

## Exploring the Relation between Toxic Leadership, Nurses Passion for Work and Organizational Agility

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### Abstract

**Background:** Toxic leadership is ineffective conduct that embodies the bad or dark side of leadership and has the ability to negatively impact not only the followers but the entire hospital. **Aim of the study:** To explore the relation between toxic leadership, nurses' passion for work and organizational agility. **Design:** A descriptive correlational research design was used. **Setting:** This study was applied at (Minia University Hospital as well as Mental Health and Addiction Treatment Hospital), at Minia city, Egypt. **Subject:** A convenience sample included all nurses who were working at the previously mentioned hospitals (n= 260). **Tools of data collection:** three tools were used, tool I: Toxic Leadership Scale, tool II: passion scale, and tool III: organizational agility scale. **Results:** illustrated that (51.6%) of nurses perceive their head nurses as high level of toxic leadership, (67.7%) of nurses had moderate level of passion for work, and there was (77.3%) of nurses reported that the organizational agility level is moderate. **Conclusion:** there was a negative significant correlation between toxic leadership and nurses' passion for work as well as organizational agility. However, there is a positive significant correlation between nurses' passion for work and organizational agility. **Recommendation:** nursing leaders should be provided with the necessary leadership skills and practices to fulfill their responsibilities toward nurses and improve job outcomes by establishing leadership training programs.

**Keywords:** Nurses passion for work, Organizational agility, Toxic leadership

### Introduction

Nursing leaders of today should provide good care for patients with a wide range of intricate problems resulting from the growing complexity of the healthcare system. The need for nursing leaders to be involved in patient care is derived from the need to ensure the continuation of medical services while accomplishing the intended organizational objectives. These factors include increasing costs of health care, continuous financial handcuffs, cuts of budget, increasing patient disease acuteness, and the persistent lack of nurses' numbers to provide care (Bass, 2019; Hughes, 2019).

Furthermore, to provide safe and high-quality care, the foundation of great leadership

workout is communication to be open, to have respect, and practice trust. And all these issues are essential for fostering a positive work environment where nurses feel appreciated and respected, which keeps them highly satisfied, motivated, and loyal to the company (Field & Brown, 2019). Furthermore, a bias in favor of leadership resulted from leadership theories' long-standing emphasis on their positive aspects. However, the truth is that some instances of poor leadership do exist. Examples of unproductive and ineffective behaviors are among the organizations which follow these types of leadership. A class of unproductive behaviors that represent the negative/dark side of leadership which had been studied was toxic leadership (Omar & Ahmad, 2020).

Toxic Leadership considered one of malignant and bad leadership styles which defines as a collection of actions, attitudes, or behaviors that are noxious in nature of business, resulting indirectly or directly suffering and harm, to its subordinates as well as the organization (Labrague, et al., 2020). According to Zaki and Elsaïad (2021), toxic leadership is a type of supervision in which a leader engages in deliberate, methodical, and harmful behaviors that have the potential to negatively impact the entire organization. Toxic leaders frequently show a flagrant disdain for the welfare of their followers and could even be violent or abusive. Furthermore, toxic leadership puts a great deal of pressure on nurses' personalities. Toxic leaders disregard the well-being of nurses, belittle them, use power and threats to coerce people into submitting, and only consider their own interests at the expense of others (Celmece & Isiklar, 2019; Okray & Simsek, 2020).

The following traits identify toxic leaders: as they lack the emotional intelligence, exhibit a broad spectrum of intense feelings arranged in an erratic way, behave in ways that are insensitive to other people's cultures and personal relationships, act primarily out of self-interest, and use negative managerial techniques to influence others. (Labrague, 2021).

According to Thompson (2021), toxic leadership is a five-dimensional model that encompasses detrimental components of supervision, including authoritarian, narcissistic, unpredictable, abusive, and self-promotional aspects. In the first dimension, abusive supervision is defined as a leader's perceived deliberate hostility towards staff members, without resorting to physical contact, and characterized by a bad supervisor-subordinate relationship that negatively impacts subordinates for the rest of their lives. Authoritarian leadership, in its second dimension, aims to manage subordinates excessively so that the leaders are ultimately in charge of all the tasks (Tharwani et al., 2020).

The third dimension is narcissism denotes to be style that characterized by conceit and self-absorption, in which self-centered behaviors are intended to improve the self but

frequently disregard business regulations while expecting compliance from staff members. Unpredictability is the fourth dimension of toxic leadership that leaves nurses unsure of the kind of behavior to anticipate and perpetually on edge. Those kinds of leaders essentially, by their acts, instill fear and caution in their followers, who then use these defensive mechanisms as bulwarks against such leaders. Finally, self-promotion dimension highlights their achievements, assigns blame to others, and absolves them of responsibility for their errors (Orunbon, 2020; Tharwani et al., 2020).

