Relation between Exploitative Leadership and Nurses' Work Alienation: The Mediating Role of Moral Disengagement

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Abstract

Background: The leadership style used by organizations is one of the most important factors influencing its success or failure. The leader can drive shared vision to followers to empower them for learning and development. On the other side, destructive leadership especially exploitative leadership can produce negative influence on nurses' behaviors and morals. **Aim of the study**: to investigate the relationship between exploitative leadership, nurses' work alienation, and moral disengagement. **Subjects and methods**: A stratified random sample of 382 nurses working in Zagazig University Hospitals, Egypt. This study used a descriptive correlational design; three tools were used to collect the data; Exploitative leadership scale, work alienation scale, and moral disengagement scale. **Results:** revealed that 78.6% of studied nurses had a high perception level of exploitative leadership. More than half of nurses (54.7%) demonstrated moderate level of work alienation and 52.4% of nurses had a moderate level of moral disengagement. **Conclusion**: Exploitative leadership was significantly and positively correlated to work alienation, and moral disengagement. **Recommendations**: Encouraging and enhancing professional behavior of nurse managers and supervisors away from exploitative leadership behavior.

Keywords: Exploitative leadership, Moral disengagement, Nurses, Work alienation.

Introduction

The healthcare environment is becoming increasingly challenging to meet patients' expectations and demands. Despite the nurses' best efforts to provide the optimum care, the leadership behaviors are essential for facilitating and improving nurse performance. Quality leadership was identified to be one of the major factors for promoting behaviors among nurses for exhibiting greater responsibility and physical activity **(Alsadaan et al., 2023)**. On the other hand, presence of destructive leadership like exploitative leadership is expected to evoke negative affective responses among followers **(Verdorfer, Belschak, & Bobbio, 2023)**.

The concept of exploitative leadership (Els) was firstly proposed by **Schmid et al. (2019)** as a leadership style that is highly self-interested at the expense of others. It is destructive leadership which violates universally held ethical norms and can create sever moral issues at work. Also, exploitative leadership behaviors refer to self-serving leadership behaviors when leaders use their power with the primary intention to benefit themselves **(Lyu et al., 2023)**.

In the direct leader-followers relationship, a leader's exploitative manner can manifest themselves in different ways which constitute the behavioral characteristics for exploitative leaders; acting egoistically as they prioritize their goals over the needs of others, taking credit that is not due to them, using influence tactics such as putting an exceeding amount of pressure on followers or manipulating followers, and under challenging followers, continuously giving them tedious tasks that the leaders do not want to do themselves, or hinder career advancement. Furthermore, they didn't hesitate to delegate additional tasks to followers, even if followers are already overloaded **(Schmid et al., 2019; Aly et al., 2023)**.

This contradictory behavior of Els may cause varied and different emotions among

followers. They might frequently be subjected to excessive workloads feel fear, frustration, overburdened, depression, anxiety, and emotional tiredness. As a result, they frequently distance themselves from their work and lose interest in making an effort to adopt novel behaviors; this distance is also called work alienation (**Fatima and Majeed, 2023**).

Alienation is a workplace phenomenon of negative work attitudes, understood as a separation or disconnection from work caused by the needs or expectations of staff nurses are not met. Furthermore, work alienation is a common feeling of estrangement from the work, characterized by lack of control, isolation, and a loss of meaning in their daily tasks (**You, et al., 2022; Zhao, et al., 2022**). .

There are various factors that contribute to work alienation among nurses, including excessive workload, inadequate staffing, lack of autonomy, and weak organizational support. In additions, when nurses feels that their needs and expectations are not met at work. Other causes of alienation are related to circumstances in their workplace when a nurse loses track of supervision and leadership behaviors (**Korkmaz and Torlak, 2024; Shahzad, et al., 2022**).

