Effects of toxic leadership style of nurse mangers on counterproductive work behaviors and intention to quit among staff nurses: A Comparative Study

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Abstract

Background: Leadership style has been given importance in contemporary research because leaders are considered to be an essential part of an organization's success. Toxic nurse managers can have a detrimental impact on the organization's bottom line by increasing nurse's absenteeism, creating job dissatisfaction and unnecessary job stress, resulting in high staff turnover and counterproductive work behaviors (CWB). **Aim:** The present study aimed to examine toxic leadership of nurse mangers and its relation to counterproductive work behaviors and intention to quit from the perspective of staff nurses. **Design:** A descriptive, correlational and comparative design was utilized to fulfill the aim of this study. **Sample:** A convenient sample (n=190) of staff nurses who agreed to participate in the study were included. **Setting:** The current study was conducted in two different selected sectors at Cairo governate. **Tool:** Three tools were used I. Toxic Leadership Behaviors of Nurse Managers (ToxBH-NM) Questionnaire; II. Counterproductive Work Behaviors Questionnaire (CWBs) and III. Nurses' intention to quit Questionnaire (NITQ). **The results:** The study revealed that, the majority (73.6%, 63.1 respectively) of staff nurses perceived a low level of overall nurse manger toxic leadership at both Hospitals. While only (14.9%, 15.5% respectively) of them perceived a high level of overall nurse manger toxic leadership at both Hospitals. Moreover, (100%) of staff nurses perceived a low level of overall Counterproductive Work Behavior at private Hospitals compared to (40.8%) of staff nurses perceived moderate level of overall Counterproductive Work Behavior at public Hospitals. Furthermore, (51.7%, 48.3% respectively) of staff nurses had low to moderate intention to quite level at private Hospitals compared to (33.0 %,514% respectively) of staff nurses had low to moderate intention to quite level at public Hospitals. While, only (15.6%) of staff nurses had low intention to quite level at public Hospitals. In addition, there was a statistically positive significantly correlation between total staff nurses perceived toxic leadership with their Counterproductive Work Behavior (r = 0.250& p= 0.02) at private hospital. While, there was a statistically positive significant correlation between total staff nurses' perceptions of toxic leadership with their intention to quit (r=0.352** and p= 0. 000*) at public hospital. **Conclusion:** Overall, the study concluded that, the majority of staff nurses perceived a low level of nurse manger toxic leadership at both private and public hospitals. All staff nurses perceived a low level of overall Counterproductive Work Behavior (CWB) at private hospital compared to around half of staff nurses perceived moderate level of CWB at public hospital. Around half of staff nurses had low to moderate level of intention to quite at both private and public hospitals. Also, there was a highly positive statistically significant correlation between staff nurses' perception of nurse managers' toxic leadership, with their Counterproductive Work Behavior at private hospital and with their intention to quit at public hospital. **Recommendation:** Establish leadership training programs to provide health care supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing nursing absenteeism and their CBW behaviors. Implement proper strategies and feedback system from staff nurses regarding the behavior of their supervisors which might help in identifying toxic leaders.

Keywords: Counterproductive Work Behaviors (CWB), intention to quit, Nurse managers, Staff nurses, and Toxic leadership style.

Introduction:

Leadership practices of nurse managers are considered an important issue, as the healthcare organizations rely on the leadership practices of management as a way to build and maintain a healthy work environment; as well as to maximize staff satisfaction and patient outcomes (Musinguzi, Namale, & Kekitiinwa,2018). Nursing leadership plays a critical role in the execution of healthcare organization's outcomes, personnel innovation, and high-quality patient care (Abo Gad, 2018 and Cummings et al ,2020).

Today's leaders in nursing face numerous complex issues brought on by the increasingly complex health care system (Bass, 2019 and Nagib, El-Said &Zaki ,2021). Moreover, rising health care costs, ongoing financial constraints and budget cuts, increasing patient acuity and the continued shortage of nursing staff necessitate the involvement of nursing leaders who can provide guidance and direction to organizations to guarantee and continuity of health care services while achieving the desired organizational goals (Hughes, 2019). Contrarily, the pressures faced by nurse leaders due to scarce resources, competition, and growing demand for high-quality healthcare can lead to some forms of dark leadership, which constitutes a toxic leadership style (Pelletier et al.,2019).

Toxic leadership is a leadership style that is harmful to the organization's followers and has negative effects on it and its members (Hadadian& Sayadpour, 2020). These leaders reduce their employees' motivation while displaying narcissism and acting in an immoral and authoritarian manner that ignores unfairness, injustice, and their well-being. (Marcus, & Schuler, 2019; and Milosevic et al., 2020).

Additionally, toxic leadership style forms the framework of negative leadership types including abuse of others to achieve their own personal goals and interests, bullying, making false and manipulative assessments of employees' abilities and professional performance and making it harder for them to succeed, also have destructive, narcissistic and authoritarian leadership behavior (Pelletier,2012; Dinh et al., 2018; Dobbs, 2019;

Öztokatli,2020). This toxic triangle arises as a result of the interaction among leader, subordinates and organization, creating a toxic leadership style that is frequently present in weak organizations with centralized control (Akca, 2019).

Karthikeyan, (2019) added that ,the typical manifestations of a toxic organization resulting from toxic leadership are negative emotional moods and mood swings (like; anger, despair, despondency, frustration, pessimism and aggression) unproductive and meaningless work; destructive and counterproductive conduct; employee physical and emotional disengagement and withdrawal (such as absenteeism, lack of contribution, and turnover); unethical, deviant conduct (like; theft, fraud and sabotage);poor well-being and health, low team morale and work satisfaction, low organizational loyalty, general life dissatisfaction. Finally, a toxic leader is a subcategory of unethical leadership that can lead to unethical behavior as Counterproductive Work Behavior (CWB) on the part of followers (Pelletier, Kottke, &Sirotnik, 2019).

Counterproductive work behavior (CWB) refers to nurses' behavior that drives in contrast to the sincere interests of an organization. Additionally well-defined as a deliberate unpleasant action that could have a negative impact on an organization (Helle et al., 2019). Nurses carry out CWB by taking excessively long breaks, pretending to stay at home from work with a fabricated illness, or signing the presence in the workplace on behalf of a coworker, for example, CWB includes spreading gossip about others, bullying, using aggression, and physically or verbally abusing (Sackett & De Vore ,2019 and Robinson & Bennett ,2020).

Moreover, CWB leads to destruction of possessions, waste time and resources, unfortunate actions. CWB has a major destructive effect on societies and their employees (Robinson & Bennett, 2020). Due to the disastrous effects of CWB, considerable research has been conducted to determine the antecedents of CWB (Bolin & Heatherly, 2020). Toxic supervision is one of the crucial precursors to CWB, which implies that

mistreated workers retaliate against their managers by engaging in CWB (Sackett & De Vore, 2019).

