

Career Plateau and Dark Leadership at Healthcare Organizations from Nurses' Perspective

Ahmed Ezzat Kansouh Ali Alkhatib¹; Ghada Mosaad Elghabbour²; Hind Abdullah Mohammed³.

¹MS.c. of Nursing Administration, Faculty of Nursing, Port-Said University, Egypt;

²Assist. Prof. of Nursing Administration, Faculty of Nursing, Port-Said University,

Egypt; ³ Prof. of Nursing Administration, Faculty of Nursing, Port-Said University, Egypt.

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ABSTRACT

Background: A career plateau is a persistent stagnation that drives nurses to progressively feel that the organization no longer supports their career development. However, in recent years, there has also been a concentration on the 'dark' side of leadership and how dark leaders can undermine the value of their followers. **Aim:** This study explored the relationship between career plateau and dark leadership in healthcare organizations from the perspective of nurses. **Subjects and method: Design:** A descriptive correlational research design was carried out in this study. **Setting:** The study was applied at the El Salam sector, one of the sectors of Zagazig University hospitals. **Subjects:** The study sample was a convenience sample of 274 staff nurses. **Tools:** two tools were utilized for data collection: Tool I: consisted of two parts: Part 1: Personal data, and Part 2: Employee Career Plateau Scale. Tool II: Dark Side Leadership Profile (DSLPL). **Results:** The findings indicated more than half of staff nurses were non-plateaued and less than half of them were plateaued while more than three-fifths of the studied nurses perceived a moderate level of dark side leadership, about one-quarter of them perceived a high tendency to dark traits, while less than one fifth perceived low tendency to dark traits. **Conclusion:** The analysis revealed a significant negative correlation between head nurses' dark leadership and nurses' career plateau. **Recommendations:** It is necessary to supply nursing staff with strategic education programs about their job description and road map for managing their achievements. More research is recommended.

Keywords: Career plateau, Dark leadership, Health care organizations, Nurses.

INTRODUCTION

Nursing staff are considered the cornerstone of any healthcare organization, providing soul, and contributing to the accomplishment of targets. Nurses are accountable for a large area of tasks and assignments, which vary depending on qualifications and hospital requirements (Elmagd & Mohamed, 2020). However, with the growth of volatile organizational structures, insecure economic conditions, and downsizing policies, more nursing staff find themselves working in the same position for prolonged periods, which can lead to career plateaus (Drennan & Ross, 2019).

A career is mainly a chain and variety of paid or unpaid work roles that individuals carry out during their lives, but is also a framework that lets individuals consider valuable job chances and how work roles engage with broader life roles. Nowadays, careers becoming a 'patchwork' of jobs and continuously upward chances are restricted, which is not designed or anticipated by the person leading to plateau phenomena. Plateau is defined as the point in a career where the likelihood of extra hierarchical promotion is very weak (Hassan, Zakaria, & Kassem, 2020).

Career plateaus are a normal result of organizational structures. They are a main concern for many employees because individuals often find themselves staying in the same position longer than expected and gradually begin to lack job challenges (Hu et al., 2022). However, a career plateau is now considered a natural stage in career progress. It represents a period in a profession where the chances of further upward movement or conversion are considerably weak due to the absence of promotion or motivation (Abd-Elrhaman, Mohamed, & El Sayed, 2020).

A career plateau is characterized by a sense of discouragement and psychological vulnerability experienced by employees due to a cessation of career advancement. This halt, whether temporary or permanent, induces feelings of irritation, psychological distress, and diminished self-efficacy, ultimately leading to a disruption in career progression (Lin & Chin, 2021). The causes of a career plateau are individual-specific, and its symptoms encompass feeling trapped in a role or position, enduring perpetual boredom, and struggling to find fulfillment (Baldi & Trigeorgis, 2020).

Career plateaus often involve stages of resistance and resignation as individuals grapple with the realization and acceptance of their halted career progression. Initially, there may be resistance, characterized by attempts to break through the plateau through various means such as seeking new challenges, acquiring additional skills, or pursuing alternative career paths (Hu et al., 2022). However, if these efforts prove futile and the plateau persists, individuals may enter a stage of resignation where they come to terms with the situation and adjust their expectations accordingly. During this stage, there may be feelings of disillusionment, resignation, and a sense of being trapped in their current circumstances. This process can be emotionally challenging and may necessitate support from colleagues, mentors, or professional counselors to navigate effectively (Darling & Cunningham, 2023).

After that, the manager needs to monitor and present acceptable choices to keep staff involved and interested participants. Nursing staff become unable to develop expertise in the job or job trust as become loaded with all available job-related information (Lee, 2020).

Leadership is widely acknowledged as a pivotal element contributing to organizational success. Leaders are often characterized as adept, charismatic figures possessing superior skills, guiding both their organizations and followers toward success through policies aligned with their positive attributes (Northouse, 2021). However, it is crucial to acknowledge the potential darker facets of leadership, which can result in derailment, destructive behavior, or dysfunction, ultimately culminating in organizational failure (Hogan, Kaiser, Sherman, & Harms, 2021).

