

## Toxic Leadership as Perceived by Nurses and Its Relation to Job Coping

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### Abstract:

**Background:** Toxic leadership is ineffective behavior that reflects leadership's negative/ dark side and can negatively affect not only the nurses but also the whole hospital. Hence, nurses' job coping is essential in the present competitive environment. **Aim of the study:** To identify toxic leadership as perceived by nurses and its relation to their job coping. **Study design:** A descriptive correlational study design was utilized. **Setting:** The study was conducted in Critical Care Units at Benha University Hospital. **Study subjects:** A convenient sample consisting of 295 nurses out of 500 nurses recruited and presented during data collection who had at least one year of job experience and were accepted to participate in the study. **Data collection tools:** Two tools were used; **Tool (I):** Toxic Leadership Questionnaire and **Tool (II):** Job Coping with the Toxic Leader Questionnaire. **Results:** Three-fifth (59.6%) of the studied nurses had a low perceived level of toxic leadership. Moreover, less than three-quarters (72.2%) of the studied nurses had a high job coping level. **Conclusion:** There was a highly statistically significant positive correlation between total perceived toxic leadership scores and total job coping among nurses. **Recommendations:** Developing and implementing proper strategies and coping mechanism to deal with toxic leaders.

**Keywords:** Job coping, Nurses, Toxic leadership

### Introduction:

Leadership is considered an important factor in achieving health care organization goals, coordinating nurses, and directing the hospital's resources to improve efficiency and performance. Effective leader provides clarity of purpose, motivates, and guides the hospital to realize its mission (Thompson, 2021). For many years, leadership theories focused on their positive side, leading to a bias towards Leadership. But the reality is that there are also some kinds of bad leadership. These kinds of leadership are samples of nonproductive and ineffective behaviors in organizations (Labrague, 2021). Toxic leadership had been examined among these ineffective behaviors that reflect leadership's negative/dark side.

Toxic Leadership is defined as a form of supervision where a leader employ organized, systematic and persistent

destructive behaviors over nurses that may harm the entire organization. Often toxic leaders display blatant disregards for the well-being of their followers and may even be destructive or abusive (Labrague et al., 2020).

Toxic leaders are those who characterized by the following: Display a wide range of extreme emotions in an unpredictable pattern, lack emotional intelligence, act in ways that are culturally and interpersonally insensitive, are primarily motivated by self-interest, influence others by employing negative managerial techniques (Omar & Ahmad, 2020).

Toxic leadership is a multidimensional construct that contains harmful supervision components as; abusive supervision, narcissism, authoritarianism, self-promotion, and unpredictability (Oztokatli, 2020). Abusive supervision refers to a leader's

perceived intentionally hostile behaviors towards nurses, excluding physical contact and has negative supervisor- subordinate relationship which has everlasting effects on subordinates; Narcissism points to a style driven by arrogance and self-absorption, where self- orientated actions are designed to enhance the self but often fails to follow company policies while expecting it of employees **(Tharwani, 2020)**.

Authoritarian leadership attempts to exert excessive authority and control over nurses in such a way that the leaders ultimately control all the work; self-promotion advertises their accomplishments and also take credit for others' work, blame others and deflect responsibility for mistakes and unpredictability is a unique trait among toxic leaders where nurses never know what kind of behavior to expect, and this unpredictability keeps everyone on edge all the time. In essence, through their actions, they keep subordinates afraid, watchful and always have defensive mechanisms as shields against such leaders **(Orunbon, 2020)**.

Toxic leadership can cause harm not only to the followers but to the whole organization. Toxic Leadership can adversely affect the physical and psychological health and well-being of an employee. Working in a toxic environment is strongly linked with negative consequences such as poor work performance, discontentment, disengagement, reduced job satisfaction, job burnout, decreased organizational commitment, and low morale **(Labrague, 2021)**.

Nurses are the backbone of the healthcare system; they must have the knowledge, practice, attitude, and skills that allow them to provide high-quality care for the patient. So it is necessary to understand

the job coping of nurses when they deal with toxic leaders **(Naeem & Khurram, 2020)**.

Coping refers to realistic and flexible thoughts and acts that solve problems. Job coping is the ability of the nurses to use coping mechanisms in order to deal and adjust with certain work stressors such as toxic leadership. Job coping not only stops abusive behavior of toxic leadership but also, it helps nurses to alleviate stress-related mental and health problems **(Thompson, 2021)**.

It is observed that nurses also try to cope with the higher level of stress and negative emotions due to bad or toxic leadership by using three coping dimensions: Assertive coping, avoidance coping or adaptive coping **(Kurtuluş, 2020)**.

The first dimension of coping dimensions is the assertive coping in which nurses deal with toxic leaders by taking direct actions like reporting the toxic attributes, behavior and wrong doing by the leader to the higher authorities **(Naeem & Khurram, 2020)**.

The second dimension of coping with toxic leaders is the avoidance, in which the nurses trying to keep distance from leaders with minimal interaction, and the third dimension is the adaptation that means, nurses may either adapt or may choose to remain silent and turn a blind eye toward the behaviors and actions of toxic leaders **(Bhandarker & Rai, 2019)**.