Intention to quit, intention to leave, or turnover intentions which seem to be described as a cognitive process in which the employees on "voluntary" basis, intends to quit their job, organization or profession (Takase et al., 2018). The concepts of intention to quit and turnover intentions are in other words, based on individual perception and interpretation of work environment that results in attitudes and ends up in the term turnover (Marcus & Schuler, 2019).

Employees quitting an organization could be very detrimental to its operations since it will lose knowledgeable and talented staff. Similar to this, hiring and training new qualified employees will cost a lot of money for organizations and affect quality of care. The remaining employees could also experience moral problems, as well as psychological and social disturbances. (Sasso, Bagnasco, Aleo, & Watson (2019); Alzamel, Abdullah, Chong and Chua ,2020).

Additionally, Yürümezoglu, Kocaman & Haydari , (2018) revealed that nurses' intentions to stay or quit their workplace were significantly influenced by the role of nurse manager. Thus, according Chegini, Jafarabadi, & Kakemam, (2019), Intention to quit is a typical occurrence in most toxic organizations and is linked to detrimental effects for employees. While Roche, Duffield, Dimitrelis & Duffield, (2015) described it as any career transfer, whether that move is internal when nurses shift across nursing units within the same hospital or external when nurses quit the profession or an organization entirely.

Further, the research by Chegini, Jafarabadi, &Kakemam, (2019); Oztokatli (2020) revealed that toxic leadership will negatively impact the effective and efficient health care services provided by hospital staff and that the strength of the link between toxic leadership, job performance and intention to quit was influenced by job satisfaction and organizational commitment. One of the key precursors of CWB is toxic supervision, which indicates that abused employees react against their supervisors by engaging in CWB. This results in higher quit intent and lower employee performance among their staff.

Finally, when the nurse's managers fail to treat themselves with respect or with justice, nurses then seek to vent their frustration by acting counterproductively. Further According to a study of Naeem &Khurram (2020) concludes that, nurses abused by their toxic managers are believed to have more tendencies to participate in CWB. Consequently, Özer et al., (2019) affirmed that, nurses plan to quit or leave, raising the turnover rate in this toxic organizations. So, the present study aimed to examine toxic leadership of nurse mangers and its relation to Counterproductive Work Behaviors (CWBs) and intention to quit from the perspective of staff nurses.

Significance

The fulfillment of customer expectations and needs rise in the competitive environment of today's health care agencies requires the participation of inspiring and engaging leaders. Recent studies have demonstrated that effective leadership is a crucial aspect of management in nursing and that it benefits employees, patients, and their families, as well as the agency as a whole. Up until now, the majority of empirical studies carried out all over the world have completely ignored the assessment of toxic and ineffective leadership, which is harmful to both nurses and organizations (Zaabi et al., (2018); Malik et al., (2019) and Abou-Ramadan &Eid, (2020)

The studies done in Egypt about toxic or ineffective leadership behaviors, showed that, the majority of staff nurses meeting extremely toxic leadership from their managers at work (Abdeel-Alim, El-Sayed, 2017) and Naeem, Fizza; Khurram & Sobia, (2020). Further, according to a Vickers (2014) survey, toxic leaders can negatively impact up to 20% of the employees surrounding them in a given time, and more than 50% of employees have dealt with toxic leaders at some point in their careers. Also, in a study conducted by Ozer et al., (2017) up on 400 leaders whose 39% work at health institutions, it had been stated that 94.7% of the participants had to deal with someone who showed toxic characteristics at the workplace.

Naeem, Fizza; Khurram, Sobia, (2020) found that, there was a strong positive association between toxic leaders and employees' turnover intention. This result indicates that a leader exhibiting toxic uniqueness makes it difficult for employees to stay, thus, increasing their intention to leave their work. Also, Naeem, Fizza; Khurram, Sobia, (2020) stated that, there was a significant and negative association of toxic leaders with their employees' psychological wellbeing. This represents that in the presence of toxic leaders the psychological wellbeing of employees will decline.

Consequently, abused nurses react against their supervisors by engaging in CWB, this will lead to higher quit intent, lower staff performance and raising the turnover rate in organizations. This puts extra financial burden on organizations for recruitment and training of new nurses. The data from the current study will assist hospitals managers by generating new facts about leadership behavior including toxic leadership behavior in their hospitals. So, help them to recognize the toxic tendencies in leaders before they create any major negative impact. In addition, it will draw attention to identify those with the potential for deviant behaviors and poor work performance and developing strategies to improve staff nurses` behaviors to become productive and to decrease their intent to quit from the hospital and the career. Therefore, the current study aimed to examine toxic leadership of nurse mangers and its relation to Counterproductive Work Behaviors (CWBs) and intention to quit from the perspective of staff nurses.

Subjects and Methods:

The present study aimed to examine toxic leadership of nurse mangers and its relation to Counterproductive Work Behaviors (CWBs) and intention to quit from the perspective of staff nurses.

To fulfill the aim the following research questions were developed:

1. What is the level of toxic leadership of nurse managers from the perspective of staff nurses in the selected sectors?

2. What is the level of Counterproductive Work Behaviors (CWBs) among staff nurses in the selected sectors?

3. What is the rate or level of intention to quit the nursing profession among staff nurses in the selected sectors?

4. What are the differences between the public and private hospitals regarding, toxic leadership level of nurse managers, counterproductive work behaviors and intention to quit among staff nurses?

5. Is there a relationship of toxic leadership of nurse mangers and staff nurse's perception of counterproductive work behaviors and intention to quit?

Research design:

A descriptive, correlational and comparative design was utilized to conduct this study.

Subjects:

A convenient sample of all staff nurses (n= 190) (private hospital =87 out of 130 and public hospital = 103 out of 133) who agreed to participate in the study at the time of data collection was included in the present study sample. About half of the study sample's nurses who work in private hospitals hold bachelor's degrees in the field, while the remaining participants, who work in government hospitals, only possess nursing diplomas.

Setting of the Study:

This study was conducted at one of a University Hospital and one private hospital in Cairo governate. Units within this hospital include: critical care units, medical units, surgical units, and other units such operating theaters, obstetric units, and neonatal intensive care unit, and general ward. Each of the hospital has the same corresponding patient services type.

Tools of Data Collection:

For the purpose of the current study, three tools were used for data collection:

Tool I: Toxic Leadership Behaviors of Nurse Managers (ToxBH-NM) Questionnaire:

It is self-administered questionnaire and was developed by Leodoro et al., (2020)

and modified by the investigators to assess staff nurse's perception about nurse mangers' toxic leadership. It is composed of two parts as follow:

First part: Personal characteristics data sheet that was developed by the investigators and including age, gender, marital status, level of education, years of experience in nursing profession, years of experience in the organization and years of experience in the present unit.

Second part: Toxic leadership behaviors of nurse managers (ToxBH-NM) questionnaire used to assess staff nurse's perception about toxic leadership of nurse managers through (30) items distributed into 4 sub-dimensions as follow; 1) intemperate behavior (15 items), 2) narcissistic behavior (9 items), 3) self-promoting behavior (3 items) and 4) humiliating behavior (3 items).