Dark leadership is a concept applied to describe leaders who participate in unethical behaviors, including manipulation, cheating, utilization, and abuse of power (DAĞISTAN, 2023). Dark leaders are characterized by a reduction of empathy, a deficiency of accountability, and a direction to prioritize their interests over those of followers or the organization they lead (Batchelor et al., 2023). Dark leadership is a part of leadership fact and describes the dark part of the coin, a selfish and impulsive leader, which may notwithstanding be as effective as brilliant and positively oriented leaders (Gaur, 2023).

Dark leadership is a major concept utilized to depict leadership behavior that drives harm to staff on the dark leader's team or to the organization. The darkness in dark leadership comes when an overused skill becomes a detractor and begins to damage others and the organization (DAĞISTAN, 2023). Also, the dark triad can advance to what's known as the dark tetrad which includes everyday sadism, when leaders derive pleasure from causing suffering in the people they lead". Dark leaders may be egocentric, precipitate, exploitative, and toxic but still be as functional or successful as prosocial, self-controlled, and "good" leaders (Kurtulmuş, & Kurtulmuş, 2019).

Significance of the study

Career plateau influences job satisfaction, thus the provision of career satisfaction opportunities by organizations provides the impression that the organization values the employees and assures that employees possess the need to develop and experience less career plateau situations even as they advance in their careers. Reinforcing job satisfaction initiatives may be a good way for leaders to increase work motivation and other positive work outcomes in their organizations (McGinn, & Milkman, 2012). Some studies consider that 80% of the work done in organizations is performed by employees who are plateaued, so organizations must be mindful of career plateauing to achieve it effectively, to promote –organizational competitiveness (Huma, 2014).

Career plateau and dark leadership are increasingly receiving a lot of attention of late so far as employee organizational behavior is concerned, leaders should plan and manage jobs to meet the needs of individuals despite challenges facing their organizations, career plateau literature points out that leaders should take an effective role to motivate staff nursing encountering a plateau to participate in reevaluation strategies; effectively managing plateaued nurses includes modifying the employees' environment using favorable work chances (Foster, et al., 2011).

It is quite natural to have leaders who may tend to have the dark side of leadership, but organizations should be careful as they may also contribute to negative results. So, this study will explore the relationship between career plateau and dark leadership from a nurse's perspective.

AIM OF THE STUDY TO

This study aims to explore the relationship between career plateau and dark leadership at healthcare organizations from nurses' perspectives.

Research objectives

1. Set the levels of career plateau among nurses at health care organizations.
2. Assess head nurses' dark leadership at healthcare organizations from the nurses' perspective.
3. Identify the relationship between nurses' career plateau, head nurses' dark leadership, and personal characteristics of the study sample.
4. Detect the relationship between nurses' career plateau and head nurses' dark leadership at healthcare organizations from nurses' perspective.

Research question:

Is there a relation between career plateau and dark leadership at healthcare organizations from nurses' perspective?

SUBJECTS AND METHOD

A. Technical Design:

Study design:

A descriptive correlational research design was utilized in this study.

Study setting:

The research was applied at Zagazig University hospitals including El Salam Hospital, Cardio and Chest Hospital, and Infant Hospital, those hospitals are affiliated with the El Salam sector, one of the sectors of Zagazig University Hospitals.

Study subjects

A convenience sample of 274 staff nurses participated in the study. Staff nurses with less than one year of experience on a working site were excluded.

Data collection tools

The data was gathered using two tools: an employee career plateau scale and a dark side leadership profile (DSLPL)

Tool I: Employee Career Plateau Scale

It was split up into two distinct parts:

The First Part

This part includes personal characteristics of the staff nurses such as hospital name, level of education, department, years of experience, and training programs in the area of study, gender, age, and marital status.

The Second Part: Employee Career Plateau Scale:

This scale was developed by Creswell (2013) in English version and translated into the Arabic language by the researcher, this tool aimed to assess nurses' career plateau level. It consists of 34 items divided into five sections career plateau "8 items", job satisfaction "5 items", employee engagement "8 items" job redesign "8 items" and job commitment "5 items".

Scoring system

Responses for each item were rated on a five-point Likert scale ranging from 1 (strongly agree), 2 (agree), 3 (not sure), 4 (disagree), and 5 (strongly disagree).

The total score for employee career plateau levels was calculated based on the following cut point:

- Non plateaued level (72- 151)
- Plateaued level (152-360)

Tool (II): Dark Side Leadership Profile (DSLPL)

It's an adapted tool developed by McIntosh and Rima (2007) in English version and translated into Arabic language by researchers aimed to identify the dark side of leadership personality behaviors of leaders as perceived by nurses, it consists of 51 items that are used to decide the level of dark side behavior.

Scoring system

Responses for each item were rated on a five-point Likert scale ranging from 1 (strongly disagree), 2 (disagree), 3 (uncertain), 4 (agree), and 5 (strongly agree).