Toxic leadership not only could hurt followers, but it also could hurt the entire organization. Toxic workplace leadership habits include calling out subordinates for their shortcomings, setting high standards for work, criticizing employees' work performance, disparaging, and degrading an individual's accomplishments, and taking into account the work of others (Labrague et al., 2020). Pimenta, (2022) said that by supporting their friends and engaging in toxic behavior, toxic leaders foster unfriendly work environments. It fosters a climate of harsh competition and discourages teamwork, which impairs organizational agility and results in subpar work output, low nursing enthusiasm, and decreased job satisfaction.

Thus, good leader affects their subordinates in different issues as nurse leaders serve excellent examples for inspiring passion at the workplace. (Gómez –Salgado, et al., 2019). A crucial factor that could impact people's level of passion for their work and, in turn, their well-being at work is how passionate they are about it. Devoting time to one's work demonstrates enthusiasm, and in turn the enthusiasm affects their output. A passionate, upbeat attitude towards a worthwhile endeavor or item is known as passion. Work passion is defined as a psychological condition that is marked by strong, positive feelings, an innate motivation, a feeling of deep connection, and the desire to commit one's time and effort to one's work (Zito et al., 2022).

Chen et al. (2020) distinguished between two types of passion obsessive and harmonious passion (the dualistic model of passion), which are based on how an individual

integrates their passion for an activity into their identity. When someone had a **harmonious passion**, they view the activity as significant for themselves and don't put any restrictions on it. This gives them motivation to engage in the activity and a sense of independence. Harmonious passion allows a person to give their whole attention to the action they are passionate about, which increases positive affect and decreases negative affect both during and after the activity. They feel that they have greater control over the activity and are more flexible in their engagement. But if it starts to negatively impact their lives, they could also stop doing such activity.

However, regulated internalization of an activity into one's identity is the cause of **obsessive passion**. Such internalization is linked to specific activity-related variables (such as emotions of social approval and self-worth), which provide intra-and/or interpersonal pressure to partake in the activity. Even if those who had an obsessive passion enjoy what they do, they feel forced to do it because their passion controls them. In the end, this activity competes with other things they are involved in and takes up a big amount of space in disproportionately of their identities (Chen et al., 2020).

Professionals are more productive and stable teams in the health care industry when they work with passion, which lowers employee turnover. Workplace passion could be encouraged. There is a favorable correlation between managers' and employees' work-related enthusiasm, and emotional contagion which allows managers' work-related passion to spread to their staff members (Gómez -Salgado et al., 2019). Moreover, Smith (2017) said that since motivated employees produce better results and are happier, researchers should try to figure out how managers and organizations could motivate their employees.

In addition, the persons who are passionate about something genuinely invest a lot of time and energy into it because they believe it to be very important (Vallerand & Houlfort, 2019). As a result, person's love for a particular activity had a huge impact on their lives and could shape who they are. Workplace fulfillment, pleasant emotions, fewer psychiatric issues, and lessened emotional tiredness are all

related to one's level of passion for their work. As a result, work passion enhances the organizational commitment (Wan et al., 2021).

Moreover, the nursing profession is the most populous within the healthcare team and is essential to patient care. Health care organizations face enormous pressure to be flexible, provide nursing services that are safe, effective, economical, and to comply with the strict regulations that set high criteria for quality (Marguet & Ogaz, 2019).

Furthermore, every health care setting had to be more adaptable due to increased competition both domestically and globally. This included the implementation of the corporate reorganization and, in certain situations, this including reducing the number of nurses staff in order to preserve and improve their capacity for creativity and productivity (Akkaya & Mert, 2022). The ability to prosper in a constantly shifting and unexpected environment while continuing to provide high-quality, affordable, and patient-focused services is known as agility (Marhraoui & El Manouar, 2020).

Agile health care settings are open to learning everything that might help them take on new opportunities and become more productive. The foundation of agile, which enables organizations to react quickly to events and environmental changes, is the integration of systems such as information technology, people, work procedures, and equipment of harmonized and flexible organization. Thus, when effective leaders apply agility to their organizations, those organizations will be better equipped to handle the growing competition (Şahin & Alp, 2020).

The ability to foresee and adapt to alternative in the external environment is known as organizational agility (OA). Moreover, OA highlight the organization's capacity to take advantage of disruptions as chances for development and to quickly and creatively adjust to environmental changes that frequently occur at work without warning. The organizational ability to identify necessary adjustments both within and externally, apply them consistently, and maintain above-average

performance is known as organizational agility, or OA (Dizari & Garoosi 2019).

