** of them was in age group 20 < 30 years old with mean score (27.54±4.89). Concerning gender; more than half (56.4%) of them were females. Regarding marital status; half of them (52.5%) were single. In addition to years of experience; nearly three quarters (72.6%) of them had less than 5 years of nursing experience with mean score (*4*.34±2.23). Regarding the working area; less than half of them (43.6%) were staffed in ICU work area.

Figure (I): Illustrates that, more than two thirds of studied nurses (69.2%) had nursing technical nursing degree, and more than one quarter (27.4%) of them had bachelor's degrees in nursing.

Figure (II): reveals that about three quarters (74.3%) of them were working 12 hours/Day.

Figure (III): displays that more than three quarters of studied staff nurses (78.2%) had low levels of exploitative leadership perception. While (7.8%) of them had a high level of exploitative leadership perception.

Table (II): Reveals that, the highest percent of studied staff nurses (86%) had low perception

about manipulating staff nurses' dimension. While (14.5%) of them had high perception about under challenging followers' dimension.

Table (III): Portrays ranking of exploitative leadership dimensions as perceived by studied staff nurses from the highest to the lowest ranking as following Taking credit, exerting pressure, under challenging followers, manipulating staff nurse, and egoistic behaviors with Mean±SD (6.29±1.89, 12.55±3.93, 7.83±2.75, 7.33±2.35, and 7.31±2.31) respectively.

Figure (IV): demonstrates that less than three quarters of studied staff nurses (73.2%) experienced moderate burnout level. While the lowest percent (12.3%) of them experienced a high level of burnout.

Table (IV): Illustrates, half of studied staff nurses (51.4%) perceived moderate level of burnout related to depersonalization dimension. While more than one third (37.4%) of them perceived high burnout level related to personal accomplishment dimension.

Table (V): portrays ranking of burnout dimensions as perceived by studied staff nurses from the highest to the lowest rank as following Personal Accomplishment, Emotional Exhaustion, and Depersonalization with Mean±SD (8.79±3.97, 6.88±3.72, 5.04±2.71) respectively.

Table (VI): Reveals that there was a highly statistically significant positive correlation between exploitative leadership and burnout among studied staff nurses (P value= 0.002).
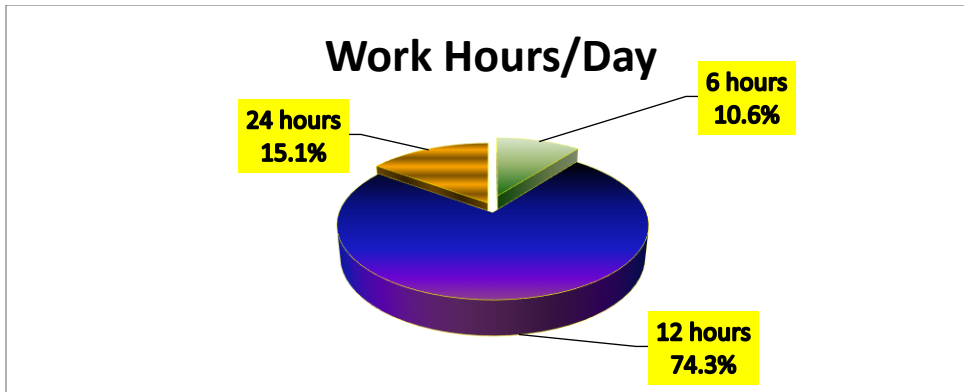
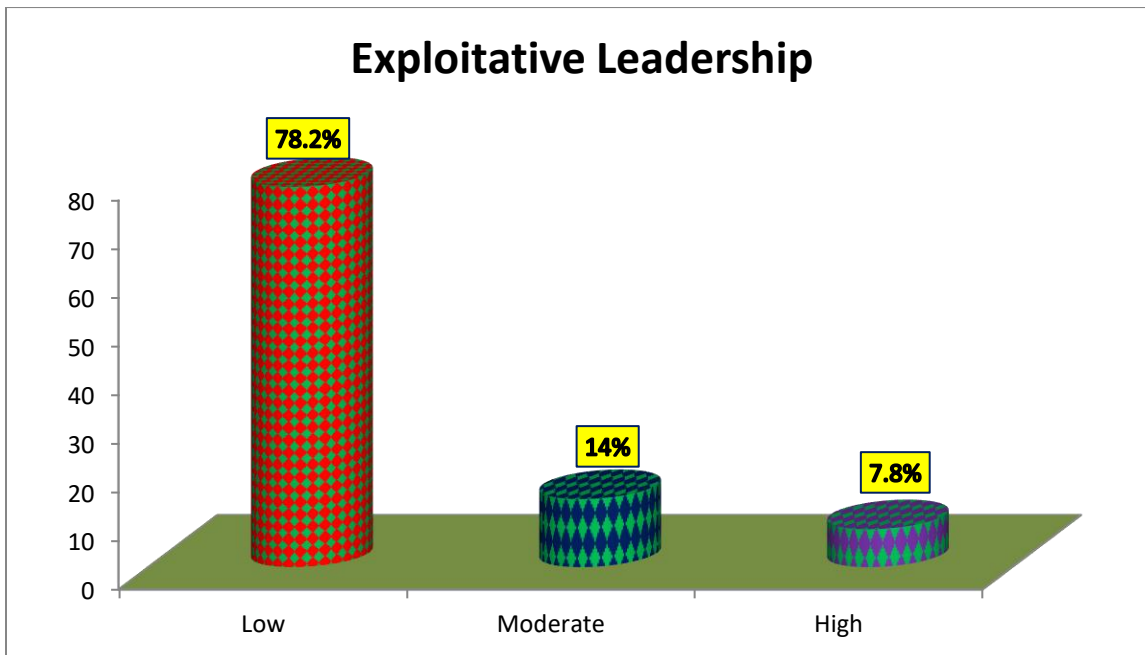**Table (I): Frequency distribution of studied nurses' personal characteristics (n=179).**