The total score for dark side leadership levels was calculated using the following cut of point:

- from 51 to 118 is a low level of dark-side leadership behavior
- From 119 to 187 is a moderate level of dark-side leadership behavior,
- From 188 to 255 is considered a high level of dark-side leadership behavior.

B. Operational Design**Tools' validity**

The two tools were translated to Arabic by the investigator and retranslated to English again where they were submitted and revised by a jury committee composed of five experts in the field of nursing administration for testing the clarity, relevance, applicability, understanding, and easiness of collect the data by the current tool.

Tools' reliability

Cronbach's alpha coefficient was calculated to monitor the reliability of the tools through monitoring internal consistency. The tools manifested good reliability with high Cronbach's alpha coefficient (0.94 and 0.96) respectively for the employee career plateau scale and the dark side leadership profile.

Fieldwork

The fieldwork was started after obtaining official permissions from the directors of the three hospitals studied. The researcher first met with the director of nursing services in each hospital to demonstrate the objectives of the study and to gain their cooperation during the process of data collection. The researcher then obtained a list of the staff nurses in each hospital and selected the sample using a systematic random sampling technique. Then, the researcher met with each selected staff nurse according to their schedule, explained the study's aim and procedures, and obtained their oral informed consent to participate. Those who agreed to participate were given the tool along with instructions for filling it out. The researcher was present during this time to clarify any queries. Consequently, some nurses filled the tool at the time of distribution and others returned the tool after a while. Further, the time spent on completion of one single sheet was about 15 -20 minutes. Overall, the data collection process was conducted in almost 2 months and half from the middle of October 2022 till the end of December 2022.

Pilot study

A Pilot study was carried out on randomly selected (10%) of the total number of staff nurses which equals (27) nurses who were excluded from the rest of the study all to ensure the applicability, feasibility, and objectivity of the data collection tool and also to estimate the needed time to fill the tools' sheets. The data obtained from the pilot study were analyzed and necessary minimal modifications were done accordingly.

C. Administrative Design

An official letter was taken from the Dean, and the Vice Dean of Post-Graduate Studies and Researches, faculty of nursing, Port Said University directed to the nursing directors of the three selected hospitals to ensure their cooperation and obtain their permission after an explanation of the purpose of the study.

Ethical considerations

Before conducting the current study and before the data were collected, ethical approval was obtained from the research ethics committee of the faculty of nursing at Port-Said University (ID 27: initial approval on March 3, 2021, and final approval on September 12, 2021) to ensure obtaining the informed consent of every single participant; the informed consent was to ensure the confidentiality and anonymity of data, and participation was voluntary where the. Furthermore, the study results would be used as a component of the necessary research paper as well as for future publication and nursing sector benefits.

D. Statistical Design

Data were coded, tabulated, and transformed by the investigator into a specially designed format to be suitable for computer feeding then the data were analyzed using the (statistical package for social science, SPSS).

Data were presented using descriptive statistics in the form of frequency and percentages, means, and standard deviations. The categorical variable's relationship and differences were analyzed using the (analysis of variance ANOVA) test, t-test, and Pearson Correlation Coefficient where the statistical significance was considered at P value ≤ 0.05 for all statistical methods used.

RESULTS

Table (1): As regards Socio-demographic characteristics of the studied staff nurses, the study results revealed that (71.5%) of staff nurses were in the age group between 20 to less than 30 years old. The vast majority of them (86.9%) were females (68.2%) of them had a technical degree, 54.7% of them had < 5 years of experience in the department, and 37.6 % of them had < 5 years of experience in nursing. 76.6 % of them were married. Only 1.5% of them were attending authentic leadership courses and only 1.1% of them were attending career plateau and dark leadership courses.

Table (2): The total mean score of career plateau domains was (148.19) indicating that the hierarchical domain had the highest mean score (19.65), followed by the engagement domain (16.32) then the nurse mentoring domain (15.53) then the

job redesign domain (14.91) then the mentoring as organizational strategy domain (11.86) then the role ambiguity domain(11.28) then the participative decision making domain (10.30) then the job commitment domain (10.27) then the mentoring relationships domain (9.63) then job satisfaction domain (9.84) then the technical skills and knowledge domain (9.50), while the job descriptions domain had the lowest mean score (9.06).

Figure (1): Revealed that 52.9% of staff nurses are non-plateaued and 47.1% of staff nurses are plateaued

Figure (2): Revealed dark side leadership levels 62.0% indicate a moderate tendency to dark traits, 25.9% indicate a high tendency to dark traits while 12.0% indicate a low tendency to dark traits.

Table (3): Reflected that there was no significant statistical relation between the studied nurses' characteristics and their career plateau as well as demonstrating that there was no statistically significant relation between nurses' perceived dark leadership and their characteristics.

Table (4): Reflected that there was a highly statistically significant negative correlation between the studied nurses' perceived dark leadership and all dimensions of career plateau except job satisfaction, job descriptions, job commitment, mentoring relationship, mentoring as an organizational strategy, and technical skills and knowledge dimensions.

