

## Toxic Leadership and its Relation to Nurses' Absenteeism and Their Deviant Behaviors

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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:** The present study aimed to examine toxic leadership and its relation to nurses' absenteeism and their deviant behaviors. **Research Design:** Descriptive correlational design was utilized. **Study Setting:** the study was conducted in all inpatient's medical, surgical departments, and critical care units at Benha University Hospital. **The study sample was** A purposive sample of (250) nurses after conducting sample size from the setting mentioned above. **Data collection tools:** Three tools were used to collect the data: Toxic leadership scale, nurses' absenteeism questionnaire, and deviant workplace behaviors Scale. **Results:** The findings of this study showed that slightly more than three-fifth of nurses (61.8%) perceived a low level of toxic leadership. Also, the highest mean percent was related to personal factor, the relationship between supervisors and nursing staff, and self-fulfillment (70.6%&70.4& 69%) respectively as the most causes of nursing absenteeism. Besides, most of studied nurses (83.6%) had negative work deviance behaviors. **Conclusion:** The study concluded that there was a statistically significant positive correlation between perceived toxic leadership, nursing absenteeism, and deviant workplace behaviors. **Recommendation:** The study recommended establishing leadership training programs to provide health care leaders and supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing nursing absenteeism and their deviant behaviors.

**Keywords:** Toxic Leadership, Nurses' absenteeism, Deviant Workplace Behaviors.

### Introduction

Leadership is one of the skills expected to be at all levels of health services, especially in managerial positions (Oztokatli, 2020). 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 (Zagross and Jamileh, 2016; Omar and Ahmad, 2020). Toxic leadership had been examined among these ineffective behaviors that reflect leadership's negative/dark side (Ozer et al., 2017).

Toxic Leadership is defined as a form of supervision where a leader employs organized, systematic and persistent destructive behaviors 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**). Also, toxic leadership is a poison that creates severe and influential pressure on the nurses' personality. Toxic leaders neglect the welfare of nurses, criticize the nurses and force them to submit with threats and authority and only focus on their interests and pay no attention to others (**Celmece and Isiklar, 2019; Okray and Simsek, 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 (**Gabriel, 2016; Labrague, 2021**).

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; *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 (**Dobbs, 2014; Tharwani et al., 2020**).

*Authoritarian leadership* attempts to exert excessive authority and control over subordinates 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*: 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 (**Dobbs, 2014; Schmidt, 2014; Orunbon, 2020; Tharwani et al., 2020**).

The hidden costs of toxic Leadership have been described using an iceberg model, where toxic leaders' behaviors are noticed in the narrow region above the waterline at the tip of the iceberg. However, the human and financial consequences of these toxic behaviors are found in the larger area beneath the waterline at the bottom of the iceberg (**Dobbs and Do, 2019**).

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 (**Yavaş, 2016; Labrague et al., 2020**).

Besides, toxic leadership leads to various adverse outcomes, including such as decreased motivation, productivity, performance and involvement in the work and increased financial losses, intention to leave, turnover, work deviant behavior,

and nursing absenteeism (Ozer et al., 2017; Behery et al., 2018; Naeem and Khurram, 2020).

Nursing absenteeism is a global problem with an exaggerated rate, which could hinder the delivery of health care to patients associated with the shortage of available health staff. Nursing absenteeism is defined as missing a day or many days of work. Also, nursing absenteeism is an unplanned absence without excuse or warning (Alharbi et al., 2018).

Absenteeism of nurses places a recurrent strain on the already limited number of nursing staff in public hospitals. This affects the ability of such an organization to cope effectively with the challenges presented by its environment, and it has a disruptive effect on the organization's functioning; this absenteeism results in increased staff shortage (Vadgaonkar and Velhal, 2018).

There are many causes of absenteeism among nurses as; work overload, stress related to duty, job dissatisfaction, shortage of staff nurses, salary issues, strict timing schedule, the behavior of nursing managers, sickness in nurses, family problems, long working hours, transport problems, and poor working conditions (Kanwal et al., 2017).

Besides, nursing absenteeism could indicate managerial issues, such as low employee morale or a toxic work environment. Absenteeism is undesirable for nurses, their colleagues, and employers. Therefore, it is essential to enlarge insight into possible causes, primarily work-related ones as stressors in the work environment, organizational commitment, having a voice or not,

leadership, individual work ethic, and characteristics cohesiveness of the employees (Alreshidi et al., 2019).

