The Relationship between Staff Nurses' Perception of Toxic Leadership Behaviors and Their Job Satisfaction

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Abstract
     Background: Toxic leadership in nursing has become a common reality in many healthcare organizations. It can cause harm not only to the followers but to the whole organization, resulting in adverse negative consequences such as reduced motivation, productivity, and cooperation which consequently affect their job satisfaction. Aim: to investigate the relationship between staff nurses' perception of toxic leadership behaviors and their job satisfaction. Design: A descriptive correlational research design was used. Setting: The study was conducted at Elrahmaniyah General Hospital in El-Behera Governorate, affiliated with the Ministry of Health and Population. Subjects: 190 staff nurses who accepted to participate with at least one year of experience. Data collection tools: Data were collected by using two tools namely, Toxic Leadership Scale and Job Satisfaction Questionnaire Results: The total levels of toxic leadership low level were (58.4%) and the total level of job satisfaction was moderate (51.6%). Conclusion: The present study showed a highly negative correlation between toxic leadership and job satisfaction. Recommendations: Establish leadership training programs to provide healthcare leaders with the needed skills to build a collaborative and participatory management organization.
Keywords: Toxic leadership behaviors, Job satisfaction, Staff nurses.

Introduction

The competitive landscape of current healthcare divisions demands the involvement of inspiring leaders to come across customer demands and expectations. Effective leadership is a core dimension of the management role in nursing, with substantial evidence showing its desired outcomes in nurses, patients, their families, and the organization. (Labrague et al., 2020). Nurse leaders play a crucial role in empowering nurses to provide high-quality care through a positive work environment. Leadership practices can contribute positively or negatively to patients, nurses and overall healthcare organizational outcomes. (Diab, & Hassan, 2023).

Toxic leadership defined as a style of leadership that is destructive, harmful, and counterproductive to the individuals and organizations it impacts. It involves leaders who exhibit negative behaviors, engage in abusive practices, and create a toxic work environment characterized by fear, hostility, and dysfunction (Sherifdeen et al.,2023). Toxic leaders characterized by display a wide range of extreme emotions in an unpredictable pattern, lack emotional intelligence. Also, act in ways that are culturally and interpersonally insensitive as well as influence others by employing negative managerial techniques and they are primarily motivated by self-interest. (Labrague et al., 2020).

Toxic leadership is a multidimensional construct that contains harmful supervision components as, abusive supervision, narcissism, authoritarianism, self-promotion, and unpredictability.(Thompson,2021) Abusive supervision refers to a leader's perceived

intentionally hostile behaviors towards employees, excluding physical contact and has negative supervisor subordinate relationship which has everlasting effects on subordinates.[31] 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 et al., 2020).

Authoritarian refers to leader's behavior that asserts authority and control over nursing staff and demands unquestionable obedience from them. (Reyhanoglu, & Akin, 2022). self-promotion refers to enhancing the impression of the self to others in contrast to narcissism which focuses on self-oriented actions designed to primarily enhance the self to itself. unpredictability occurs when it is impossible to know or be declared ahead of what may happen or what it would be like. These unpredictable leaders cannot tell what they are going to do or how they are going to behave(Fischer et al.,2021)

Toxic leadership can cause harm not only to the followers but to the whole organization that can adversely affect the physical and psychological health and well-being of an employees which strongly linked with negative consequences such as poor work performance, reduce job satisfaction and increase nurse's turnover (Naeem, & Khurram,2020)

Job satisfaction can be defined as the degree to which individuals feel positive or negative about their job. (Widodo,2023). Major factors effect on job satisfaction in the healthcare organization are job security, opportunities to make use of skills and abilities within the employment setting, people management, compensation/pay, supervisor support, working environmental conditions, job characteristics, relationship with the co-workers, job duties, flexibility to balance life and work issue and educational qualifications(Mulonzya,2021)

Job satisfaction has been recognized as an essential factor in healthcare which influences both organization and employees(Abate, & Mekonnen,2021). A satisfied worker tends to be more productive, efficient and may apply innovative ways of doing his or her job better. However, a dissatisfied worker tends to be bored , unhappy and may procrastinate, which can negatively impact the workflow and structure of the organization(Deshmukh et al.,2023).

