Staff Nurses 'Perception Regarding Toxic Leadership Behavior of Head Nurses and it's Relation to their Work Engagement

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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 followers but also the whole organization. **Aim:** This study aimed at identifying staff nurses' perception regarding toxic leadership behavior of head nurses and it's relation to their work engagement. **Design:** A descriptive correlational design was used**. Settings:** This study was conducted at Medical Hospital affiliated to El-Fayuom University Hospitals in El-Fayuom governorate. **Subjects:** 132staff nurses out of 200 staff nurses. **Data collection tools:** Data were collected by using two tools namely: Toxic leadership scale and Utrecht work engagement scale. **Results:** Analysis revealed that more than two-thirds (68.9%) of the studied staff nurses had low perception level for self - promotion dimension, while less than two-thirds (63.6%) of the studied staff nurses had low perception level toward total toxic leadership. Also, more than half (53.8%) of studied staff nurses had high level of work engagement toward dimension of dedication, while half (50.0%) of them had moderate level regarding total work engagement. **Conclusion:** There was a statistically significant negative correlation between total staff nurses' perception of toxic leadership and total work engagement among staff nurses. **Recommendations:** The study recommended that hospital administrators could conduct training programs for supervisors to improve their leadership skills and behaviors.

Keywords: Staff Nurses, Toxic Leadership, Work Engagement.

Introduction:

Toxic leadership has become the focus of attention in recent years for many organizations. In general terms, toxic leadership refers to leader behaviors leading to negative outcomes. Toxic leadership can result in decreasing personnel efficiency and adversely affecting cost-benefit relationship for organizations. Simultaneously, this concept is alleged to cause high rates of absenteeism, increasing personnel transfer, poor performance and groupthink (**Odhiambo, 2022**).

Toxic leadership defined as "destructive, disturbing, and dysfunctional acts of supervision that spread among members of the workforce. Toxic leadership defined as interpersonal behaviors by those in leadership positions that negatively impact followers. Toxic leadership defined as enduring, purposeful, intentional actions the arrow by a leader to damage the sense of dignity, self-worth, and efficacy of an individual, the poison, which result in exploitative, destructive, and demeaning work experiences (**Abou Ramadan & Eid, 2020**).

Toxic leadership including five dimensions (1) abusive supervision (refers to a recurring form of non-physical hostility), (2) authoritarian leadership (refers to absolute control over subordinates and complete decision-making power), (3) narcissism (refers to extreme self-involvement and ignorance to others needs) , (4) self-promotion (refers to a forceful way of promoting self-interest and/or personal activities) and (5) unpredictability (refers to dramatic mood swings and wide range of unstable behaviors) (**Zaman et al., 2022**).

Outcomes of toxic leadership include: sexual harassment, decreased job satisfaction, and decreased psychological well-being. Further, employees who work for leaders who are abusive and ridicule in public and attack their self-esteem tend to have low self-esteem and self-efficacy that could result in low morale, anxiety, depression, impaired judgment

and memory loss resulting in deterioration in performance*(Kurtulmuş, 2020).*

Work engagement is a "positive fulfilling work-related state of mind that includes concepts such as vigor, dedication and absorption" Vigor is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride and challenge. Absorption is characterized by being fully concentrated and engrossed in one's work, whereby time passes quickly *(Calvin, 2019).*

Work engagement benefits organizations and employees. Engaged organizations report positive work outcomes such as higher customer loyalty, increased productivity, and lower absenteeism. Engaged staff nurse find meaning in what they do and feel supported by the organization. They experience higher life satisfaction and better mental and physical health than their disengaged counterparts *(Igbokwe et al., 2021).*

Leaders can influence employee work engagement not only through changing work conditions but also directly through inspiring, connecting, and strengthening their employees. In addition, several positive leadership styles have been linked to employee work engagement in longitudinal studies *(Decuypere and Schaufeli, 2020)*

Significance of the Study:

During the clinical round in El Fayoum university hospital, the researcher observed some behaviors of nurse managers such as hostile attitude, verbal and non-verbal aggression over employees, ignoring their ideas, marginalizing, harassment, emotional volatility, blaming others for self-mistakes. The majority of toxic leadership researches indicate that there is a negative relationship between the presence of toxic leadership behaviors and the presence of unfavorable outcomes for the employees and the organization.