Work alienation mostly includes powerlessness, meaninglessness, and estrangement or helplessness. **Powerlessness** is a feeling that staff nurse has no control over the decision-making process. Also, refers to individuals lack job autonomy and have limited freedom to control work activities. **Meaninglessness,** occurs when staff nurse perceives his or her work as unimportant or worthless, or even fails to understand the relationship between his or her contribution and the organization's goals. **Estrangement or Helplessness** means isolated feeling of staff nurse who feels incapable to fit in and be recognized and cared by the organization (**Chen, et al., 2024**).

Nurses who spend most of their time in their workplaces may develop work alienation which has serious negative outcomes, organizationally as well as personally;

damaging their relationships within the workplace, decreasing both the individual and organizational performance. Other negative consequences are absenteeism, health problems, anti-productivity behavior, cyber loafing, less commitment toward organization, less satisfaction in both life and their work, and neglect in following common goals of the organization (**Gümüş, et al., 2021**).

Exploitative leadership (ELs) can contributes to moral disengagement among staff nurses, which in turn might lead to illegal or unethical action among them (**Cheng et al., 2021, Guo et al., 2021, and Wang et al., 2021**). Moral disengagement refers to nurses' ability to justify immoral actions and avoid feeling remorse, guilt, regret, or shame. It allows staff nurses to behave in ways that deviate from moral standards without experiencing psychological discomfort. Moral disengagement may contribute to callous-unemotional traits, angry rumination, irritability, and aggressiveness, leading to deviant workplace behavior (**Mansor, et al., 2023**).

Also, Moral disengagement is characterized by several cognitive rationalization mechanisms that enable staff nurses to participate in unethical behavior while distancing themselves from their morals. Specifically, these cognitive reasoning systems can be broken into three distinct groups (**Bandura et al., 1996**). The first strategy is to **reframe unethical behavior** so that it may be justified; the second is to **misrepresent or cover up the consequences of unethical activity** as well as the responsibility for it; and the third strategy is **to stigmatize those who are on the receiving end of unethical behavior**. Since these defenses are designed to make unethical action acceptable by them (**Basaad, S, Bajaba, S., & Basahal, A., 2023**).

Morally disengaged nurses are more likely to engage in activities that negatively impact the organization and its members, because of angry rumination, irritability, and aggressiveness, their deviant workplace behavior, knowledge-hiding practices and aggressive actions appear, and this tension

created by this negative work atmosphere affect teamwork, cooperation, and productivity. On other side, because of their feeling as victims to their destructive leaders, staff nurses perceive everyday circumstances as threatening, engage in poor coping strategies and alienate themselves leading to low productivity, absenteeism, low organizational performance **(Mansor, et al., 2023)**.

Significance of the study:

Presence of destructive style of leadership especially exploitative one contributes to create an atmosphere of fear, exhaustion, boring, and powerlessness as those leaders exploit their followers for his favors and self-interest which results in followers alienate them in their work. On the other side, moral disengagement is considered a crucial factor in explaining various negative behaviors in the workplace and characterized by several cognitive rationalization mechanisms that enable individuals to participate in unethical behavior while distancing themselves from their morals, which morally questionable leadership influences subordinates' unethical behavior. However, most previous studies have focused on the affective pathways **(Guo et al., 2021)** and relational attachment **(Wang et al., 2021)**. Less focus has been placed on cognitive mechanisms, particularly moral ones, which may explain why exploitative leadership is connected to work alienation. These mechanisms may provide some answers, and this research gap is one that the current study aims to attempt to close. So, the purpose of this study was to investigate the relationship between exploitative leadership, nurses' work alienation, and moral disengagement.

Aim of the study

The present study aimed to investigate the relationship between exploitative leadership, nurses' work alienation, and moral disengagement.

Research Question

1.What is the level of nurses' perception toward exploitative leadership behaviors?

2.What is the level of work alienation among nurses?

3.What is the level of moral disengagement among nurses?

4.Is there a relation between exploitative leadership, work alienation, and moral disengagement among nurses?

5.Does moral disengagement mediate the relationship between exploitative leadership and nurses' work alienation?