Aims of the Study

This study aimed to investigate the relationship between staff nurses' perception of toxic leadership behaviors and their job satisfaction.

Research question:

- What is the relationship between staff nurses' perception of toxic leadership behaviors and their job satisfaction?

Materials and Method

Materials

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

Settings: The study was conducted in all inpatient care units (n=11) at Elrahmaniyah General hospital which is affiliated with the Ministry of Health and Population which considered one of the main hospitals in El Beheira Governorate with a bed capacity (n=128) bed. This hospital is divided as follows: 1-Medical units and their specialties" (n=3) namely: General medical, obstetric and pediatric. 2-Surgical units and their specialties (n=3); namely: General surgical, operation and orthopedics. 3-Intensive care units (ICU) (n=5), namely: General ICU, coronary ICU, dialysis, neonatal ICU and pediatric ICU.

Subjects: The subjects in this study were all staff nurses who are working in the previously mentioned setting and who will be available during time of data collection approximately (n=190): professional nurses(n=66), technical nurses(n=124) with at least one year of experience The study sample was selected using the convenience method.

Tools: To collect the necessary data for the study, two tools were used:

Tool I: Toxic leadership Scale: It is developed by Schemidt (2008) to assess toxic leadership behaviors using 30 items grouped into five dimensions: (1) self-promotion (5 items); (2) abusive supervision (7items); (3) unpredictability (7items); (4) narcissism (5items) lastly, (5) authoritarian (6 items).

Scoring System:

Responses will be measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall score level of toxic leadership ranged from (30-150) points and was categorized as follows :
- low levels of toxic leadership (30-89)
- moderate levels of toxic leadership (90-119)
- high levels of toxic leadership (120-150).

Tool II: Job Satisfaction Questionnaire: It was developed by Hussein (2007) to assess the level of job satisfaction among nurses in the study setting. It includes 64 items grouped into ten dimensions: (1) hospital administrative policy (10 items); (2) salary and incentive (7 items); (3) interpersonal hospital relation (7 items); (4) working environment (5 items); (5) work itself (4items); (6) job appreciation(6items); (7) job responsibility (6items); (8) job advancement (6 items); (9) supervision (7items) lastly, (10) job achievement (6 items).

Scoring System:

Responses will be measured on a 3-point Likert scale ranging from (2) Yes, (1) Sometimes and (0) No. The overall score level of job satisfaction ranged from (0-128) points and was categorized as follows :
- 0-63 indicated low job satisfaction.
- 64-95 indicated moderate job satisfaction.
- 96-128 indicated high job satisfaction.

Method

An official permission to conduct the study was obtained from the Dean of the Faculty of Nursing, Damanhour University, and the responsible authorities of the study settings, at Elrahmaniyah General hospital. The validity of the tools was revised by a panel of five experts from faculty members in nursing administration department, and accordingly, the necessary modifications were made. Tools were tested for its reliability by using Cronbach's alpha correlation coefficient test. The tools were proved to be reliable, where r = 0.983 for tool 1 I (Toxic leadership Scale) and r = 0.856 for tool 2(Job Satisfaction Questionnaire) . A pilot study was carried out on 10% of the subjects to check and ensure the clarity of the items. The duration of data collection was nearly two months (from the beginning of July 2023 and completed at the end of August 2023), as follows:

The study was conducted in three phases:
Phase I (planning): This phase started at the beginning of December 2022 and was completed at the end of February 2023. In this phase, the researcher reviewed the national, international, current, and past related literature, and used textbooks, articles, journals, and the internet to be acquainted with the topic of the study, subjects of the study, and tools.
Phase II (pilot study): The pilot study was conducted on 19 staff nurses who were selected randomly and represented about 10% of 190 staff nurses in the main study sample. The pilot study aimed to examine the applicability of the tool, and clarity of language, and assess the feasibility and suitability of the designated tools.
Phase III (field work): The fieldwork started after getting official permissions to conduct the study. It took two months starting at the beginning of July 2023 and completed at the end of August 2023. The investigator visited the study setting, met with the hospital's nursing directors to explain the study's aim, and got their approval and cooperation. The investigator introduced herself to staff nurses in the workplace to explain the aim and components of the tools, invited staff nurses to participate in data collection, and instructed them on how to fill them in. Data was collected three days per week on the morning and afternoon shifts. The

investigator collected about 23 to 25 questionnaires every week. filled sheets were distributed to the participants at their workplace. Then the filled sheets were collected by the researcher on the same or next day. The filled sheets were handed back to the researchers to check each one to ensure its completion.