For several years, leadership studies focused on its positive side and this leading to a bias towards leadership. But the reality is that there are also some forms of negative leadership. These forms of leadership are samples of non-productive behaviors in organizations. Due the extent of the effect of non-productive behavior and its consequences in the organization is very vast, the study of the effects of such behaviors in organizations are applicable *(Zagross and Jamileh, 2016).*

Aim of the Study:

This study aimed at identifying staff nurses' perception regarding toxic leadership behavior of head nurses and it's relation to their work engagement through:

1- Assessing toxic leadership level of head nurses as perceived by staff nurses.
2- Assessing work engagement level among staff nurses.
3- Finding out the relation between toxic leadership and work engagement among staff nurses.

Research Question

Is there a relation between toxic leadership and work engagement among staff nurses?

Subjects and Methods

I. Technical design:
The technical design for this study includes the research design, setting, subjects of the study and the tools of data collection.

Research Design:
A descriptive correlational design was used in this study.

Research Setting:
This study had been conducted at El Fayoum Medical University hospital.

Subjects of the Study:
The study subjects consisted of 132 staff nurses out of 200 staff nurses who are working in the aforementioned setting. The sample size were selected by simple random sampling technique

Data Collection Tool:
Data were collected by using the following tools:

1- First tool: Toxic leadership scale: This scale aimed to measure level of toxic leadership behaviors as perceived by staff nurses. It was developed by *Schmidt's (2014)* and adopted from *Shipl (2021).* It consisted of two parts:

Part 1: Personal and job characteristics of staff nurses. This part was developed to assess gender, age, social status, educational qualification, working unit/ setting and years of experience of staff nurses.

Part 2: This part aimed to measure level of toxic leadership behaviors as perceived by staff nurses. It consisted of 15 items divided into five dimensions namely self-promotion, abusive supervision, unpredictability, narcissism, and authoritarian leadership.

❖ **Scoring system:**

The responses of the participants were measured on 5-point likert scale and polarized in (1= strongly disagree, 2= disagree, 3=neutral, 4= agree, 5= strongly agree). The perception level of toxic leadership was considered low if the percent score less than 60%, moderate if the percent score ranged from 60% to 75% and high if the percent score more than 75% *(Shipl, 2021).*

2- Second Tool: Utrecht Work Engagement Scale (UWES): This scale aimed at assessing level of work engagement among staff nurses. It was developed by *Schaufeli et al., (2002)* and adopted from *Amin (2021).* It consisted of 17 items divided into three main domains namely Vigor, Dedication and Absorption.

❖ **Scoring System**:

Each point was scored according to (5-point) likert scale ranging from 1 to 5 (1 = absolutely; 2= rarely; 3= sometimes; 4 = often; 5= always). The participants were considered low engaged if the percentage less than 60%, moderate engaged if percentage ranged from 60% to 75% and high engaged if percentage more than 75%.

II-Operational design

The operational design includes preparatory phase, pilot study, and field work.

A) The preparatory phase:

This phase started with a review of current and past, national and international literatures related to various aspects of the study, using available textbooks, scientific articles, periodicals, journals and internet searches to be acquainted with the study aspects.

B) Pilot study:

Before beginning field work, a pilot study was conducted to ensure that the tools were clear and feasible, as well as to estimate the time required to fulfill the tool items. It was conducted on a sample of 14 staff nurses representing 10% of study subjects were included in the main study sample.

C) Field work:

The collection of data took about two months from the beginning of February till the end of March 2022. After securing all official permissions, the researcher visited the workplaces and met the head nurse of each unit to determine the appropriate time for data collection and met each staff nurse individually, explained to him/her the aim of the study and methods of filling the questionnaires. Those who gave their consent were handed the questionnaires sheet to fill them. The researcher checked the completeness of each filled sheet after the participant completed it to ensure the absence of any missing data. The researcher visited the hospital three days per week. Data collection process was done in morning and evening shifts. In morning shift, the researcher went to hospital from 10:00 to 12:00 am, in afternoon shift from5:00 to 7:00 pm.

