

The Relationship between Toxic Leadership and Staff Nurse's Deviant Behaviors

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Abstract

Background: Toxic leadership is ineffective conduct that embodies the bad or dark side of leadership and can negatively affect not only the followers but also the whole organization. **Aim:** Investigate the relationship between toxic leadership and staff nurse's deviant behaviors at Itay El Baroud General Hospital. **Design:** A descriptive, correlational research design was used to conduct this study. **Setting:** The study was carried out in all inpatient units (medical and surgical) and Intensive Care Units (ICUs) (n=16), namely: (1) medical units (n=8), namely: general medical (Male and Female), obstetric, pediatric, poison, orthopedic, neurosurgical, and dialysis units; (2) Surgical units (n=4), as follows: general surgical (Male and Female), and operation units; (3) ICUs (n=5), as: general, neonatal, pediatric, coronary care, and emergency unit at Itay El Baroud General Hospital. **Subjects:** Two groups of subjects were included; (a) All head nurses and their assistants (n=32), (b) All staff nurses (n=300). **Tools:** Two tools were used for data collection; toxic leadership scale and deviant workplace behaviors scale. **Results:** There was no statistical significant difference between head nurses and staff nurses regarding total toxic leadership and its all dimensions and less than half of studied subjects, got moderate mean percent scores of total toxic leadership. There was statistical significant difference between head nurses and staff nurses regarding organizational deviance and above one third of studied subjects, got moderate mean percent scores of total deviant workplace behaviors. **Conclusion:** Highly positive statistical significant correlations between total toxic leadership and its dimensions and between total workplace deviant behaviors and its dimensions. **Recommendations:** The study recommended establishing leadership training programs to provide health care supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing deviant workplace behaviors of staff nurses.

Keywords: Toxic Leadership, Deviant Workplace Behaviors, Staff nurses.

Introduction

Leadership is considered an important factor in achieving health care organization goals, coordinating nurses, directing the hospital's resources to improve efficiency and performance (Karatepe & Türkmen, 2023). Effective leaders provide clarity of purpose, motivates, and guides the hospital to realize its mission (Thompson, 2021). Effective leadership practices based on the values of respect, trust, and open communication are critical not only in providing safe and high-quality care, but also in creating a quality work environment in which nurses are respected and valued, which helps to keep them motivated to

work, satisfied, and committed to the organization (Field & Brown, 2019).

However, the reality is that there are undesirable leadership samples of nonproductive behaviors in organizations. These kinds of leadership are samples of nonproductive and ineffective behaviors in organizations (Labrague, 2021). Toxic leadership had been examined among these ineffective behaviors that reflect leadership's negative/dark side (Taha, Ahmed & Abd Allah, 2024). Toxic leadership negatively affects nurses' quality of work, productivity, and job satisfaction, manipulating and influencing the workforce's behavior (Abdallah & Mostafa, 2021), their attitude, needs, behavior, and

nurses having toxic leaders are less satisfied, less committed, more absent, and are more deviant in behaviors in their workplace. **Bhandarker, & Rai, (2019)** defined toxic leadership as behaviors which include divisiveness, laissez-faire, promoting inequity, social exclusion and threatening followers' security and self-esteem". **Labrague, Nwafor & Tsaras, (2020)** defined toxic leadership as: "a form of supervision, where a leader employ organized, systematic and persistent destructive behaviors that may harm the entire organization".

Toxic leadership is classified by **Schmidt, (2008)** into five dimensions: (1) **Abusive supervision**; (2) **narcissism**; (3) **authoritarianism**; (4) **self-promotion**, finally, (5) **unpredictability**.

Toxic leaders exhibit deviant workplace behavior consisting of voluntary actions that violate established norms, and which have an adverse effect on either or both an organization and its members (**Tufan et al., 2023**). **Webster, (2011)** described several negative consequences for organizations, including unwanted turnover, reduced employee satisfaction and commitment and increased employee psychological distress. A range of negative impacts as a result of the dark side of leadership have been described, particularly at the individual employee level and includes psychological distress, i.e. reduced self-esteem, anxiety, depression, burnout, disengagement, emotional harm and physical health problems (**Mehraein, Visintin & Pittino, 2023**). Working in a toxic environment is strongly linked with negative consequences from deviant workplace behaviors such as poor work performance, discontentment, disengagement, reduced job satisfaction, job burnout, decreased organizational commitment, and low morale (**El-Gazar et al., 2024**).

