

Effects of Toxic Leadership on Intensive Care Units Staff Nurses' Emotional Intelligence and Their Organizational Citizenship Behaviors

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Abstract

Background, toxic leadership becomes a common reality in many organizations. It can cause harm not only to the followers but to the whole organization, results in adverse negative consequences such as decreased motivation, productivity and cooperation which consequently effect on their emotional intelligence and organizational citizenship behaviors. **Aim** of this study was to determine effects of toxic leadership on intensive care units staff nurses' emotional intelligence and their organizational citizenship behaviors at Tanta International Teaching Hospital and El-Menshawey General Hospital. **Subjects and Method**, descriptive, comparative study design was adopted. All intensive care units at Tanta International Teaching Hospital and El-Menshawey General Hospital were included. All available staff nurses (n=486) at Tanta International Teaching Hospital ICUs (n=253) and El-Menshawey General Hospital ICUs (n=233) was included in this study. Three tools for data collection were used, Toxic Leadership Scale, Emotional Intelligence Questionnaire and Organizational Citizenship Behavior Questionnaire. **Results** of the conducted study revealed that toxic leadership perceptions of the staff nurses had statistically significant differences in each of four dimensions at two hospitals. At Tanta International Teaching Hospital the majority of staff nurses perceived that their leaders had low overall toxic leadership level compared to high percent had moderate overall toxic leadership at El-Menshawey General Hospital. There was a moderate level of overall emotional intelligence and organizational citizenship behavior at Tanta International Teaching Hospital, compared to low level at El-Menshawey General Hospital. **Conclusion**, there was a statistically significant negative correlation between total staff nurses' perceived toxic leadership with their emotional intelligence and organizational citizenship behavior at both hospitals. Therefore, **it was recommended that**, the health care organizations should focus on staff nurses feedback regarding their supervisors which will help in identifying supervisors with toxic traits also, need to enhance nursing staff leadership, emotional intelligence and organizational citizenship skills through periodical educational programs.

Key words, Emotional intelligence, Organizational citizenship behavior, Staff nurses, Toxic leadership.

Introduction

Intensive care units have complex work environment that can lead to a lot of challenges in providing high quality and safe patient care. Particularly, there is a surge in the demand due to the COVID 19 pandemic, increase numbers of sickest patients, heavy workloads, unfamiliar technologies, and psychological stressors^(1,2). These challenges have undoubtedly reinforced the need for quality nurse leadership within health care. Intensive care units nurse leaders, therefore, have the critical and challenging task of influencing effective workplace performance and retention of hospital staff nurses by directing clinical practice and outcomes inclusive of compliance with regulations, resources, patient satisfaction, and overall excellence in service⁽³⁾.

Leadership is the power relationship that exists between leaders and followers thus, leaders have power and exert it to cause change in others⁽⁴⁾. Nurse leader is the one who provides direction and guidance to the nurses to assist them to achieve organizational goals and supports them by prioritizing their needs as well as make choices based on mutual values and to engage in the culture to provide meaning and coherence⁽⁵⁾. On other hand, nurse leaders' stressors of limited resources, competition, and increase petition for a

high quality of care evoke some types of dark leadership as toxic leadership^(6, 7). Toxic leadership is a leadership style that is harmful to the organization's followers and has negative effects on it and its members⁽⁸⁾. This leadership style is a subcategory of unethical leadership that can lead to unethical behaviors on the part of followers⁽⁹⁾.

The term of toxic leadership is a multi-dimensional structure that contains bad supervision components such as narcissism, autotarianism, self-promotion and unpredictability. It forms the framework of negative leadership types such as destructive, abusive, narcissistic and authoritarian leadership^(10, 11). Toxic triangle emerge as a result of the interaction among leader, subordinates and organization which results in the creation of toxic leadership, commonly in a poor organization with weak system and centralized power⁽¹²⁾.

Daniel and Metcalf (2015)⁽¹³⁾ defined toxic leader as an individual who behaves destructively and have a tendency to manipulate and exhibit intimidating, and unethical behaviors towards those around them^(14, 15). According to **Hadadian and Sayadpour (2018)**⁽⁸⁾ toxic leadership includes behaviors such as disparaging, ridiculing, discouraging and ignoring

followers, persuasion through intimidation, eliminating individuals and rivals, setting members against one another, excluding members from social groups, depriving members of their social and political rights as well as their right to choose. Also, threatening workers with dismissal, forcing members to tolerate hardships, reprimanding followers for the leaders' mistakes, ignoring suggestions, suppress opposite views, withholding information required by workers and promoting the ideology of hatred among coworkers or even creating division^(16,17).