Subjects and methods

Research Design:

A descriptive correlational design was used to achieve the aim of the current study. The descriptive correlational study design aims to describes variables and examine relationships among them **(Grove et al., 2015).**

Research Setting:

This study was conducted at Zagazig University Hospitals, Alsharaqia, Egypt, which includes two sectors involving eight teaching hospitals, namely; the Emergency sector includes four hospitals and El-Salam sector includes four Hospitals, with a total number of 2860 staff nurses and total capacity of 2043 beds.

Subjects & Sampling:

A stratified random sample of 382 nurses providing direct patient care in the above mentioned hospital. The study includes staff nurses with at least one year of experience, both male and female nurses and who were willing to participate in the study.

Exclusion Criteria:

The study did not include staff nurses who were not directly involved in caring for patients, and nurses who had less than 3 months of experience in Zagazig University Hospitals.

Sample size was estimated using the following formula [n= N/ 1+ N (e)2] **(Yamane, 1967)**; at confidence interval 95%, margin of errors 5.0%, a total population size of 2860 staff nurses. The required sample size was 382 staff nurses.

Instruments:

Three tools were used to collect data for this study.

Tool I: Exploitative Leadership Scale: It consisted of two parts as follows:

A-First part: personal characteristics: This part aimed to collect the personal and job characteristics of study subjects such as: age, gender, educational qualifications, and years of experience.

B-Second part: Exploitative Leadership Scale was developed by **Schmid et al., (2019)** to determine nurses' perception level toward exploitative leadership style. It consists of 15 items grouped under five domains identified as: genuine egoistic behaviors, exerting pressure, under-challenging followers, taking credit, and manipulating followers. Each domain had 3 items.

Scoring system:

Nurses response to the scale was based on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The participants' responses were added up; it ranged from 15 to 75, and the whole was distributed by the number of the items giving a mean score of exploitive leadership. The scores were converted into a percentage score, conferring to a validated cut-off point, a higher score of more than 50 % revealed a highly perceived exploitative leadership style **(Aly, Wahba, &**

Abdel- Aleem, 2023). The Cronbach's alpha coefficient was 0.87.

Tool II: Workplace Alienation Scale: It was developed by researcher based on relevant literature from **Osman (2017) and Faiyez, et al., (2023)**, to assess workplace alienation level as experienced by nurses. It consists of 22 items grouped thunder three categories as the following; powerlessness (7 items); meaninglessness (7 items); self-estrangement (8 items).

Scoring System:

Nurses responses to the scale was measured on a Five-point Likert Scale, ranged from 1 (strongly agree) to 5 (strongly disagree). The participants' responses were added up; it ranged from 22 to 110, and the whole was distributed by the number of the items giving a mean score of work alienation. The scores were converted into a percentage score, conferring to a validated cut-off point, A score was considered high if it was ≥ 75%, moderate if the percentage ranged from 60% to less than 75%, and low if it was < 60%. Cronbach alpha coefficient was 0.84 that demonstrated a reasonable degree of internal reliability.

Tool III: Moral Disengagement scale: It was developed by **Fida et al., (2015)** to assess moral disengagement as perceived by staff nurses. It included 22 items.

Scoring system:

Nurses responses to the scale was measured on a five-point Likert Scale, ranged from 1 (completely disagree) to 5 (completely agree). The participants' responses were added up; it ranged from 22 to 110, and the whole was distributed by the number of the items giving a mean score of moral disengagement. The scores were converted into a percentage score, conferring to a validated cut-off point, A score was considered high if it was ≥ 75%, moderate if the percentage ranged from 60% to less than 75%, and low if it was < 60% **(Mansor et al., 2023).** Cronbach alpha coefficient was 0.89.

Preparatory Phase:

This phase involved reviewing, national, and international related literature concerning the topic of the study, this review was conducted using books, articles, journals, periodicals, and the internet to be acquainted with the current relevant tools about the study subject.

Validity:

After the tools were translated into Arabic; a panel of experts (5 professors) from the academic nursing staff, at Zagazig University performed face and content validity. According to their opinions all needed adjustments were done.