III- Administrative design

An official letter was issued from the dean of the Faculty of Nursing, Ain Shams University to the hospital director to obtain his approval and cooperation for data collection. This letter explained the aim of the study, with attached copies of the data collection tools. Permissions for the study were obtained from the directors of the hospital, either medical or nursing.

Ethical considerations:

Prior to the actual work of research study, ethical approval was obtained from the scientific research ethical committee of the

faculty of nursing at Ain Shams Univerisity.in addition, oral consent was obtained from participants in the study. They were assured regarding maintaining anonymity and confidentiality of their data and data will be used only for research purpose. The subjects were informed that they were allowed to choose to participate or not participate in the study and that they had the right to refuse or withdraw from the study at any time without giving any reason.

IV- Statistical design

The statistical analysis of data was done by using the computer software of Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 25. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data, the arithmetic mean (X) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (χ^2), P-value to test association between two variables and Pearson correlation test (R- test) to the correlation between the study variables. Degrees of significance of results were considered P-value ≤ 0.05 Significant (S) and P-value ≤ 0.01 Highly Significant (HS).

Results:

Table (1): shows that, less than three-quarters (71.2%) of the studied staff nurses their age <30 years old, the Mean SD of age was 31.4±5.05 years. Also, more than two-thirds (67.4%) of them were female. As regard to marital status, half (50%) of them were single. Moreover, more than two-thirds (69.7%) of them working in non-critical units. In addition, Slightly more than three-fifths (60.6%) of them have < 5 years of experience, the Mean SD of years of experience was 7.74±3.95 years.

Figure (1): shows that, half (50%) of the studied staff nurses have above average diploma. While one-quarter (25.8%) of them have bachelor of nursing.

Table (2): reveals that, about two-thirds of the studied staff nurses had low perception level regarding total self-promotion, abusive supervision and authoritarian leadership (68.9%, 65.9%, 62.1%), respectively. Also, more than half (59.8% and 55.3%) of them had low perception level regarding to total unpredictability and narcissism, respectively.

Figure (2): shows that, less than two-thirds (63.6%) of the studied staff nurses had low perception level regarding total toxic leadership. Also, more than one-fifth (21.2%) of them had moderate perception level. While, the minority (15.2%) of them had high perception level regarding total toxic leadership.

Table (3): clarifies that, more than half (53.8%) of the studied staff nurses had high work engagement level regarding total dedication. While, more than half (52.3%, 50.8%) of them had moderate work engagement level regarding total absorption and total vigor, respectively.

Figure (3): shows that, half (50.0%) of the studied staff nurses had moderate level regarding total work engagement. Also, less than one-quarter (22.7%) of them had high level**.** While, one-quarter (25.0%) of them had low level regarding total work engagement.

Table (4): shows that, there was statistically significant relation between nurses' perception levels regarding toxic leadership and their age, gender, education level and years of experience at (P= < 0.05). While, there is no statistically significant relation with their marital status and working unit at (P= > 0.05).

Table (5): presents that, there was statistically significant relation between nurses' work engagement level and their age, education level and years of experience at (P= < 0.05). While, there is no statistically significant relation with their gender, marital status and working unit at (P= > 0.05).

Table (7): indicates that, there was highly significant negative correlation between total toxic leadership and total work engagement.

Table (1): Personal and job characteristics of staff nurses (n=132).