Table (5): Proved that there was a highly statistically significant negative correlation between the studied nurses' perceived dark leadership and career plateau.

Table (1): Personal characteristics of studied staff nurses (n = 274).

Personal Characteristics	N	%
Age groups		
< 20 years	1	0.4
20 : < 30 years	196	71.5
30 : < 40 years	71	25.9
≥ 40 years	6	2.2
Gender		
Male	36	13.1
Female	238	86.9
Educational levels		
Diploma	46	16.8
Technical	187	68.2
Bachelor	40	14.6
Master	1	.4
Years of experience in the department		
< 5 years	150	54.7
5 : < 10 years	94	34.3
10: < 15 years	25	9.1
≥ 15 years	5	1.8
Mean ± SD	4.99±3.498	
Range	29	
Years of experience in nursing		
< 5 years	103	37.6
5 : < 10 years	100	36.5
10: < 15 years	45	16.4
≥ 15 years	26	9.5
Mean ± SD	7.18±5.220	
Range	29	
Marital status		
Single	48	17.5
Married	210	76.6
Widow	8	2.9
Divorced	8	2.9
Training		
Yes	3	1.1
No	271	98.9

Table (2): Descriptive statistics of the studied staff nurses' career plateau domains (n = 274).

Career Plateau Domains	Min-Max	Median	M	SD
Hierarchical Plateau	8-36	19.0	19.65	5.86
Job Satisfaction	5-18	10.0	9.84	2.68
Engagement	8-30	16.0	16.32	4.60
Job Redesign	8-34	14.0	14.91	4.41
Job Descriptions	5-25	8.50	9.06	3.21
Role Ambiguity	5-25	10.0	11.28	4.05
Participative Decision Making	5-23	10.0	10.30	3.38
Job Commitment	5-22	10.0	10.27	3.67
Nurse Mentoring	8-37	15.5	15.53	4.96
Mentoring Relationships	5-25	10.0	9.63	3.47
Mentoring As an Organizational Strategy	5-25	12.0	11.86	4.22
Technical Skills And Knowledge	5-25	10.0	9.50	2.80
Total	72-249	149.0	148.19	31.09