Deviant behavior at work (DWB) has been studied in various terms, including retaliatory, dysfunctional behavior, Organizational misconduct and counterproductive behavior at work (**Hussain et al., 2023**). **Robinson & Bennett, (1995)** defined deviance workplace behavior (DWB) as "a voluntary behavior engaged by employee that is contrary to the significant organizational

norms and it is considered as a threat to the well-being of an organization and/ or its members" (**Robinson, & Bennett, 1995**). Deviant behavior in the workplace is frequently referred to as an act against the organization's property or assets **Bennett & Robinson, (2000)**. Finally, Deviant workplace behavior is distinguished from unethical workplace behavior by **Jeewandara & Kumari, (2021)**. They define unethical behavior as going against a society's accepted laws, regulations, and standards by engaging in inappropriate behaviors or wrongdoings and arguing **Abdullah et al., (2021)**.

Deviant behavior in the workplace differs in two dimensions, one directed at the organization and the other at the individual. **a)** Organizational deviance, Includes collective behavior between individuals and organizations, such as theft, sabotage, and low effort in the workplace. **b)** Interpersonal deviance is the behavior presents between individuals in the workplace, such as making fun of others, playing mean pranks, acting rudely, and arguing (**Abas et al., 2024**).

Workplace deviance behavior has a bad consequence on nurses and organization.it can leads to lost work time, increase absenteeism, turnover, burnout decrease performance, productivity, efficiency, morale of nurses, quality of care which led to economic threat and loss because the organization pay salary to nurse doesn't work effectively (**Abou Hashish, 2020**). At the individual level, several studies have also investigated a number of demographic variables. In general, deviant behaviors represent two sides of the coin due to their positive or negative consequences. Having effective leadership is essential for nurses to achieve higher standards of nursing care and better patient outcomes in any hospital. Effective supervision also allows nurses to develop a sense of fairness towards their hospital (**Akbiyik et al., 2020**).

Significance of the study

For many years, leadership concepts focused on its positive aspects, leading to a bias toward leadership. However, there are unfavorable types of leadership. These kinds of

leadership are samples of nonproductive and ineffective behaviors in organizations **Labrague (2021)**. 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**). The study reported the extent of many leaders' destructive behavior and its consequences in the healthcare organization and members. 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 investigate toxic leadership and its relation to staff nurse's deviant behaviors.

Aims of the Study

Investigate the relationship between toxic leadership and staff nurse's deviant behaviors at Itay El Baroud General Hospital.

Research question

What is the relationship between toxic leadership and staff nurse's deviant behaviors at Itay El Baroud General Hospital?

Materials and Methods

Design: A descriptive, correlational research design was used to conduct this study.

Setting: This study was conducted at Itay El Baroud General Hospital, which is affiliated to the Ministry of Health and Population (MOHP), with bed capacity (n= 220) beds. It was included all inpatient units (medical and surgical) and Intensive Care Units (ICUs) (n=16), namely: (1) medical units (n=8), namely: general medical (Male and Female), obstetric, pediatric, poison, orthopedic, neurosurgical, and dialysis units; (2) Surgical units (n=4), as follows: general surgical (Male and Female), and operation units; (3) ICUs (n=5), as: general, neonatal, pediatric, coronary care, and emergency units.

Subjects: Two groups of subjects were included in this study.

a) All head nurses and their assistants, who are working at the above-mentioned settings and who was available at the time of data collection, with at least one year of experience. (n=32)

b) Staff nurses (n=300), who are working in the previously mentioned settings and, who was available at the time of data collection, with at least one year of experience. They was divided based on Epi Info (7); as follows: professional nurses (n=100), technical nurses. (n=200)

Tools: The study used two tools for data collection:

Tool (I): Toxic leadership Scale:

It was developed by (**Schmidt, 2008**) to assess toxic leadership. It consists of 30 items; categorized into five dimensions, namely: (1) abusive supervision (7-item); (2) authoritarian leadership (6-item); (3) narcissism (5-item); (4) self-promotion (5-item); and (5) unpredictability (7-item). Responses was measured on 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Scores was range from (30- 150); where low (<90); moderate ($\geq 90 - <113$) and high ($\geq 113 - 150$).