Scoring system: Staff nurses' responses were measure in three-points Likert Scale that takes values between 1 (strongly disagree); 2 (neutral) and 3 (strongly agree). Staff nurses' responses points about toxic leadership behaviors of their nurse managers will be ranged from 30 to 90 points, the summated score for ToxBH-NM can be interpreted as practically nontoxic (30–44 points), moderately toxic (45–60 points) and highly toxic (60–90 points). The perception level was considered high if the percent score was more than 75%, moderate if the percent score ranged from 60 to 75%, and low if the percent score was less than 60% (Leodoro et al., 2020).

Tool II: Counterproductive Work Behaviors Questionnaire (CWBs):

It was developed by Spector et al, (2006) and modified by the investigators to assess counterproductive work behaviors of nurses in their workplace. It consisted of 32 items, categorized into five dimensions, namely as follow; 1) abuse toward others (17-items); 2) production deviance (3-item); 3) sabotage (3-items); 4) theft (5-items) and 5) withdrawal (4-item).

Scoring system: Staff nurses' responses were measure on five-points Likert rating scale ranged from (1) never; (2) once or twice; (3) once or twice per month; (4) once or twice per

week and (5) every day for negative items and vice versa for positive items. The overall score level ranged from (32-160). Score ranged, as follow: low 32-75; moderate 76-119; and high 120-160 (Spector et al, 2006).

Tool III: Nurses' intention to quit Questionnaire (NITQ):

It was adapted by the investigators in light of Viklund, (2017), and to measure nurses' intention to quit the present job. It contains 14 items.

Scoring system: Response for each item was scored on 5-point Likert scale (1= No, not at all, 2= In a very small degree, 3= To some extent, 4= In quite high degree, and 5= Yes, without a doubt). Overall scores were divided into categories according cut points that indicate the level of staff nurses' intention to quit as follows: Low intention to quit level scores= < 33%, moderate intention to quit level scores = 33% < 66%, and high intention to quit level scores = 66% –100%.

Validity and Reliability:

Validity:

Study questionnaire's content validity was tested by a panel of three expert's two professors and one assistant professor from the Faculty of Nursing Cairo University. Each expert on the panel was asked to examine the questionnaire for content, coverage, clarity, wording, length, format, and overall appearance. Some modifications were done based on the experts' opinions. Double English Arabic English translation of the three tools were done to match nurses' level of education

Reliability:

Reliability was tested using Cronbach's Alpha Coefficient for the three questionnaires. Results for the questionnaires nurse manager's toxic leadership, counterwork productive behavior and intention to quit, a Cronbach's alpha (0.96, 0.93& 89) respectively, indicate that every one of questionnaires were highly reliable. The scale has high internal

Pilot study:

Pilot study was carried out on (10%) of the current sample to ensure the clarity and applicability of the items, and to estimate the time needed to complete the questionnaire. The

result showed that the time spent in filling the questionnaire was ranged between 30-35 minutes. Based on the pilot study analysis no modifications were done in the questionnaires. So, the pilot study sample included in the total number of study sample.

Ethical Considerations

Initial approvals were obtained from the scientific research ethics committee at the Faculty of Nursing, Cairo University before starting the study and approval of the Cairo university committee. Also, Permission was obtained from the hospital administrators after explaining the nature of the work. The nature and aim of the current study had been explained to each staff nurse included in the study sample. They were given a chance to accept or to refuse participation in the present study, and each participant was assured that his/her information will be confidentially utilized and utilized for the research purpose only.

Procedures

Once permission granted to proceed with the proposed study, a letter from the faculty of nursing- Cairo University was sent to the directors of the study setting seeking their ethical committee, faculty of nursing, Cairo University for collecting data. Upon receiving the approval of hospital directors, the researchers were contact with the nursing directors and managers of each department in the both hospitals to get permission then contact the participants, explained for them the aim, nature, and significance of the study, invited them to voluntary participate and gain their acceptance by formal written consent. The researchers distributed the questionnaires individually to every staff nurse at their working units while they were on duty and collected them at the same shift. Time spent to fill the questionnaires ranged between 25 to 35 minutes. The researchers checked the completeness of each filled questionnaire after the participant filled it. Data were collected from February 2022 to April 2022.

Results:

Table (1) shows that more than half (69%) of staff nurses who working at private Hospital had age ranged from 20 < 30 years old

compared to (34.9%) of them at public Hospital aged from 30 < 35 years old. As regard to education level, 55.1% of staff nurses at private Hospital had Baccalaureate degree of nursing compared to 93.2 % of them at public Hospital had diploma in nursing, more than two thirds (83.9 %) of staff nurses at private Hospital had experience (<5) years compared to (37.9 %) of them at public Hospital had experience ranged from 5-10 years. Near half (42.6%) of them working in neonatal intensive care units at private Hospital, while (34.9%) of them working in Inpatient units at public Hospital.

Table (2) clarifies that there was a statistically significant difference between staff nurses perceived all dimensions of nurse manager toxic leadership at private Hospital and public Hospital. Intemperate behavior dimension was the highly perceived by staff nurses at both Hospitals (% = 23.3% &21.5%respectively), followed by Narcissistic behavior dimension was (% = 15.1%, 13.6%) at both Hospitals respectively.

Table (3) illustrates that there was a statistically significant difference between staff nurses' perceived total dimensions of Counterproductive Work Behavior at both private and public Hospital. Abuse dimension was the highly perceived by staff nurses at both Hospitals (% = 20.1% &28.9%respectively). While more than two third of staff nurses highly perceived (% = 62.4%) all Counterproductive Work Behavior dimensions at public Hospital compared to only (% = 38.4%) at private Hospital.

Table (4) illustrates that there was a statistically significant difference between staff nurses' perceived total dimension of nurses' intention to quit at both private and public Hospital. While low percent (% = 27.0%, 28.7%) of staff nurses perceived low intention to quit at both Hospitals respectively.

Figure (1) shows distributions of the overall toxic leadership levels of nurse managers that perceived by staff nurses at both private and public Hospital. The table illustrates that majority (73.6%, 63.1 respectively) of staff nurses perceived a low level of overall nurse manger toxic leadership at both Hospitals. While only (14.9%, 15.5%

respectively) of them perceived a high level of overall nurse manger toxic leadership at both Hospitals.

Figure (2) shows percentage distributions of the overall Counterproductive Work Behavior levels at both private and public Hospital. The table displays that (100%) of staff nurses perceived a low level of overall Counterproductive Work Behavior at private Hospitals compared to (40.8%) of staff nurses perceived moderate level of overall Counterproductive Work Behavior at public Hospitals.