Healthcare could benefit from the integration of information technology into treatment procedures, performance analysis for improvement, organizational effectiveness, and agility in service innovation (Mandal, 2018). Agility in this sense encourages tactics such as effective communication, formal and informal ties between organizations, self-organizing principles, decentralized decision making, and trust in employees who possess the necessary independence, adaptability, and creativity. Additionally, it improves organizational performance because agility could make it easier for a company to intentionally adjust to changes in the environment (Hussein, et al., 2022).

Agility is a critical component of productivity since it improves the organization's capacity will deliver high-quality services (Parsa et al., 2020). Agility is a vital quality for healthcare organizations to improve affectivity and responsiveness. In order to counteract the uncertainties and unforeseen changes in the environment that affect health care organizations, agility is essential in the healthcare sector (Moheimani et al., 2021).

In order to accomplish the highest levels of success, nurse leaders must play a significant role in promoting enthusiasm at job (Gómez-Salgado et al., 2019). A leader could affect and guide their hospitals in the direction of future accomplishment if they had an agile mindset and work for a hospital that adopts agile guidelines or integrates agility into its strategic plan (Marguet & Ogaz, 2019).

### **Significance of the study:**

Growing global demand for goods and services are having detrimental effects on the environment and among the general population in addition to placing a great deal of operational and financial strain on businesses and supply chains (Bastas, 2019).

One of the abilities required at all levels of the health services, particularly among the administrative roles, is leadership (Oztokatli, 2020). Training opportunities, personal

development opportunities and improvement of organizational capabilities regarding patient satisfaction, productivity, performance, and quality could increase passion, enthusiasm, satisfaction with work and enhances organizational agility among employees (Gómez-Salgado et al., 2019& Parsa et al., 2020).

Conversely, nurses under toxic leadership experience lower levels of job satisfaction, decreased commitment to their profession, and increased deviance towards their coworkers. These problems could all had a detrimental impact on their organizational agility (Tharwani et al., 2020). There may be no studies linked these interconnected variables together. So the researcher introducing this study to explore the relation between toxic leadership, nurses' passion for work and organizational agility.

### **Aim of the study:**

The research aim is to explore the relation between toxic leadership, nurses' passion for work and organizational agility.

### **Research questions:**

- What is the toxic leadership level among head nurses from nurses' perception?
- What is the passion for work and organizational agility level among nurses?
- Are there relations between toxic leadership and nurses' passion for work as well as organizational agility?

### **Subjects and methods**

#### **Research design**

The purpose of the current study was accomplished by using a descriptive correlational research strategy. It is a quantitative research design concentrates on characterizing and analyzing the connections between variables without changing them.

#### **Setting:**

This actual research was performed in Minia City, Egypt, at two hospitals named as Minia University Hospital and Mental Health and Addiction Treatment Hospital.

• **Minia University Hospital:** it consists of two buildings. The first building contained (7) units and the second building included five floors and the hospital bed capacity is (500 beds).

• **Mental Health and Addiction Treatment Hospital:** it is in inpatient and outpatient clinics. The inpatient contains two department as addiction department and rehabilitation department. The capacity for the hospital is 53 beds.

### Subjects:

In this study the sample type was convenience sample that consisted of every nurse employed by two particular mentioned hospitals included (260 nurse) distributed as follows:

Hospital name	Nurses number
• <b>Minia University Hospital</b>	191
• <b>Mental Health and Addiction Treatment Hospital</b>	69
<b>Total</b>	<b>260</b>

### Tools of Data Collection:

The following three instruments were used to gather data:

**Tool I: Toxic Leadership Scale;** It was divided into two parts:

**Part one was about the Nurses Personal data:** This developed by the researchers to collect data such: age, years of experience, marital status, residence, gender, educational qualifications, and hospital name.

**Part two: This part about,** The Toxic Leadership characteristics, which comprised fifteen items divided into five subscales—abusive supervision (three items), authoritarian leadership (three items), narcissism (three items), unpredictability (three items), and self-promotion (three items). It was developed by **Schmidt (2014)** and used by the researchers for assessing toxic leadership of head nurses through nurse's evaluation; using a five-point Likert scale, where "1" indicates severe disagreement and "5" indicates strong agreement.

Scoring system: Toxic leadership was scored as follows:

- Less than 60% was considered low level.
- From 60% to less than 75 was considered moderate level.
- From 75 or more was considered high level.

### Tool II: Passion scale:

This instrument was adopted from **Vallerand et al. (2003)** and used to assess nurses' level of passion at work. It included 14 items on the passion scale divided into two sub-scales: the obsessive passion sub-scale (items 8–14) and the harmony scale (items 1–7). Using a 5-point Likert scale, which goes from "1" for strongly disagree to "5" for strongly agree,

### Scoring System:

The nurses' passion work was scored as follows:

- Less than 60% was considered low level,
- From 60% to less than 75 was considered moderate level,
- From 75 or more was considered high level.