Personal characteristics	No.	%
Age (years)		
− 20 < 30	173	96.6
− 30 < 40	6	3.4
Mean±SD	27.54±4.89	
Gender		
− Male	78	43.6
− Female	101	56.4
Marital status		
− Single	94	52.5
− Married	85	47.5
Experience (years)		
− Less than 5	130	72.6
− 5 < 10	47	26.3
− ≥ 10	2	1.1
Mean±SD	4.34±2.23	
Work Area		
− ICU	78	43.6
− CCU	46	25.7
− Neurological Unit	13	7.3
− PICU/NICU	42	23.4
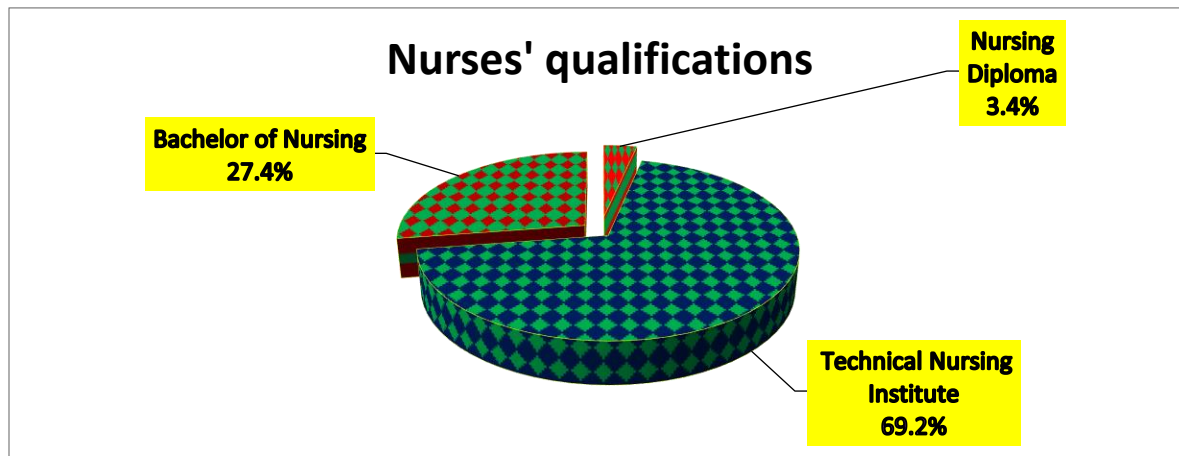
Figure (I) Frequency distribution of studied nurses' qualifications (n=179).