Figure (3) shows percentage distributions of the overall nurses' intention to quite levels at both private and public Hospital. The table clarifies that (51.7%, 48.3% respectively) of staff nurses had low to moderate intention to quite level at private Hospitals compared to (33.0 %,514% respectively) of staff nurses had low to moderate intention to quite level at public Hospitals. While, only (15.6%) of staff nurses

had low intention to quite level at public Hospitals.

Table (5) illustrates that there was a statistically positive significantly correlation between total staff nurses perceived toxic leadership with their Counterproductive Work Behavior (r = 0.250&p 0.02) at private hospital. While, there was a statistically positive significant correlation between total staff nurses' perceptions of toxic leadership with their intention to quit (r=0.352** and p= 0. 000*) at public hospital.

Table (6) Illustrates that there was a statistically significant positive correlation between total staff nurses' perceived CWB and their age and experience (p ≤ 0.05) at private Hospital. Added that, there was a statistically significant positive correlation between total staff nurses' perceived CWB and their age and working unit (p ≤ 0.05), additionally there were a positive correlation between perceived nurses to intention to quit and their age (p ≤ 0.05) at public Hospital.

Table (1): Frequency and percentage distribution of staff nurses' according to their personal characteristics (n=190)

Staff nurses' personal data	Private Hospital (n=87)		Public Hospital (n=103)	
	No.	%	No.	%
Age (Years)				
From 20 to < 25 years	31	35.6	17	16.5
From 25 to < 30 years	29	33.4	28	27.2
From 30 to < 35 years	21	24.1	36	34.9
From 35 to >40 years	6	6.9	22	21.4
Marital Status				
Single	43	49.4	13	12.6
Married	38	43.7	78	75.7
Divorced	6	6.9	12	11.7
Education level				
Diploma in nursing	15	17.3	96	93.2
Technical Institute of Nursing	24	27.6	6	5.9
Baccalaureate degree	48	55.1	1	0.9
Experience (Years)				
<15	73	83.9	43	41.7
5<10	12	13.8	39	37.9
10<15	2	1.9	11	10.7
>15	0	0	10	9.7
Work Unit				
Operating room	8	9.2	10	9.7
Emergency	27	31.1	25	24.3
Medical ICU	0	0	24	23.3
Neonatal ICU	37	42.6	0	0
Hemodialysis	0	0	8	7.8
Inpatient units	15	17.3	36	34.9

Table (2): Mean, Mean percentage and differences of toxic leadership of nurse managers that perceived by staff nurses at private Hospital and public Hospital (n=190).

Dimensions	Private Hospital(n=87)		Public Hospital(n=103)		t-test	
	Mean ± SD	$\bar{x}$ %	Mean ± SD	$\bar{x}$ %	t	P-value
Intemperate behavior	20.24±7	23.3%	22.11 ±6.69	21.5%	39.760-	0.000*
Narcissistic behavior	13.08±4.9	15.1%	14.00 ±4.81	13.6%	34.004-	0.000*
Humiliating behavior	4.04 ±1.78	4.7%	4.35±1.88	4.3%	19.725-	0.000*
Self-promoting behavior	3.97±1.51	4.6%	4.30±1.48	4.2%	23.499-	0.000*
Total	41.3±14.62	47.6%	44.78±14.1	43.5%	39.985-	0.000*

Statisticallysignificantatp≤0.05

Table (3): Mean, Mean percentage and differences of Counterproductive Work Behavior as perceived by staff nurses at private hospital and public hospital (n=190)

Dimensions	Private Hospital(n=87)		Public Hospital(n=103)		t-test	
	Mean ± SD	$\bar{x}$ %	Mean ± SD	$\bar{x}$ %	t	P-value
- Abuse	17.52± 0.92	20.1	29.81±6.01	28.9	14.959	0.000*
- Production deviance	3.12± 0.50	3.6	8.00±3.75	7.8	3.230	0.000*
- Sabotage	3.00± 0.00	3.5	6.33±3.18	6.1	7.882	0.000*
- Theft	5.01± 0.10	5.8	6.39±1.37	6.2	14.959	0.000*
- Withdrawal	4.7 3±.908	5.4	13.7±6.1	13.3	-.886-	0.377
Total	33.40±1.63	38.4	64.34±18.95	62.4	9.454	0.000*

Statisticallysignificantatp≤0.05

Table (4): Mean, Mean percentage and differences of Nurses' intention to quit as perceived by staff nurses at private hospital and public hospital (n=190)

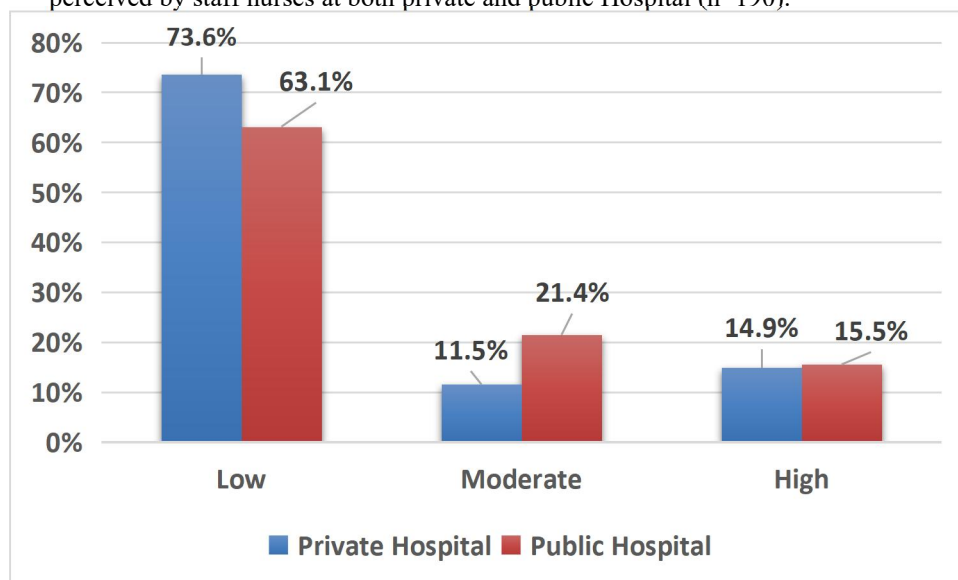| Dimension	Private Hospital(n=87)		Public Hospital(n=103)		t-test	
	Mean ± SD	$\bar{x}$ %	Mean ± SD	$\bar{x}$ %	t	P-value
Nurses' intention to quit	24.85± 8.93	28.7%	27.88± 14.13	27.0%	28.55	0.000*

Statisticallysignificantatp≤0.05

Figure (1): Percentage distributions of the overall toxic leadership levels of nurse managers that perceived by staff nurses at both private and public Hospital (n=190).