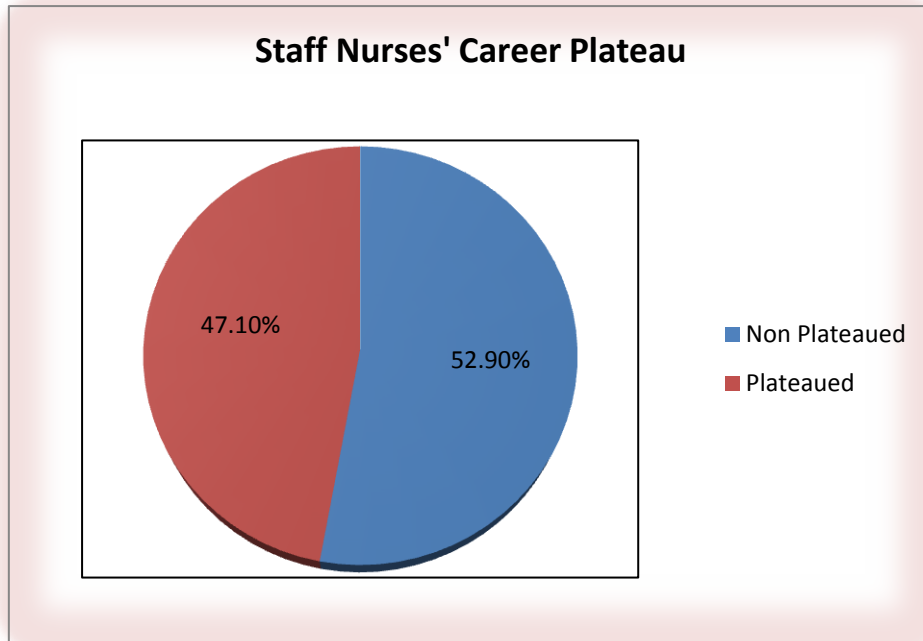


Figure (1): Staff Nurses' Career Plateau Levels

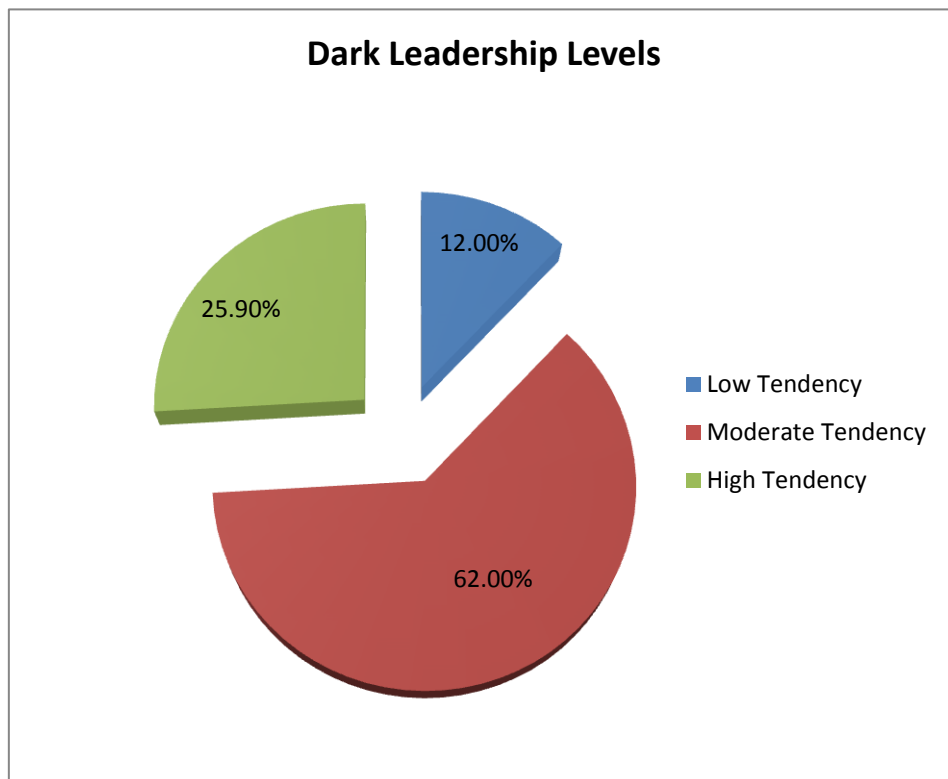


Figure (2): Dark leadership levels of head nurses.

Table (3): The relationship between studied staff nurses' career plateau mean scores and their characteristics (n = 274).

Personal Characteristics	Career Plateau		
	M ± SD		Sig. test (P)
Age groups			
< 20 years	156.0	---	F= .265 P =.851
20 : < 30 years	147.15	31.95	
30 : < 40 years	150.77	28.79	
≥ 40 years	150.33	34.98	
Gender			
Male	148.94	32.45	t=.155
Female	148.08	30.95	P=.877
Educational level			
Diploma	152.96	25.41	F= 2.297 P = .078
Technical	145.01	28.82	
Bachelor	157.70	43.52	
Master	144.00	---	
Years of experience in nursing			
< 5 years	146.89	31.21	F= .130 P =.942
5: 10 years	148.36	33.07	
10: < 15 years	150.13	28.01	
≥ 15 years	149.35	29.31	
Marital status			
Single	147.81	31.31	F= .492 P =.688
Married	148.95	31.13	
Widow	137.38	28.39	
Divorced	141.38	34.45	
Training			
No	147.87	31.07	t=1.637
Yes	177.33	17.62	P =.103

*Significant (P<0.05).

F = One Way ANOVA. T-test for an independent group

Table (4): The relationship between dark leadership mean scores as perceived by nurses and their characteristics (n = 274).

Personal Characteristics	Dark Leadership		
		M ± SD	Sig. test (P)
Age groups			
< 20 years	174.00	-----	F= .183 P =.908
20 : < 30 years	167.21	35.41	
30 : < 40 years	164.76	32.07	
≥ 40 years	159.67	17.82	
Gender			
Female	160.50	39.68	t= -1.11 P= .264
Male	167.33	33.26	
Educational level			
Diploma	165.57	30.66	F=1.032 P =.379
Technical	167.52	35.65	
Bachelor	163.75	30.59	
Master	111.002	-----	
Years of experience in nursing			
< 5 years	166.37	34.90	F=.088 P =.967
5: 10 years	167.56	35.34	
10: < 15 years	164.49	33.73	
≥ 15 years	165.73	28.66	
Marital status			
Single	164.29	35.41	F= .505 P =.679
Married	166.18	34.20	
Widow	175.75	31.01	
Divorced	176.75	31.15	
Training			
No	166.56	34.33	t= -.582- P =.561
Yes	155.00	9.16	

*Sigsignificant (P<0.05).

F = One Way ANOVA. T-test for an independent group

Table (5): Correlation matrix between career plateau domains and total dark leadership (n=274).