Ethical considerations

The research approval was obtained from the ethical committee at the Faculty of Nursing, Damanhour University, prior to the start of the study. The research code was 74-d, with the date 16/3/2023. A written informed consent was obtained from the study subjects after an explanation of the aim of the study. Anonymity and confidentiality of the data were maintained. Right to withdraw from the study without any penalties in their clinical training grades.

Statistical Analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0 (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, standard deviation, median. Significance of the obtained results was judged at the 5% level.

Results

Table 1: Displays the basic characteristics of staff nurses as less than half percent of staff nurses (44.2%) were in the age group between 25 to less than 30 years. the majority of staff nurses (93.7%) were female. Concerning education qualification, about half of the staff nurses (49.5%) had a technical institute of nursing diploma. Also, more than two-thirds of staff nurses (67.4%) work in the intensive care unit. Moreover, more than half of nurses had less than 5 years of experience in their working unit and had previous exposure to toxic leadership (57.9 and 56.3) respectively.

Figure (1): Demonstrates staff nurses' levels of overall toxic leadership this figure revealed that about three fifth of staff nurses(58.4%) had low level of overall toxic leadership .While more than quarter of them (25.3%)had moderate level and minority (16.3%) had high level of overall toxic leadership.

Figure (2): Demonstrate staff nurses levels of overall job satisfaction this figure revealed that about half of staff nurses(51.6%) had moderate level of overall toxic leadership .While more than quarter of them (25.3%) had high level and less than quarter of them (23.2.3%) had low level of overall toxic leadership.

Table 2: Shows the total levels of toxic leadership regarding low level was (58.4). Concerning abusive supervision, authoritarian, self-promotion, unpredictability, and narcissism dimensions the highest percentages were (62.6%, 61.1%, 51.1%, 46.3% and 41.6%) respectively regarding low levels.

Table 3: Demonstrates that the total level of job satisfaction was moderate (51.6%). Concerning interpersonal hospital relations, work itself, job appreciation and job responsibility, the highest percent was (55.8%, 45.8%, 44.2% and 38.9%) respectively regarding the high level. Relating to supervision, job achievement, hospital administration policy, working environment and job advancement, the highest percent were (48.9%, 45.8%, 44.2%, 43.2% and 38.9%) respectively regarding moderate levels. Concerning salary& incentives, the highest percent was (86.8%) low levels.

Table 4: Indicates that there is no relation between staff nurses' demographic characteristics and levels of job satisfaction dimensions.

Table 5: Demonstrates a highly negative significant correlation between toxic leadership & job satisfaction.

Discussion

Leadership is a multifaceted issue that covers responsibilities for organizations and subordinates. In addition to positive leadership styles, toxic leadership styles may be faced. Toxic leadership is exploitative, abusive, destructive, and psychologically degenerated toxic behaviors. (Hattab et al., 2022) The organization's value system is harmed by the toxic environment, making workers less sensitive to others, and decreasing employee engagement, with consequences of lack of commitment and lack of job dissatisfaction. (Shipl et al., 2022)

the present study aimed to investigate the relationship between staff nurses' perception of toxic leadership behaviors and their job satisfaction. the result of the current study demonstrated that about half percent of nurses were in the age group between 25 to less than 30 years. While the vast majority of studied nurses were female. Concerning education qualification, about half of the staff nurses had a technical institute of nursing diploma. Furthermore, more than two-thirds of staff nurses work in intensive care units. Moreover, more than half of nurses had less than 5 years of experience in their working unit and had previous exposure to toxic leadership.

The findings of the present study revealed that studied staff nurses perceived low levels of total toxic leadership behavior. This could be due to a lack of effective communication channels within the health care facility, leading to misunderstandings and frustrations among staff members. Khaled & Samir(2021) supported this finding, who stated that slightly more than three-fifths of staff nurses perceived a low level of toxic leadership and the minority of them perceived a high level of overall toxic. But this result of the current study disagreed with Reyhanoglu, (2022) which demonstrated that nursing staff perceive a high level of toxic leadership behaviors at health institutions.