Figure (2): Percentage distributions of the overall Counterproductive Work Behavior levels at both private and public Hospital that perceived by staff nurses (n=190).
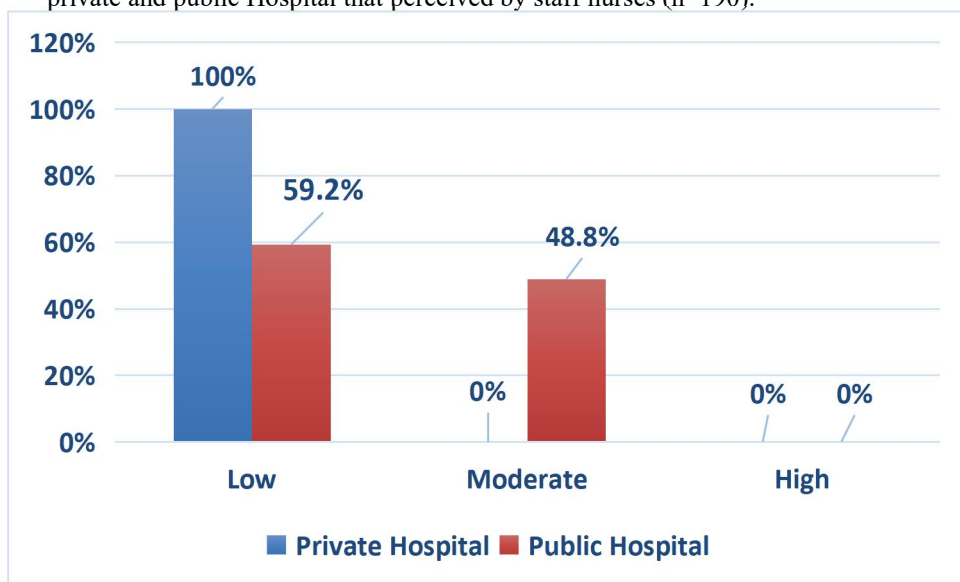

Figure (3): Percentage distributions of the overall nurses' intention to quite levels at both private and public Hospital that perceived by staff nurses (n=190).
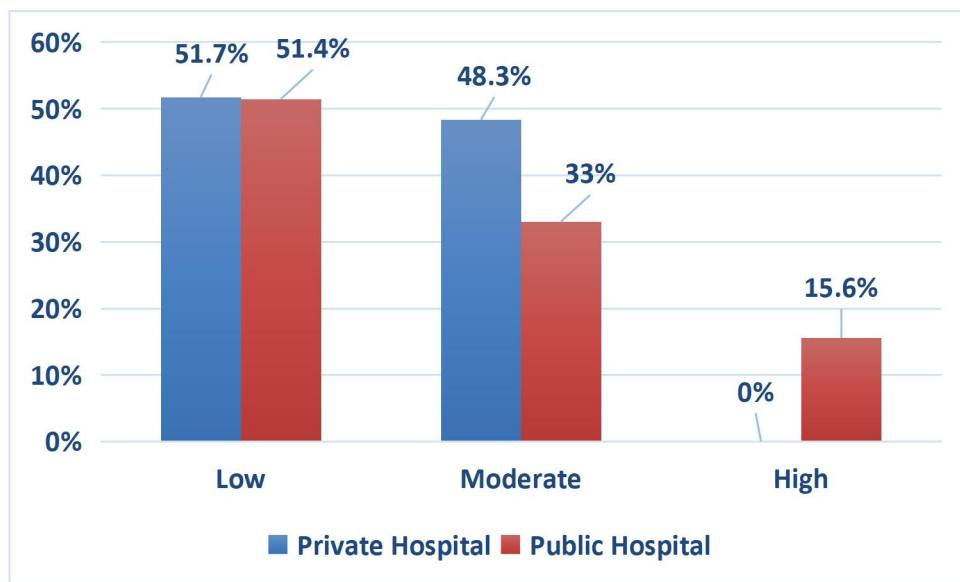
Table (5): Correlation between staff nurses perceived total toxic leadership of nurses' managers and their intention to quit and Counterproductive Work Behavior (n=190).

Total toxic leadership	Nurses' intention to quit		Counterproductive Work Behavior	
	R	P-value	R	P-value
Private Hospital	0.143	0.187	0.250	0.02*
Public Hospital	0.352	0.000*	0.085	0.394

Statisticallysignificantatp≤0.05

Table (6): Differences in total staff nurses' perception of toxic leadership of nurse manager, and their intention to quit and Counterproductive Work Behaviors (CWBs) by their personal characteristics (n=190).

Demographic characteristics	Private Hospital (n=87)						Public Hospital(n=103)					
	Total intention to quite		Total CWB		Total toxic leadership		Total intention to quite		Total CWB		Total toxic leadership	
	F	P	f	P	f	P	F	P	F	P	f	P
-Age	0.323	0.809	3.73	0.014*	0.912	0.439	2.95	0.036*	4.127	0.008*	2.264	0.086
-Level of education												
	1.06	0.35	2.674	0.075	1.561	.216	0.696	0.501	1.22	0.29	1.63	0.201
- Experience(years)												
	0.146	0.86	4.58	0.013*	2.903	0.050	0.716	0.545	0.634	0.595	0.192	0.902
-Work Unit												
	1.819	0.150	0.268	0.848	0.320	0.811	1.119	0.352	16.627	0.000*	1.249	0.295

Statisticallysignificantatp≤0.05 level.

Discussion:

Nowadays, in increasing competition among health care organizations nationally and internationally, just like enterprises, hospitals need leaders who are aware of their missions and are strong in order to be able to survive, be successful and adapt to changes. The leadership behaviors of managers have a positive impact on hospital employees' job satisfaction, mood and performance levels (Bhandarker and Rai, 2019). Toxic leaders damage their organizations by engaging in activities that alienate employees and create an overall negative work environment. When examine toxic leadership behaviors, faced with a leadership type that has an understanding of an abusive management approach and insulting communication style puts the values and norms of the institution in a situation that causes harm and develops inappropriate behaviors (Fahie, 2019).

The results of the current study showed that there was a statistically significant difference between the toxic leadership of nurse managers as perceived by staff nurses at both private and public hospitals, with the majority of staff nurses at both hospitals perceiving low level overall toxic leadership from their direct nurse manager.

This result from a researcher's perspective may be attributed to the fact that the study was conducted during the COVID-19 epidemic, during which time hospitals all over the world had high staff turnover and shortages as a result of nurses' worries about the hazard from outbreak. To address these issues, nurse managers at both hospitals may change their behaviors by providing psychological and emotional support to build good relations among staff, to facilitate staff retention.

The present finding was in same line with study done by (Abdallah and Mostafa, 2021), in Egypt, at Tanta city, concluded that the staff nurses at international teaching Hospital perceived that their leaders had low toxic leadership level. Further, Abd El-Aziz Zaki and Elsaiad, (2021) found that, slightly more than three-fifth of nurses perceived a low level of toxic Leadership. Additionally, supported by Al- Zaabi, Elanain & Ajmal, (2018) who revealed that staff nurses are impressed with the leaders who support them in forming positive relationships with other members of the staff, provide training opportunities, resolve issues, and pay attention to their concerns.