Nurses use coping strategies to deal with toxic leadership to change the situation and manage the situation to decrease the threat or keep the symptoms controllable. So that toxic leadership affect nurses job coping and lead to increase absenteeism, decrease job commitment, increase turnover, impair performance and productivity **(Celmece & Isiklar, 2019)**.

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

Toxic leadership becomes a real problem in nursing administration. Its toxicity harms the nurses progress, creates a challenging environment full of struggles. Nurses use job coping to reduce negative effect of toxic leadership .Whenever, job coping may not be able stop abusive behavior of toxic leadership, it helps nurses to alleviate stress-related mental and health problems (Kurtulmus, 2020).

From researcher's clinical experience, it's observed that toxic leadership practices have adverse consequences on nurses' job coping, organizational and patients' safety outcomes. Nurses who worked under toxic leaders often experience high stress levels, less work satisfaction, tend to perform poorly, not productive and have a greater intent to leave their organization. So, the study was conducted to identify toxic leadership as perceived by nurses and its relation to their job coping.

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

This study aimed to identify toxic leadership as perceived by staff nurses and its relation to their job coping.

### **Research questions:**

- What is the level of toxic leadership as perceived by staff nurses?
- What is the level of job coping among staff nurses?
- Is there is a relation between toxic Leadership as perceived by staff nurses and their job coping?

### **Subjects and method:**

The present study was conducted to identify toxic leadership as perceived by nurses and its relation to their job coping that can be achieved through assessing the levels of toxic leadership as perceived by nurses, identifying the levels of job coping as reported by nurses, and determining the relation between toxic leadership as

perceived by nurses and their job coping.

### **Study design:**

A descriptive correlational design was utilized to conduct this study.

### **Study variables:**

- (1) Dependent: Job coping of toxic leadership.
- (2) Independent: Toxic leadership as perceived by nurses.

### **Study setting:**

The current study was conducted in Critical Care Units at Benha University Hospital; the bed capacity of this hospital is 880 beds. The hospital consists of three separate buildings, the first building: The medical building consists of 34 units with a bed capacity of 478 beds including 11 critical care units. The surgical building consists of 21 units with a bed capacity of 384 beds and the ophthalmology building with a bed capacity of 18 beds. Critical Care Units includes: Intensive care unit, intermediate care, pediatric intensive care, neonatal intensive care, chest intensive care, coronary care, cardiothoracic surgical care, cardiac catheterization care, medical intensive care, stroke intensive care, and hepatic intensive care. Data were collected from 9 critical care units only as stroke intensive care and hepatic intensive care units are closed for maintenance.

### **Study subjects:**

A convenient sample of 295 nurses out of 500 nurses was recruited and presented in critical care units at Benha University hospital. They had at least one year of job experience and were accepted to participate in the study.

### **Tools of data collection:**

Data was collected by using the following two tools:

#### **Tool (1): Toxic Leadership questionnaire:**

It consisted of three parts:

**Part (I):** Personal data of studied nurses including age, gender, marital status, educational qualification, and years of nursing experience in the work setting.

**Part (II):** Previous exposure to toxic leadership included 3 items as exposure to a situation regarding toxic leadership, toxic situations, and frequency of exposure to a toxic situation.

**Part (III):** Toxic leadership questionnaire was adapted from (Schmidt, 2014) to assess nurses' perception of toxic leadership and was modified by the researcher after reviewing the related literature (Naeem & Khurram, 2020). It contained 30 items divided into five dimensions as the following:

**Table (A):** Dimensions of toxic leadership perceived by nurses:

Toxic leader dimensions	Number of items	Examples
Abusive supervision	7	Tell nurses of incompetency
Self-promotion	5	Denies responsibility of mistakes in the unit
Unpredictability	7	Allow the current mood to define the climate of the workplace
Narcissism	5	Believing self as an extraordinary person
Authoritarianism	6	Ignoring the contradicted own ideas
<b>Total</b>	<b>30</b>	

**Scoring System:**

Responses of nurses were measured by using three-point Likert scale that ranged from (1-3) as; (1) Disagree, (2) Neutral and (3) Agree. The scores of each dimension are

summed up and converted into percent scores. Cut off points was done at 60.0%= 54 points and range of scores from 30 to 90. Accordingly, levels of nurses' perception of toxic leadership were categorized as the following:

- High level if the percent  $\geq 75.0\%$  that equals 68-90points
- Moderate level if the percent ranged from 60.0 % -< 75.0 % that equals 54-67points
- Low level if the percent <60.0 % that equals 30-53 points (Abdallah & Mostafa, 2021)<sup>a</sup>.
- **Tool (II): Job Coping with the toxic leader questionnaire:**

It was developed by the researcher based on reviewing the related literature (Morris, 2019; Abou-Ramadan & Eid, 2020; Kurtulmus, 2021) to assess job coping followed by nurses when dealing with toxic leader. It consisted of 26 items divided into three dimensions as the following;

**Table (B):** Dimensions of nurses' job coping to toxic leadership

Job coping dimensions	Number of items	Example
Avoidance of toxic leader	13	Nurses seek new employment
Assertiveness with a toxic leader	8	Nurses complain to the higher authority
Adaptation with toxic leader	5	Nurses forgive toxic leaders and adapt to the situation
<b>Total</b>	<b>26</b>	

**Scoring System:**

Nurses' responses were measured by using on three-point Likert scale that ranged

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from (1-3) as; (3) always, (2) sometimes, and (1) never. The scores of each dimension are summed up and converted into percent scores. The range of scores is from 26 to 78 points. Accordingly, job coping level was:

- High if the percent  $\geq 75\%$  which equals 59-78 points
- Moderate if the percent was located between 60% - <75% that equals 47-58 points
- Low if the percent <60 equals 26-46 points (Bhanderker & Rai, 2019).