Figure (II): Frequency distribution of studied nurses' working hours per day (n=179).

Figure (III): total levels of staff nurses' perception toward exploitative leadership (n=179).

Table (II): Frequency distribution of studied nurses' levels of perception about exploitative leadership dimensions (n=179).

Dimensions	Low		Moderate		High	
	No.	%	No.	%	No.	%
– Egoistic behaviors	142	79.4	28	15.6	9	5
– Taking credit	137	76.5	29	16.2	13	7.3
– Exerting pressure	134	74.8	27	15.1	18	10.1
– Under challenging followers	133	74.3	20	11.2	26	14.5
– Manipulating staff nurse	154	86	16	9	9	5
Overall Exploitative Leadership	140	78.2	25	14	14	7.8

Table (III): Ranking with mean scores and standard deviation of exploitative leadership dimensions among studied staff nurses (n=179).

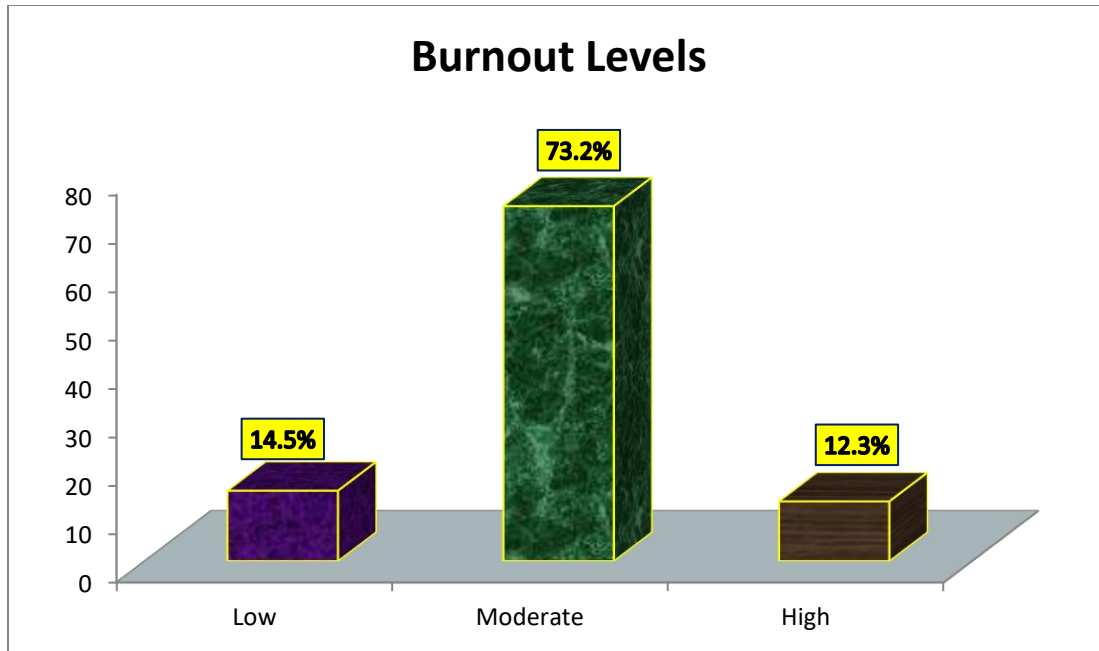| Dimensions	Range	Mean±SD	%Score	Rank
– Egoistic behaviors	5 – 15	7.31±2.31	48.7	5
– Taking credit	4 – 12	6.29±1.89	52.4	1
– Exerting pressure	8 – 24	12.55±3.93	52.3	2
– Under challenging followers	5 – 15	7.83±2.75	52.2	3
– Manipulating staff nurse	5 – 15	7.33±2.35	48.9	4
Total Exploitative Leadership	27 – 81	41.32±11.42	51	

Figure (IV): Frequency distribution of studied nurses' levels of burnout (n=179).

Table (IV): Frequency distribution of studied nurses' levels of burnout dimensions (n=179).

Dimensions	Low		Moderate		High	
	No.	%	No.	%	No.	%
– Emotional Exhaustion	54	30.2	77	43	48	26.8
– Depersonalization	74	41.3	92	51.4	13	7.3
– Personal Accomplishment	39	21.8	73	40.8	67	37.4
Total Nurses' Burnout	26	14.5	131	73.2	22	12.3

Table (V): Ranking with mean scores and standard deviation of burnout dimensions among studied staff nurses (n=179).