Çelebi et al. (2015)⁽¹⁸⁾ stated that toxic leadership has four dimensions including in-appreciativeness, self-centered or self-interest, selfishness and negative spiritual state. In-appreciativeness refers to the tendencies for not giving value to the nurses, reminding the faults of the nurse unsympathetically and giving the feeling of inadequacy to them. Self-centered or self-interest dimension of toxic leadership is expressed as nurses leader who do not think their subordinates and are motivated with their own interest. The characteristics of granting privilege to people who have advantages for him/her, being a part of the successes that do not belong to him/her, avoiding responsibility in case of constituting a mistake outweigh in a toxic leader whose self-interest dimension is

high. Selfishness is explained as nurse leader's decreasing of threat that will come from rivals and subordinates prioritizing his/her own interest⁽¹⁹⁾. Finally, negative spiritual state is the situations which can reflect on the nurse leader's tone of voice/volume, and determine atmosphere of the working environment^(15,20).

Effective leadership behavior depends crucially on the ability of a leader to solve complex social problems that arise in organizations, understanding of their own emotions and of those of others, and are able to regulate their emotions when interacting with others. Therefore, emotional intelligence has become a vital element of the way today's leaders address the complexity of the challenges they encounter in the business environment⁽²¹⁾. Moreover, nurses are constantly in direct contact and hence are involved in emotional interactions with their leaders, patients, caregivers, physicians, and other hospital staff on daily basis, so it is imperative for nurses to understand their own feelings and use them to make good decisions. It is necessary to learn how to understand people behaviors, attitudes, interpersonal skills and potentialities. Nurses who have these characteristics are said to be emotional intelligent⁽²²⁾.

Emotional intelligence is the capacity to accurately understand one's own and

others' emotions and efficiently use and control them. This capacity is an important element that serves to predict the capacity or attitude of a leader or staff members in dealing with job situations and interpersonal relations and to use this information to guide one's thinking and action ⁽²³⁾. According to Goleman model, emotional intelligence consists of five competencies; self-awareness, self-regulation, self-motivation, empathy and social competences. Self-awareness involves nurses are doing an accurate self-assessment to know their strengths and weaknesses to ensure self-confidence about self-worth and capabilities. Self-regulation involves nurses are keeping their disruptive emotions and impulses under control, taking responsibility for their own performance, being flexible for handling change, and becoming comfortable with new information and approaches ⁽²⁴⁾.

In addition, self-motivation can help nurses to reach goals by striving to meet a standard of excellence, aligning their personal goals with the group and organizational goals, taking advantage of opportunities, and keeping a positive attitude about pursuing despite obstacles. Whereas, empathy involves taking an interest in others' concerns and understanding them, anticipating and

meeting customers' needs and developing others' abilities. Finally, social competences are proficiency in handling relationships and building networks ⁽²⁵⁾. In hospital settings, nurses providing nursing care for patients and dealing with caregivers of different social classes ⁽²⁶⁾. Moreover, one of the important factors that can lead to improvement of the quality of the behaviors, attitudes, and interactions of nurses in all areas of emotional intelligence is organizational citizenship behavior ^(27, 28).

Organizational Citizenship Behaviors (OCB) refers to the prosocially workplace behavior of organizational members, characterized by their willingness to help colleagues, provide cooperation and service for others, and to make voluntary functional efforts to contribute to organizational development ⁽²⁹⁾. Organizational citizenship behaviors have intrinsic and extrinsic benefits to nurses. Intrinsic benefits may be described as those intangible benefits that serve to inspire nurses' of self and inner fulfillment such as capacity building and skill acquisition, self-actualization and a sense of fulfillment. Extrinsic benefits represent those tangible rewards that occur to nurses as result of exhibition of organizationally desirable behaviors such as pay raise, promotion, recommendation for training

and development and job security⁽³⁰⁾.