The findings of the present study stated that there was a highly significant correlation between all toxic leadership dimensions. This finding underscores the interconnected nature of toxic leadership traits and highlights the importance of addressing them

comprehensively in organizational settings. This result matched with Diab and Hassan, (2023), who showed that there was a significant correlation between toxic leadership dimensions. . Likewise, Mahgob et al., (2024) [32] study affirmed that statistically significant associations were found between all dimensions of toxic leadership.

The findings of the present study displayed that there was no relation between the studied staff nurses' demographic characteristics and their total perceived levels of toxic leadership. This could be because toxic leadership dimensions are more influenced by organizational culture, management styles, and work environment rather than individual demographic characteristics of staff nurses. This result was compatible with a study conducted by Hassan and Ali, (2022) found that there wasn't significant statistical association between the studied nurses' total perception of toxic leadership and their demographic characteristics. Conversely, Diab and Hassan, (2023) whose study declared that there was a statistically significant relationship between total overall nursing leaders' Toxic Leadership as perceived by studied nurses and nurses' age, while there was no a statistically significant relationship between overall nursing leaders' Toxic Leadership as perceived by studied nurses and all other nurses' demographic characteristics

The findings of the present study demonstrated that staff nurses perceived a moderate level of job satisfaction. This could be due to various factors such as workload, interpersonal relationships and workplace environment that can significantly impact how nurses perceive their job satisfaction. Additionally, individual preferences, values, and expectations play a crucial role in shaping one's satisfaction with their job. Along the same line, previous studies carried out by Labrague et al., (2023) reported that the studied nurses' job satisfaction levels were moderate.

The findings of the present study revealed that there was a highly statistically significant correlation between all the job satisfaction dimensions. This could be related to the intrinsic interconnections within various

dimensions of job satisfaction. The findings of the present study suggest that factors influencing job satisfaction tend to overlap and influence one another significantly. This correlation underscores the complexity of the concept of job satisfaction, indicating that improvements or declines in one dimension can potentially impact other dimensions as well. This finding was supported by previous studies carried out by Mohamed et al., (2022) reported that significant correlations were found between all job satisfaction dimensions.

The findings of the present study revealed that there was no relation between staff nurses' demographic characteristics and their levels of job satisfaction total dimensions. This could be related to the complexity of job satisfaction determinants, which could extend beyond demographic factors such as work environment, workload, interpersonal relationships, and opportunities for career advancement might play a more significant role in influencing job satisfaction among staff nurses. This result by Elewa et al., (2020), found that there was no significant relationship between the studied nurses' perception regarding job satisfaction and their demographic data. On the opposite side, a study conducted by Bani and Hamdan, (2021) reported that job satisfaction is high with ages 25-30 years, secondary diploma, staff nurses and those who have experience of 10-15 years.

the findings of the present study stated that a highly negative statistically significant correlation was found between toxic leadership and job satisfaction. These findings were in agreement with a study performed by Erdal and Budak, (2021) revealed that a negative significant relationship was found between toxic leadership and job satisfaction and its sub-dimensions. In the same line, the study conducted by Brouwers, & Paltu, (2020) showed that there is a statistically significant negative relationship between toxic leadership and job satisfaction. Similarly, Ofei, et al., (2023) found that there is a negative significant correlation was noted between job satisfaction and toxic leadership behavior.

Conclusion

According to the study's findings, there was a highly negative correlation between toxic leadership and job satisfaction among staff nurses working at Elrahmaniyah General hospital.

Recommendations

In line with the findings of the study, the following recommendations are made:

- Hospital administrators should establish leadership training programs to provide healthcare leaders with needed skills to build a collaborative and participatory management organization.

- The nursing manager should develop ongoing training program for nurses to reinforces their autonomy and for head nurses to improve their leadership skills through sitting specific for them to attend training program .

- First line nurse managers should give opportunity for nurses to participate in decision making related to their work so increase their feeling of autonomy.