### **Administrative design:**

An official permission was obtained from the Dean of Faculty of Nursing, Benha University to the Director of Benha University Hospital and then an official approval was obtained from the Director of Benha University Hospital to allow the investigator to collect data and seek their support. The investigator met the head nurse of each unit to determine suitable time to collect data from the nurses.

### **Operational design**

The study passed over the following phases; preparatory phase, pilot study and field work. These phases took about eight months, from January 2022 to the end of August 2022.

### **Preparatory phase:**

This phase took about three months from January 2022 to March 2022 covering three months included reviewing the national and international related literature using journals, magazines, periodicals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study. The investigator prepared the tools for data collection and translated into Arabic language to check its accuracy.

### **Validity of tools:**

The tools were tested by five Experts from different Nursing Faculties of nursing

administration (one Professor of Nursing Administration from Ain shams University, one Professor from Tanta University, one Professor from Menoufia University and two Professors Benha University. Modifications were done in tools based on comments of experts such as modifying some words in some statements to give the right meaning for the phase which did not understood clearly. It took two month from April, 2022 to May, 2022.

### **Reliability of tools:**

The reliability of the toxic leadership questionnaire and job coping with the toxic leader were measured by using Cronbach's Alpha Coefficient test and the value were (91.0 & 83.0) respectively, which reflect the accepted internal consistency of the tools.

### **Ethical considerations:**

Before conducting the study, the nurses were informed about the purpose and benefits of the study, and they were informed that their participation is voluntary on that they have the right to share or refuse to participate in the study at any time without giving any reason oral consent was obtained from each participant of the study. In addition, the confidentiality and anonymity of the subjects were assured through the coding of all data.

### **Pilot study:**

Pilot study was carried out in June 2022. It was conducted on 10% of the total sample (30) nurses to ensure the clarity, applicability and to assess the time needed to fill the questionnaire. Each nurse took from 15 to 20 minutes to complete the questionnaires. No modification was needed so the pilot was included in the study subjects.

### **Field work:**

Data collection took about two months from the beginning of July 2022 to the end of August 2022. The researcher met the

nurses during available time while not interfering with their duties and explained the aim, nature and method of filling out questionnaire. The researcher distributed the questionnaire sheet to the participating nurses to fill it in work times which were determined before by the head nurse of each unit according to the type of work and workload. The time needed to complete the questionnaire sheet 15- 20 minutes. Data was collected three days per week (Sunday, Monday and Wednesday) from 9 am to 2 pm and data was collected in the presence of the investigator to clarify any ambiguity. The number of collected questionnaires from studied nurses per day ranged from 12 to 13 sheets.

#### **Statistical analysis:**

The collected data was organized, tabulated and statistically analyzed using statistical package for social science (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g frequency, percentage, mean and standard deviation. Test of significance, Chi-square test and Fisher exact test "FET" was used to detect the relation between variables. In addition, correlation coefficient (r) test was used to estimate the closeness association between variables. The P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when  $p\text{-value} < 0.05$  and a highly significant level value was considered when  $p\text{-value} < 0.001$ , while  $p\text{-value} > 0.05$  indicates non-significant results.

#### **Results:**

**Table (1):** Indicates that, more than two-fifths (41.3%) of the studied nurses were in the age group ranged from 30 to less than 35 years with a mean age of  $31.28 \pm 3.32$  years. As for as, their gender nearly three-

quarters (71.3%) of them were females, as well as more than half (56.9%) of them were married. Regarding the educational qualification two-fifth (40.0%) of the studied nurses had associated degree in nursing. Concerning years of experience less than two-thirds (63.1%) of the studied nurses less than 10 years with a mean score  $9.16 \pm 3.32$  years.

**Figure (1):** Demonstrates that, about three-fifth (59.6%) of the studied nurses had a low perceived level of toxic leadership, and less than two-fifths (38.0%) of them had a moderate perceived level. While, the lowest percentage (2.4%) of them had a high perceived level of toxic leadership.

**Table (2):** It is clear from the table (2) that the total mean score for all dimensions of toxic leadership was  $42.92 \pm 5.36$ . The first ranking with highest mean score  $12.55 \pm 2.16$  with a mean percent 59.8% was related to abusive supervision dimension. While, the last ranking with lowest mean score  $2.29 \pm 0.69$  with a mean percentage (12.7%) was related to authoritarianism dimension as perceived by the studied nurses.

**Figure (2):** Illustrates that, less than three-quarters (72.2%) of the studied nurses had a high job coping level .While, and slightly more than one-quarter (25.8) of them had a moderate level. While, the lowest percentage (2.0%) of them had low job coping level as reported by the studied nurses.