Deviant workplace behaviors (DWB) are voluntary behaviors that violate significant organizational norms and threaten the organization's well-being, its members, or both. Also, DWB is known as wrongful behavior, organizational behavior, antisocial behavior, dysfunctional behavior, and counterproductive behavior (Saad et al., 2016; Kalemci et al., 2019; Yasir and Khan, 2020). Earlier researchers have given different expressions to the term DWB such as counterproductive workplace behaviors, antisocial behavior, organizational misbehavior, workplace sabotage, worker resistance, dysfunctional behavior, and non-complaint behavior (Griffin and Lopez, 2019).

Deviant behaviors in the workplace differ in two dimensions which are directed towards organization and individual. *Organizational deviance* involves group behaviors between individuals and organizations as theft, sabotage, and putting little effort into work. While *interpersonal deviance* is the behavior presents between individuals in the workplace, such as making fun of others, playing mean pranks, acting rudely, and arguing (Saad et al., 2016; Abdullah et al., 2021).

There are many reasons for DWB, including; negative working cognition, anger, hostility, and revenge. Furthermore, DWB is caused by many factors as; resign intention, dissatisfaction, and lack of appreciation, financial pressure, low job satisfaction, inequality, working

environment issue, and workers perception. In addition, four main factors could cause DWB: organizational issue, behavioral model, the operational environment, and individual perspective (*Yilditz and Alpkani, 2018; Uii, 2019*).

Deviant workplace behaviors have been observed to be negative, violate the established hospital norms, and cause damage to the hospital as well as nurses and patients. The DWB causes decreasing productivity, higher turnover, reducing commitment, and hospital downturn (*Marasi et al., 2018*). Besides, DWB results in adverse effects such as the intention to quit work, absenteeism, frustration, abuse of materials and privileges, stealing, sexual harassment, and bias (*Abdullah et al., 2021*).

Toxic leadership negatively affects nurses' quality of work, productivity, and job satisfaction, manipulating and influencing the workforce's behavior through manipulation, push and force to achieve personal targets. Also negatively impact their workforce by influencing their attitude, needs, and behavior, usually disregarding their employee's well-being and demanding excessive work; nurses with toxic leaders are less satisfied, less committed, more absent, and are more deviant toward their co-workers (*Tharwani et al., 2020*).

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

The challenge of leadership is to be firm but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor without folly. Research suggests that one in every five leaders exhibits toxic behaviors. Toxic leaders

tend to "interfere with others' ability to perform work (similar to the way poison may interfere with an individual's ability to function, therefore being considered toxic) rather than successfully lead followers toward destructive goals as destructive leaders do (*Milosevic et al. 2019*).

Also, in a study conducted upon 400 leaders whose 39% work at health institutions, it had been stated that 94.7% of the participants had to deal with someone who showed toxic characteristics at the workplace (*Ozer et al., 2017*). Furthermore, toxic Leadership threatens the well-being of both individuals and organizations, and this creates an urgent need to understand the nature and evolution of toxic Leadership and the organizations involved (*Brouwers & Paltu, 2020*). So, the researchers conducted this study to examine toxic Leadership and its relation to nurses' absenteeism and their deviant behaviors.

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

This study aimed to identify toxic Leadership and its relation to nurses' absenteeism and their deviant behaviors at Benha University Hospital through:

1. Assessing the level of toxic leadership as perceived by nurses.
2. Assessing the causes of nurses' absenteeism.
3. Assessing the level of deviant workplace behaviors as perceived by nurses.

4. Investigate the relationship among toxic leadership, nurses' absenteeism, and their deviant behaviors.

A convenience sample.

#### Subject Size

A convenience sample of 250 nurses who were working in the previous setting and who employed for not less than a year and accepted to participate in the study. The sample size was calculated by using the following equation:  $n = \frac{N}{1+N(e)^2}$

Where  $n$ =sample size=250,  $N$ =Total number of nurses at Benha University Hospital=667, and  $e$ =Coefficient factor = 0.05

#### The Research Questions:

To fulfill the aim of the study, the following questions were formulated:

1. What is the level of toxic leadership as perceived by nurses?
2. What are the causes of nurses' absenteeism?
3. What is the level of deviant workplace behaviors as perceived by nurses?
4. Is there a relationship among toxic leadership, nurses' absenteeism, and their deviant behaviors?