Items	No.	%
Age (years)		
< 30	**94**	**71.2**
30-<40	19	14.4
40-<50	15	11.4
≥ 50	4	3.0
Mean ±SD	**31.4±5.05**	
Gender		
Male	43	32.6
Female	**89**	**67.4**
Marital status		
Single	**66**	**50.0**
Married	61	46.2
Widowed	3	2.3
Divorced	2	1.5
Working unit		
Critical units	40	30.3
Non-critical units	**92**	**69.7**
Years of experience		
< 5	**80**	**60.6**
5-<10	32	24.2
≥ 10	20	15.2
Mean ±SD	**7.74±3.95**	
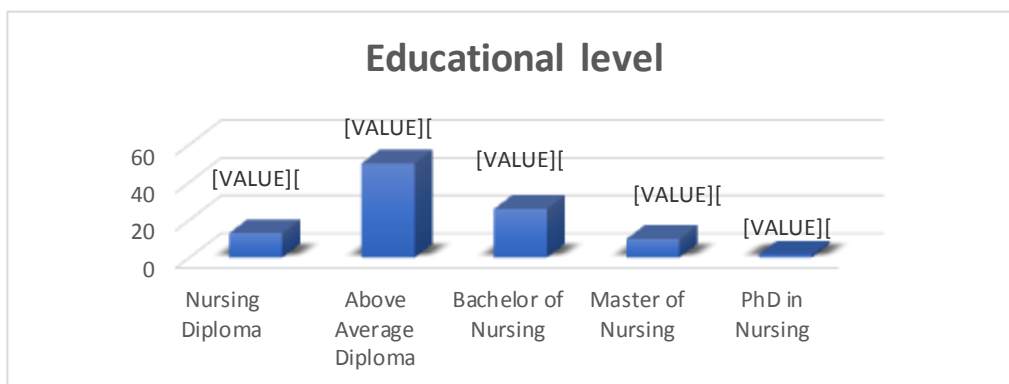
Figure 1: Percentage distribution of the staff nurses regarding to their educational level (n=132).

Table(2): Staff nurses' perception level regarding toxic leadership dimensions (n=132).

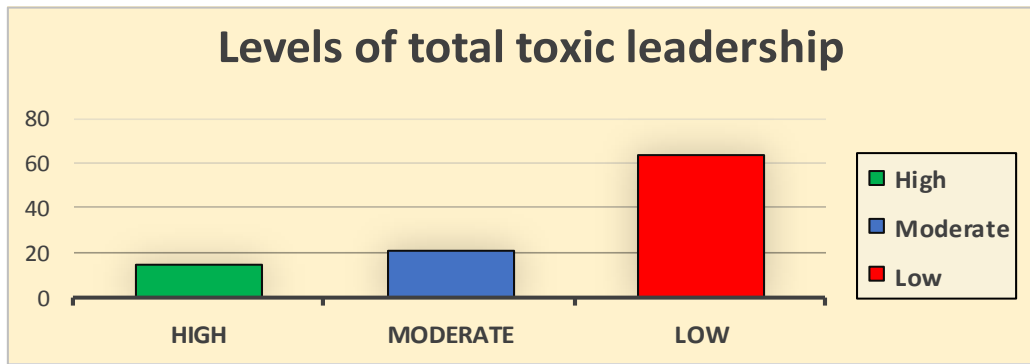| Dimensions	High (> 75%)		Moderate (60%-75%)		Low (<60%)	
	No.	%	No.	%	No.	%
Self-promotion	19	14.4	22	16.7	91	68.9
Abusive Supervision	18	13.6	27	20.5	87	65.9
Unpredictability	23	17.4	30	22.7	79	59.8
Narcissism	25	18.9	34	25.8	73	55.3
Authoritarian Leadership	18	13.6	32	24.3	82	62.1

Figure (2): Staff nurses' total perception level regarding toxic leadership (n=132).

Table (3): Staff nurses' levels regarding work engagement dimensions (n=132)

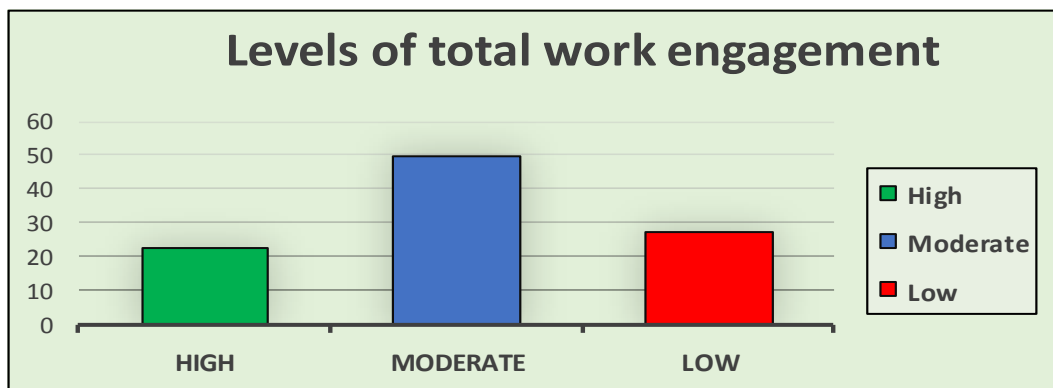| Dimensions	High (> 75%)		Moderate (60%-75%)		Low (<60%)	
	No.	%	No.	%	No.	%
Vigor	27	20.4	67	50.8	38	28.8
Dedication	71	53.8	34	25.8	27	20.4
Absorption	33	25	69	52.3	30	22.7