Organizational citizenship is a multi-dimensional construct and involves five dimensions: conscientiousness, sportsmanship, courtesy, civic virtue and altruism. Conscientiousness is used to indicate that a particular nurse is organized, self-disciplined, accountable and hardworking. It can be expressed in the form of role behaviors e.g. low absenteeism level⁽³¹⁾. Sportsmanship is defined as any behavior demonstrating tolerance without complaining in the less than ideal circumstances or not making a big deal out of small matters and aimed at maintaining the status quo, promoting social harmony and conserves organizational energies for accomplishment of task⁽³²⁾. Courtesy represents behaviors that show consideration and respect for others. It emphasizes mutual respect and avoidance of inconvenience to others that may result from one's actions or inactions. Courtesy fosters harmonies, peaceful working relationships and help others to prevent interpersonal problems from occurring such as giving prior notice to the work schedule⁽³³⁾.

Civic virtue refers to the constructive involvement in the political process of the organization and contribution to this process by freely expressing opinions,

attending meeting also discussing with colleagues the issues concerning the organization⁽³⁴⁾. Altruism is helping behavior directed at specific individuals. When individuals have specific problems, need assistance or seek help, altruistic people assist them with expectation of reward in compensation for assistance such as training new nurses on utilization of new equipment⁽³⁵⁾.

Health care organization is currently facing a dynamically changing environment, thus requiring nurses to perform work outside the duties listed in the job description. Moreover, having self-confidence, emotional balance, social interaction, emotional intelligence and creativity⁽³⁶⁻³⁸⁾. Leaders who provide social support and attachment create a positive environment for those nurses which in-turn making them more intelligence, productive and enthusiastic about their work⁽³⁹⁻⁴¹⁾.

Significance of the study

For many years, leadership concepts focused on its positive aspects to the productivity and morale of their members and these kind of positive definitions ignored the dark sides of the leaders. However, recently several studies focus on understanding negative and ineffective leadership behaviors which are harmful to nurses as well as for the organizations^(42, 43). **Malik et al. (2019) and Zaabi et al.**

(2018)^(43, 44) results confirm that the study of the dark side of the leader's personality has a significant role in helping organizations identify those with the potential for deviant behaviors and poor work performance. As leaders having toxic characteristics makes the work more complicated and stressful. **Abou-Ramadan & Eid (2020)**⁽⁴²⁾ and **Webster et al. (2016)**⁽⁴⁵⁾ assert the importance of health care organizations to study leadership behavior and further researches related to destructive leadership and its relationship with job outcomes and organizational performance, so they are able to recognize the toxic tendencies in a leader before they create any major negative impact. In this context this study directed to assess leadership toxicity at two different health care sectors and determine its effect on the emotional intelligence of the staff nurses as well as their organizational citizenship behaviors.

Aim of the study

This study aimed to determine effects of toxic leadership on intensive care units staff nurses' emotional intelligence and their organizational citizenship behaviors at Tanta International Teaching Hospital and El-Menshawey General Hospital.

Research question

-What are the levels of toxic leadership perceived by ICUs staff nurses at Tanta

International Teaching Hospital and El Menshawey General Hospital?

-What are the staff nurses' emotional intelligence levels at Tanta International Teaching Hospital and El-Menshawey General Hospital ICUs?

-What are the staff nurses' organizational citizenship behaviors levels at Tanta International Teaching Hospital and El-Menshawey General Hospital ICUs?

-Are there differences between Tanta International Teaching Hospital ICUs and El-Menshawey General Hospital ICUs regarding toxic leadership levels, staff nurses' emotional intelligence and their organizational citizenship behaviors?

-Can toxic leadership affect ICUs staff nurses' emotional intelligence and their organizational citizenship behaviors at Tanta International Teaching Hospital and El Menshawey General Hospital?

Subjects and method

Research Design

A descriptive, comparative design was operated for this study. This design is used to describe, compare, and examine differences in variables in two or more groups that occur in a setting at one given point in time⁽⁴⁶⁾.

Setting

The study was conducted at all intensive care units of two hospitals at Tanta city; Tanta International Teaching Hospital

affiliated to Tanta University Hospitals and El-Menshawey General Hospital affiliated to the Ministry of Health and Population.

Subjects

The subjects included all available (486) staff nurses working in preceding settings at Tanta International Teaching Hospital ICUs (n=253) and El-Menshawey General Hospital ICUs (n=233). Nurse supervisors and novice nurses (with < 6 months of experiences) were excluded from the study.