Study Variables	Sig	1	2	3	4	5	6	7	8	9	10	11	12
1- Hierarchical Plateau	R	--											
	P	--											
2-Job Satisfaction	R	.361**											
	P	.000											
3-Engagement	R	.463**	.491**										
	P	.000	.000										
4-Job Redesign	R	.367**	.294**	.456**									
	P	.000	.000	.000									
5- Job Descriptions	R	.356**	.132*	.351**	.571**								
	P	.000	.029	.000	.000								
6-Role Ambiguity	R	.492**	.206**	.363**	.222**	.212**							
	P	.000	.001	.000	.000	.000							
7-Participative Decision Making	R	.403**	.280**	.549**	.379**	.300**	.527**						
	P	.000	.000	.000	.000	.000	.000						
8-Job Commitment	R	.426**	.461**	.442**	.436**	.363**	.292**	.454**					
	P	.000	.000	.000	.000	.000	.000	.000					
9-Nurse Mentoring	R	.361**	.344**	.466**	.476**	.377**	.403**	.463**	.325**				
	P	.000	.000	.000	.000	.000	.000	.000	.000				
10-Mentoring Relationship	R	.438**	.320**	.398**	.398**	.367**	.314**	.370**	.477**	.547**			
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000			
11-Mentoring as Organizational Strategy	R	.306**	.324**	.326**	.361**	.296**	.404**	.534**	.445**	.304**	.367**		
	P	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
12-Technical Skills and Knowledge	R	.156**	.231**	.261**	.415**	.332**	.116	.241**	.349**	.247**	.236**	.415**	
	P	.010	.000	.000	.000	.000	.056	.000	.000	.000	.000	.000	
13-Dark Leadership	R	-.226**	.007	-.189**	-.179**	-.063-	-.257**	-.216**	-.007-	-.195**	-.115-	.017	-.034
	P	.000	.909	.002	.003	.295	.000	.000	.914	.001	.057	.779	.573

*Significant (P<0.05).

Bivariate Person correlation test, Significance is considered if $p < 0.05^*$, highly considered if $p < 0.001^{**}$

Table (6): Correlation between total score of nurses' career plateau and head nurses' dark leadership (n=274).

Study Variables	Dark Leadership	
Career Plateau	r	-.205**
	p	.001

** . Correlation is significant at the 0.01 level (2-tailed).

Bivariate Person correlation test used

DISCUSSION

Regarding the studied staff nurses' career plateau domains, the current study revealed that the hierarchical plateau domain had the highest mean score of nurses' career plateau, while the job descriptions domain had the lowest mean score. This may be attributed to organizations' hierarchical structures being comparable to a pyramid so the number of staff nurses arriving in the upper grades is naturally depressed and there is a minimal opportunity of moving vertically in an organization.

This result was in the same line with **(Elsayed, Hasanin & Abd-Elmonem, 2023)** whose study detected that the highest mean score of staff nurses' perception concerning career plateau was connected to hierarchical plateau. On the contrary, a study conducted by **Liu et al., (2021)** stated that the centralized plateau score was the highest, followed by the work content plateau, while the hierarchical plateau score was the lowest. This contradiction may be related to different study subjects' characteristics, different settings, and different tools for data collection.

Concerning total career plateau levels as reported by studied staff nurses, the present study showed that more than half of staff nurses were non-plateaued, and less than half of them were plateaued. In the researcher's opinion, this may be due to the nursing profession entails nursing staff continuously developing their knowledge and competencies and they have a chance to learn through engaging in permanent training and educational programs in the hospital.

In this concern, **Heidari et al., (2020)**, argued that career plateau is an objective-subjective condition whose degree and kind vary among different categories within a society and is affected by individual capabilities, organizational characteristics, excellences, and opportunities available to nurses and their perceptions of these opportunities. This result was by **Gaturu & Njuguna, (2020)** whose study reported that most of the studied participants didn't experience career plateauing. On the opposite line, the results of this study were different from a study conducted by **Abd-Elrhaman, Mohamed & El Sayed, (2020)** found that most nursing staff had a rising perception standard of career plateau.

About the studied staff nurses' **hierarchical plateau domain**, the current study indicated that more than half of staff nurses agreed on developing their career aspirations in their current hospital while a minority of them strongly disagreed on developing their career aspirations in their current hospital. This may be due to the nursing staff having sufficient managerial skills and having an appropriate commitment to hospital development that will help nurses move to the following position and foster their career development. Consistently, a study adopted by **Lin & Chen, (2021)** declared that the career plateau phenomenon is now considered a natural phase in career development.

Concerning total dark leadership levels as perceived by staff nurses, the current study declared that more than three-fifths of the studied nurses perceived moderate levels of dark side leadership, about one-quarter of them perceived a high tendency to dark traits, while less than one-fifth perceived low tendency to dark traits. In the research investigator's opinion, this may be attributed to supervisors believing that the less flexible leadership exists, the less variation is inspected in the work. Also, some supervisors have a sense of superiority that can lead to a feeling of entitlement and a disregard for the feelings or rights of others; they may also feel that they are above the rules, leading to unethical behavior.

This result was to the study of **Lyu, et al (2019)** who detected abusive supervision wasn't common among Chinese female nurse managers and ranged from the moderate level. Likewise, a study conducted by **Abdallah & Mostafa (2021)** demonstrated that more than half of staff nurses perceived in-appreciativeness from their nurse manager at a moderate level. On the other hand, this finding conflicted

with **Batika, Ibrahim & El-Shall, (2022)** whose study found that head nurses' showed low abusive supervision levels from staff nurses' perspectives in the hospital settings.