Tool (II): Deviant Behaviors Scale:

It was developed by (**Bennett & Robinson, 2000**), to assess nurses' perception level toward deviant workplace behaviors. It contains 19 items under two main dimensions, as follows: (1) interpersonal deviance (7-item), and (2) organizational deviance (12-item). Responses was measured on 3-point Likert scale, ranging from (3) always to (1) never. Scores ranged from (19-57) where low (<19); moderate ($\geq 19 - <38$) and high ($\geq 38 - 57$).

In addition, a demographic characteristics data sheet was developed by the researcher to collect data from head nurses and staff nurses, such as: age, gender, educational qualification, working unit, years of nursing

experience, years of unit experience and marital status.

Methods

1. An official permission was obtained from the Dean of Faculty of Nursing, Damanhour University and the responsible authorities of the study settings, after explanation of the purpose of the study.

2. The two tools was translated into Arabic, and was tested for its content validity and translation by a panel of five experts in the field of the study. Accordingly, no modifications was done.

3. Reliability of the tools was tested statistically using Cronbach's Alpha coefficient test to measure internal consistency of the items composing each dimension of the tools. The result of Cronbach's alpha coefficient test was as follows: Toxic leadership Scale: ($\alpha = 0.887$); and Deviant Behaviors Scale: ($\alpha = 0.826$), indicating adequate and good reliability.

4. A pilot study was carried out on (10%) of total sample size, head nurses and their assistants (n=3) and staff nurses (n=30), who was not included in the study sample; in order to check and to ensure the clarity, identify obstacles and problems that might be encountered during data collection. Based on the findings of the pilot study, no modifications were done.

5. Data collection for this study was conducted by the researcher through hand delivered, self-administered questionnaire. An individualized interview with each staff nurse was conducted to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings.

6. The two tools was delivered to both study subjects (head nurses and staff nurses); in order to promote self-evaluation and peer /subordinates' evaluations to ensure unbiased responses. The questionnaire was completed by study subjects at their work setting; it took about 20-30 minutes to fill out the two tools. The data was collected in a period of three

months, starting from the first of March 2023 to the end of May 2023.

7. After completion of data collection, the appropriate statistical analysis was used.

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.

- An informed written consent was obtained from the study subjects after explanation of the aim of study.

- Privacy and confidentiality of the collected data was maintained during implementation of the study.

- Anonymity regarding data collected was considered.

- Right to refuse to participate or withdraw from the research was assured during the study.

Statistical Analysis:

The collected data was revised, categorized, coded, computerized, tabulated and analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. The reliability of the tools was determined by Cronbach's alpha and presented in descriptive and association forms. The necessary tables were then developed. P value ≤ 0.05 was considered statistically significant, and P value ≤ 0.01 was considered highly statistically significant. The following statistical measures were used: **A)** Descriptive statistics: Included frequency, percent and Mean with Standard Deviation (Mean \pm SD), Min – Max, and Mean percent score to describe and summarize the scale and categorical data.

B) Analytic statistics: Chi-square test was used to examine the relationship between variables. The Pearson correlation coefficient test was used to explore the relationship between the toxic leadership and staff nurse's

deviant behaviors. A correlation matrix is a square matrix showing the correlation coefficients between two variables. Correlation coefficients measure how strong and in which direction two variables are linked in a straight line. Multivariate regression is a technique that estimates a single regression model with more than one outcome variable. When there is more than one predictor variable in a multivariate regression model. Monte Carlo simulation is a model used to predict the probability of a variety of outcomes when the potential for random variables is present. Graphical presentation: Bar graphs were done for data visualization using Microsoft Excel.