Dimensions	Range	Mean±SD	% Score	Ranking
– Emotional Exhaustion	0 – 14	6.88±3.72	49.1	2
– Depersonalization	0 – 14	5.04±2.71	36	3
Personal Accomplishment	0 – 16	8.79±3.97	54.9	1
Total Nurses' Burnout	0 – 44	20.73±7.29	47.1	

Table (VI): Correlation between studied nurses' perception of exploitative leadership and burnout (n=179).

Variables		Burnout
xploitative Leadership	*R*	0.232
	P-value	0.002**

** Significance level at P<0.01

Discussion

The term "exploitative leadership" refers to a bad leadership style when the leader acts selfishly, manipulates by pressuring employees, leaves employees overworked, and destroys their expertise and skills while putting obstacles in the way of their personal development **(Schmid et al., 2019; Majeed& Fatima, 2020).** A high degree of depersonalization (cynicism) and emotional tiredness are symptoms of the burnout syndrome, as well as a low sense of personal accomplishment from one's work **(Wang et al., 2024; Dyrbye et al., 2023).** This study aimed to assess the relationship between exploitative leadership and burnout among staff nurses.

According to results of this study, most staff nurses under the study were in age group 20 < 30 years old, years of experience; nearly three quarters of them had less than 5 years of professional experience. Concerning the working area, less than half of them were staffed in the ICUs. This may be due to career progression in which many staff nurses start their career with direct patient care and move gradually to administrative roles and the ICU capacity of beds is 63 beds out of the total critical care beds.

Concerning nursing qualification level, more than two thirds of them had technical nursing degree. In relation to the working hours/ Day. The study demonstrated that about three quarters of them were working 12 hours/Day. More than one third of them were working 4 days/ week. This may be due to the recruitment system of nursing technical institute graduates where they after passing the internship period in the hospital, they are officially recruited in it. Also, this may be related to life circumstances, economic status, the staff

nurses were scheduled based on their desires to have at least three days- off providing a chance to care for their kids and/ or to work in private hospitals.

Regarding total staff nurses' perception of exploitative leadership; the current study illustrated that more than three quarters of them had low levels of exploitative leadership perception. This may be due to decreased awareness of staff nurses about exploitative leadership, working nature of nursing profession that makes them more interested with patients care rather than the leaders' behaviors. From the researcher point of views this result may be due to excessive work overload on staff nurses make them with no time to evaluate their leader behaviors whether exploitative or not. On the other hand, it's difficult to discover exploitative leadership behaviors easily by staff nurses.

The result of this study was congruent with **Basiony & Ibrahim, (2023)** who illustrated that more than three quarters of nurses have a low perception of their nurse managers' total exploitative leadership behavior. The result was supported with **Wang et al., (2021)** who demonstrated that exploitative nursing

leadership behavior was low as revealed by nurses. Also, **El-Sayed et al., (2023)** who presented that nearly one quarter of the studied nurses demonstrated that their nurse managers had high levels of exploitative leadership behaviors. Conversely, **Syed, et al., (2021)** showed that participants perceived high levels of exploitative behaviors from their leaders.

Concerning staff nurses' perception about exploitative leadership dimensions, the results revealed that the majority of staff nurses had low perception about manipulating staff nurses' dimension. This may be due to the staff nurses ignoring signs of destructive behavior from the leaders to avoid problems. In contrast, this study result was inconsistent with **Sun, et al., (2023)** who illustrated high levels of exploitative leadership behaviors in relation to nurses' distribution percentage. Besides that, **Ebrahiem et al., (2024)** showed that more than half of the studied nurses had a moderate perception level of exploitative leadership behaviors related to genuine egoistic dimension.

In relation to ranking of exploitative leadership dimensions as perceived by studied staff nurses, taking credit was the

first ranking with the highest mean score. This may be due to the staff nurses reported that their leaders present the staff nurses' achievements as personal accomplishments, some persons like to take advantages from their followers, and not attribute the success to their companions. This result was supported with **Basiony & Ibrahim, (2023)** who showed that most nurses have low perception of their nurse managers' exploitative leadership behavior regarding manipulating followers. Conversely, **Ebrahiem et al., (2024)** who showed that dimension of genuine egoistic behavior was the first ranking, and manipulating followers' dimension is the last ranking.