**Table (3):** It is clear from the table (3) that the total mean score for all dimensions of job coping was  $62.10 \pm 5.88$ , the first ranking with highest mean score  $20.28 \pm 2.61$  with a mean percent (84.5%) was related to assertiveness with toxic leader dimension. While, the last ranking with lowest mean score  $11.70 \pm 1.95$  with a mean percent

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(78.0%) was related to adaptation with toxic leader dimension as reported by nurses.

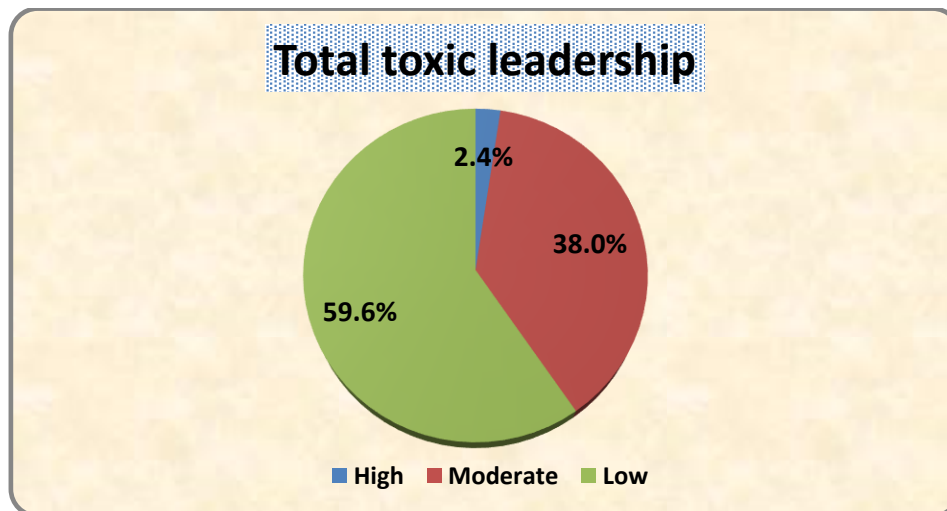
**Table (4):** Demonstrates that, there was statistically significant relation between total toxic leadership level and personal data in relation to years of experience. Otherwise, there was no statistically significant relation between total toxic leadership level, age, gender, educational qualification, marital status and exposed to situation regarding toxic leadership.

**Table (5):** Illustrates that there was statistically significant relation between total job coping level as reported by nurses and their personal data in relation to their educational qualification and years of experience. Otherwise there was no statistically significant relation between total job coping level, age, gender, marital status and exposed to a situation regarding toxic leadership.

**Table (6):** Indicates that, there was a highly statistically significant positive correlation between total perceived toxic leadership scores and total job coping among nurses ( $p < 0.001$ ).

**Table (1): Distribution of the studied nurses regarding their personal data (n=295).**

Personal data		No.	%
Age (years)	<30	112	38.0
	30 : < 35	122	<b>41.3</b>
	≥35	61	20.7
	<b>Range 26-41</b> <b>M±SD 31.28±3.32 years</b>		
Gender	Female	212	<b>71.9</b>
	Male	83	28.1
Marital status	Married	168	<b>56.9</b>
	Unmarried	127	43.1
Educational qualification	Nursing diploma.	61	20.7
	Associated degree in nursing.	118	<b>40.0</b>
	Bachelor of nursing science.	116	39.3
Years of nursing experience at the work setting	<10	186	<b>63.1</b>
	10 :<15	84	28.5
	≥ 15	25	8.4
	<b>Range 1-18</b> <b>M±SD 9.16±3.32 years</b>		



**Figure (1): Total levels of toxic leadership as perceived by the studied nurses.**



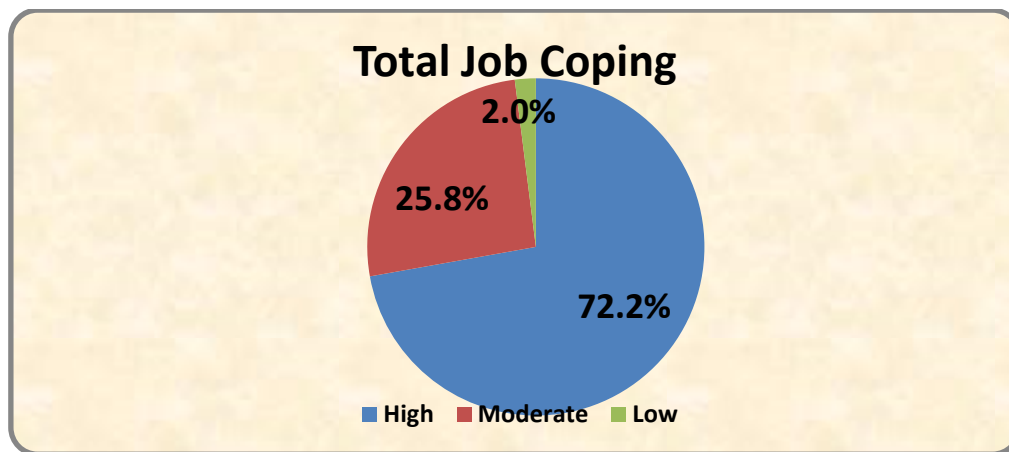
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**Table (2): Ranking with mean score of total toxic leadership dimension as perceived by the studied nurses (n=295)**