Moreover, from researchers' point of view this result also may be due to the leaders at both hospitals may have previously participated in a

leadership development programme that enhanced their understanding of the job as a leader and helped them carry out their successful leadership behaviors, including the ability to inspire, coordinate, and foster connections within workplace.

This explanation was incongruent with a study done by (Abdallah and Mostafa, 2021), in Egypt, at Tanta city, revealed that the staff nurses at General Hospital perceived that their leaders had high levels of toxic leadership. additionally, disagreement with Webster, Brough, & Daly, (2020), who found that overall, toxic leadership behaviors in nurse managers were strongly associated with increased nurse-reported adverse events including reports of complaints and verbal mistreatment from patients and their families, patient falls, health care associated infections and errors in administering and with decreased quality of care. While in agreement with Ansah, et al, (2022), founds that; registered nurses appraised the leadership behavior of nurse managers to be toxic, with most managers exhibiting narcissistic leadership behavior.

Current study findings showed that only around quarter of nursing staff perceived that their leaders had high level of intemperate and narcissism behaviors of toxic nurse mangers at both hospitals. This may be attributed to the fact that each nurse manager approaches their staff in a unique way. Some nurses may be given special privileges by nurse managers in terms of promotions, support, recognition, autonomy, trust, and opportunity. As a result, some nurses may regard the leader as perfect and effective, while others may regard them as toxic and harmful. In addition, those leaders are toxic at work, have an excessive desire for approval, respect, and superiority to fulfill their aspirations for greatness and success, as well as a uniqueness regardless of the interpersonal relationships and interests of their staff.

This result was in similar with Naeem and Khurram (2020), who found that most of the participants reported they were exposed to leaders' harmful behaviors in their workplace. as well, Brown, (2019) showed that some members left the organizational environment due to experiencing toxic leadership and Abdallah & Mostafa, (2021) who found that the majority of staff nurses perceived that their leaders had low

overall toxic leadership level compared to high percent had moderate overall toxic leadership at General Hospital. Moreover, consisted with Abou-Ramadan and Eid (2020) whose found that more than one-third of nursing staff perceived that their leaders had moderate level of narcissism, and unpredictability behaviors of toxic leadership

Concerning to Counterproductive Work Behaviors (CWBs) All staff nurses perceived a low level of overall Counterproductive Work Behavior (CWB) at private hospital compared to around half of staff nurses perceived moderate level of CWB at public hospital and there was a statistically significant difference between staff nurses who perceived total dimensions of CWBs at both private and public hospitals. While the abuse dimension was the highly perceived by staff nurses at both hospitals.

The results from public hospital might be due to nurses during COVID 19 pandemic, forced to provide direct care to the population and in close contact with an emerging risk additionally suffering through a challenging and stressful experience, nurses become more bullied by patients and their family aside from perceived low degree of toxic leadership significantly less than 50% of them deal with toxic direct supervisor according to the current study result. This may lead to the toxic mangers dragging down the morale and motivation of their staff for them counterproductive as using excessively lengthy breaks, pretending to remain at home from work with a faked sickness, or signing the presence in the workplace and verbal aggression. In addition, managers' ignoring the counterproductive behaviors in the workplace until it appears among staff nurses and affects the quality of care provided.

In the same respect, a study done in Egypt by Ebrahim& Eldeep, (2020), who found that more than half of studied nurses had moderate level of counterproductive work behaviors and Weberg & Fuller, (2019) found that mistreated workers retaliate against their managers by engaging in CWB. While was in contradiction with Nagib, et al (2021) who revealed that majority of the studied sample have a low level of counterproductive work behavior. Also, greater part of the studied sample has a low level of job burnout. Further the study of (Ugwu, etal, 2017) showed that the three dimensions of burnout

(emotional exhaustion, depersonalization, and personal accomplishment) contributed significantly and positively in predicting CWB.

In contrast, all staff nurses perceived a low level of overall Counterproductive Work Behavior (CWB) at private hospital, could be related to that those leaders Nurses may have leaders that are able to recognize and respond to their needs fairly in a way that will constructively affect their productive behavior in order to accomplish organizational goals, while nurses hold their unproductive behavior and abide by hospital policy out of fear of being fired. This result was not in similar with Johnny & Yao, (2021), who found that work-related proactive coping, autonomy, interpersonal conflicts, and organizational constraints are determinants of counterproductive work behaviors of hospital nurses. While in same line with Ebrahim& Eldeep, (2020), who found that, one quarter of nurses had low counterproductive work behaviors

According to nurses' intention to quit as perceived by staff nurses at private hospital and public hospital, there was a statistically significant difference between staff nurses' perceived total dimensions of nurses' intention to quit at both private and public hospitals. While around half of staff nurses had low to moderate level of intention to quite at both private and public hospitals respectively. This may be caused by a lack of a sense of job security, a heavy workload, an inadequate wage system, a lack of professional autonomy, and limited career development opportunities, that all contribute to staff burnout, dissatisfaction, and work-related stress. Those factors ultimately result lead to intention to quit the hospital among nurses at both public and private hospitals.

This result was in agreement with Ahmed, etal (2017) who found that staff nurses had a higher intention to leave their hospital and the profession and had a moderate level of total organizational commitment. There was a statistically significant negative correlation between organizational commitment and intention to leave the nursing profession. Hence in concurrence with (Elewa,2021), this found that more than a third of the sample intended to leave the hospital. As shown in a study by Ebrahim, & Ebrahim (2017), more than two-thirds of the study sample was more likely to have plans to quit their work. While opposite to this (Elewa,2021) whose results revealed that staff nurses had a higher intention to stay the nursing profession.

Concerning to Correlation between staff nurses perceived total toxic leadership and their intention to quit and Counterproductive Work Behavior, there was a statistically positive significantly correlation between total staff nurses perceived toxic leadership with their CWB at private hospital. While, there was a statistically positive significant correlation between staff nurses' perceptions of toxic leadership with their intention to quit at public hospital.

Regarding results of private hospital could be related to the managers of the private hospital may have previously attended training on excellent leadership techniques that would have helped them in treating them properly, evaluate their needs, and focus on meeting those needs, which helped the staff replace unproductive workers with productive ones and boost staff productivity. Opposite to this result, Poornima & Sujatha, (2020) found increases in deviance in the workplace by subordinates who report working for abusive supervisors and Haider, Nisar, Baig, and Azeem, (2018), who founded that toxic leadership significantly correlated with deviant behaviors and intention to quit.

Results from public hospital may be a consequence of the current study findings, which showed that just 15% of nursing staff perceived that their leaders had high levels of toxic nurse managers and intended to quit the public hospital, compared to around one third of them who perceived it to. This could be due to public hospital does not meet the expectations of the nurses such as manager behaviors, organizational culture, promotion, positive organizational climate and salary, the nurses will search for a job that will meet these expectations. Nurses with an intention to quit their jobs will perform poorly while fulfilling their duties and will not be able to make sufficient contributions to the hospital.This result was supported by previous studies of Naeem, Fizza; Khurram, Sobia, (2020) and Reyhanoglu & Akin, (2020) who revealed that a positive correlation between toxic leadership, organizational silence, and nurses intention to quit.