### Tool III: Organizational Agility Scale:

It was adopted from **Worley and Lawler (2009)** to evaluate nurses' organizational agility. It include 51 items that address the following 15 agility dimension: encourages innovation (two items), develops robust strategies (two items), information transparency (three items), strong future focus (two items), sense of shared purpose (five items), change capability (seven items), shared leadership (three items), learning capability (four items), flexible reward systems (five items), flexible resources (six items), information sharing (two items), development orientation (two items), change friendly identity (four items), flexible structure (two items) and sustainability (two items). Responses measured with five- points Likert scale ranging from (1= not at all) to (5= a large extent).

**The scoring system** of this tool ranged from (51-255). It was categorized into three levels as the following:

- Low perception level of organizational agility <50% (Scored from 51-127).
- Moderate perception level of organizational agility 50%-75% (Scored from 128-191).
- High perception level of organizational agility >75% (Scored from 192-255).

#### **Tools Validity and Reliability:**

A panel consisting of five experts in the field of nursing administration evaluated the validity of the instruments. The instruments were sent to each expert panel to review in terms of material coverage, general look, length, clarity, phrasing, and structure. Also, the jury panel made the required adjustment. In order to determine dependability.

The tools' internal consistency was examined using the Cronbach's alpha test. Tool I's alpha was 0.913, Tool II's alpha was 0.827, and Tool III's alpha was 0.937.

#### **Ethical Consideration:**

The faculty ethical committee was consulted after the nature of the work was explained in order to acquire official clearance. Oral and written consent was gained from the study subject participants after they were given a verbal explanation about the study's nature and objectives. Participants were assured that their information and data would be kept private and used exclusively for study purposes. They were also given the option to decline, withdraw from, or continue participating without given any reason and at any time.

#### **Pilot Study:**

The purpose of the pilot study was to ascertain the time needed to complete the tools and to verify that the tools items were applicable and clear. It included 10% from participants (26 nurses) who were chosen the selected hospitals. The findings indicated that filling the instruments took a total of 25 to 30 minutes. There were no tool modifications made in response to the analysis of the pilot research, so the nurses included in the pilot study were

within the study sample.

#### **Data Collection Procedure:**

- The tools were translated into Arabic language.
- After describing the nature of the activity, official permits were obtained from the director of the Hospitals.
- To improve participant participation throughout research implementation, the researchers provided an explanation of the purpose, design, and importance of the study.
- Each study participant gave their agreement after being informed about the study's objectives. The participants were given the scales one-on-one by the researchers during data collection, who also gave them an explanation before asking for their involvement.
- The researchers waited until the participants completed the scales.
- The timeframe of data collection was over three months, spanning from the beginning of February to the end of April 2022.

#### **Statistical analysis of data**

Data entry as well as statistical analysis were performed through utilizing the statistical package for social studies (SPSS), version 21 computer program. For quantitative variables like frequencies, appropriate descriptive statistics have been applied; for qualitative elements like means and standard deviations, percentages have been utilized instead of percentages. Using the correlation coefficient (r) test, the close link between variables was estimated. P-value <0.05 was indicted statistical significance for all the tests that were conducted.

#### **Results:**

**Table (1):** presents that (50.3%) of the studied nurses are less than 20 to 30 years old with mean age 31.8 + 8.8 years, (62.3%) of them females, also (57.3%) of them are married. Regarding years of experience, (52.7%) of them have less than 10 years of experience with mean 9.6 + 2.8 years, as well as (48.1%) graduates from technical institute of nursing, also (74.2%) of them living in urban area and (73.5%) of them works in Minia University Hospital.

**Figure (1):** illustrates that (51.6%) of nurses perceive their head nurses with high level of toxic leadership, as well as (24.6%) perceive moderate level, while (23.8%) of the respondents perceive their leaders as low level of toxic leadership.

**Figure (2):** shows that (67.7%) of nurses have moderate level of passion for work, while (16.9%) and (15.4%) have low and high level of passion for work respectively.

**Figure (3):** explains that (77.3%) of nurses report moderate level, (11.9%) of them report a low level as well as (10.8%) of them report a high level of organizational agility.

**Table (2):** shows that there are significant statistical differences between nurses' responses in the Minia University Hospital and Mental Health and Addiction Treatment Hospital for all dimensions and total of toxic leadership with (P- value <0.05) except for self-promotion dimension with (P- value= 0.117). Also, the same table shows that the first ranking in both hospitals with the highest mean score (12.7+ 2.0 and 13.1+2.4) regard to the self-promotion dimension, however the lowest mean score is (11.6+1.7 and 10.4+1.4) related to the abusive supervision.