Table (1): Distribution of the staff nurses 'demographic characteristic (N=190):

| Staff nurses' characteristics	Total (N=190)	
	No.	%
Age (years)		
• <25	41	21.6
• 25-	84	44.2
• 30-	44	23.2
• ≥35	21	11.1
Gender		
• Male	12	6.3
• Female	178	93.7
Marital status		
• Single	19	10.0
• Married	167	87.9
• Widowed	2	1.1
• Divorced	2	1.1
Educational qualifications		
• Secondary school diploma of nursing	29	15.3
• Technical institute of nursing diploma	94	49.5
• Bachelor's degree of nursing	67	35.2
Working unit		
• Medical units	34	17.9
• Surgical units	28	14.7
• Intensive care units	128	67.4
Years of experience in nursing		
• <5	77	40.5
• 5-	57	30.0
• 10-	30	15.8
• ≥15	26	13.7
Years of experience in working unit		
• <5	110	57.9
• 5-	45	23.7
• ≥10	35	18.4
Previous exposure to toxic leadership		
• Yes	107	56.3
• No	83	43.7
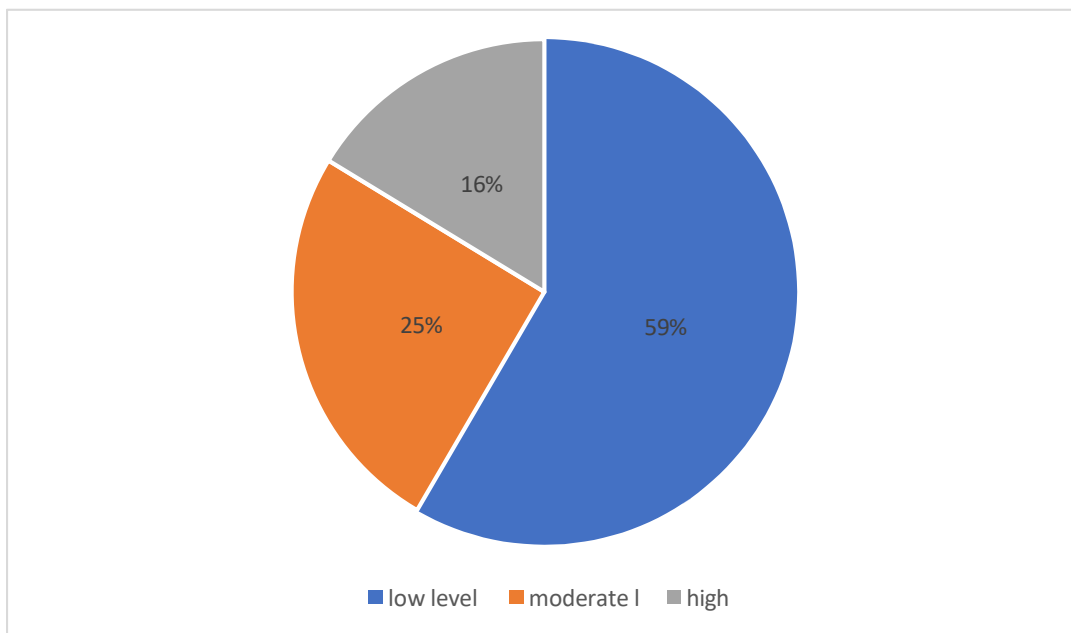
Figure (1): Distribution of studied nurses according to Overall staff nurses 'perception of toxic leadership (N=190):
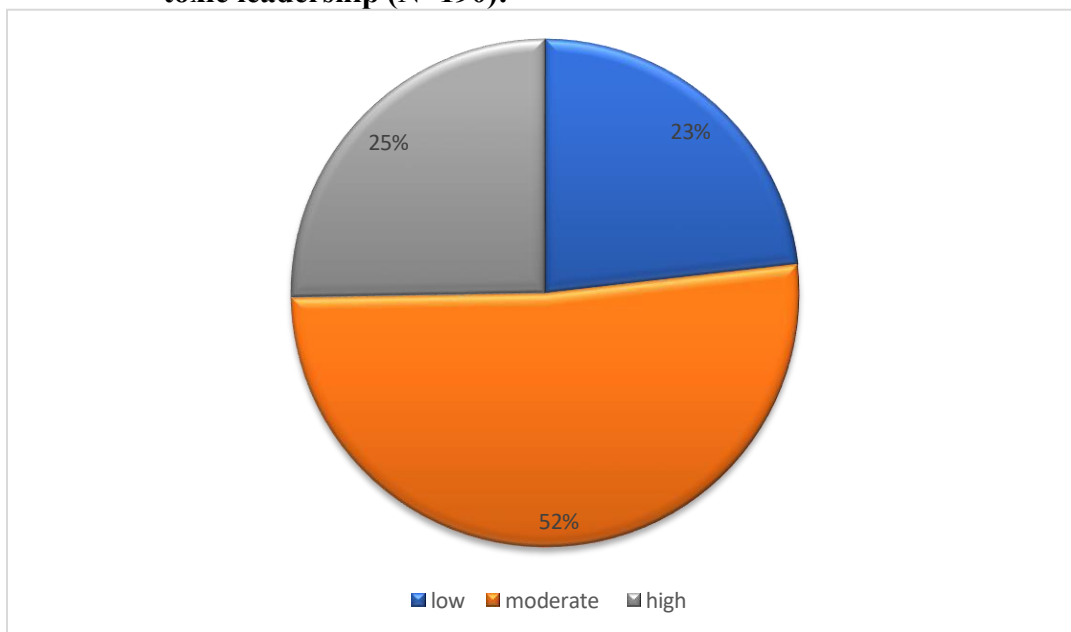