Pilot Study:

It was carried out before starting the actual data collection to confirm clarity, understanding, and applicability of the tools. Additionally, to estimate the required time to complete the questionnaire sheet. The pilot study was carried out on 38 staff nurses (10% of the study sample), selected randomly and excluded from the main sample and the necessary modifications were done.

Fieldwork:

Data collection extended four months from September 2023 to December 2023. Through group discussions, the researchers explained the study's purpose to the nurses. Under the researchers' supervision, each nurse was given the chance to finish the questionnaire. It took about 25 to 30 minutes to finish the questionnaire form.

Administrative and ethical consideration:

The study was approved by Ethics Committee and dean of the Faculty of Nursing, Zagazig University. Verbal and written explanation of the nature and aim of the study have been explained to nurses included in the study. The researchers informed the participants that their participation is absolutely voluntary; they could refuse without any rational, they aren't forced to write their names with emphasis on confidentiality of information as it would be used for the research purpose only.

Statistical Design:

Data entry and statistical analysis were performed using the Statistical Package for Social Science (SPSS), version 25.0. Cleaning of data was done to ensure there is no missing or inappropriate data. Data were displayed using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Pearson correlation analysis was used for assessment of the inter-relationships between total scale scores. 1% level (p-value). A p-value of ≤ 0.01 indicates a significant result. Testing the significance of predictors was used.

Results

Table (1): presents that more than half of nurses' age were < 30 years (53.9%) with a mean of 35.27 ± 8.38. Furthermore, the majority of them were female, married, had less than 10 years of experience, and had Bachelor of nursing (74.9 %, 61.8 %, 41.6 %, and 51.0 % respectively).

Table (2): demonstrates study variables' mean scores; the highest mean scores of exploitative leadership domains were for genuine egoistic behaviors followed by exerting pressure and under-challenging followers (18.1±1.12, 17.9±1.28 &17.8± 1.32 respectively). With total mean score of exploitative leadership was (88.8±4.07).

Concerning domains of work alienation, the highest mean scores were self-estrangements followed by meaninglessness and self-estrangements (17.01±2.18, 12.32±3.17, and 10.12± 0.95 respectively). As well, the total mean score was 39.45± 4.19. In addition, the total mean score of moral disengagement was (30.95± 3.67).

Figure (1): demonstrates that 78.6% of nurses had a high perception level of exploitative leadership.

Figure (2): illustrates that more than half of nurses (54.7%) demonstrated moderate level of work alienation.

Figure (3): displays that more than half of nurses (52.4%) had a moderate level of moral disengagement.

Table (3): shows that, exploitative leadership was significantly and positively correlated to work alienation, and moral disengagement (r=0.877& r=0.470, at P=0.000, respectively). Additionally, there was a significant and positive correlation between work alienation, and moral disengagement (r=-0.696, at P=0.000).

Table (4): shows exploitative leadership (independent variable) was significantly correlated to work alienation (dependent variable). Hence, the first condition of mediation is fulfilled. Next, there is a significant positive correlation between Moral disengagement (mediator) and work alienation (dependent variable). These results support the

second condition of mediation. Next, moral disengagement (mediator) was significantly correlated to exploitative leadership (independent variable); hence, the third condition of mediation is supported.

Additionally, when moral disengagement was involved in exploitative leadership – work alienation interaction, regression coefficient of exploitative leadership was decreased from β= -0.070, p = 0.001 to β= - 0.025, p= 0.141 (no significance). Consequently, the moral disengagement has a complete mediation on the relation between exploitative leadership and staff nurses' work alienation

Table (5): proves that there were statistically significant relationships between exploitative leadership and nurses' gender, and educational qualification (7.04, 3.97, and 8.13 at P= 0.000 respectively). Additionally, there were statistically significant relationships between nurses' work alienation and their gender, and educational qualifications (8.55 at P=0.000, 2.74 at P=0.043, and 12.89 at P=0.000 respectively). As regards moral disengagement; there were statistically significant relationships with nurses' gender, and educational qualification (4.75 at P= 0.067, and 17.64 at P= 0.043 respectively).