Tools of the study: the researchers prepared a structured questionnaire to collect data of this study. It consisted of three tools as follow;

Tool (1): Toxic Leadership Scale

This tool was adopted by researchers guided by **Naeem et al. (2020)⁽⁴⁷⁾** and **Çelebi et al. (2015)⁽¹⁸⁾** to assess staff nurse's perception about toxic leadership. The tool included two parts: Part (1): personal characteristics including age, years of experience, marital status and level of education. Part (2): Toxic Leadership questionnaire to assess nurse's perception about toxic leadership through (30) items distributed into 4 sub-dimensions which are in-appreciativeness (11 statements), self-centered and self-interest (9 statements), selfishness (5 statements) and negative spiritual state (5 statements). ICUs staff nurses responses

were measured in five point Likert Scale that takes values between 1 (strongly disagree) and 5 (strongly agree). Levels of toxic leadership represented statistically based on the cut of value into $\geq 75\%$ as high level; $< 75\%$ -60% as moderate level and low; $< 60\%$. A higher score denoted that the staff nurses perceived that their head nurses display toxic leadership.

Tool (2): Emotional Intelligence Questionnaire

This tool was modified by the researchers based on **Muhurji and Yussef(2018)⁽²³⁾**, **Wassif et al. (2016)⁽²⁵⁾** and **Ugoani (2015)⁽⁴⁸⁾** to assess level of nurses' emotional intelligence through (50) items distributed into six subscales: self-awareness (11 items), self-regulation (9 items), self-motivation (7 items), self-management (7 items), social awareness (10 items) and relationship management (6 items). ICUs staff nurses responses' were measured in five points Likert Scale ranging from (1- 5) when not applicable = (1), slightly apply = (2), sometimes applicable = (3), frequently apply = (4), to completely applicable = (5) for each statement. For statically purpose five points Likert scale changed into three scales to become completely applicable, sometimes applicable and not applicable. The scoring system for data collection was calculated by summing up the scores of

each subscale. The respondents' total scores were classified into three levels, high level $\geq 75\%$; moderate level $< 75\% - 60\%$ and low $< 60\%$.

Tool (3): Organizational Citizenship Behavior Questionnaire

This tool was modified by the researchers based on **Hadwa(2019)**⁽³⁰⁾, **Vashisht(2017)**⁽³⁴⁾ and **Kumar and Shah (2015)**⁽⁴⁹⁾ to assess level of organizational citizenship of ICUs nurses through (45) items distributed into five subscales: conscientiousness (10 items), sportsmanship (9 items), courtesy (10 items), civic virtue (9 items), and altruism (7 items). ICUs staff nurses responses' were measured in four points Likert Scale ranging from (1- 4) when never = (1), rarely = (2), sometimes = (3), and always = (4). Scoring system for data collection was calculated by summing up the scores of each subscale. The respondents' total scores were classified into three levels, high level $\geq 75\%$; moderate level $< 75\% - 60\%$ and low $< 60\%$.

Method

Validity and Reliability

The tools were translated into Arabic language to be clear for all participants' education levels and reviewed by a jury of six experts from the field of specialty to assess the face and content validity, as well as to check the fidelity. Based on this

revision, necessary modifications were done. The content validity were 95.8%, 91.7% and 100% for tools I, II and III respectively. Reliability of the tools was tested using Cronbach's alpha coefficient test, its value was (0.783) for toxic leadership, in-appreciativeness = 0.751, self-centered and self-interest = 0.823, selfishness = 0.764, and negative spiritual state = 0.795. For emotional intelligence was (0.801), self-awareness = 0.845, self-regulation = 0.763, self-motivation = 0.885, self-management = 0.734, social awareness = 0.862 and relationship management = 0.715. For citizenship behavior was (0.775), conscientiousness = 0.805, sportsmanship = 0.816, courtesy = 0.783, civic virtue = 0.759 and altruism = 0.714.

Pilot study

Pilot study was conducted on 10% of the sample of ICU nurses (n= 48) randomly selected from the above-mentioned hospitals and excluded from the subjects to recognize the complexities and problems that may encounter during data collection and to estimate the required time.

Fieldwork

The data was collected by researchers from ICU staff nurses included in the study. The researchers met the subjects in small groups during their work shifts to distribute the questionnaires. The subjects

recorded the answer in the presence of the researchers to ascertain all questions were answered. The questionnaire sheets were taken 20-30 minutes for each staff nurse to be filled. The data was collected in a period of two months from January to March 2021.