Results

Table 1 shows that pertaining to age, mean± SD of head nurses was 37.59±3.740; compared to 28.94±5.329 for staff nurses. Nearly three quarters of head nurses were from 30 to less than 40 years old (71.9%); whereas nearly three quarters of staff nurses were from 20 to less than 30 years old (71.3%). Regarding working unit, 84.4% of head nurses working in surgical. In relation to gender, all head nurses were female, and also the majority of staff nurses were female (92%). As for educational qualification, above two thirds of head nurses had Bachelor of Science in Nursing (68.8%). Pertaining to years of nursing experience, mean±SD of head nurses was 14.78±4.331; compared to 6.52±5.36 for staff nurses. Above half of head nurses had from 10-15 years of nursing experience (53.1%); whereas above half of staff nurses had ≤ 5 years of nursing experience (53.3%). According to years of unit experience, mean±SD of head nurses was 8.63±4.542; whereas, for staff nurses was 4.51±4.66. Half of head nurses had from 5-10 years of unit. In relation to marital status, the majority of head nurses and nurses were married (93.3%, 86.1%), respectively.

Table 2 shows that less than half of studied subjects, got moderate mean percent

scores of total toxic leadership (45.41%). All toxic leadership dimensions: self-promotion, narcissism, authoritarian leadership, abusive supervision, and unpredictability, got moderate mean percent scores, (51.96%, 48.80%, 43%, 39.86%, 36.28%), respectively.

Table 3 shows that above one third of studied subjects, got moderate mean percent scores of total deviant workplace behaviors (39.19%). Pertaining to organizational deviance and interpersonal deviance dimensions, the studied subjects got moderate mean percent scores (40%, 37.54%), consecutively.

Table 4 reveals that there were highly statistical significant relationships between total toxic leadership and working unit, and gender, where ($P= 0.0001, 0.008$); respectively. Moreover, there were statistical significant relationships between total toxic leadership and educational qualifications and years of nursing experience, where ($P= .014, .051$), consecutively. However, there were no statistical significant relationships between total toxic leadership and age, marital status and years of unit experience, where ($P > 0.05$).

Table 5 indicates that there were statistical significant relationships between total deviant workplace behaviors and years of nursing and unit experience, where ($P=0.02, 0.045$), respectively. However, there were no statistical significant relationships between total deviant workplace behaviors and age, working unit, educational qualification, gender and marital status, where ($P > 0.05$).

Table 6 represents that there were highly positive statistical significant correlations between total toxic leadership and its dimensions and between total workplace deviant behaviors and its dimensions, where ($P \leq 0.01$). On other hand no statistical significant correlations were found between total toxic leadership dimensions and total workplace deviant behaviors dimensions, where ($P > 0.05$).

Table (1): Demographic characteristics of the study subjects, working at Itay El Baroud General Hospital, (N=332).

Demographics characteristics	Head nurses (N=32)		Staff nurses (N=300)		Total (N=332)	
	No.	%	No.	%	No.	%
1) Age						
• 20 -	2	6.2	214	71.3	216	65.1
• 30 -	23	71.9	78	26.0	101	30.4
• 40-	7	21.9	5	1.7	12	3.6
• ≥ 50	0	0.0	3	1.0	3	0.9
Mean ±SD	37.59±3740		28.94±5.328		29.78±5.788	
2) Working Unit						
• Medical	1	3.1	53	17.7	54	16.3
• Surgical	27	84.4	117	39.0	144	43.4
• ICU	4	12.5	130	43.3	134	40.3
3) Gender						
• Male	0	0.0	24	8.0	24	7.2
• Female	32	100.0	276	92.0	308	92.8
4) Educational qualifications						
Diploma of Secondary Technical Nursing School.	0	0.0	18	6.0	38	11.4
Diploma of Technical Nursing Institute.	0	0.0	59	19.5	163	49.2
Bachelor of Sciences-in Nursing	22	68.8	119	39.5	112	33.7
Post-graduate studies.	10	31.2	105	35.0	19	5.7
5) Years of nursing experience						
• ≤5	2	6.3	160	53.3	162	48.8
• ≥5-	1	3.1	90	30.0	91	27.4
• ≥10-	17	53.1	32	10.7	49	14.8
• ≥15	12	37.5	18	6.0	30	9.0
Mean ±SD	4.78±4.331		6.52±5.36		7.32±5.807	
6) Years of unit experience						
• ≤5	8	25.0	220	73.3	228	68.7
• ≥5-	16	50.0	56	19.7	75	22.6
• ≥10-	5	15.6	12	4.0	17	5.1
• ≥15	3	9.4	9	3.0	12	3.6
Mean ±SD	8.63±4.542		4.51±4.66		4.91±4.803	
7) Marital status						
Single	0	0.0	55	18.3	55	16.6
Married	30	93.8	237	79.0	267	80.4
Divorced	1	3.1	5	1.7	6	1.8
Widow	1	3.1	3	1.0	4	1.2