Toxic leadership Dimensions	Maximum score	Minimum	Maximum	M ±SD	Mean %	Ranking
Abusive supervision	21	8	16	12.55±2.16	59.8	1
Self-promotion	15	5	11	8.17±1.70	54.5	3
Unpredictability	21	8	17	11.23±2.24	53.5	4
Narcissism	15	5	13	8.68±2.09	57.9	2
Authoritarianism	18	1	3	2.29±0.69	12.7	5
<b>Total toxic leadership</b>	<b>90</b>	<b>36</b>	<b>62</b>	<b>42.92±5.36</b>		

M=Mean

SD=Standard deviation



**Figure (2): Total levels of job coping as reported by studied nurses**

**Table (3): Ranking with mean score of total job coping dimension as reported by the studied nurses (n=295)**

Job coping dimensions	Maximum score	Minimum	Maximum	M ±SD	Mean %	Ranking
Avoidance of toxic leader	39	25	37	30.12±2.96	77.2	2
Assertiveness with toxic leader	24	14	24	20.28±2.61	84.5	1
Adaptation with toxic leader	15	7	15	11.70±1.95	78.0	3
<b>Total job coping</b>	<b>78</b>	<b>51</b>	<b>74</b>	<b>62.10±5.88</b>		

M=Mean

SD=Standard deviation

**Table (4): Relation between total toxic leadership level and personal data and previous exposure to toxic leadership among the studied nurses (n=295).**

Personal data	Total toxic leadership level							X <sup>2</sup> /FET	p-value
	High (n=7)		Moderate (n=112)		Low (n=176)				
	No.	%	No.	%	No.	%			
<b>Age</b>									
<30 years	4	57.1	46	41.1	62	35.2	2.536	0.638	
30 : <35 years	2	28.6	46	41.1	74	42.1			
≥35 years	1	14.3	20	17.8	40	22.7			
<b>Gender</b>									
Male	4	57.1	79	70.5	129	73.3	1.026	0.599	
Female	3	42.9	33	29.5	47	26.7			
<b>Educational qualification</b>									
Diploma degree in nursing.	-	-	26	23.2	35	19.9	3.07	0.545	
Associated degree in nursing.	4	57.1	46	41.1	68	38.6			
Bachelor degree of nursing.	3	42.9	40	35.7	73	41.5			
<b>Marital status</b>									
Married	4	57.1	57	50.9	107	60.8	2.738	0.254	
Unmarried	3	42.9	55	49.1	69	39.2			
<b>Years of experience</b>									
<10 year	6	85.7	76	67.8	104	59.1	5.980	0.038*	
10 :<15 year	1	14.3	29	25.9	54	30.7			
≥ 15 year	0	0.0	7	6.3	18	10.2			
<b>Exposed to a situation regarding toxic leadership</b>									
No	0	0.0	4	3.6	4	2.2	0.637	0.727	
Yes	7	100.0	108	96.4	172	97.8			

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**Table (5): Relation between total job coping level and personal data and previous exposure to toxic leadership of the studied nurses (n=295)**

Personal data	Total job coping level							X <sup>2</sup> /FET	P-value
	High (n=213)		Moderate (n=76)		Low (n=6)				
	No.	%	No.	%	No.	%			
<b>Age</b>									
<30 years	80	37.5	29	38.2	3	50.0	2.101	0.717	
30 : <35 years	86	40.4	33	43.4	3	50.0			
≥35years	47	22.1	14	18.4	-	-			
<b>Gender</b>									
Male	154	72.3	53	69.7	5	83.3	0.580	0.748	
Female	59	27.7	23	30.3	1	16.7			
<b>Educational qualification</b>									
Diploma degree in nursing.	44	20.7	16	21.1	1	16.7	5.041	0.028*	
Associated degree in nursing.	90	42.2	24	31.6	4	66.7			
Bachelor degree of nursing.	79	37.1	36	47.3	1	16.7			
<b>Marital status</b>									
Married	126	59.2	40	52.6	2	33.3	2.365	0.306	
Unmarried	87	40.8	36	47.4	4	66.7			
<b>Years of experience</b>									
<10 year	131	61.5	49	64.5	6	100.0	6.241	.0230*	
10 :<15 year	64	30.1	20	26.3	-	-			
≥ 15 year	18	8.4	7	9.2	-	-			
<b>Exposed to a situation regarding toxic leadership</b>									
No	5	2.3	3	3.9	0	0.0	0.714	0.700	
Yes	208	97.7	73	96.1	6	100.0			

\*Statistically significant at p < 0.05)

£= fisher exact test

**Table (6): Correlation between the total perceived toxic leadership and total job coping among the studied nurses**

Total toxic leadership scores	Total job coping scores	
	R	p-value
	0.934	0.000**

\* Highly statistically significant at p < 0.0 ·1

**Discussion:**

Toxic leadership becomes a common reality in many hospitals, which can cause harm not only to nurses but to the whole hospital, resulting in adverse negative consequences such as decreased motivation, productivity, and cooperation which consequently affect nurses' job coping (**Abdallah & Mostafa, 2021**)<sup>a</sup>. The term toxic leadership is a multidimensional structure that contains bad supervision components such as narcissism, authoritarianism, self-promotion, and unpredictability. The toxic triangle emerges as a result of the interaction among leaders, subordinates, and organization which results in the creation of toxic leadership, commonly in a poor hospital with a weak system and centralized power (**Atmadja, 2019**).