#### Tools of Data Collection

Three tools were used to collect the data of this study:-

**Toxic Leadership Scale:** It consisted of two parts; **part one:** Included the personal characteristics of nurses as: (age, gender, marital status, educational level, and years of experience).

**Part two: Toxic Leadership Scale:** this scale was developed by **Schmidt, (2014)** as a shortened version of his original scale in 2008 to measure nurses' perception level toward toxic leadership behaviors using the five dimensions with 15-item was adopted: self-promotion (3 items), abusive supervision (3 items), unpredictability (3 items), narcissism (3 items), and authoritarian leadership (3 items).

#### ❖ Scoring System:

Subjects' responses were scored on a five-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The perception level was considered high if the percent score was more than 75%,

### Subjects and Methods

#### Research design

A descriptive correlational research design was adopted to achieve the aim of the study.

#### Setting

The study was carried out in all inpatient's medical, surgical departments, and critical care units at Benha University Hospital. The hospital is composed of three separate buildings; medical building, surgical building, and Ophthalmology building.

#### Subjects

#### Subject Type

moderate if the percent score ranged from 60 to 75%, and low if the percent score was less than 60%.

#### **Nurses' Absenteeism questionnaire:**

The researchers developed the structured questionnaire based on literature review (Senel and Senel, 2014; Youder-Wise, 2014; Kanwal et al., 2017) to assess the causes of absenteeism among nurses. It consisted of 60 items grouped into seven sections, namely; physiological needs (5 items), job climate (11 items), work relation (10 items), respect and appreciation (10 items), self-fulfillment (6 items), personal factors (9 items) and the relationship between supervisors and nursing staff (9 items).

#### **Scoring system:**

Subjects' responses were scored on a three-point Likert scale that ranged from always (3), sometimes (2), never (1). Scores of each dimension were summed up, and ranking of the causes was done according to the total score of cause.

#### **Deviant Workplace Behaviors Scale:**

It was developed by Bennett and Robinson, (2000). This instrument assesses nurses' perception level toward deviant workplace behaviors, and it contained 19 items under two main dimensions: interpersonal deviance (seven items) and organizational deviance (twelve items).

#### **❖ Scoring system:**

Subjects' responses were scored on three points Likert scale that ranged from always (3), sometimes (2), never (1). Scores of each dimension were summed up and converted into percent scores. The perception level toward deviant workplace behaviors was considered positive if the percent score was equal or more than ( $\geq 60\%$ ), negative if the percent score was less than ( $< 60\%$ ).

#### **Methods**

**Preparatory phase;** to collect data, the researchers reviewed the national and international related literature using journals, periodicals, textbooks, the internet, and theoretical knowledge of the various aspects concerning the topic of the study.

After the construction of the tool, translated into Arabic language and back translation to check its accuracy.

**The tool's validity** was tested by consultation of Specialist nurses (3 juries), who were experts in the Nursing Administration field, to evaluate the applicability and content validity. Specialists reviewed the objectives of the study and questionnaire decided on the appropriateness of the questionnaire items. Based on their recommendations, the necessary modifications were made.

**Also, the reliability of the tools** was conducted to determine the internal consistency and homogeneity of the tools used by doing a Cronbach's Alpha test. As can be seen from following the Cronbach's Alpha for each of the variables was higher than the conventional standard value (0.70); therefore, it reflected sufficient internal consistency:

- The Cronbach's alpha for the five subscales of Toxic Leadership Scale was as following: self-promotion ( $\alpha = .85$ ), abusive supervision ( $\alpha = .79$ ), unpredictability ( $\alpha = .85$ ), narcissism ( $\alpha = .81$ ), and authoritarianism ( $\alpha = .84$ ).
- The internal consistency of the nurses' absenteeism questionnaire was 0.92.
- The internal consistency of two dimensions of the deviant workplace behaviors scale was interpersonal deviance ( $\alpha = .87$ ) and organizational deviance ( $\alpha = .81$ ).