Ethical consideration

The researchers obtained an official permission from the authoritative bodies at two hospitals before initiating the data collection. Researchers met the participant ICU staff nurses and explained the purpose of the study to them to gain their cooperation for participation in the study. Informed consent was obtained from each participant nurse after clarifying the aim of the study. The study's contribution was voluntary, the confidentiality of their responses, and right to withdraw from the study at any time were emphasized.

Statistical analysis

Statistical analysis is performed by statistical Package SPSS in general (version 20), also Microsoft Office Excel is used for data handling and graphical presentation. Qualitative data were described using number and percent, while the quantitative data were described using mean and standard deviation. The significance of the obtained results was judged at the 5% level. Chi-square test (for categorical variables) was used to compare

between different groups; Monte Carlo correction for chi-square when more than 20% of the cells have predictable count fewer than 5. T-test was used to compare two studied groups; Pearson coefficient to correlate between two normally distributed quantitative variables, and F-test (ANOVA) to compare between more than two groups.

Results

Table (1) shows the distribution of staff nurses according to their personal data. As regard to staff nurses' age, More than half (56.2%) of them who working at El-Menshawey General Hospital had age less than 30 years old compared to (45.5%) of them at Tanta International Teaching Hospital aged from 30-40 years old with mean scores 33.08 ± 5.12 and 34.15 ± 4.871 respectively with range from 22 to 50 years. More than half (63.6, 65.2%) of staff nurses at both Hospitals were married. As regard to education level, 42.7% of staff nurses at Tanta International Teaching Hospital had Technical Institute of Nursing compared to 38.6% of them at El-Menshawey General Hospital had Baccalaureate degree. 36.4% and 59.7% of staff nurses at Tanta International Teaching and El-Menshawey General Hospital had from 10 to 20 years of experience with mean scores 9.43 ± 4.5 and 10.2 ± 3.4 respectively with range from 1-

25 years. As regard to work unit, 18.2% of staff nurses were working in Cardiology ICU at Tanta International Teaching Hospital compared to 17.6% of them were working in Neurology ICU at El-Menshawey General Hospital.

Figure (1) shows percentage distribution of the overall toxic leadership levels at Tanta International Teaching Hospital and El-Menshawey General Hospital. The figure illustrates that majority (80.03%) of staff nurses perceived a low level of overall toxic leadership at Tanta International Teaching Hospital, compared to only (20.90%) at El-Menshawey General Hospital. Low percent (10.25%) of staff nurses perceived a moderate level of overall toxic leadership at Tanta International Teaching Hospital compared to high percent (63.30%) at El-Menshawey General Hospital.

Table (2) illustrates levels of toxic leadership as perceived by staff nurses at Tanta International Teaching Hospital and El-Menshawey General Hospital. The table shows that there was a statistically significant difference between perceived level of staff nurses' toxic leadership at Tanta International Teaching Hospital and El-Menshawey General Hospital. The majority (82.2%) of staff nurses perceived that negative spiritual state as the lowest level, followed by (81.0%, 79.8%) for in-

appreciativeness and self-interest at Tanta International Teaching Hospital respectively. More than half (69.1%, 62.2%) of them perceived that self-interest and in-appreciativeness as the moderate level at El-Menshawey General Hospital respectively.

Figure (2) shows percentage distribution of the overall emotional intelligence levels at Tanta International Teaching Hospital and El-Menshawey General Hospital. The figure illustrates that more than two third (67.12%) of staff nurses perceived a moderate level of overall emotional intelligence at Tanta International Teaching Hospital, compared to less than one third (29.33%) at El-Menshawey General Hospital . While, only (16.73%) of staff nurses perceived a low level of overall emotional intelligence at Tanta International Teaching Hospital, compared to more than half (53.07%) at El-Menshawey General Hospital .

Table (3) illustrates levels of staff nurses' emotional intelligence at Tanta International Teaching Hospital and El-Menshawey General Hospital. The table shows that there was a statistically significant difference between perceived level of staff nurses' emotional intelligence at Tanta International Teaching Hospital and El-Menshawey General Hospital. The majority (72.7%) of staff nurses perceived

that self-regulation as the moderate level, followed by (72.3%, 71.9%) for self-management and self-awareness at Tanta International Teaching Hospital respectively. While, more than half (57.9%, 57.1%) of them perceived that self-motivation and self-awareness as the lowest level at El-Menshawey General Hospital respectively.