Figure (2): Staff nurses Total work engagement levels (n=132).

Table (4): Relationship between personal and job characteristics of the studied staff nurses and their perception levels regarding toxic leadership (n=132).

Items		Nurses' perception levels regarding toxic leadership						X^2	P-Value
		High (n=20)		Moderate (n=28)		Low (n=84)			
		No.	%	No.	%	No.	%		
Age (years)	< 30	14	70.0	21	75.0	59	70.2	7.808	0.037*
	30-<40	3	15.0	4	14.3	12	14.3		
	40-<50	2	10.0	2	7.1	11	13.1		
	≥ 50	1	5.0	1	3.6	2	2.4		
Gender	Male	6	30.0	9	32.1	28	33.3	7.089	0.045*
	Female	14	70.0	19	67.9	56	66.7		
Marital status	Single	10	50.0	14	50.0	42	50.0	2.928	0.891
	Married	10	50.0	12	42.8	39	46.4		
	Widowed	0	0.0	1	3.6	2	2.4		
	Divorced	0	0.0	1	3.6	1	1.2		
Education level	Nursing Diploma	4	20.0	5	17.8	8	9.5	10.27	0.011*
	Above average Diploma	13	65.0	15	53.6	38	45.2		
	Bachelor of Nursing	2	10.0	7	25.0	25	29.8		
	Master of Nursing	1	5.0	1	3.6	11	13.1		
	PhD in Nursing	0	0.0	0	0.0	2	2.4		
Working unit	Non-critical units	10	50.0	14	50.0	68	81.0	1.805	0.708
	Critical units	10	50.0	14	50.0	16	19.0		
Years of experience	< 5	14	70.0	14	50.0	52	61.9	7.198	0.040*
	5-<10	4	20.0	8	28.6	20	23.8		
	≥ 10	2	10.0	6	21.4	12	14.3		

No significant at p > 0.05.   *Significant at p ‹ 0.05.

Table (5): Relationship between personal and job characteristics of the studied staff nurses and their work engagement levels (n=132).

Items		Nurses' perception levels regarding work engagement						X^2	P-Value
		High (n=30)		Moderate (n=66)		Low (n=36)			
		No.	%	No.	%	No.	%		
Age (years)	< 30	21	70	48	72.7	25	69.4	6.087	0.049*
	30-<40	6	20	7	10.6	6	16.7		
	40-<50	2	6.7	9	13.6	4	11.1		
	≥ 50	1	3.3	2	3	1	2.8		
Gender	Male	13	43.3	21	31.8	9	25	1.489	0.475
	Female	17	56.7	45	68.2	27	75		
Marital status	Single	15	50	30	45.5	21	58.3	4.457	0.615
	Married	14	46.7	33	50	14	38.9		
	Widowed	0	0.0	2	3	1	2.8		
	Divorced	1	3.3	1	1.5	0	0.0		
Educational qualification	Nursing Diploma	3	10	9	13.6	5	13.9	13.97	0.019*
	Above average Diploma	10	33.3	29	43.9	27	75		
	Bachelor of Nursing	8	26.7	23	34.8	3	8.3		
	Master of Nursing	7	23.3	5	7.6	1	2.8		
	PhD in Nursing	2	6.7	0	0.0	0	0.0		
Working unit	Non-critical units	21	70	51	77.3	20	55.6	2.017	0.799
	Critical units	9	30	15	22.7	16	44.4		
Years of experience	< 5	20	66.7	48	72.7	12	33.3	9.055	0.022*
	5-<10	8	26.7	10	15.2	14	38.9		
	≥ 10	2	6.7	8	12.1	10	27.8		