Coping with toxic leadership is very important for the healthcare organization, nurses' coping is one of the most critical challenges for nurses to maintain performance improvement, high-quality patient's care, and work satisfaction. Thus, the healthcare organizations' focal intention is continuously assessing any toxicity in leaders' behavior and seeking to reduce and eliminate toxicity and provide education regarding various coping strategies to deal with and overcome toxic leadership (**Kurtuluş, 2020**).

The current study was conducted to identify toxic leadership as perceived by nurses and its relation to their job coping that can be achieved through; assessing the levels of toxic leadership as perceived by nurses, identifying the levels of job coping as reported by nurses and determining the relation between toxic leadership as perceived by nurses and their job coping.

Concerning studied nurses' personal data, the result of the current study indicated that more than two-fifths of the studied nurses were in the age group ranged from 30 to less than 35 years. As far as, their gender nearly three-quarters of them were females, as well as more than half of them were married. Regarding educational qualification two-fifth of the studied nurses had an associated degree in nursing. Concerning years of experience less than two-thirds of the studied nurses have less than 10 years.

Regarding total levels of toxic leadership as perceived by the studied nurses, the result of the current study illustrated that more than half of the studied nurses had a low perceived level of toxic leadership, and less than two-fifths of them had a moderate perceived level. While the lowest percentage of them had a high perceived level of toxic leadership.

The finding of the current study was congruent with **Abdallah & Mostafa, (2021)**<sup>a</sup> who conducted a study about "Effects of toxic leadership on intensive care Units staff nurses' emotional intelligence and their organizational citizenship behaviors" and revealed that the majority of staff nurses perceived that their leaders had low overall toxic leadership at Tanta International Teaching Hospital. Also, the study finding was supported by **Labrague, (2021)** who conducted a study about the "Influence of nurse managers' toxic leadership behaviors on nurse-reported adverse events and quality of care" and illustrated that the majority of studied participants had low perceived toxic leadership that associated with high quality of patients' care, decrease treatment-associated errors and increased patients' satisfaction.

In addition, the current study finding was confirmed by **Morsy & Ebraheem, (2020)** who conducted a study about "Relation

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between organizational climate and staff nurses' job burnout" and found that the majority of staff nurses were satisfied with the leaders who encourage them to build good relations among staff, offer training opportunities, solve problems, and concern with their demands. Similarly, the finding of the current study agreed with **Okray & Şimşek, (2020)** who conducted a study about the "Effect of nurse managers' leadership styles on organizational commitment of nurses working at Taif governmental hospitals in the Kingdom of Saudi Arabia" and revealed that more than three-quarters of participants had a low level of toxic leadership and most of them had good communication with their supervisors.

In contrast, the finding of the current study disagreed with **Naeem & Khurram, (2020)** who conducted a study about the "Influence of toxic leadership on turnover intention: The mediating role of psychological well-being and employee engagement" and revealed that most of the participants reported that they are exposed to leaders' harmful behaviors in their workplace. Also, the study disagreed with **Abdallah & Shaban, (2019)** who conducted a study about the "Effect of management program on nursing staff leading role and compliance to follow safety measures at intensive care units" and concluded that baseline assessment of preprogram that leaders had high overall toxic leadership as those staff nurses may have toxic leaders that exhibiting control by using poisoned power to complex the organizational structure as well as boost their egos and pay no mind else than themselves.

Concerning toxic leadership dimensions perceived levels among nurses, the results of the current study revealed that most of the studied nurses had a low level of toxic leadership related to authoritarianism, and less than two-fifths of them had a moderate level of

toxic leadership related to abusive supervision. Otherwise, less than one-fifth of them had a high level of toxic leadership related to narcissism as perceived by the studied nurses.

The finding of the current study agreed with **Abou-Ramadan & Eid, (2020)** who conducted a study about "Toxic leadership: Conflict management style and organizational commitment among intensive care nursing staff" and revealed that the minority of studied nurses had a high level of toxic leadership dimension and the majority of them had a low level of toxic leadership.

In addition, the finding of the current study agreed with **Abu El Dahab, (2021)** who displayed that staff nurses are satisfied with the leaders and perceived low levels of toxic leadership behaviors. Conversely, the finding of the current study disagreed with **Labrague, (2021)** who revealed that nurses' perceptions of the toxic leadership behaviors of their nurse managers revealed that the majority of leaders had a high level of narcissistic behavior, self-promoting behavior, and abusive supervision.

Concerning studied nurses regarding their job coping strategies for toxic leadership level, the finding of the current study illustrated that most of the studied nurses had a high job coping level related to assertiveness with toxic leader dimension. Otherwise, more than one-third of them had a moderate job coping level related to avoidance and adaptation to toxic leaders.