Figure (3) shows percentage distribution of the overall organizational citizenship behavior levels at Tanta International Teaching Hospital and El-Menshawey General Hospital. The figure illustrates that more than two third (66.92%) of staff nurses perceived a moderate level of overall organizational citizenship behavior at Tanta International Teaching Hospital, compared to only (26.08%) at El-Menshawey General Hospital . While, low percent (15.2%) of staff nurses perceived a low level of overall organizational citizenship behavior at Tanta International Teaching Hospital, compared to more than half (51.34%) at El-Menshawey General Hospital .

Table (4) illustrates levels of staff nurses' organizational citizenship behavior at Tanta International Teaching Hospital and El-Menshawey General Hospital . The table shows that there was a statistically significant difference between perceived level of staff nurses' organizational

citizenship behavior at Tanta International Teaching Hospital and El-Menshawey Hospital. The majority (72.3%) of staff nurses perceived that altruism as the moderate level, followed by (70.8%, 66.0%) for sportsmanship and civic virtue at Tanta International Teaching Hospital respectively. While, more than half (57.1%) of them perceived that altruism as the lowest level followed by (55.8%, 48.5%) for sportsmanship and conscientiousness at El-Menshawey General Hospital respectively.

Table (5) shows there was a statistically negative correlation between total staff nurses' perceived toxic leadership with their emotional intelligence and organizational citizenship behavior ($p \leq 0.001$) at both hospitals.

Table (6) illustrates There was a statistically significant positive correlation between total staff nurses' perceived toxic leadership and their age, level of education, experience and work unit ($p \leq 0.05$) at Tanta International Teaching and El-Menshawey Hospital.

Table (1): Distribution of staff nurses according to their personal data

Staff nurses' personal data	Tanta International Teaching Hospital (N=253)		El-Menshawey General Hospital (N=233)	
	N	%	N	%
Age (years)				
<30	115	45.5	131	56.2
30 – 40	99	39.1	80	34.3
> 40	39	15.4	22	9.4
Mean±SD	34.15±4.871		33.08±5.12	
Range	24-52		22-50	
Marital status				
Single	85	33.6	72	30.9
Married	161	63.6	152	65.2
Other	12	4.7	9	3.9
Education level				
Diploma in nursing	68	26.9	62	26.6
Technical Institute of nursing	108	42.7	81	34.8
Baccalaureate degree	97	38.3	90	38.6
Experience (years)				
<10	121	7.8	139	30.0
10 – 20	92	36.4	70	59.7
> 20	40	15.8	24	10.3
Mean±SD	9.43±4.5		10.2±3.4	
Range	1-25		2-25	
Work Unit				
High Risk Neonate	43	17.0	31	13.3
Anaesthesia ICU	38	15.0	0	0
General ICU	22	8.7	18	7.7
Medical ICU	30	11.9	63	27
Neurology ICU	21	8.3	41	17.6
Cardiology ICU	46	18.2	38	16.3
Pediatric ICU	28	11.1	28	12
Renal dialysis	25	9.9	14	6

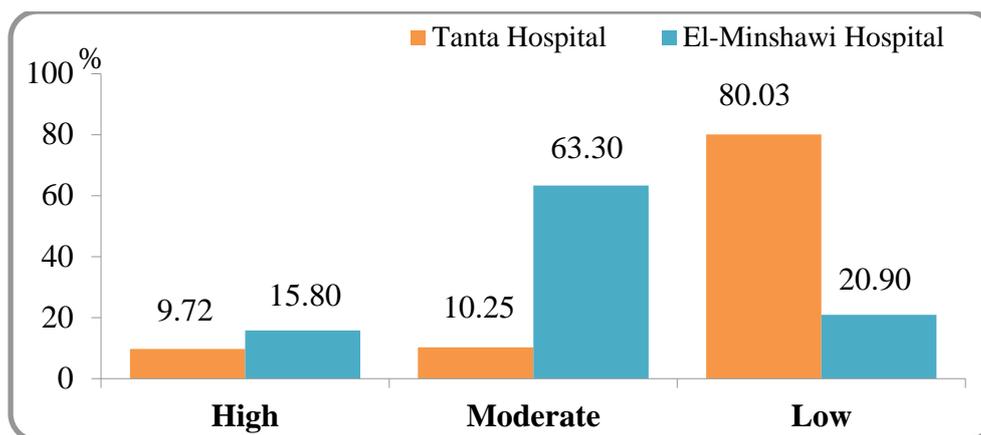


Figure (1): Percentage distribution of the overall toxic leadership Levels at Tanta International Teaching Hospital and El-Menshawey General Hospital