No significant at p > 0.05.   ***Significant at p ‹ 0.05.**

Table (7): Correlation between total toxic leadership and total work engagement **(n=132).**

Items	Total toxic leadership
Total work engagement	r = -0.461 P =<0.001**

r= correlation coefficient test.   P= p-value   ****highly significant at p ‹ 0.001.**

Discussion:

Toxic leadership has an impact on employee engagement. It is evident that employees are more interested in a conductive environment. When employees are involved they feel as a part of the organization. And without toxic leadership, employees feel engaged and motivated to remain in their job without seeking alternative employment opportunities. Thus the focus and efforts of an organization should be concerted towards implementing interventions geared to eliminate any form of toxicity in the organization in order to strengthen employee engagement *(Amutenya, 2019)*.

Regarding to personal and job characteristics of study subjects, the present study showed that less than three quarters of the studied staff nurses were less than 30 years old and more than two-thirds of them were females working in non-critical units and having less than 5 years of experience. Also half of them were single and having above average diploma. This finding might be due to EL Fayoum Medical University Hospital was established

from several years and the majority of nursing students were female and recently employed

This study finding were agreed with **Zaki & Elsaiad, (2021)** who revealed that the majority of study subjects were females and they having (< 5) years of experience. Also, this finding consistent with **Abou Ramadan & Eid, (2020)** who revealed that most of nurses were females.

In the same line with the previous findings, a study conducted by **Attia, Abo Gad & Shokir, (2020)** in Egypt, to assess the effect of workplace bullying on nurses' work engagement. And the findings revealed that nearly two-thirds of the studied staff nurses were less than 30 years old and more than two fifths of them had less than 5 years of experience. Majority of them were females.

Conversely, these study findings were in disagreement with **Badran & Akeel, (2022)** who found that the great majority of the studied staff nurses were married and less than half of them had a bachelor's degree of nursing.

Regarding to staff nurses' perception of toxic Leadership. The present study finding revealed that less than two-thirds of studied staff nurses had low perception level regarding total toxic Leadership. In contrast, the minority of them perceived a high level of total toxic leadership. This result might be due to the head nurses might had previously received a leadership training program that improved their knowledge of leading role as well as assisting them to perform their effective leadership practice which able to direct, organize and promote activities and relationships within organization.

The previous study findings go in the same line with *Zaki & Elsaiad, (2021)* who mentioned that slightly more than three-fifth of nurses perceived a low level of toxic leadership and the minority of them perceived a high level of overall toxic leadership. Also, these study findings were consistent with *Abdallah & Mostafa, (2021)* who revealed that the majority of staff nurses perceived that their leaders had low overall toxic leadership level at Tanta

International Teaching Hospital, compared to only one-fifth at El-Menshawy General Hospital.

On the opposite side, these results were in disagreement with *Naeem & Khurram, (2020)* who indicated that most of the participants reported they were exposed to leaders harmful behaviors in their workplace. In the same line, these study finding were in disagreement with *Özkan, Çamlica & Kartal, (2022)* who mentioned that the nurses were exposed to moderate level of toxic leadership.

In the same line the previous results were in disagreement with *Shipl, Nabawy & Ashour, (2021)* who revealed that staff nurses perceived slightly moderate mean score percentage level of the overall toxic leadership. Also, these study finding disagree with *Örgev & Demir, (2019)* who found that most of the participants reported that they are exposed to highly toxic behaviors in their workplace.

The Present study findings showed that about two-thirds of the studied staff nurses had low perception level regarding total self-promotion, abusive supervision and authoritarian leadership, respectively. This result might be related to the head nurses pay attention for ensuring open channel of communication, giving positive and negative feedback and conducting regular meetings with those staff nurses to exchange information, discuss important issues and utilize their suggestions as well as continuous encouragement and giving supportive behaviors consistent with their needs and potentials.

The Present result was confirmed by *Asiri et al., (2016)* who displayed that nursing leaders enhance the nursing work environment by practicing appropriate leadership styles and empowering strategies, including greater nursing staff participation in decision-making.