**Table (1):** Personal Characteristics of Studied Nurses (n=382)

Characteristics	No	%
Age (years)		
▪ <30 yrs.	206	53.9 %
▪ 30- < 40 yrs.	106	27.7 %
▪ ≥ 40 yrs.	70	18.3 %
Mean± SD	**35.27± 8.38**	
Gender		
▪ Male	96	25.1 %
▪ Female	286	74.9 %
Level of education		
▪ Diploma in nursing	71	18.6 %
▪ Technical institute of nursing	101	26.4 %
▪ Bachelor degree of nursing	195	51.0 %
▪ Master degree of nursing or more	15	3.9 %
Years of experience		
▪ < 5yrs.	87	22.8 %
▪ 5 - <10 yrs.	159	41.6 %
▪ ≥ 10 yrs.	136	35.6 %
Mean± SD	**7.68 ±5.03**	

**Table (2):** Distribution of Different Study Variables' Mean Scores as Reported by Studied Nurses (n=382)

Study variables	Mean	±	SD
Exploitative leadership			
▪ Genuine egoistic behaviors	17.9	±	2.28
▪ Exerting pressure	18.1	±	2.12
▪ Under-challenging followers	17.8	±	2.32
▪ Taking credit	17.4	±	1.56
▪ Manipulating followers	17.6	±	1.96
Total exploitative leadership	**88.8**	±	**8.07**
Work alienation			
▪ Self-estrangements	10.12	±	0.95
▪ Powerlessness	17.01	±	2.18
▪ Meaninglessness	12.32	±	1.40
Total work alienation	**39.45**	±	**4.19**
Moral disengagement			
Total moral disengagement	**30.95**	±	**3.67**
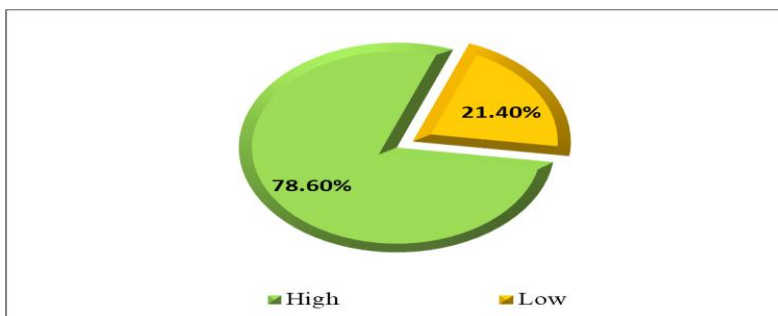
Figure (1): Total Levels of Nurses' Perception toward Exploitative Leadership (n=382).
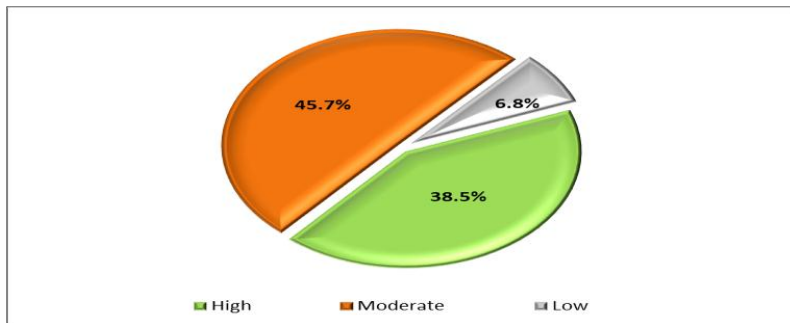
Figure (2): Total levels of Workplace Alienation among Nurses (n=382).
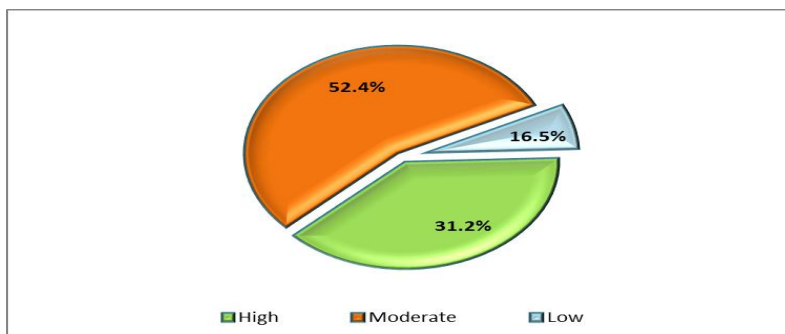
Figure (3): Total levels of Moral Disengagement among Nurses (n=382).