**Table (3)** displays that there are statistical significance differences between nurses response in the Minia University Hospital as well as Mental Health and Addiction Treatment Hospital for all dimensions of nurses passion for work and total nurses passion for work with (P- value <.05). Moreover, the highest mean score is for "obsessive passion" (24.0+3.5 and 25.2+6).

**Table (4)** illustrates that there are statistical significance differences between nurses response in the Minia University Hospital as well as Mental Health and Addiction Treatment Hospital for all dimensions of organizational agility and total of organizational agility with (P- value <.05) with a highest mean score for the second hospital except (encourages innovation, information transparency, sense of shared purpose, shared leadership, learning capability, and change-friendly identity) dimensions.

**Table (6)** shows that there is a negative significant correlation between toxic leadership and nurses' passion for work as well as organizational agility with (p-value= 0.003 and 0.018 respectively). However, there was a positive significant correlation between nurses' passion for work and organizational agility with (p-value=0 .001).

Table (1): Percentage distribution of study subject's personal data (no.=260)

Personal data	Nurses (no.=260)	
	no	%
<b>Age</b>		
20 - < 30	131	<b>50.3</b>
30 - < 40	81	31.2
40 - < 50	35	13.5
>50	13	5.0
<b>Mean ± SD</b>	<b>31.8423+8.826</b>	
<b>Gender</b>		
Male	98	37.7
Female	162	<b>62.3</b>
<b>Marital status</b>		
Single	98	37.7
Married	149	<b>57.3</b>
Divorce	9	3.5
Widowed	4	1.5
<10	137	<b>52.7</b>
10-20	85	32.7
21-30	38	14.6
<b>Mean ± SD</b>	<b>9.6423+2.826</b>	
<b>Educational qualification</b>		
Secondary school nursing diploma	49	18.8
Technical institute of nursing	125	<b>48.1</b>
Bachelor of nursing	86	33.1
<b>Residences</b>		
Urban	193	<b>74.2</b>
Rural	67	25.8
<b>Hospital name</b>		
Minia University Hospital	191	<b>73.5</b>
Mental Health and Addiction Treatment Hospital	69	26.5

Figure (1): Percentage distribution of study subject's regarding total perception levels of toxic leadership (no.=260).

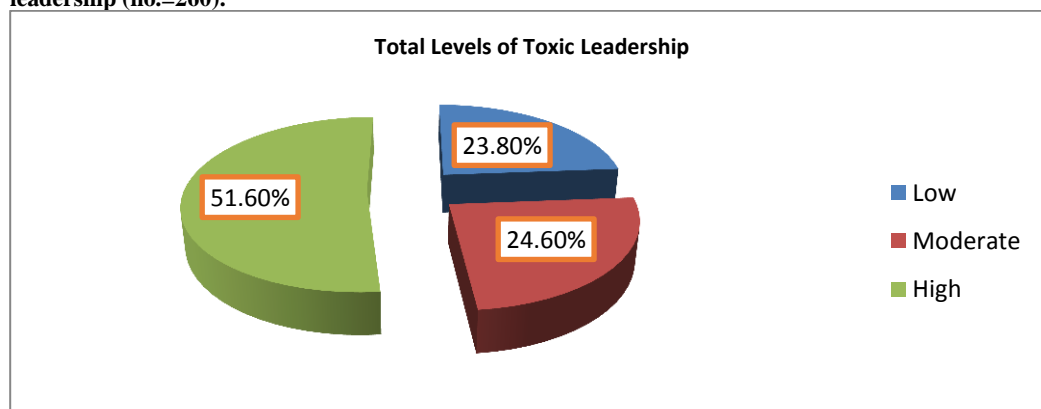




Figure (2): Percentage distribution of study subjects regarding total levels of nurses' passion for work (no.=260)