Table (2): Mean percent scores of toxic leadership among studied subjects, working at Itay El Baroud General Hospital, (N=332).

Toxic leadership dimensions	Studied subjects (N=332)			
	Min	Max	Mean± SD	Mean % Score
Abusive supervision	7	35	13.954±5.230	39.86
Authoritarian leadership	6	30	12.900±5.088	43.0
Narcissism	5	35	12.201±4.320	48.80
Self-promotion	5	25	12.991±4.699	51.96
• Unpredictability	7	35	15.701±5.639	36.28
Total toxic leadership	30-150		68.123±20.795	45.41

Low score < 0-33.3%; moderate score ≥ 33.3% - < 66.6%; high score ≥ 66.6% - 100%

Table (3): Mean percent scores of deviant workplace behaviors among studied subjects, working at Itay El Baroud General Hospital, (N=332).

Dimensions of deviant workplace behaviors	Min	Max	Mean± SD	% Mean Score
• Interpersonal deviance	7	21	7.885±1.862	37.54
• Organizational deviance	12	36	14.400±3.692	40.0
Total deviant workplace behaviors	19	57	22.340±5.312	39.19

Low score < 0-33.3%; moderate score ≥ 33.3% - < 66.6%; high score ≥ 66.6% - 100%

Table (4): Relationship between demographic characteristics of studied subjects and their total toxic leadership, working at Itay El Baroud General Hospital, (N=332).

Demographic characteristics	Total toxic leadership (N= 332)								
	Low (N=236)		Moderate (N=90)		High (N=6)		Total (N=332)		X ² P
	No.	%	No.	%	No.	%	No.	%	
1) Age									
• 20 -	152	64.4	60	66.7	4	66.7	216	65.1	2.266 0.894
• 30 -	71	30.1	28	31.1	2	33.3	101	30.4	
• 40-	10	4.2	2	2.2	0	0.0	12	3.6	
• ≥ 50	3	1.3	0	0.0	0	0.0	3	0.9	
2) Working Unit									
• Medical	45	19.1	9	10.0	0	0.0	54	16.3	17.568 0.0001* *
• Surgical	113	47.9	30	33.3	1	16.7	144	43.4	
• ICU	78	33	51	56.7	5	83.3	134	40.3	
3) Gender									
• Male	12	5.1	10	11.1	2	33.3	24	7.2	9.73 0.008* *
• Female	224	94.9	80	88.9	4	66.7	308	92.8	
4) Educational qualifications									
Diploma of Secondary Technical Nursing School	33	14.0	5	5.6	0	0.0	38	11.4	0.014*
Diploma of Technical Nursing Institute.	116	49.2	44	48.9	3	50.0	163	49.2	
Bachelor of Sciences-in Nursing.	75	31.7	35	38.8	2	33.3	112	33.7	
Post-graduate studies.	12	5.1	6	6.7	1	16.7	19	5.7	
5) Years of nursing experience									
• ≤5	118	50.0	41	45.6	3	50.0	162	48.8	11.256 0.051*
• ≥5-	54	22.9	34	37.7	3	50.0	91	27.4	
• ≥10-	39	16.5	10	11.1	0	0.0	49	14.8	
• ≥15	25	10.6	5	5.6	0	0.0	30	9.0	
6) Years of unit experience									
• ≤5	162	68.6	62	68.8	4	66.7	228	68.7	2.992 0.810
• ≥5-	50	21.2	23	25.6	2	33.3	75	22.6	
• ≥10-	14	5.9	3	3.2	0	0.0	17	5.1	
• ≥15	10	4.3	3	3.3	0	0.0	12	3.6	
7) Marital status									
Single	38	16.1	16	17.8	1	16.7	55	16.6	2.654 0.851
Married	189	80.1	73	81.1	5	83.3	267	80.4	
Divorced	6	2.5	0	0.0	0	0.0	6	1.8	
Widow	3	1.3	1	1.1	0	0.0	4	1.2	