Table (3): Correlation Matrix between Study Variables as Reported by Studied Nurses (n=382).

Study variables	Work alienation		Exploitative leadership	
	R	P	R	P
Exploitative leadership	0.877**	0.000		
Moral disengagement	0.696**	0.000	0.470**	0.000

** Correlation is highly significant where p < 0.01

Table (4): Regression analysis to study the mediating effect of moral disengagement on the relation between exploitative leadership and staff nurses' work alienation

Items	R	R2	Unstandardized coefficient		T	Sig
			B	Std. Error		
Exploitative Leadership	0.286	0.082	0.341	0.058	5.84**	0.000
Work Alienation	0.432	0.186	0.042	0.070	0.602	0.547
Moral Disengagement			0.312	0.045	6.98**	0.000

*Statistically significant at p < 0.05, * * Highly statistically significant at p < 0.01

Table (5): Relation between nurses' personal and job characteristics and study variables (n=345)

Study Variables	Exploitative leadership			Work alienation			Moral disengagement		
	Mean	±	SD	Mean	±	SD	Mean	±	SD
Age in years									
< 30	38.78	±	4.16	39.50	±	4.17	30.86	±	3.78
30 - < 40	38.97	±	3.75	39.59	±	4.22	30.98	±	3.50
≥ 40	38.31	±	4.29	39.20	±	4.24	31.18	±	3.66
ANOVA F test--P-value	0.562— 0.570			1.96 — 0.822			0.202 — 0.817		
Gender:									
Male	41.13	±	2.48	42.37	±	3.03	32.45	±	3.08
Female	37.94	±	4.19	38.49	±	4.08	30.45	±	3.72
Independent t-test--P-value	7.04* — 0.00			8.55* — 0.00			4.75*— 0.067		
Educational qualification:									
diploma in nursing	40.70	±	2.76	42.09	±	3.48	33.63	±	3.49
Technical institute of nursing	37.73	±	4.57	38.50	±	4.21	30.11	±	3.26
Bachelor of nursing	38.55	±	4.02	39.05	±	4.05	30.45	±	3.55
Master degree in nursing or more	38.86	±	3.41	38.93	±	4.38	30.40	±	3.26
ANOVA F test--P-value	8.13** — 0.000			12.89** — 0.000			17.64** — 0.000		
Years of experience:									
< 5 years	38.77	±	4.25	39.71	±	4.26	31.05	±	3.71
5: <10 years	38.79	±	3.99	39.40	±	4.12	30.80	±	3.71
≥10 years	38.67	±	4.07	39.38	±	4.25	31.06	±	3.63
ANOVA F test---P-value	0.03 — 0.96			0.187— 0.830			0.22 —0.79		

*Statistically significant at P < 0.05, ** Highly statistically significant at P < 0.01.

Discussion

Nurse leaders represent their organizations, and their activities are frequently linked to their subordinates' actions, they have a large impact on their subordinate through the way they allocate resources, assign tasks, and how they shape and manage their interpersonal interactions. While the positive behavior of leadership contributes many positive outcomes, there is exploitative leader who take advantage of followers for his personal gain. When nurses feel exploited at work, they became dissatisfied, alienated and developed immoral behaviors without experiencing any forms of guilt or self-accusation as they consider their leader as a role model imitate, and repeat the leader's

behaviors **(Verdorfer, Belschak, and Bobbio, 2023)**.