Related to the head nurses' dark leadership traits as perceived by staff nurses, the current study declared that more than half of the studied nurses agreed with often worries that superiors do not approve of the quality of their work. This finding was in agreement with **Webster, Brough, & Daly, (2020)**, who stated that overall, dark leadership behaviors in nurse managers were strongly concerned with enhanced nurse-reported adverse events including reports of complaints and verbal misbehavior from patients and their families, patient falls, health care concerned infections and errors in administering and with reduced quality of care. On the other hand, **Ofei, et al, (2022)**, found that; registered nurses appraised the leadership behavior of nurse managers to be dark, with most managers appearing narcissistic leadership behavior.

In addition, the current study displayed that less than one-fifth of studied staff nurses disagreed that their leader is obsessed with knowing how others feel about his performance, while slightly more than half of them agreed that their leader is highly conscious of how colleagues regard his accomplishments. On the contrary, a study adopted by **Khaled & Samir (2021)** reported that more than three-fifths of nurses perceived a low level of dark leadership. Also, the highest mean percent was attached to personal factors, the relationship between supervisors and nursing staff, and self-accomplishment.

Regarding the correlation between the total score of nurses' career plateau and head nurses' dark leadership, the current study reflected that there was a highly significant negative correlation between head nurses' dark leadership and nurses' career plateau. This result indicates that when the head nurses' dark leadership increases, the nurses' career plateau decreases. This may be related to the fact that nursing leaders show a lack of respect and trust exhibiting the excessive need for self-recognition, appreciation, and superiority to attain the dream of ability and success as well as a feeling of being unique despite their staff's interpersonal connections and needs; poor work outcomes appears.

As well, this may be attributable to the fact that the hospital nursing leaders practice a high level of negative leadership behaviors, sending a message to staff nurses that their work is not valued and their efforts are not appreciated which leads nurses to be less productive, uncommitted, dissatisfied, and had less trust (**Diab & Hassan, 2023**).

The study findings are consistent with **Natasha & Imani (2019)** who found that toxic leadership negatively affects nurses' job performance and work outcomes on both individual and organizational levels and increases the incidence of career plateau. Along the same line, **Al-Zaabi, Abu-Elanian & Ajmal (2018)** have found a negative relationship between dark leadership and work outcomes.

In addition, the present study explains that followers, who feel committed to their work and their careers, seek to shield their work despite the dark leader influence attempts. This work appears in proactive relationship building with others around the dark leader to compass dark leaders as well as to be involved in personal learning and progress. Despite the sensation of powerlessness, many staff involve in proactive activities to decrease the impact of dark leadership on their work (**Uhl-Bien et al., 2014**).

On the other hand, The study findings are inconsistent with Researchers studied the relationship between dysfunctional traits of dark leaders and found that the bold interpersonal tendencies of dark leaders may be attractive to others and seen as an appearance of self-confidence. These traits were found to be associated with success in management occupational functions (**Furnham et al. 2012**). The narcissistic trait of dark leaders was associated with greater readiness to perform tasks that enabled the manifestation of abilities and promoted creative performance (**Nevicka et al. 2016**).

The current study highlighted that the Dark Leadership of the studied nurses has a slight frequency negative effect on career plateau. This result was supported by **Ghislieri et al. (2019)** whose study declared that narcissistic leadership, where a leader exhibits an increased sense of grandiosity and positive self-presentation, has been correlated with poor work outcomes such as job dissatisfaction and reduced interest in the profession as well as career plateau.

According to the Correlation matrix between career plateau domains, the present study reflected that there was a highly statistically significant negative correlation between the studied nurses' perceived dark leadership and all dimensions of career plateau except Job Satisfaction, Job Descriptions, Job Commitment, Mentoring Relationship, Mentoring as Organizational Strategy and Technical Skills and Knowledge dimensions. These findings were against the results of a study done by **Labrague, Nwafor & Tsaras, (2020)** who found that nurses reported moderate job satisfaction and moderate commitment as toxic leadership practices impacted their overall job outcomes level.

Concerning the relationship between the studied staff nurses' career plateau mean scores and their characteristics, the current study indicated that there was no significant statistical relation between the studied nurses' personal characteristics and their career plateau. This can be explained as the studied nurse's career plateau isn't affected by their characteristics. The study result was in agreement with **Elsayed, Hasanin & Abd-Elmonem, (2023)** who found that there was no significant association between the nurses' demographic data and career plateau.

Regarding the relationship between the staff nurses' career plateau levels and their personal characteristics, the present study showed that there was no significant statistical relation between the studied nurses' personal characteristics and levels of career plateau except with training. This can be interpreted as nurses who attend training programs and continuing education seem to have low levels of career plateau. This result matched with **Zhu et al., (2021)** whose study affirmed that establishing training programs with clear career development paths and multi-dimensional support from the organization may be helpful in reducing the occurrence of career plateau among nurses.

As regards the relationship between head nurses' dark leadership mean scores as perceived by nurses and their personal characteristics, the present study demonstrated that there was no statistically significant relation between nurses' perceived dark leadership and their personal characteristics. These results may be attributed to that hospital dark leadership behaviors are not be changed or affected by separate demographic characteristics of staff nurses. This result is consistent with

Behery et al. (2018) who found that there is no statistically significant relationship between toxic leadership and demographic data.