Regarding to nurses' perception about toxic leadership, intention to quit and

Counterproductive Work Behavior (CWBs) and their personnel characteristics, the present study results showed that there was a statistically significant positive correlation between perceived nurses' CWBs and their age and experience at private Hospital. Compared to a statistically significant positive correlation perceived nurses' CWBs and their age and working units at public Hospital.

These results similar with the study done by Nikkhah-Farkhani, & Piotrowski, (2020) who confirmed that no gender difference was found in CWB among nursing staff while, Age of nurses had a highly significant correlation with counterproductive behavior at work. In contrast, irrelevant with the study by Ugwu et al., 2017 who **founded** that there was high significant correlation between gender and counterproductive behavior and no correlation with nurses' age. On the other hand, Ebrahim&Eldeep, (2020) concluded that growing at nursing experience and educational level of nurses decreased counterproductive behavior.

Study results also illustrated that there was a statistically significant positive correlation between perceived nurses' intention to quit and their age at public Hospital. In the same context Mcenroe- petitte et al., (2017) found that staff nurses' ages were significantly influenced their turnover intentions. Hence, opposed to Yurumezo-glu, et al., (2018); Hebashy, (2021) who revealed that nurses intention to quit the jobs were significantly correlated with their marital status and working unit.

Conclusions:

In the light of the preceding present study results, it can be concluded that, the majority of staff nurses perceived a low level of nurse manger toxic leadership at both private and public hospitals. Moreover, all staff nurses perceived a low level of overall Counterproductive Work Behavior (CWB) at private hospital compared to around half of staff nurses perceived moderate level of CWB at public hospital. Additionally, around half of them had low to moderate intention to quite level at both private hospital and public hospital respectively. There was a highly positive statistically significant correlation between staff nurses' perception of nurse managers' toxic leadership, with their Counterproductive Work Behavior at private

hospital and with their intention to quit at public hospital.

Also, there was a statistically significant positive correlation between total staff nurses perceived CWB and their age and experience at private hospital. While, there was a statistically significant positive correlation between total staff nurses perceived CWB and their age and working unit. Further, there was a positive correlation between staff nurses' perception to intention to quit and their age at public hospital.

Recommendations: -

Based on the study results the following recommendations are suggested:

Healthcare organizations need to:

- Establish leadership training programs to provide health care supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing nursing absenteeism and their CBW behaviors.

- Implement proper strategies and feedback system from staff nurses regarding the behavior of their supervisors which might help in identifying toxic leaders.

- Conducting focus group studies to measure toxic leadership perceptions of hospital staff that be useful for future in analyzing the subject matter, trends, attitudes and behaviors in-depth.

- Adjust hospital policies that permit nursing staff to participate in leadership evaluation and appraisal process.

- Building constructive work environment with supportive management, promoting thinking with offering time and freedom, motivating good performance and create constructive relationships with staff members are necessary.

- Develop and implement proper strategies and coping mechanism to deal with toxic leaders.

Nurse supervisors need to:

- Training of future and novice leaders in terms of leadership behaviors, ethical standards in management, stress management, self-efficacy and effective communication before the promotion process into a leadership role.

- Design and implement periodical Inservice educational programs to enhance staff nurses' emotional intelligence and organizational citizenship skills.

- Empowering nurses' access to opportunities, information, training, and facilities, all of which certainly stimulate nursing team functioning and meet nursing staff expectation, satisfaction, and citizenship.

- Giving an opportunity to nurses to participate in decisions making related to their work so increase their feelings of autonomy, integration, and involvement.

- Prime importance makes organizational citizenship behavior categories used to evaluate the performance of nurses in order to improve the patient care and their relationships with colleagues.

- Attention to conducting regular socializing programs once in a month with nursing staff that will help to enhance interpersonal relationships, fostering trust and meaningful connection that will improve their satisfaction, confidence and happiness.

- Pay attention for identifying staff nurses' needs and feelings and providing the appropriate ways to meet these needs. Identify factors that contribute to staff nurses' occupational hazards and develop appropriate coordinating strategies to promote staff safety to enhance their organizational citizenship behaviors.

References:

Abdallah S , Mostafa S (2021). Effects of Toxic Leadership on Intensive Care Units Staff Nurses' Emotional Intelligence and Their Organizational Citizenship Behaviors, Tanta Scientific Nursing Journal, 22(3),PP 211-241.

Abdeel-Alim ,M., El-Sayed, R. (2017). Organizational attributes and its relation to organizational citizenship behavior among academic nursing staff. Egyptian Nursing Journal. 14(1); pp 25-30.

Abo Gad, R. (2018). The Influence of Nurse Managers' Leadership Practices and Organizational Characteristics on Staff Nurses' Innovation: A Comparative Study. IOSR Journal of Nursing and Health Science, 7 (5), pp 73-86.

Abou-Ramadan, A., Eid, W. (2020). Toxic Leadership: conflict management style and organizational commitment among intensive care nursing staff. Evidence Based Nursing Research.; 2(4).

Ahmed,R. ,Abdelwahab E, odaElguindy., H. (2017). Staff nurses' intention to leave nursing profession and their organizational commitment in selected hospitals at Beni-Sueif city Egypt Nurs J 14, pp17–24.

Akca, M. (2019). The impact of toxic leadership on intention to leave of employees. International Journal of Economics, Business and Management Research. 1(7), pp 285-98.

Alzamel, Abdullah1, Chong and Chua (2020). The quality of work life and turnover intentions among Malaysian nurses: the mediating role of organizational. Commitment Journal of the Egyptian Public Health Association , 95(20)

Ansah ,A., Paarima,Y., Barnes ,T., & Poku , C.(2022). Toxic leadership behavior of nurse managers on perceived job satisfaction and productivity of nursing workforce in sub-Saharan Ghana: A multi-centre cross-sectional study. Journal Of Nursing Management. Retrieved from http:// https:// pubmed. ncbi. nlm. nih. gov/ 35883249

Bass, B (2019). What is leadership?. https: // doi. org/10.1097/01.NUMA.00005 54338.47637.23

Bhandarker, A. and Rai, S. (2019). "Toxic leadership: emotional distress and coping strategy", International Journal of Organization Theory and Behavior, 22(1), pp. 65-78.

Bolin, A., &Heatherly, M. (2020) Predictors of employee deviance: the relationship between bad attitudes and bad behavior. Journal of Business and Psychology, 15(3), pp 405–418.

Brown, C. (2019): The employee perspective: a phenomenological approach to the after-effects of toxic

Chegini, Z., Jafarabadi, M. A., & Kakemam, E. (2019). Occupational stress, quality of working life and turnover intention amongst nurses, 24(5), pp 283–289. https://doi.org/10.1111/nicc.12419.