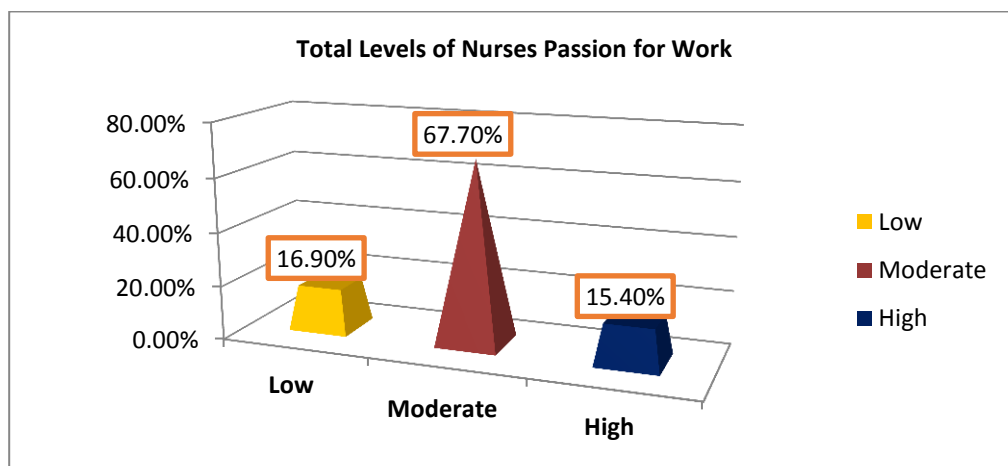


Figure (3): Percentage distribution of study subjects regarding total levels of organizational agility (no.=260)

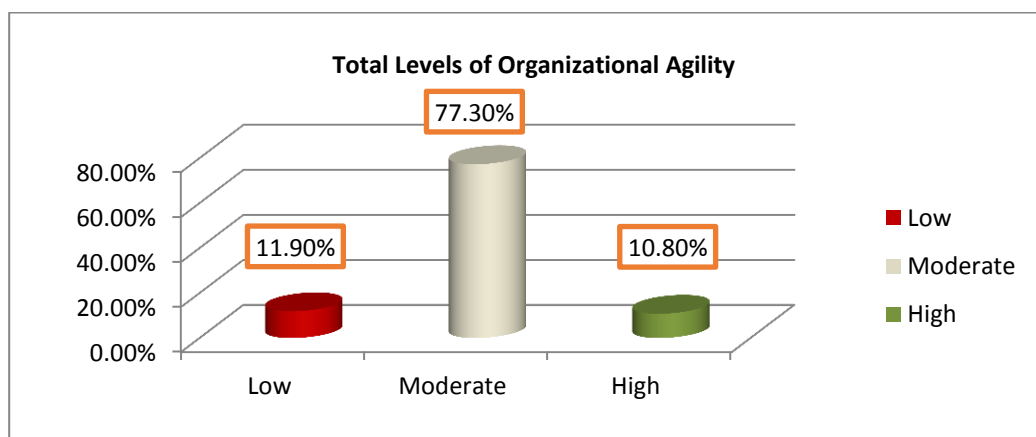


Table (2): Comparison between the mean scores of toxic leadership and its dimensions among the studied nurses at the two hospitals (no. = 260)

Toxic leadership	Minia University Hospital	Mental Health and Addiction Hospital	T test (P value)
	Mean + SD	Mean + SD	
Abusive supervision	11.6754+1.785	10.4203+1.428	5.260 (0.001**)
Authoritarian leadership	11.9843+1.984	11.2174+2.312	2.629(0.009*)
Narcissism	12.0733+1.93	11.4783+2.213	2.106(0.036*)
Unpredictability	11.8115+1.921	10.7246+1.939	4.018(0.001**)
Self-promotion	12.7173 +2.008	13.1884+2.451	1.572 (0.117 NS)
<b>Total toxic leadership</b>	<b>60.2618+8.587</b>	<b>57.0290+8.801</b>	<b>2.662(0.008*)</b>

Table (3): Comparison between mean score of study subjects regarding total passion for work score and its dimensions at the two hospitals (no.=260)

Passion for work	Minia University Hospital	Mental Health and Addiction Treatment Hospital	T test (P value)
	Mean + SD	Mean + SD	
Harmonious	23.8168+3.427	24.9710+5.982	1.968 (0.050*)
Obsessive passion	24.0733+3.517	25.2609+6.033	1.932 (0.054*)
<b>Total nurses' passion for work</b>	<b>47.8901+6.779</b>	<b>50.2319+12.003</b>	<b>1.955 (0.052*)</b>

Table (4): Comparison between mean score of study subjects regarding total organizational agility and their dimensions at the two hospitals (no.=260)