#### **Administrative Design:**

Before embarking on the study, Permission to conduct the study was obtained from all responsible authorities at the College of nursing at Benha University (the Dean and heads of departments included in this study) after explaining the purpose and nature of the study. Also, the researchers met the head nurse of each department to determine a suitable time to collect data from their staff.

#### **Pilot study:**

was carried out on 10% of the total subjects (25 nurses) to check and ensure the tools' feasibility and clarity and estimate the time required to fill in the questionnaire. The time ranged between 60-90 minutes. According to the result of the pilot study, some necessary modification was made to avoid the ambiguity of the questionnaire, and reconstruction of the tool was done. The pilot study was included in the main sample.

#### **Ethical consideration:**

Before conducting the study, an explanation of the nature and aim of the study explained to nurses included in the study. All subjects were informed that participation in the study was strictly voluntary, and informed consent was obtained from each participant. In addition, ethical issues in this study included assurance of confidentiality and anonymity of the participants and their responses. Also, subjects were informed that the content of the tool would be used for the research purpose only. Participants' right to withdraw from the study at any time was ascertained.

#### **Fieldwork:**

The researchers started to collect data from the beginning of May to the end of July 2021. The researcher met nurses and explained the aim and the nature of the study and the method of filling the questionnaire. This was done individually or through group meetings. After that, the researchers distributed the questionnaire to the participated nurses to fill in work times determined before with the head nurse of each unit according to the type of work and workload. The researchers demonstrated any difficulty that participants might face while answering the questionnaires. Data was collected three days /week in the presence of the researchers. The researchers met the studied participants at different times, the morning, afternoon, and night shifts, and collected data from different work circumstances. The average number of sheets filled per week was ranged between 20-26. The average time for completing each questionnaire was around 15 to 20 minutes for the toxic leadership scale, from 40-60 minutes for the nurses' absenteeism questionnaire, and 15-20 minutes for deviant workplace behaviors scale, depending on the

participant's response to the questions. The filled forms were collected in time and revised to check their completeness to avoid any missing data. Finally, the researchers thanked the participants for their cooperation.

### Statistical Design

The collected data were coded and verified before data entry. The entered data were revised before conducting the statistical analysis (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g., frequency, percentages, mean, and standard deviation). Test of significant correlation coefficient ( $r$ ) was used. A significant level value was considered when  $p < 0.05$ .

### Results

**Table (1):** Shows among the 250 respondents, 45.2% belonged to the age bracket of 25-35 years. Regarding gender and marital status, majority of nurses were females and married (94.4% & 88.8%) respectively. Concerning educational levels, more than half of nurses (54.0%) had a nursing diploma. Concerning years of experience, more than one-third of nurses (36.8%) were from 5-15 years of experience.

**Table (2):** Shows that the total mean score of nurses' perception levels regarding toxic leadership was  $(53.97 \pm 10.35)$ . Also, the first ranking with the highest mean score  $(13.26 \pm 2.65)$  was related to the self-promotion dimension, while the lowest mean score was  $(9.56 \pm 2.59)$  related to the narcissism dimension.

**Figure (1):** Illustrates that slightly more than three-fifth of nurses (61.8%) perceived a low level of toxic leadership compared to only (13.2%) of nurses who perceived a high level of overall toxic leadership.

**Table (3):** Displays, the total mean score of nursing absenteeism was  $(118.86 \pm 25.24)$ . Also, the highest mean percent was related to personal factors, the relationship between supervisors and nursing staff, and self-fulfillment (70.6% & 70.4% & 69%) respectively, as the most causes of nursing absenteeism.

**Table (4):** Reveals, the total mean score of deviant workplace behaviors among studied nurses was  $(27.78 \pm 5.01)$ . In comparison, the lowest mean percent (47.4%) was related to the organizational deviance domain. Also, the highest mean percent (50.9%) was related to the interpersonal deviance domain.

**Figure (2):** Portrays that most (83.6%) of studied nurses had negative perception level regarding work deviance behaviors. In contrast, the lowest percentage (16.4%) of them had positive perception.