Cummings, G. G., Lee, S., Tate, K., Penconek, T., Micaroni, S. P., Paananen, T., & Chatterjee, G. E. (2020). The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. International Journal of Nursing Studies, 103842.

Dinh ,J., Lord, R., Gardner, L., Meuser, D., Liden, C., & Hu, J.(2018) Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. The Leadership Quarterly. 25(1), pp 36-62.

Dobbs, M., & Do, J. (2019). The impact of perceived toxic leadership on cynicism in officer candidates. Armed Forces and Society. 45(1), pp 3-26.

Ebrahim S, and Eldeep, N. (2020). Workplace Ostracism and Counterproductive Work Behaviors among Nurses. Egyptian Journal of Health Care, 11(3). pp 641-649.

Elewa, A. (2021). Nurse Manager's Leadership Practices and its Relation to Staff Nurses Motivation and Intention to Leave. Egyptian Journal of Health Care, EJHC,12(3), pp 146-160.

Fahie, D. (2019). "The lived experience of toxic leadership in Irish higher education", International Journal of Workplace Health Management, 13 (3), pp. 341-55.

Hadadian, Z., Sayadpour, Z. (2020). Relationship between toxic leadership and job-related affective well-being: The mediating role of job stress. European Online Journal of Natural and Social Sciences. 7(1), p137-45.

Helle, A., DeShong, H., Lengel, G., Meyer, N., Butler, J., &MullinsSweatt, S. (2019). Utilizing Five Factor Model facets to conceptualize counterproductive, unethical, and organizational citizenship workplace behaviors. Personality and Individual Differences, 135 pp (6), pp 113-120.

Hughes, V. (2019). Nurse leader impact: A review. Nursing Management Journal, 50(4), pp 20-30.

Johnny J. Yao J (2021). PREDICTORS OF COUNTERPRODUCTIVE WORKPLACE BEHAVIOR OF NURSES. Asia Pacific Journal of Health Management; 16(2):i489. doi: 10.24083/apjhm. v16i2.pp489

Karthikeyan, C. (2019). An Exploratory Study On Toxic Leadership and Its Impact on Organization; A Leadership Perspective: International Journal of Research in Social Sciences 7 (3), pp 2249.

Marcus, B., & Schuler, H. (2019) Antecedents of counterproductive behavior at work: a general perspective. Journal of Applied Psychology. 89(4), pp 647–660.

Musinguzi, C., Namale, L., &Kekitiinwa, A. (2018). The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda, pp 21–32.

Naeem,A.,Fizza,R.,Khurram,D., & Sobia .S. (2020). Influence of toxic leadership on turnover intention: The mediating role of psychological wellbeing and employee engagement. Pakistan Journal of Commerce and Social Sciences. 14(3), pp 682-713.

Nagib., R, El-Said H &Zaki S (2021). Effect of occupational adjustment on nurse's counterproductive work behavior and job burnout. Assiut Scientific Nursing Journal. 6(24), pp 51-61.

Nasib, D., and Wali, R. (2019): Deviant behaviors and procedural justice: Mediating role of perceived organizational support, Pakistan. Journal of Commerce and Social Sciences, ISSN 2309-8619, Johar Education Society, Pakistan, Lahore, 13 (1), pp 104-122.

Nikkhah-Farkhani, Z., & Piotrowski, A. (2020). Nurses' turnover intention a comparative study between iran and poland. MedycynaPracy, 71(4), pp 413-420.

Özer, Ö., Uğurluoğlu, Ö., Kahraman, G., &Avci, K. (2019) A study on toxic leadership perceptions of healthcare workers. Global Business and Management Research: An International Journal. 9(1), pp 12-23.

Öztokatli, E. (2020). THE EFFECT OF TOXIC LEADERSHIP PERCEPTIONS ON HOSPITAL EMPLOYEES. PhD thesis near east university graduate school of social sciences Business administration program.

Pelletier, K., Kottke, J., &Sirotnik, B. (2019). The toxic triangle in academia: A case analysis of the emergence and manifestation of toxicity in a Public University. Leadership.; 15(4), pp 405-32.

Poornima, A., & Sujatha, S. (2020). Emotional intelligence and leadership effectiveness: Mediation effect of trust and organizational citizenship behavior of the middle-level managers in life insurance corporations in Chittoor district –a sequential mediation with two mediators. Journal of Critical Reviews; (7)12, pp 850-8.

Reyhanoglu., M and Akin ,O. (2020). Impact of toxic leadership on the intention to leave: a research on permanent and contracted hospital employees. Journal of Economic and Administrative Sciences. 51(6), pp 1173-1182.

Robinson, S., & Bennett, R. (2020) A typology of deviant workplace behaviors: A multidimensional scaling study. Academy Manage Journal, 38(8), pp 555-572.

Roche, M. R., Duffield, C. M., Dimitrelis, S., & Duffield, C. (2015). to leave Leadership skills for nursing unit managers to decrease intention to leave, 5, pp 57–64.

Sackett, P., & De Vore, C. (2019). Counterproductive behaviors at work. In: the dimensionality of counterproductivity: Are all counterproductive behaviors created equal? Journal of Vocational Behavior; 68 (3), pp 446-60.

Sasso, L., Bagnasco, A., Aleo, G., & Watson, R. (2019). Push and pull factors of nurses' intention to leave, pp 946– 954.

Spector, P., Fox, S., Penney, L., Bruursema, K., Goh, A., & Kessler, S. (2006). The dimensionality of counterproductivity: Are all counterproductive behaviors created equal? Journal of Vocational Behavior, 68, pp 446-460.

Takase, K., Miyuki,L., Yamashita, O.,Noriko,S., &Keiko,G. (2018). Nurses' leaving intentions: Antecedents and mediating factors. Journal of Advanced Nursing, 62(9), pp 295.

Ugwu .,L , Enwereuzor., I, Fimber., U and Ugwu .,D. (2017). Nurses' burnout and counterproductive work behavior in a Nigerian sample: The moderating role of emotional intelligence. International Journal of Africa Nursing Sciences. 7, pp 106-113.

Viklund, M. (2017).Nurses' intention to quit: NITQDevelopment of a measuring instrument, Master thesis in work science, Academy for health, care and welfare, Malardalen university, Sweden.

Weberg, D., & Fuller, R. (2019). Toxic Leadership: three lessons from complexity science to identify and stop toxic teams. Nurse Leader. 17(1), pp 22-6.

Webster, V., Brough, P., & Daly, K. (2020). Fight, flight or freeze: Common responses for follower coping with toxic leadership. Stress and Health. 32(4), pp 346-54.

Zaabi, H., Elanain, M., & Ajmal, M. (2018) Impact of toxic leadership on work outcomes: An empirical study of public banks in the UAE. International Journal of Public Sector Performance Management. 4(3), pp 373-92.