Organizational agility	Minia University Hospital	Mental Health and Addiction Treatment Hospital	T test (P value)
	Mean + SD	Mean + SD	
Develops Robust Strategies	7.3613+2.699	8.6522+3.958	2.983 (0.003*)
Encourages Innovation	7.3508+2.735	8.1304+4.266	1.729(0.085NS)
Information Transparency	11.3770+1.881	11.5797+2.947	0.652 (0.515NS)
Change Capability	20.4136+5.114	22.2609+5.741	2.488 (0.013*)
Sense of Shared Purpose	13.5969+2.747	14.4058+4.012	1.840 (0.067NS)
Flexible Resources	13.7801+5.071	15.3188+4.336	2.241 (0.026*)
Shared Leadership	11.1884+2.052	11.1937+1.30	0.025 (0.980NS)
Development Orientation	7.0366+2.150	8.3478+2.999	3.884 (0.001**)
Learning Capability	10.5864+2.130	10.8261+2.280	0.748 (0.455NS)
Flexible Reward Systems	12.1014+3.818	12.8901+2.382	1.984(0.048*)
Information Sharing	7.0576+2.312	8.3188+3.169	3.499(0.001**)
Change-Friendly Identity	10.5864+2.118	10.8261+2.669	485 (0.628NS)
Strong Future Focus	6.9948+1.988	7.2346+2.343	2.781(0.006*)
Flexible Structure	6.8010+1.783	7.1115+2.030	4.234(0.001**)
Sustainability	6.7225+1.984	7.0538+2.171	4.225(0.001**)
<b>Total Organizational Agility</b>	<b>153.7487+24.622</b>	<b>165.7101+28.563</b>	<b>3.028(0.003*)</b>

Table (5): Co-relation between toxic leadership and nurses' passion for work as well as the organizational agility among the studied nurses (no. = 260).

Variable	Toxic leadership	Nurses passion for work	Organizational agility
	R P- value	R P- value	r P- value
Toxic leadership		-0.182** 0.003	-0.147* 0.018
Nurses passion for work	-0.182** 0.003		0.559** 0.001
Organizational agility	-0.147* 0.018	0.559** 0.001	

## Discussion:

Psychological health, physical health and well-being of the employees could be negatively affected by toxic leadership. Negative outcomes include subpar work output, dissatisfaction, disengagement, lower satisfaction in job, low level of organizational commitment, job burnout, as well as low morale

are closely associated with working in a toxic workplace (Labrague et al., 2020). The current study aimed to explore the relation—between toxic leadership, nurses' passion for work and organizational agility reported by nurses.

Regarding nurses' personal as well as job characteristics, the results revealed that nearly half of nurses were less than 20 to 30 years old,

with mean age 31.8 + 8.8years, highest percent of nurses are females, also more than half of the studied nurses married and had less than 10 years of experience. As well as less than half of the nurses graduated from technical institute of nursing, nearly three-quarters were from urban area and worked in Minia University Hospital.

Regarding **nurses' perception to toxic leadership levels**, the current study illustrated that half of the nurses perceived their head nurses with high level of toxic leadership, as well as slightly one quarter perceived moderate level, while the remaining quarter of the respondents perceived their head nurses with low level of toxic leadership. This outcome could be explained by the fact that leaders may not participated in any program previously that increased the leadership knowledge, and practice, which could organize, direct, and encourage engagements and connections throughout the hospitals. Also, they had a deficiency in attending workshops that assist them to apply effective leadership practices which promote professional activities and positive relationships within a hospital.

This result agrees with the finding of a study done by **Brown (2019)** who reported that some participants left their work as well as organizational environment as a finding of experiencing toxic leadership. **Naeem and Khurram (2020)** also conducted a study revealed that most of the study respondents mentioned that they had exposing to leaders with detrimental actions in work.

In the opposite side, the finding of a study done by **Zaki and Elsaïad (2021)** showed that a little over 25% of the nurses in the study said that there was little to no toxic leadership. The minority of them, on the other hand, thought that poisonous leadership permeated the entire organization. Otherwise, the results of the current study do not align with the finding of a study done by **Abdallah and Mostafa (2021)** who mentioned that the highest percentage of staff nurses agreed that their leaders had little overall toxic leadership level.

Interestingly, as looking to toxic leadership dimensions, the current study findings illustrated that the first ranking in both hospitals with the highest mean score (12.7+ 2.0

and 13.1+2.4) was related to the self-promotion dimension, while the lowest mean score (11.6+1.7 and 10.4+1.4) was related to the abusive supervision. The reason for this result may be due to the support and assistance that provided are only given to people who could help the supervisor get ahead, while belittling the others.

These results somewhat align with the earlier research finding done by **Zaki and Elsaïad (2021)**, who reported that the dimension of self-promotion was associated with the first ranking with the greatest mean score (13.26±2.65), while the narcissism dimension was associated with the lowest mean score (9.56±2.59).

As concerning to the **studied nurses' passion for work**, the present study postulated that less than two-thirds of nurses were having moderate level of passion for work, while the remaining third had low and high level of passion for work respectively. Also, the highest mean score of passion for work was for the "obsessive passion subscale" (24.0+3.5 and 25.2+6). This finding might be due to the high perception level of toxic leadership which consequently hinders any innovation or initiation to work.