*Significant P≤0.05

** High significant p≤0.01

High score: 66.6 %-<

100%; Moderate score: 33.3 %-< 66.6%; Low score: 0 %-< 33.3%

Table (5): Relationship between demographic characteristics of studied subjects and their total deviant workplace behaviors, working at Itay El Baroud General Hospital. (N=332).

Demographic characteristics	Low (N=129)		Moderate (N=198)		High (N=5)		Total (N=332)		X ² P
	No.	%	No.	%	No.	%	No.	%	
1) Age									
• 20 -	78	60.5	13	68.7	2	40.0	21	65.1	6.224 0.399
• 30 -	42	32.6	56	28.3	3	60.0	10	30.4	
• 40-	7	5.4	5	2.5	0	0.0	12	3.6	
• ≥ 50	2	1.5	1	0.5	0	0.0	3	0.9	
2) Working Unit									
• Medical	20	15.5	33	16.7	1	20.0	54	16.3	6.224 0.399
• Surgical	66	51.2	75	37.9	3	60.0	144	43.4	
• ICU	43	33.35	90	54.5	1	20.0	134	40.3	
3) Gender									
• Male	9	7.0	15	7.6	0	0.0	24	7.2	0.437 0.804
• Female	120	93.0	183	92.4	5	100	308	92.8	
4) Educational qualifications									
Diploma of Secondary Technical Nursing School.	19	14.7	18	9.1	1	20.0	38	11.4	5.732 0.454
Diploma of Technical Nursing Institute.	65	50.4	97	49.0	1	20.0	16	49.2	
Bachelor of Sciences-in Nursing.	38	29.5	71	35.8	3	60.0	11	33.7	
Post-graduate studies	v	5.4	12	6.1	6	00.0	19	5.7	
5) Years of nursing experience									
• ≤5	61	47.3	10	50.5	1	20.0	16	48.8	14.822 0.020*
• ≥5-	28	21.7	61	30.8	2	40.0	91	27.4	
• ≥10-	25	19.4	24	12.1	0	0.0	49	14.8	
• ≥15	15	11.6	13	6.6	2	40.0	30	9.0	
6) Years of unit experience									
• ≤5	87	68.4	13	70.2	2	40.0	22	68.7	12.903 0.045*
• ≥5-	26	20.2	48	24.2	1	20.0	75	22.6	
• ≥10-	11	8.5	5	2.5	1	20.0	17	5.1	
• ≥15	5	3.9	6	3.1	1	20.2	12	3.6	
7) Marital status									
• Single	24	18.6	30	15.2	1	20.0	55	16.6	2.654 0.851
• Married	103	79.8	16	80.8	4	80.0	267	80.4	
• Divorced	0	0.0	6	3.9	0	0.0	6	1.8	
• Widow	2	1.6	2	1.0	0	0.0	4	1.2	

*Significant P≤0.05

** High significant p≤0.01

High score: 66.6 %-< 100%; Moderate score: 33.3 %-< 66.6%; Low score: 0 %-< 33.3

Table (6): Correlation matrix among studied subjects 'of toxic leadership and workplace deviant behaviors, working at Itay El Baroud General Hospital.; (N=332)

	Abusive supervision	Authoritarian leadership	Narcissism	Self-promotion	Unpredictability	Total toxic leadership	Interpersonal deviance	organizational deviance	Total Deviant Behaviors
Abusive supervision	1	.723	.594	.396	.596	.786	.024	.073	.054
		.000**	.000**	.000**	.000**	.000**	.661	.185	.325
Authoritarian leadership		1	.696	.566	.655	.863	.004	.012	.004
			.000**	.000**	.000**	.000**	.937	.832	.941
Narcissism			1	.640	.685	.864	.033	.051	.041
				.000**	.000**	.000**	.554	.351	.459
self-promotion				1	.645	.743	.048	.069	.057
					.000**	.000**	.379	.211	.299
Unpredictability					1	.847	.060	.087	.076
						.000**	.277	.116	.170
Total toxic leadership						1	.036	.061	.048
							.508	.267	.384
Interpersonal deviance							1	.684	.870
								.000**	.000**
organizational deviance								1	.947
									.000**
Total Deviant Behaviors									1

r : Pearson Correlation

*Significant P≤0.05

** High significant p≤0.01

Interpretation of r: Weak (0.1-0.24); Intermediate (0.25-0.7); Strong (0.75-0.99) perfect (1)