Figure (2): Distribution of studied nurses according to Overall staff nurses 'perception of job satisfaction (N=190):

Table (2): Distribution of levels of toxic leadership as perceived by staff nurses(N=190):

Domains	Levels of perception of toxic leadership					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
• Self-promotion	97	51.1	68	35.8	25	13.2
• Abusive supervision	119	62.6	45	23.7	26	13.7
• Unpredictability	88	46.3	81	42.6	21	11.1
• Narcissism	79	41.6	63	33.2	48	25.3
• Authoritarian	116	61.1	43	22.6	31	16.3
Total Toxic Leadership	**111**	**58.4**	**48**	**25.3**	**31**	**16.3**

Table (3): Distribution of levels of job satisfaction as perceived by staff nurses (By domains) (N=190):

Domains	Levels of Job Satisfaction					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
• Hospital administration policy	28	14.7	84	44.2	78	41.1
• Salary & Incentives	165	86.8	8	4.2	17	8.9
• Interpersonal hospital relationship	25	13.2	59	31.1	106	55.8
• Working environment	68	35.8	82	43.2	40	21.1
• Work itself	63	33.2	40	21.1	87	45.8
• Job-appreciation	57	30.0	49	25.8	84	44.2
• Job-responsibility	69	36.3	47	24.7	74	38.9
• Job-advancement	55	28.9	74	38.9	61	32.1
• Supervision	38	20.0	93	48.9	59	31.1
• Job-achievement	34	17.9	87	45.8	69	36.3
Total Job Satisfaction	**44**	**23.2**	**98**	**51.6**	**48**	**25.3**

Table (4): Relationships between staff nurses' demographic characteristics and levels of job satisfaction dimensions (N=190).

Staff nurses' characteristics	Levels of Job Satisfaction						Total N= 190		Test of significance
	Low (N= 44)		Moderate (N= 98)		High (N= 48)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
▪ <25	12	29.3	15	36.6	14	34.1	41	21.6	X^2=10.722
▪ 25-	22	26.2	41	48.8	21	25.0	84	44.2	P=0.097
▪ 30-	6	13.6	31	70.5	7	15.9	44	23.2	
▪ ≥35	4	19.0	11	52.4	6	28.6	21	11.1	
Gender									
▪ Male	3	25.0	6	50.0	3	25.0	12	6.3	X^2=0.025
▪ Female	41	23.0	92	51.7	45	25.3	178	93.7	P=0.987
Marital status									