Pertaining the relationship between the head nurses' dark leadership levels as perceived by nurses and their personal characteristics, the current study represented that there was no significant statistical relation between head nurses' dark leadership levels as perceived by nurses and their personal characteristics. On the contrary, **Badran & Akeel, (2022)** whose study found that there were significant relationships between the level of perceived abusive supervision and all personal data of staff nurses except gender.

The present study clarified that the studied nurses' age groups, gender, marital status, educational levels, years of experience, and training have no effect on attitude career plateau. On the other hand, **Abd-Elrhaman, Mohamed & El Sayed, (2020)** reported that the staff nurses' perception levels of career plateau and were affected significantly by their characteristics, gender there was no effect on career plateau. Also, **Wangechi, (2018)** showed in their study that there was a significant difference in structural plateauing across age, while gender was found to have no significant influence on career plateauing.

CONCLUSION

Based on the findings derived from the key outcomes of the present research, it was shown more than half of staff nurses were non-plateaued, and less than half of them were plateaued. The highest mean score of staff nurses' perception regarding career plateau was related to hierarchical plateau. More than three-fifths of the studied nurses perceived moderate levels of dark side leadership, about one-quarter of them perceived a high tendency to dark traits, while less than one-fifth perceived a low tendency to dark traits. There was a highly significant negative correlation between Head Nurses' Dark Leadership and Nurses' Career Plateau.

RECOMMENDATION

- Securing that, there is rightness, justice, and consistency in the promotion of nursing staff to preclude a feeling of oppression and inequity.

- Maintaining a supportive work environment for nursing staff by providing all the resources that are important for their work and by utilizing job enrichment.
- provisioning nursing staff with strategic education programs about their job description and road map for managing their achievements at the time of orientation and socialization.
- Nursing staff should detect the job description, role, and liabilities of their work at the start of their employment to minimize the hazard of career plateau.
- More research was recommended in this area.

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الثبات الوظيفي والقيادة القاتمة بمؤسسات الرعاية الصحية من منظور الممرضين

احمد عزت قنصوه علي الخطيب¹؛ أم.د/ غادة مسعد غبور²؛ أ.د/ هند عبدالله محمد عبدالقوي³

¹ماجستير إدارة التمريض، جامعة بورسعيد؛ ²أستاذ مساعد إدارة التمريض، كلية التمريض، جامعة بورسعيد؛ ³أستاذ إدارة التمريض، كلية التمريض، جامعة بورسعيد.

الخلاصة

يشير الثبات الوظيفي إلى عدم وجود فرص ترقية مما يقلل من الرضا الوظيفي وبالتالي يؤدي إلى قرار الموظف بمغادرة المؤسسة ؛ يجب على المؤسسات التعامل مع النتائج السلبية المتعلقة بالوظيفة مثل الحافز المنخفض وانخفاض الرضا الوظيفي وضعف الالتزام التنظيمي. أصبح التركيز في السنوات الاخيرة علي الجانب المظلم من القيادة بعد تجاهله لفترات طويلة فهو يركز على سلوك القادة غير الأخلاقي وكذلك على الجانب القاتم من الشخصية. الهدف: استكشاف العلاقة بين الثبات الوظيفي والقيادة القاتمة في مؤسسات الرعاية الصحية من منظور الممرضات. تم استخدام تصميم بحث وصفي ترابطي لاجراء هذه الدراسة. حيث تم إجراء البحث علي هيئة التمريض العاملين بقطاع السلام احد قطاعات مستشفيات جامعة الزقازيق (274). تم استخدام أداتين لجمع البيانات: الأداة الأولى تتكون من جزئين (استمارة البيانات الشخصية ، ومقياس الثبات الوظيفي)، والأداة الثانية استبيان حول الجانب القاتم للقيادة . أشارت النتائج إلى أن أكثر من نصف الممرضين العاملين ليس لديهم ثبات وظيفي وقل من نصفهم كانوا في حالة ثبات وظيفي كما لوحظ ان اكثر من ثلاثة اخماس الممرضات الذين شملتهم الدراسة لديهم مستويات معتدلة في الجانب القاتم للقيادة وحوالي ربعهم لديهم ميول عالية الي الجانب القاتم للقيادة وحوالي الخمس لديهم ميول منخفضة الي الجانب القاتم للقيادة . وتم إستنتاج أنه هناك ارتباط سلبي بين القيادة القاتمة والثبات الوظيفي للممرضين حيث أوصت الدراسة علي أنه من الضروري تزويد طاقم التمريض ببرامج تعليمية حول الوصف الوظيفي والمسار الوظيفي في وقت التوجيه والتنشئة الاجتماعية ، كما يوصى بإجراء المزيد من البحوث.

الكلمات المرشدة: الثبات الوظيفي، القيادة القاتمة، مؤسسات الرعاية الصحية، الممرضين .