Regarding to the staff nurses perception of total self-promotion the present study showed that more than two-thirds of the studied staff nurses had low perception level toward Self-promotion dimension. This result might be due to the head nurses don't try to gain power and

control by displaying self-promotion behavior or by passing failure on to the staff. This finding is in disagreement with the finding of study conducted by *Snow et al., (2021)* who revealed that more than half of respondents selecting strongly agree to a toxic behavior associated with self-promotion.

Regarding to the staff nurses perception of total abusive supervision the present study showed that slightly less than two-thirds of the studied staff nurses had low perception level toward abusive supervision dimension. This result might be due to the nursing leaders do not concerned with obtaining and maintaining control through methods that create fear and intimidation, in addition, the nursing leaders encourage informal interaction between subordinate.

This finding go in the same line with *Lyu et. al., (2019)* who found that majority of studied sample had low level of abusive supervision from their supervisors. On the opposite side, this finding were in contradiction with *Badran & Akeel, (2022)* who mentioned that almost all of the studied staff nurses perceived high level of abusive supervision, only 2% of them perceived low level of abusive supervision from their supervisors.

Regarding to the staff nurses perception of total authoritarian leadership the present study showed that less than two-thirds of the studied staff nurses had low perception level toward authoritarian leadership dimension. This result might be due to head nurses may pay attention for ensuring open channel of communication, giving positive and negative feedback and conducting regular meetings with those staff nurses to exchange information.

In contrary with the study finding a study conducted by *Snow et al., (2021)* who revealed that more than half of respondents selecting strongly agree to a toxic behavior associated authoritarian leadership. Also this finding were in disagreement with *Shipl, Nabawy & Ashour, (2021)* who mentioned that that authoritarianism is a favored behavior in toxic leaders and show authoritarian leadership had the highest mean score.

Regarding to staff nurses level toward total work engagement the finding of the present study showed that half of the studied staff nurses had moderate level regarding total work engagement. This result might be due to the effective leadership behavior in addition to trust, mutual respect, and honest communication between nurse managers and subordinates leading to positive outcomes as increased work engagement, job satisfaction and productivity in the organization

This results go in the same line with *Badran & Akeel (2019)* who revealed that less than two-thirds of the sample had moderate work engagement level.In the same way, a study conducted by *Awad & Ashour,(2020)* who showed that the staff nurses had moderate work engagement level.

Conversely, the previous findings were in disagreement with *Shang et al., (2018)* who mentioned that nurses had low level of work engagement. Also, this study finding disagreed with *Badawy, Shazly & Elsayed (2021)* who found that more than half of staff nurses had low level of work engagement In the same line, this study finding disagreed with **Abou Hashish, Abdel All & Mousa, (2018)** who revealed that nurses are highly engaged in their work.

Regarding work engagement dimensions among staff nurses, the finding of the present study showed that more than half of staff nurses had high work engagement level toward dedication dimension. This results might be due to they feel comfortable with their work conditions and they are proud on the work that they do. This finding is agreed with *Allande-Cussó et al., (2021)* who found that slightly more than half of the participants had high engagement level regarding dedication dimension. Conversely, this study finding disagreed with *Shang et al., (2018)* who mentioned that nurses had low level of dedication dimension

Regarding to relationship between personal and job characteristics of the studied staff nurses and their perception levels regarding toxic leadership, the study finding

revealed that there was statistically significant relation between staff nurses' perception levels of toxic leadership and their age, gender, educational level and years of experience. While, there was no statistically significance relation between staff nurses' perception levels of toxic leadership and their marital status and working unit.

This finding might be due to the old and more experienced staff being proficient, autonomous, and thinking in their work decisions that may differ from their leaders. Also the nursing staff's education helps in dealing with fear and anxiety, which makes them susceptible to toxic leaders.

This finding is consistent with *Abdallah & Mostafa, (2021)* who found that there was a statistically significant positive correlation between total staff nurses' perception of toxic leadership and their age, level of education and years of experience. In the same way, the previous results supported by the finding of another study conducted by **Özkan, Çamlica & Kartal, (2022)** who showed that nurses' perception of toxic leadership behaviors was not influenced by their marital status and their working units.