▪ Single	4	21.1	9	47.4	6	31.6	19	10.0	X²=3.412
▪ Married	39	23.4	86	51.5	42	25.1	167	87.9	P=0.756
▪ Widowed	1	50.0	1	50.0	0	0.0	2	1.1	
▪ Divorced	0	0.0	2	100	0	0.0	2	1.1	
Educational qualifications									
▪ Secondary school diploma	6	20.7	14	48.3	9	31.0	29	15.3	X²= 3.293
▪ Technical institute of nursing Bachelor degree of nursing	24	25.5	44	46.8	26	27.7	94	49.5	P=0.510
	14	20.9	40	59.7	13	19.4	67	35.2	
Working unit									
▪ Medical units	11	32.4	13	38.2	10	29.4	34	17.9	X²= 6.577
▪ Surgical units	3	10.7	15	53.6	10	35.7	28	14.7	P=0.160
▪ Intensive care units	30	23.4	70	54.7	28	21.9	128	67.4	
Years of experience in nursing									
▪ <5	18	23.4	34	44.2	25	32.5	77	40.5	X²= 6.479
▪ 5-	14	24.6	32	56.1	11	19.3	57	30.0	P=0.372
▪ 10-	7	23.3	19	63.3	4	13.3	30	15.8	
▪ ≥15	5	19.2	13	50.0	8	30.8	26	13.7	
Years of experience in working unit									
▪ <5	24	21.8	55	50.0	31	28.2	110	57.9	X²= 1.4001
▪ 5-	12	26.7	24	53.3	9	20.0	45	23.7	P=0.844
▪ ≥10	8	22.9	19	54.3	8	22.9	35	18.4	
Previous exposure to toxic leadership									
▪ Yes	24	22.4	59	55.1	24	22.4	107	56.3	X²= 1.437
▪ No	20	24.1	39	47.0	24	28.9	83	43.7	P=0.488

X² Chi Square Test   * statistically significant at p ≤ 0.05

Table (5): Correlation matrix among the studied variables as perceived by staff nurses (N=190).

Dimensions			Dimensions of Toxic Leadership					
			Self-promotion	Abusive supervision	Unpredictability	Narcissism	Authoritarian	Total Toxic Leadership
Job of Dimensions Satisfaction	D1 Hospital administration policy	r	-0.295	-0.261	-0.234	-0.330	-0.365	-0.330
		P	0.000*	0.000*	0.001*	0.000*	0.000*	0.000*
	D2 Salary & Incentives	r	0.219	-0.211	-0.288	-0.305	-0.645	-0.411
		P	0.002*	0.003*	0.057*	0.000*	0.000*	0.000*
	D3 Interpersonal hospital relationship	r	-0.384	-0.433	-0.266	-0.209	-0.381	-0.385
		P	0.000*	0.000*	0.000*	0.004*	0.000*	0.000*
	D4 Working environment	r	-0.192	-0.178	-0.192	-0.291	-0.197	-0.233
		P	0.008*	0.014*	0.008*	0.000*	0.006*	0.001*
	D5 Work itself	r	-0.302	-0.192	-0.195	-0.185	-0.264	-0.253
		P	0.000*	0.008*	0.007*	0.011*	0.000*	0.000*

D6 Job-appreciation	r	-0.224	-0.146	-0.480	-0.455	-0.145	-0.219
	P	0.009*	0.045*	0.052*	0.000*	0.054*	0.007*
D7 Job-responsibility,	r	-0.195	-0.293	-0.139	-0.480	-0.248	-0.219
	P	0.007*	0.000*	0.054*	0.000*	0.001*	0.002*
D8 Job-advancement	r	-0.429	-0.276	-0.277	-0.182	-0.262	-0.321
	P	0.000*	0.000*	0.000*	0.012*	0.000*	0.000*
D9 Supervision	r	-0.371	-0.321	-0.377	-0.394	-0.288	-0.394
	P	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*
D10 Job-achievement.	r	-0.330	-0.346	-0.305	-0.317	-0.230	-0.348
	P	0.000*	0.000*	0.000*	0.000*	0.001*	0.000*
Total Job satisfaction	r	**-0.322**	**-0.299**	**-0.264**	**-0.286**	**-0.323**	**-0.337**
	P	**0.000***	**0.000***	**0.000***	**0.000***	**0.000***	**0.000***

*r = Pearson correlation   * Significant p at ≤0.05   r ≥0.9 very high correlation   r 0.7-<0.9 high correlation   r 0.5-<0.7 moderate correlation   r < 0.5 low correlation*

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