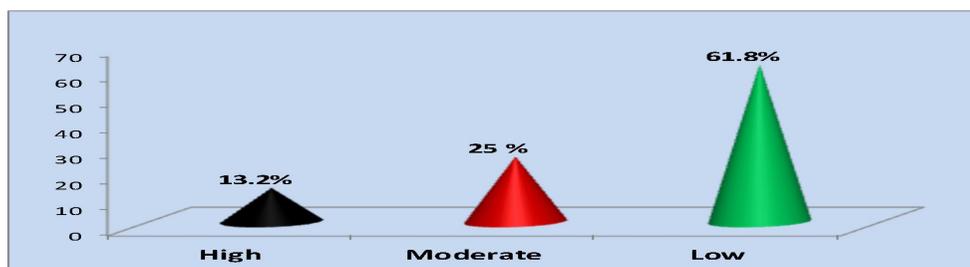
**Table (5):** Demonstrates a positive statistically significant correlation between perceived toxic leadership, nursing absenteeism ( $P < 0.05$ ), and deviant workplace behaviors ( $P < 0.01$ ) in the studied sample. Also, there was a highly statistically significant positive correlation between nursing absenteeism and their deviant workplace behaviors ( $P < 0.01$ ).

**Table (1):** Frequency and percentage distribution of personnel characteristics of studied nurses (n=250).

| Personal characteristics           | No.        | %    |
|------------------------------------|------------|------|
| <b>Age in years</b>                |            |      |
| < 25 year                          | 71         | 28.4 |
| 25-35 years                        | 113        | 45.2 |
| >35 years                          | 66         | 26.4 |
| <b>Mean ± SD</b>                   | 30.38±8.24 |      |
| <b>Gender</b>                      |            |      |
| Female                             | 236        | 94.4 |
| Male                               | 14         | 5.6  |
| <b>Marital status</b>              |            |      |
| Married                            | 222        | 88.8 |
| Unmarried                          | 28         | 11.2 |
| <b>Educational levels</b>          |            |      |
| Diploma of Nursing                 | 135        | 54.0 |
| Associate degree of Nursing        | 89         | 35.6 |
| Bachelor degree in Nursing Science | 26         | 10.4 |
| <b>Years of experience</b>         |            |      |
| < 5 year                           | 88         | 35.2 |
| 5-15 years                         | 92         | 36.8 |
| >15 years                          | 70         | 28.0 |
| <b>Mean ± SD</b>                   | 10.72±8.76 |      |

**Table (2):** Ranking with mean scores and standard deviation of nurses' perception levels regarding toxic leadership dimensions (n=250).

| Toxic leadership dimensions | Max. score | Mean ± SD          | Mean % | Ranking |
|-----------------------------|------------|--------------------|--------|---------|
| Self-Promotion              | 15         | 13.26±2.65         | 88.4   | 1       |
| Abusive Supervision         | 15         | 10.04±2.55         | 66.9   | 3       |
| Unpredictability            | 15         | 9.97±2.56          | 66.5   | 4       |
| Narcissism                  | 15         | 9.56±2.59          | 63.7   | 5       |
| Authoritarian Leadership    | 15         | 11.14±2.59         | 74.3   | 2       |
| <b>Total</b>                | <b>75</b>  | <b>53.97±10.35</b> |        |         |

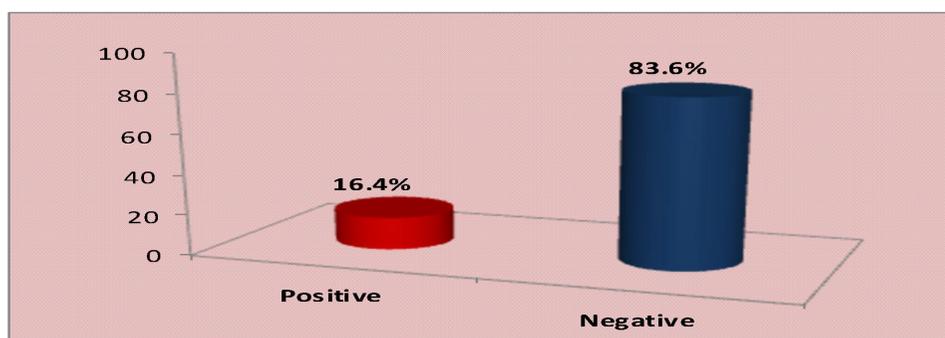
**Figure (1):** Total nurses' perception levels regarding toxic Leadership.