Concerning total exploitative leadership behavior as perceived by their staff nurses, the results of the existing study showed the majority of nurses reported a high perception level of exploitative leadership. From the researchers point of view, staff nurses working in an organization suffered from shortage, heavy work load, and nurse managers strive to complete routine tasks, this place excessive pressure on staff nurses to get tasks done, and respond to excessive demands and orders from their leaders, also the leaders may use their power to get work done, Under such supervision, employees are likely to form a perception of highly exploited leaders. These findings disagreed with a study carried out by **Basiony, and Ibrahim, (2023)** in Egypt, to examine staff nurses' perception regarding exploitative leadership and its effect on their work alienation, and found that more than three quarters of nurses had low perception of their nurse managers' total exploitative leadership behavior. Furthermore, **El-Sayed, et al., (2023)** to explore the correlation between nurses' passion for work, organizational dehumanization, exploitative leadership, and deviant work behaviors at Port Said isolation hospitals during the COVID-19 pandemic and concluded that, nearly one-quarter of the studied nurses reported that their nurse managers had high level of exploitative leadership behavior. In the same context, **Wang, et al., (2021)** in china, to examine the relationship between exploitative leadership and employee innovative behavior and explore the mediating role of relational attachment and the moderating role of high-performance work systems and mentioned that, exploitative nursing leadership behavior was low as perceived by nurses.

Regarding domains of exploitative leadership; the highest mean scores of exploitative leadership were genuine egoistic behaviors followed by exerting pressure and under-challenging followers. This finding is incongruent with **Basiony and Ibrahim (2023),** who concluded that most of low perception of their managers' exploitative leadership regarding under challenging followers, exerting

pressure, and genuine egoistic behaviors. Similarly, the study of **Abdulmuhsin, Zaker, and Asad, (2021)** in Iraq, to examines how exploitative leadership (EL) influences knowledge management who found that the highest mean score of exploitative leadership perception was regarding manipulating followers.

Concerning work alienation level; more than half of nurses demonstrated a moderate level of work alienation This result might be due to Nowadays, with the fierce competition in nursing work, the constant updating of professional knowledge, the complexity of work appraisal mechanism and the increasingly severe nurse-patient relationship, coupled with the special characteristics of hospital work environment and service recipients, the work pressure faced by nurses is constantly increasing, and when the welfare and salary are often unsatisfactory, they are unable to realize the improvement of self-worth in their work, which is very easy to generate burnout and create a sense of work alienation.

These results were in harmony with **You, et al., (2022)** in China, to evaluate the status and distribution characteristics of work alienation among nurses, and illustrated that, Chinese nurses' work alienation was at a low level., and **Zhao et al., (2022)** in China, to understand the current status of nurse work alienation and turnover intention and its correlations and reported that nurses' work alienation score was at a medium level, In congruent with these results Also, **Basiony, and Ibrahim (2023)** mentioned that, most nurses had low total workplace alienation.

As regards work alienation domains; the findings revealed that the highest mean scores were powerlessness followed by meaninglessness and self-estrangements. These finding was in the same line with **Badran & Khaled (2021)** in Egypt, to examine Job security as perceived by staff nurses and its relation to their work alienation, and reported that powerlessness dimension had the highest mean score, followed by meaninglessness and self- estrangement. Also, the study of **Gümüş, et al., (2021)** in Turkey, to determine the levels

of professional quality of life and work alienation of healthcare professionals and reported that the highest score of work alienation was related to the powerlessness domain.

Regarding moral disengagement level; more than half of nurses had a moderate level of moral disengagement. This may be due to staff nurses who work with exploitative leaders are likely to cultivate a highly self-interested atmosphere or climate in organizations, which may make it acceptable for them to take some unethical acts to serve their own interests such unethical acts may likely include moral disengagement, also they can use it as a strategy to cope with the stressful environment. These findings agreed with **Moussa, Helal,and Abdel Gaber, (2021)** in Egypt, to explore the impact of COVID - 19 on Moral Disengagement and found that around three quarters of participants exercised or suffered any moral disengagement in the organization where they work.