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 (Kouzes & Posner 2023). Leadership behaviors affect nurses' well-being inside and outside the workplace borders (El-Gazar et al., 2024). However, toxic and ineffective leaders destruct healthcare systems Therefore, the current study aimed to examine the relationship between toxic leadership and deviant workplace behaviors (Labrague, Nwafor, & Tsaras, 2020).

The findings of the present study illustrated that less than half of studied subjects, got moderate mean percent scores of toxic leadership and the highest mean score was related to the self-promotion dimension. This may be due to staff nurses are satisfied with the leaders who encourage them to solve problems, build good relations among staff, offer training opportunities, take an interest in their demands. Regarding the highest mean score which related to the self-promotion dimension a possible explanation for these results is that the head nurses don't try to gain power and control by displaying self-promotion behavior or bypassing failure on to the staff. In contrast, the lowest mean score was related to the

unpredictability dimension. This result may be due to the leader's unpredictable behavior vacillates between multiple types of behavior because of the stressful nature of the working environment as in ICUs.

Is in the same line with **Ofei et al., (2022)** and **Shipl et al., (2022)** who concluded that the study subjects got moderate mean percentage score of toxic leadership. In addition to that, **Abou Ramadan & Eid (2020)** who showed that quarter of nursing staff perceived moderate mean score of toxic leadership style at El-Menshaway and Tanta University Hospitals. Moreover, **Mahgob et al., (2024)** who concluded that highest mean score related to self-promotion dimension but staff nurses had low mean score regarding total toxic leadership. On other hand, this result is contraindicated with **Mokhtar et al., (2024)** who revealed that the highest mean score was related to abusive supervision. Moreover, **Atalla & Mostafa (2023)** indicated that the highest mean score was related to the unpredictability dimension. Additionally, **Hossny et al., (2023)** who concluded that high mean scores in the unpredictability dimension were observed in the university and insurance hospitals, and the self-promotion dimension had the lowest scores.

The findings of the present study revealed that above one third of studied subjects, got moderate mean percent scores of total deviant workplace behaviors and the highest mean score related to organizational deviance dimensions, but lowest mean score related to interpersonal deviant dimension. This may be due to nurse managers do not pay attention to the general job alienation of clinical nurses to improve their general self-efficacy to feel successful, staff come in late at work without permission.

This result agreed with **Shah et al., (2021)** who showed that workplace deviance exists in the understudy sector at a moderate mean score. In addition to, **Dar & Rahman (2019)** and **Aksu, (2016)** who concluded that the highest mean score is related to organizational deviance dimension, while lowest mean score is related to interpersonal deviance dimension. On the other hand, this result is contraindicated with **Abo-Algheit,**

(2024) who showed that the studied subjects, got height mean percent scores of total deviant workplace behaviors. Furthermore, **Elsehrawy & Mohamed (2023)** who illustrated that the staff nurses exhibit low mean score of deviant behavior in the workplace.

The present study showed that there were highly statistical significant relationships between total toxic leadership and working unit, and gender. The results of the current study indicated the highest toxic leaders in surgical units. This may be due stressful nature of the working environment of surgical units and changeability of patients' conditions that need quick actions and unilateral decision making makes them susceptible to toxic leaders to high workload. Moreover, there were statistical significant relationships between total toxic leadership and educational qualifications and years of nursing experience.