**Table (3):** Mean scores and standard deviation of causes of nursing absenteeism among the studied nurses (n=250).

| Causes of absenteeism                              | Maximum score | Mean $\pm$ SD                      | Mean % |
|--|---------------|------------------------------------|--------|
| Physiological factor                               | 15            | 9.86 $\pm$ 2.78                    | 65.7   |
| Job climate  | 33            | 20.70 $\pm$ 5.07                   | 62.7   |
| Work relation                                      | 30            | 19.40 $\pm$ 4.86                   | 64.7   |
| Respect and appreciation                           | 30            | 18.39 $\pm$ 5.07                   | 61.3   |
| Self-fulfillment                                   | 18            | 12.42 $\pm$ 2.99                   | 69     |
| Personal factor                                    | 27            | 19.06 $\pm$ 4.10                   | 70.6   |
| Relationship between supervisors and nursing staff | 27            | 19.01 $\pm$ 4.10                   | 70.4   |
| <b>Total</b>                                       | <b>180</b>    | <b>118.86<math>\pm</math>25.24</b> |        |

**Table (4):** Mean scores and standard deviation of domains of deviant workplace behaviors among the studied nurses (n=250).

| Deviant workplace behaviors domains | Maximum score | Mean $\pm$ SD                    | Mean % |
|-------------------------------------|---------------|----------------------------------|--------|
| Interpersonal deviance              | 21            | 10.69 $\pm$ 3.04                 | 50.9   |
| Organizational deviance             | 36            | 17.08 $\pm$ 2.77                 | 47.4   |
| <b>Total</b>                        | <b>57</b>     | <b>27.78<math>\pm</math>5.01</b> |        |



**Figure (2):** Total nurses' perception levels regarding deviant workplace behaviors.

**Table (5):** Correlation coefficient between toxic leadership, nursing absenteeism, and deviant workplace behaviors among the studied nurses (n=250).

| Variables                   | Toxic Leadership |         | Deviant Workplace Behaviors |         |
|-----------------------------|------------------|---------|-----------------------------|---------|
|                             | r                | P       | r                           | P       |
| Nursing absenteeism         | 0.176            | 0.005*  | 0.308                       | 0.000** |
| Deviant Workplace Behaviors | 0.264            | 0.000** | -                           | -       |

\* Significant at (P < 0.05)

\*\* highly significant at (P < 0.01)

## Discussion

Nowadays, healthcare organizations require constructive and influential leaders aware of struggles and challenges to keep their existence, be helpful, and adapt to changes like any competitive environment. However, toxic and ineffective leaders destruct healthcare systems. It is deteriorating nursing staff morale and performance and impeding their creativity that produces unnecessary workplace stress and conflict (Aydintug, 2016).

Regarding nurses' personal and work characteristics, the result revealed that nearly half of the studied nurses were aged between 25-35 years. And majority of the studied nurses were females and married. In addition, more than half of them had nursing diplomas; more than one-third of them had years of experience ranging from 5 to less than 15.

These findings were consistent with **Abou Ramadan and Eid (2020)**, who conducted a study entitled "Toxic Leadership Conflict Management Style and Organizational Commitment among Intensive Care Nursing Staff " and reported that most of nurses were females and most of them were married. The highest percentage of them had equal or less than ten years of experience.

Concerning total nurses' perception levels regarding toxic Leadership, the present study revealed that the highest mean score was related to the self-promotion dimension. In contrast, the lowest mean score was related to the narcissism dimension. This result was in agreement with **Abou Ramadan and Eid (2020)**, who reported that toxic Leadership's self-promotion and authoritarian dimensions presented a statistically significant difference.

Concerning nurses' perception levels regarding toxic Leadership, the result of the present study revealed that slightly more than three-fifth of nurses perceived a low level of toxic leadership. In contrast, the minority of them perceived a high level of overall toxic leadership. This result could be related to that leaders may have previously received a leadership training program that improved their knowledge of leading roles as well as assisting them in performing their effective leadership practice, which can direct, organize, and promote activities and relationships within the organization.

These study findings were consistent with **Abdallah and Mostafa (2021)**, who conducted a study about "Effects of Toxic Leadership on Intensive Care Units Staff Nurses' Emotional Intelligence and Their Organizational Citizenship Behaviors" they revealed that

the majority of staff nurses perceived that their leaders had low overall toxic leadership level.