The finding of the current study was supported by **Dobbs & Do, (2019)** who conduct a study about "Exposure to bullying behaviors at work and subsequent symptoms of anxiety: The moderating role of individual coping style" and found that most leaders use an assertive style of coping, use of support systems ranked as the top coping mechanism, with avoidance tactics and survival mode tied

as the next most used coping mechanisms. Health came next, followed lastly by engagement. Conversely, the finding of the current study disagreed with **Abou-Ramadan & Eid, (2020)** who illustrated that more than two-thirds of nurses had a low level of assertive coping style and nearly half of them had low-level avoidance, adaptation, and accommodation coping style.

Regarding nurses' coping by using avoidance with the toxic leader, the finding of the current study revealed that less than three-quarters of the studied nurses reported that they always write anonymous letters to high authority in the hospital. Also, less than two-thirds of them reported that they sometimes minimize relationships with toxic leaders. On the other hand, less than one-quarter of them reported that they never think seriously about retiring.

The finding of the current study was supported by **Morris, (2019)** who revealed that more than half of participants cope with toxic leaders by avoiding contact with them, and avoiding workplace situations or areas common with toxic incidences, frequent work absenteeism, and seeking help from higher authorities. On the other hand, the finding of the current study disagreed with **Hawkins et al., (2021)** who revealed that a minority of participants use avoidance and escaping behavior as coping strategy for toxic leadership, and the minority of them choose to not engage with the manager, just managed to get through each day with little or no personal contact with him, the minority of them also, ignore and not respond to the behavior, seeking professional support and advice and frequently absent from work to avoid contact with the toxic leader.

Regarding nurses' coping by using assertiveness with the toxic leader, the finding of the current study revealed that, most of the studied nurses reported that they always use verbal insults toward the toxic leader and try to mobilize the opinion of others against the leader respectively. Also, less than half of them reported that they sometimes express their negative feelings toward toxic leaders politely. While, less than one-quarter of the reported that they never complain to a higher authority, and confront the toxic leader.

The finding of the current study agreed with **Mostafa et al., (2019)** who conducted a study about the "Effect of assertiveness educational program on conflict handling styles for nursing staff at intensive care unit" and found that the majority of the nursing staff had a high baseline assertiveness behavior regarding toxic leader that appeared in expressing negative feelings toward toxic leader, verbal and non-verbal refusal of toxic leaders and more than half of them refer the problem to a higher authority.

On the other hand, the finding of the current study disagreed with **Abdallah & Mostafa, (2021)<sup>b</sup>** who conducted a study about "The Influence of head nurses leading role and assertiveness on staff nurses' achievement motivation " and found that there was a low level of assertiveness at El-Menshawy Hospital perceived by staff nurses, the minority of them express negative emotion toward the toxic leader and most of them didn't complain to a higher authority.

Regarding nurses' coping by adaptation to toxic leadership, the finding of the current study revealed that nearly two-thirds of the studied nurses reported that they always consider toxic leadership as a bad phase that would ultimately pass and attempt to look for

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something good in what is happening respectively. Also, nearly three-fifths of them reported that they sometimes try to sustain social relations with toxic leaders. While more than one-third of them reported that they never forgive toxic leaders and quickly adapt to the situation.

The finding of the current study was supported by **Atmadja, (2019)** who conducted a study about "Workplace toxicity, leadership behaviors, and leadership strategies" and illustrated that more than half of the participants adapted by seeking the positive aspect of the situation, using humor. Instead of fighting back, they relaxed with humorous satire". Also, nearly two-thirds of them adapt by seeking outside advice and never forgiving the toxic leader.

On the other hand, the finding of the current study disagreed with **Morris, (2019)** who illustrated that the minority of participants used adaptive behavior the minority of them forgive the leader and discussed the toxic leaders and associated events with friends, family, co-workers, and even their organization's human resources department also, less than one-fifth of them adapt by trying to see the benefit of the toxic situation and discuss the matter with the organization's human resources department.

The finding of the current study revealed that there was a statistically significant relation between total toxic leadership level and personal data about years of experience. Otherwise, there was no statistically significant relation between total toxic leadership level, age, gender, educational qualification, marital status, and exposure to the situation regarding toxic leadership.

The finding of the current study was consistent with **Abdallah & Mostafa, (2021)<sup>a</sup>** who illustrated that there was a highly

statistically significant positive relation between total staff nurses' perceived toxic leadership and their age and experience at Tanta International Teaching and El-Menshawey General Hospital and the study was contradicted with the same author who revealed that there was a significant relation between staff nurses' age and educational level and their perception regarding toxic leadership.

Also, the finding of the current study agreed with **Abou-Ramadan & Eid, (2020)** who revealed that statistically significant relationships were apparent between overall toxic leadership and nurses' age, gender, and qualification, and agreed with them that there was highly significant relation with toxic leadership and years of experience. The finding of the current study was supported by **Atmadja, (2019)** who illustrated that there was a significant relation between total nurses' perception of toxic leadership and exposure to a destructive situation.