This finding may be attributed to the fact that the nursing staff's education helps in dealing with fear and anxiety, which makes them susceptible to toxic leaders and may be due to the old and more experienced staff being proficient, autonomous, and thinking in their work decisions that may differ from their leaders. This result is in line with **Hassan et al., (2024)** and **Mokhtar et al., (2024)** who observed that there was a statistically significant relation between total toxic leadership and years of experience. Moreover, **Abdallah & Mostafa (2021)** who illustrated that there was a highly statistically significant positive relation between total staff nurses perceived toxic leadership and their experience at Tanta International Teaching and El-Menshaway General Hospital. This result is inconsistent with, **Hossny et al., (2023)** who indicated that, there were significant differences between toxic leadership and age and strong significant differences were observed in toxic leadership among the experience group from 6 to more than 10 years. Also, **Atalla and Mostafa (2023)** revealed that there was no statistically significant relationship between toxic leadership's overall mean score and all staff nurses' demographic data except age.

The findings of the present study also showed that there are statistical significant relationships between total deviant workplace

behaviors and years of nursing and unit experience. A possible explanation for these results is that the more knowledge, skills and abilities of nurses and accompanied with years of experience. This result was similar with study done by **Mekawy and Ismail (2022)** who showed that there was a statistical positive significant relation between perceived nurses counterproductive workplace behaviors and their experience at private Hospital.

On the other side, these results were dissimilar to **Ata et al., (2024)** who reported that there were strong significant relationships between nurses' workplace deviant behaviors as regards their gender and marital status. Furthermore, **Elsehrawy & Mohamed (2023)** who showed that none of the personal characteristics were significantly related to deviant behaviors. Moreover, **Okeke & Ugwuanyi (2023)** who reported that there were statistically significant positive correlations between staff-nurses' workplace deviant behaviors as regards their gender, marital status.

The findings of the present study illustrated that there were highly positive statistical significant correlations between total toxic leadership and its dimensions and between total workplace deviant behaviors and its dimensions. In fact, this may be because nurses' managers often neglect the deviation behaviors in the workplace until it is too late. On the other hand no statistical significant correlations were found between total toxic leadership dimensions and total workplace deviant behaviors dimensions. This is supported by, **Bany (2024)** who illustrated that there were significant correlation between toxic leadership and its dimensions. Also, **Hossny et al., (2023)** who concluded that there were significant correlations between dimensions toxic leadership in the university and insurance hospitals. In addition, **Ofei et al., (2022)** who stated that there were significant differences correlations between dimensions of toxic leadership.

On the other hand, these results were dissimilar to **Li et al., (2024)** who concluded that deviant employee behaviors were positively related to destructive leadership. Moreover, **Hassan et al., (2024)** and **Zaki & Elsaïad**

(2021) who revealed that there was significant negative correlation between the dimensions of toxic leadership. Also, **Nadeem et al., (2020)** who found positive and significant correlation between toxic leadership on interpersonal deviance and workplace deviance.

Conclusion

The result of the present study concluded that there were highly positive statistical significant correlations between total toxic leadership and its dimensions and between total workplace deviant behaviors and its dimensions. On other hand no statistical significant correlations were found between total toxic leadership dimensions and total workplace deviant behaviors dimensions.

Recommendations

1. Hospital administrators should:

- Establish leadership training programs to provide health care supervisors with the skills they need to build a collaborative and participatory management organization, thus reducing deviant workplace behaviors of staff nurses.

- Identify reasons and ways of preventing nurses' deviant behaviors. Thus, managers may prevent behavior of deviation to the organization.

- 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.

2. Head nurses should:

- Training of future and novice leaders in terms of leadership behaviors, ethical standards in management, stress management, self-efficacy and effective communication before the promotion process into a leadership role.

- Design and implement periodical in-service educational programs to enhance staff

nurses' emotional intelligence and organizational citizenship skills.

3. Staff nurses should:

- Communicate openly with their head nurses to discuss their problems and their ideas and opinions with head nurses.

- Attending training program to become aware of organizational policies, resources, rules and regulations, to improve their abilities and skills to work effectively and enhance their responsibility to solve problems by and the ability to take decision.

Future studies:

- Identify factors causing nurses' deviant workplace behaviors.

- Identify the relationship between toxic leadership dimensions with interpersonal deviance behaviors and evaluates the characteristics of the followers of toxic leaders.

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