In addition, this result matched with **Al-Masry et al., (2018)**, who conducted a study about "Relation Between Organizational Climate and Staff Nurses' Job Burnout" and found that staff nurses satisfied with the leaders who encouraged them to build good relations among staff, offered training opportunities, solved problems, and concerned with their demands.

On the opposite side, these results were in disagreement with **Nacem and Khurram (2020)**, who conducted in their study of "Influence of Toxic Leadership on Turnover Intention: The Mediating Role of Psychological Wellbeing and Employee Engagement," that most of the participants reported they were exposed to leaders harmful behaviors in their workplace. Also, **Brown, (2019)** conducted a study about "The Employee Perspective: A Phenomenological Approach to the after Effects of Toxic Leadership" and showed that some members left the organizational environment due to experiencing toxic leadership.

Regarding nursing absenteeism, the present study's finding demonstrated that the highest mean percent was related to personal factor, the relationship between supervisors and nursing staff, and self-fulfillment, respectively, as the most causes of nursing absenteeism. This might be due to lack of activities concerned with the improvement of the nursing staff, inadequate training periods in the specialized departments, family matters, unsatisfactory work conditions, lack of a reward system, and poor adherence to policy.

These study findings were following **Al-Sharif et al., (2017)** who displayed in their study that most of staff nurses perceived the workplace, family, and personal factors as the main causing factors that lead to their absenteeism. Also, in accordance with **Abd Elfatah et al., (2018)**, who reported in their study of "Assertiveness and Absenteeism and their Relation to Career Development among Nursing Personnel at Benha University Hospital" that the most important causes of nursing absenteeism were self-fulfillment and relationships among staff nurses.

Also this study result was in agreement with **Magobolo and Dube (2019)**, who conducted a study entitled "Factors Influencing High Absenteeism Rate of Student Nurses In Clinical Areas at a Nursing College In The Lejweleputswa District", and reported that the personal reason is the major causes for absenteeism, and respondents agreed that they are absent because they attend to family challenges, for example sick child, spouse or parent.

In the same line, **Almadani et al., (2020)** conducted a study about "Assess the Causes of Absenteeism Among Nurses Working in Hospitals, Eastern Region, Saudi Arabia," and reported that personal and family factors, no cooperative from the supervisor, no supportive and appreciate from the head of the department were the leading causes of absenteeism among nursing staff in the hospital.

These study findings were in accordance with **Mukwevho et al., (2020)**, who displayed in their study of "Factors Impacting Employee Absenteeism and the Managers' Perception of its Causes in the Hotel

Industry" that absenteeism is mainly due to family responsibilities, including childcare, other causes identified were strikes, fatigue, and transport problem.

In contradictory with **Alreshidi et al., (2019)** who reported in their study of "Factors Influencing Absenteeism among Nursing Staff in the Primary Health Care Centers in Hail" that the major cause of absenteeism among the respondents was health problems while personal and the family problems were the minority.

According to the total mean score of deviant workplace behaviors among studied nurses, the current study reported that the highest mean percent was related to interpersonal deviance. In comparison, the lowest mean percent was related to the organizational deviance domain.

This result was consistent with **Abd-Elrhaman et al., (2020)**, who revealed in their study of "Organizational Justice, Work Alienation and Deviant Behaviors Among Staff Nurses" that the highest mean score was related interpersonal deviance domain while the lowest mean score was related to organizational deviance domain.

The current study findings were in discrepancy with **Aksu (2016)**, who concluded in a study of "Secondary school teachers' work in Izmir Province," that the highest mean score of participants was related to workplace (organizational) deviant behaviors. In addition, these findings were in dissimilarity with **Nasib and Wali, (2019)**. Their study of the "Elementary and Secondary Education Department of The K-P Province of Pakistan" found that the highest mean score was related to the organizational deviance domain. In contrast, the lowest

mean score was related to the interpersonal deviance domain.

The present study's findings concluded that most of studied staff nurses had negative work deviance behaviors. In comparison, the lowest percentage of them had positive deviant behaviors. This might be due to managers ignoring the deviation behavior in the workplace until it appears among staff nurses. Hence, managers need to know the root causes of these behaviors to find appropriate solutions, develop policies and measures to reduce the occurrence and impact of various dimensions of workplace deviance.