This outcome is consistent with the finding of a study done by **Abou Ramadan & Eid (2020)** who said that healthcare systems could be destroyed by CEOs who exhibit toxic and ineffectual behaviors. There is needless stress and tension in the workplace as a result of the reduction in the morale and performance of the nursing staff as well as barriers to their creativity and innovation.

Concerning the **organizational agility**, the results illustrated that more than three - quarters of nurses' response was for moderate level of the organizational agility, while the minority of responses were for low level as well as high level of organizational agility. Also, the current results illustrated that there were statistical significant differences between nurses response in the Minia University Hospital as well as the Mental Health and Addiction Treatment Hospital for all dimensions of the organizational agility as well as total score of organizational agility with a high mean score

for the Mental Health and Addiction Treatment Hospital except regarding (information transparency, encourages innovation, shared leadership, learning capability, sense of shared purpose, and change-friendly identity) dimensions

From the perspective of researchers these results could be interpreted by efforts of the hospital management to maintain flexible and react wisely to predictable and unpredictable changes through successful management as several changes simultaneously try to keep with the government general attitude of maintaining sustainable development. While the supervisors do not provide complete and effective roles as there was a high percent of them practice toxic leadership.

Also, the finding of a study done by **Khaddam (2020)** and **Ismael et al., (2021)**, supported our current study finding in which they concluded that the highest percentage of nurses reported moderate organizational agility. Furthermore, according to the finding of a study done by **Al-Taweel & Al-Hawary (2021)**, the firms' overall level of agility was modest. Furthermore, the finding of a study done by **Clauss et al. (2021)**, who showed that most nurses thought organizational agility was fair, which corroborate the current findings. Furthermore, the finding of a study done by **Kamal (2022)** showed that a smaller proportion of the nurses surveyed indicated that their organizational agility was just modest.

On the other side, this result is dissimilar to the result of a study done by **Govuzela, (2018)** who found that mean ratings for individual items on the organizational agility measure were high. This result was achieved because those firms were extremely responsive to external standards and environmental regulations, as well as highly flexible and quick to accept new ideas for products and services. Also, this outcome is inconsistent with the finding of a study done by **Kavosi et al., (2021)** who showed that mean score of organizational agility was below the average level.

**Regarding the correlation;** the current results illustrated that there was a negative significant correlation between toxic leadership and nurses' passion for work as well as

organizational agility. Moreover there was a positive correlation between nurses' passion for work and organizational agility with statistically significance difference as (p-value=.001respectively).

These results indicated that good leadership practices had positive effect on staff, their attitudes, and feelings as well as the bad leadership and negative skills form leader as toxic leader had negative impact on subordinated as it could lead to low staff passion of work, low organizational agility, low performance, and negative attitudes.

This result come in line with the finding of a study done by **Kılıç and Günsel (2019)** who indicated from their results that leadership had a strong and important effect on organizational structure and employee attitudes. Also, the finding of a study done by **Joiner (2019)** discovered that developing agile businesses requires agile leadership.

Moreover, the finding of a study done by **Ulrich and Yeung (2019)** who study high-tech companies to learn how they adapt to shifting market conditions, and they concluded that four HR (human resource), performance, information, and work—maintain organizational agility by encouraging the leaders to be an effective leader not toxic.

In addition, the finding of a study done by **Akkaya and Tabak (2020)** who demonstrate that both transactional and transformational leadership had a significant and extremely beneficial impact on the organizational agility, which are consistent with the findings of our study. Nonetheless, a weak negative association had been shown between laissez-faire leadership and organizational agility.

This outcome come in line with the finding of a study done by **Li, et al., (2017)** who suggested from their results that a leader's job passion as well as effective or ineffective leadership practice may be moved to the employees through emotional contagion, in which bad leadership lead to poor work passion among employee. Furthermore, congruence between the goals and content of the leader and the employee, especially the intrinsic goals and

content of the leader, favorably moderates this process.

### Conclusion:

The presented study concluded that, more than half of the nurses perceived high level of toxic leadership, more than two thirds of nurses had moderate level of work passion, and more than three-quarters reported moderate organizational agility level. Interestingly, there was a negative significant correlation between toxic leadership and nurses' passion for work as well as organizational agility. However, there was a positive significant correlation between nurses' passion for work and organizational agility.

### Recommendations:

In accordance with the study's conclusions, the following suggestions were made:

- Create leadership development initiatives in order to equip nursing leaders with the abilities and behaviors necessary to fulfill their responsibilities to nurses and improve work results.
- Apply subordinates' performance appraisals that enable nursing staff to share in appraisal of leadership and the evaluation process.
- Positive psychological activates are thought to enhance patient safety and nursing quality of care. People must be positively satisfied with their bio-psychosocial aspects in order to be developed in their professional performance completely.

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