On the opposite side, this study findings were in disagreement with **Özer et al., (2017)** who found that gender and educational status of the participants had no influence on the toxic leadership. This study finding also disagree with **Singh, Sengupta & Dev, (2018)** who found that there was no statistically significant relation between staff nurses perception of toxic leadership and their gender, educational level.

Regarding to relationship between personal and job characteristics of the studied staff nurses and their work engagement levels, the study finding revealed that there was statistically significant relation between work engagement and age, education level and years of experience of studied staff nurses. While, there was no statistically significant relation between total work engagement level and studied staff nurses' gender, marital status and working unit. This result might be due to older

age and more experienced and educated nurses had more loyalty to their work place.

This result was consistent with **Czerw & Graboski, (2015)** who found that age and years of experiences affect work engagement. In the same line, another study conducted by **Sharma, Goel & Sengupta, (2017)** and the finding revealed that there was a significant relationships between work engagement and age, education level and experience and mentioned that work engagement is predicted by higher education and that males are more engaged than females in their work.

Conversely, the previous findings were in disagreement with **Enwereuzor, Ugwu & Eze, (2018)** who mentioned that age and numbers of years of experience of staff nurses was no statistically significantly correlated with work engagement. Also, this finding disagreed with **Allande-Cussó et al., (2021)** who found significant differences in the sex and working unit with the work engagement dimensions.

Regarding to correlation between total Toxic leadership and total work engagement the finding of the present study showed that there was highly statistical significant negative correlation between total toxic leadership and total work engagement. This result might be due to nurses' perception and satisfaction with the leadership style they experienced in their work environment, effective communication, appropriate management and participation in decision- making. When nurses reported their work as challenging, they have the enthusiasm to continue working for a long period of time and they happily immerse themselves in work making it difficult to detach them for work.

The findings consistent with study carried out **Igbokwe et al., (2021)** who revealed a negative correlation between toxic leadership behaviors and work engagement. Also, the results of the current study supported by the findings of a study conducted by **Naeem & Khurram (2020)** and mentioned that there is a significant and negative association of toxic leadership with work engagement and indicates that employees are less likely to be engaged in

their work when their supervisors are depicting toxic characteristics.

Conversely, the previous findings were in disagreement with **Klahn Acuña & Male, (2022)** who showed that toxic leadership present in the consulted institutions, but a significant relationship between toxic leadership and work engagement was not established and mentioned that levels of work engagement do not seem to be affected by the kind of supervision.

The research question was confirmed by that, there was a statistically significant negative correlation between toxic leadership and work engagement among studied staff nurses. This finding indicated that, when staff nurses less exposed to toxic leaders and treated fairly and kindly by their supervisors and organizational management; nurses become more enthusiastic, more committed and loyal to their work.

Conclusion:

In the light of the study findings, it was concluded that more than two-thirds of the studied staff nurses had low perception level for self - promotion dimension, while less than two-thirds of the studied staff nurses had low perception level toward total toxic leadership. Also, more than half of studied staff nurses had high level of work engagement toward dimension of dedication, while half of them had moderate level regarding total work engagement. There was statistically significant relation between staff nurses 'perception of toxic leadership and their age, gender, educational qualification and number of years of experience. Also, there was statistically significant relation between staff nurses 'work engagement level and their age, educational qualification and years of experience. Moreover, the research question was confirmed by that, there was a statistically significant negative correlation between toxic leadership and work engagement among staff nurses.

Recommendations:

In the light of the findings of the current study the following recommendations are suggested:

The hospital administrators could:
1- Conduct training program for head nurses to improve their leadership skills and behaviors.
2- Develop and implement proper strategies and coping mechanisms to deal with toxic leaders.
3- Use 360 feedback evaluations to monitor toxic behavior among nursing managers.
4- Conduct continuing meeting with nursing staff to discuss and solve their main problems that will enhance their work engagement.
5- Encourage staff nurses for participation in decisions making that will improve their work engagement.

Further suggested researches:
1- Assessing factors affecting toxic leadership behavior among head nurses.
2- Assessing factors affecting work engagement among staff nurses.
3- Finding out relationship between toxic leadership behaviors and staff nurses' autonomy.

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