These results were in harmony with **Abd-Elrhaman et al., (2020)** who reported that most staff nurses had negative work deviance behaviors, while the lowest percentage of them had positive deviance behaviors. Additionally, **Obalade and Arogundade (2019)**, illustrated in the study of "Ethical Climate and Deviant Behavior among Employees of Selected Public and Private Universities" that the study participant was exposed to negative work deviance behaviors.

The current study's results explored a positive statistically significant correlation between perceived toxic leadership, nursing absenteeism, and their deviant workplace behaviors. These results follow **Haider et al., (2018)**, who illustrated in the study of "Dark Side of Leadership: Employees' Job Stress & Deviant Behaviors in Pharmaceutical Industry" that toxic leadership significantly correlated with turnover intention and deviant behaviors.

The present study findings were consistent with **Labrague et al., (2020)**,

who reported in their study of "Influence of Toxic and Transformational Leadership Practices on Nurses' Job Satisfaction, Job Stress, Absenteeism And Turnover Intention" that nurses who work for a manager exhibiting toxic leadership behaviors demonstrated lower job contentment, higher stress levels, frequent absenteeism and higher intent to leave the nursing profession, also toxic leadership correlated significantly with absenteeism. Additionally, these findings were matched with **Almadani et al., (2020)**, who reported a significant difference in absenteeism between Prince Saud Bin Jalwi and Qatif Central Hospital.

The present study's findings revealed a highly statistically significant positive correlation between nursing absenteeism and deviant workplace behaviors. These findings were matched with **Wairimu (2013)**, who explained in their study of "Perceived Factors Influencing Deviant Behaviour among the Youth in Njathaini Community, Nairobi, Kenya" that employed participants perceived the existence of deviant behavior positively. There was statistical significance to deviant behaviors in the area.

Also, these results were supported by **Bayn and Terekli yeşilaydın (2014)**, in their study of "Analysis of Nurses' Organizational Deviant Behaviour" they presented that a statistically significant positive and moderately strong correlation was found between the two dimensions of organizational deviance (deviation between individuals and deviation to the organization).

Additionally, these findings were in agreement with **Caroline (2015)**, who portrayed in their study of "Absenteeism, Favouritism, And Tardiness As Predictors

of Job Deviance in Nigeria" and reported that absenteeism, favoritism, and tardiness jointly contributed to employees deviant behavior in academia the Ogun State of Nigeria.

On the other hand, these results were dissimilar to **Rana and Pathak, (2020)**. In their study of "Coping with Deviant Workplace Behavior through Employee Participation an Exploratory Study," they found that the study participants had a significant negative impact on deviant workplace behavior.

### **Conclusion:**

In the light of the preceding present study results, it can be concluded that slightly more than three-fifth of nurses perceived a low level of toxic Leadership. Also, the most causes of nursing absenteeism were related to personal factors, the relationship between supervisors and nursing staff, and self-fulfillment. Moreover, most of studied nurses had negative work deviance behaviors. Besides, there was a statistically significant positive correlation between perceived toxic Leadership, nursing absenteeism, and deviant workplace behaviors. Furthermore, there was a highly statistically significant positive correlation between nursing absenteeism and their deviant workplace behaviors. These findings answered all research questions.

### **Recommendation**

The findings of the study suggest that

1. Health care organizations should consider nurses' feedback regarding their supervisors since this will help in identifying supervisors with toxic tendencies.
2. Establish leadership training programs to provide health care leaders and supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing nursing absenteeism and their deviant behaviors.
3. Planning and implementing strategies to control nursing absenteeism through; providing child care centers, improving co-worker relations by creating teamwork, improving the workplace for nurses through providing incentives, good opportunities for training.
4. Provide training programs for nurses on how to balance family and their work.
5. Be committed to rest periods during work hours to encourage nurses to work in more power and activity.
6. Developing an in-service training program on ethical professional behavior in practice and providing intangible rewards, such as posting nurses' names with good attendance on the bulletin board.
7. Health care managers should identify reasons and ways of preventing nurses' deviant behaviors. Thus, managers may prevent behavior of deviation to the organization.
8. Further research needs to be conducted to identify factors causing nurses' deviant workplace behaviors.

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