The finding of the current study illustrated that there was a statistically significant relation between total job coping level as reported by nurses and their personal data about their educational qualifications and years of experience. Otherwise, there was no statistically significant relation between total job coping level, age, gender, marital status, and exposure to a situation regarding toxic leadership.

The finding of the current study was consistent with **Kurtuluş, (2020)** who conducted a study about "Toxic leadership and workplace bullying: The role of followers and possible coping strategies" and revealed that there was a statistically significant relation between the frequency of exposure to toxic situations and nurses' coping strategies. The finding of the current study was in the same line with **Bhandarker & Rai, (2019)** who

conducted a study about "Toxic leadership: emotional distress and coping strategy" and revealed that there was a significant relation between various forms of coping strategies and studied participants' educational level and work experience.

The finding of the current study indicated that there was a statistically significant positive correlation between total perceived toxic leadership and total job coping among nurses. The finding of the current study agreed with **Kurtuluş, (2020)** who revealed that there was a highly significant correlation between toxic leadership and coping strategies. In addition, the finding of the current study was congruent with **Morris, (2019)** who revealed, that there was a highly statistically significant correlation between studied participants' total toxic leadership and their total coping strategies as when participants experience more toxic leaders they use various coping strategies to overcome and deal with the toxic situation.

#### **Conclusion:**

Most of the studied nurses in critical care unit at Benha University had a low perceived level of toxic leadership and less than two-fifths of them had a moderate perceived level. While, the lowest percentage of them had a high perceived level of toxic leadership.

Additionally, the finding revealed that, less than three-quarters of the studied nurses had a high job coping level and slightly more than one-quarter of them had a moderate level. While, the lowest percentage of them had low job coping level as reported by the studied nurses. The study also concluded that, there was statistically significant positive correlation between total perceived toxic leadership scores and total job coping among nurses.

#### **Recommendations:**

##### **I-Healthcare organizations need to:**

- ✎ Implementing proper strategies and feedback systems from nurses regarding the behavior of their current supervisors might help in identifying toxic leaders.
- ✎ Adjusting hospital policies that permit nurses to participate in leadership evaluation and appraisal process.
- ✎ Building a constructive work environment with supportive management, promoting thinking by offering time and freedom, motivating good performance and creating constructive relationships with nurses are necessary.
- ✎ Establish leadership educational programs to provide healthcare leaders with the skills they need to build an organization of collaboration and participative management manage complex healthcare environments and lead interprofessional collaboration.

##### **II -Nurse supervisors need to:**

- ✎ Conducting in-service training programs for novice leaders in terms of leadership behaviors, ethical standards in management, stress management, self-efficacy, and effective communication before the promotion process.
- ✎ Empowering nurses' access to opportunities, information, training, and facilities, all of which certainly stimulate nursing team functioning and meet nurses expectations and satisfaction.
- ✎ Giving an opportunity to nurses to participate in decisions making related to their work so increase their feelings of autonomy, integration, and involvement.
- ✎ Conducting regular socializing programs once a month with nurses that helps to enhance interpersonal relationships, fostering trust and meaningful connection



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that will improve their satisfaction and confidence.

### **III-For further Research:**

- ✎ Reapplication of the study on a larger probability sample at different nursing faculties and universities.
- ✎ Investigating nurses' coping with deviant workplace behavior through employee participation.
- ✎ Identifying the relationship between toxic leadership in intensive care units and staff nurses' emotional intelligence and organizational citizenship behaviors.
- ✎ Investigating the impact of toxic leadership on communication and teamwork in hospitals will be beneficial for future research.

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## القيادة السامة كما يدركها الممرضين وعلاقتها بتكيفهم الوظيفي

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القيادة السامة هي سلوك غير فعال يعكس الجانب السلبي/المظلم للقيادة ويمكن أن يؤثر سلبا ليس فقط على الممرضين ولكن أيضا على المستشفى بأكملها. ومن ثم، فإن التكيف الوظيفي للممرضين أمر ضروري في البيئة التنافسية الحالية. هدفت الدراسة إلى تحديد القيادة السامة كما يراها الممرضين وعلاقتها بتكيفهم الوظيفي. وتم استخدام تصميم بحث إرتباطي وصفي. أجريت الدراسة في وحدات العناية المركزة بمستشفى بنها الجامعي. و شملت عينة متاحة تتكون من ٢٩٥ ممرضاً وممرضة من أصل ٥٠٠ ممرض تم إختيارهم أثناء جمع البيانات وممن لديهم خبره وظيفيه سنة واحدة على الأقل و قبلوا المشاركة في الدراسة. وأظهرت نتائج الدراسة أن أكثر من نصف (٥٩.٦) من الممرضين الذين شملتهم الدراسة كان لديهم مستوى منخفض من القيادة السامة. علاوة على ذلك، كان أقل من ثلاثة أرباع (٧٢.٢٪) من الممرضين يتمتعون بمستوى عالٍ من التكيف الوظيفي. ولخصت الدراسة إلى أن هناك علاقة إيجابية ذو دلالة إحصائية عالية بين القيادة السامة المتصوره و التكيف الوظيفي بين الممرضين. وأوصت الدراسة بوضع وتنفيذ الاستراتيجيات وآليات التكيف المناسبة للتعامل مع القادة السامين.