Concerning relationships between the study variables, the current study found that exploitative leadership was significantly and positively correlated to work alienation, and moral disengagement. Additionally, it was a significant and positive correlation between work alienation, and moral disengagement. These findings agreed with **Al Nile and Abdel-shakoor (2023)** in Egypt, to determine the effect of exploitative leadership and perceived Organizational injustice on work withdrawal behaviors and reported that there was a positive significant effect of exploitative leadership on the work withdrawal behavior, and moral disengagement has a positive impact on exploitative leadership. According to the study of **Cheng et al. (2021)** in china to build a comprehensive understanding of how, why, and when exploitative leadership relates to employee expediency by identifying moral disengagement and reported that moral disengagement has also been shown to result from exploitative leadership. Furthermore, the study carried by **Valle et al. (2019)** to explore moral disengagement as a potential mediator of the relationship between abusive supervision and organizational deviance, and asserted that abusive supervision can lead to moral

disengagement among workers, which in turn might lead to illegal or unethical action on the part of those workers.

Regarding the relationship between nurses' personal characteristics with exploitative leadership, the finding of the present study reveals that there were statistically significant relationships between staff nurses perception toward exploitative leadership and their gender, and educational qualification. These findings agreed with **Basiony and Ibrahim, (2023)** who reported that there was statistically significant relation between perception of staff nurses toward exploitative leadership and their educational level.

As regards, the relationship between nurses' personal characteristics with work alienation, the finding of the present study shows that there were statistically significant relationships between staff nurses' work alienation and their gender and educational qualifications. The finding agreed with **You, et al. (2022)** which reported that the scores of staff nurses' work alienation in the following categories were quite high: male, higher education levels, and unmarried nurse. In addition, **Gümüş, et al., (2021)** reported that the total work alienation score of healthcare professionals significantly differed depending on the age groups, and education level. In congruent with these findings, **Klieb, et al., (2023)** concluded that there were no statistically significant differences between wok alienation and personal data of study subjects.

Concerning the relationship between nurses' personal characteristics with moral disengagement, the finding of the present study reveals that; there were statistically significant relationships with staff nurses' gender, and educational qualification. These finding agreed with a study of **Yildiz,B., Yildiz, H., and Ozbilgin, M., (2023)** in Turkey to examine the effects of the challenging working conditions of COVID-19 on nurses and their compulsory citizenship behaviors on their emotions and moral decision-making mechanisms and concluded that gender is positively associated with moral disengagement.

Regarding the mediation effect of moral disengagement, the finding of the current study revealed that moral disengagement has completely mediating effect on the relation between exploitative leadership and staff nurses' work alienation. This may be due to when the destructive behavior of exploitative leader is not controlled by organization and the moral disengagement and work alienation increase from bad to worse. These findings agreed with the study of **Basaad, Bajaba and Basaha, (2023)** in Saudi Arabia, to examine how exploitative leadership affects followers' moral disengagement from the perspective of social cognitive theory and reported that moral disengagement fully mediate the relationship between exploitative leadership and unethical pro organizational behavior.. In contrary, with the result of **Al Nile and Abdel-shakoor (2023)** who reported that there was a partial mediation effect of moral disengagement on the relation between exploitative leadership and work withdrawal behaviors.

Conclusion

In the light of the present study findings, Exploitative leadership was significantly and positively correlated to work alienation, and moral disengagement.

Recommendations

• In the light of the present study findings, the following recommendations are suggested:

• Encouraging nurse managers to offer positive, ethical, and productive behavior away from exploitative leadership.

• Creating a learning and informative environment for nurses where it makes them able to cope positively with exploitative leaders.

• Developing hospital support system for referral and to help staff nurses regulate their emotions and responses.

• Further research is conducting training programs for both nurse managers and staff nurses to increase their awareness of the negative impacts of moral disengagement.

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