Regarding the total staff nurses' level of burnout, the current study revealed that less than three quarters of them experienced moderate levels of burnout. This may be due to the nature of the nursing activities in critical care units with high stress, highly emotional distress, and unbalanced scheduling. From the researcher point of views this result may be due to work related problems, life circumstances, economic status, and nature of the nursing profession. The result was supported

with **Abbas et al., (2019)** who demonstrated that more than two-thirds of studied staff had moderate levels of burnout. Additionally, results of **Mostafa Ahmed et al, (2022)** indicated that almost two thirds had high level of burnout. Besides that, **Ashifa, (2020)** showed that the nurses reported high levels of burnout. Also, **Saravanabavan et al., (2019)** revealed that more than two-thirds of staff nurses experienced high levels of burnout.

Concerning ranking of burnout dimensions as perceived by staff nurses, the study results demonstrated that personal accomplishment was the first ranking. This may be due to a lack of support and encouragement from the leaders to their staff nurses to develop professionally. This result was inconsistent with **Zaid, (2019)** who demonstrated that high levels of burnout in studied employee were related to emotional exhaustion.

Concerning staff nurses' levels of burnout dimensions. According to the present study, half of the staff nurses were found to have a moderate degree of burnout related to depersonalization dimension. This may be due to prolonged exposure to stressful work situations.

These results supported with **Mohamed et al., (2021)** who demonstrated that less than two thirds of studied staff nurses experienced extreme burnout related to emotional exhaustion. Also, **El Dabbah& Elhadi (2021)** who illustrated that the majority of this study's sample was highly burned out related to emotional exhaustion.

Concerning the correlation between studied nurses' perception of exploitative leadership and burnout, the current study revealed that there was a highly statistically significant positive correlation between exploitative leadership and burnout among studied staff nurses. This may be due to lack of support and high demands, lack of autonomy, poor communication, and job dissatisfaction. All these causes create toxic work environment that increase vulnerability of staff nurses to burnout. This study was supported with **Budak& Erdal, (2022)** who demonstrated that toxic leadership (TL) had negative effects on burnout syndrome (BS) and job satisfaction (JS). Moreover, **Başar, (2020)** showed that there was strong correlation between dark leadership behaviors observed by employees and developing burnout among them.

Additionally, **Schmid et al., (2019)** showed that followers' burnout and workplace deviance were increased by exploitative leadership, which also had a significant negative relationship with each person's job satisfaction and work dedication. In addition to, **Elsaied (2022)** showed that there was a strong and positive correlation between emotional tiredness and exploitative leadership. Burnout was measured in about twenty-three literature reviews based only on emotional exhaustion dimension.

Similarly, **Ahmed & Mohamed, (2023)** indicated that there is a positive significant impact of exploitative leadership on practices of disengagement from work. Also**, Kayani & Alasan, (2021)** revealed that toxic and exploitative leadership had a significant positive impact on psychological contract breach. Additionally, **Akhtal et al., (2022)** illustrated that there was a positive relationship between exploitative leadership and staff nurses 'absenteeism. Meanwhile, **Bajaba et al., (2022)** demonstrated that there was a positive relationship between exploitative leadership and followers' job strain. Also, **Abdulmuhsin et al.,**

(2021) reported that exploitative leadership behaviors lead to employee burnout as a negative consequence.

Conclusion

According to results of the present study, more than three quarters of studied staff nurses in Beni-Suef university hospital specifically critical care units had low levels of exploitative leadership perception, and less than three quarters of them experienced moderate level of burnout. In addition to there was a highly statistically significant positive correlation between exploitative leadership and burnout among studied staff nurses.

Recommendations

Based on the study results, recommended to:

1. Providing training programs about leadership for nursing leaders and staff nurses to increase their awareness about destructive leadership styles.

2. Providing regular feedback sessions for both leader and staff nurses for early detection of any signs related to exploitative behaviors.

3. Encourage staff nurses to apply stress management strategies in order to overcome any stressful situations at work.

4. Further studies should be done including a large sample of the hospital so that results can be generalized and studying the relationship between the exploitative leadership and other variables such as patient safety.

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