Table (2): Levels of toxic leadership as perceived by staff nurses at Tanta International Teaching Hospital and El-Menshawey General Hospital

Statistically significant at $p \leq 0.05$

Dimensions	Tanta International Teaching Hospital (N=253)				El-Menshawey General Hospital (N=233)				T-test	
	High	Moderate	Low	Mean ± SD	High	Moderate	Low	Mean ± SD	T	P-value
	%	%	%		%	%	%			
- In-appreciativeness	10.3	8.7	81.0	2.13±0.75	15.9	62.2	21.9	3.3±0.76	17.07	<0.001*
- Self-interest	7.5	12.6	79.8	1.68±0.62	12.9	69.1	18.0	3.25±8.4	2.96	0.003*
- Selfishness	9.5	13.4	77.1	1.46±0.43	18.9	60.5	20.6	2.7±0.62	25.78	<0.001*
- Negative Spiritual State	11.5	6.3	82.2	1.57±0.6	15.5	61.4	23.2	2.55±0.49	19.62	<0.001*

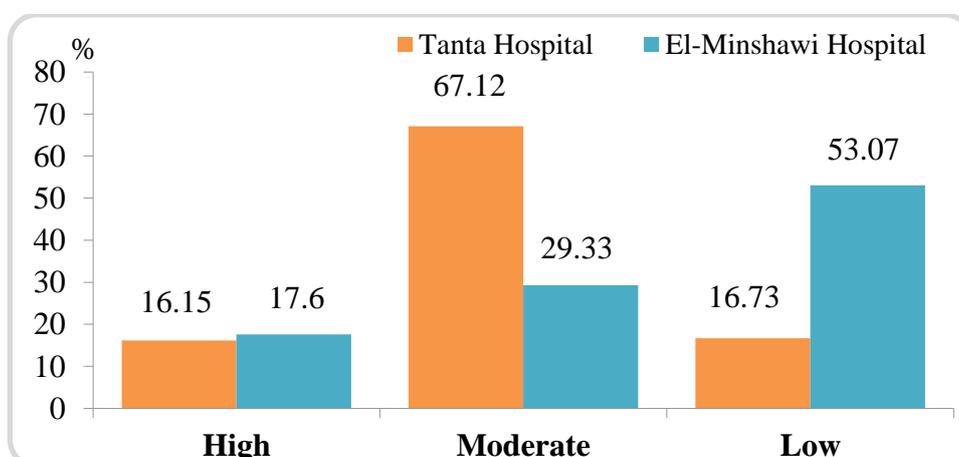


Figure (2): Percentage distribution of the overall staff nurses emotional intelligence Levels at Tanta International Teaching Hospital and El-Menshawey General Hospital

Table (3): Levels of staff nurses’ emotional intelligence at Tanta International Teaching Hospital and El-Menshawy General Hospital

Emotional intelligence questionnaire	Tanta International Teaching Hospital (N=253)				El-Menshawy General Hospital (N=233)				T-test	
	High %	Moderate %	Low %	Mean ± SD	High %	Moderate %	Low %	Mean ± SD	T	P-value
- Self-awareness	13.0	71.9	15.0	4.18±1.2	15.5	27.5	57.1	3.03±0.45	13.76	<0.001*
- Self-regulation	9.9	72.7	17.4	3.14±0.84	18.9	30.9	50.2	2.45±0.53	10.72	<0.001*
- Self-motivation	17.0	64.8	18.2	2.83±0.64	16.7	25.3	57.9	1.77±0.51	20.08	<0.001*
- Self-management	13.8	72.3	13.8	2.92±0.83	22.7	31.8	45.5	2.23±0.48	11.09	<0.001*
- Social awareness	24.1	60.1	15.8	4.91±0.77	12.9	32.2	54.9	3.22±0.62	26.51	<0.001*
- Relationship management	19.0	60.9	20.2	2.64±0.53	18.9	28.3	52.8	1.7±0.44	21.17	<0.001*

Statistically significant at $p \leq 0.05$

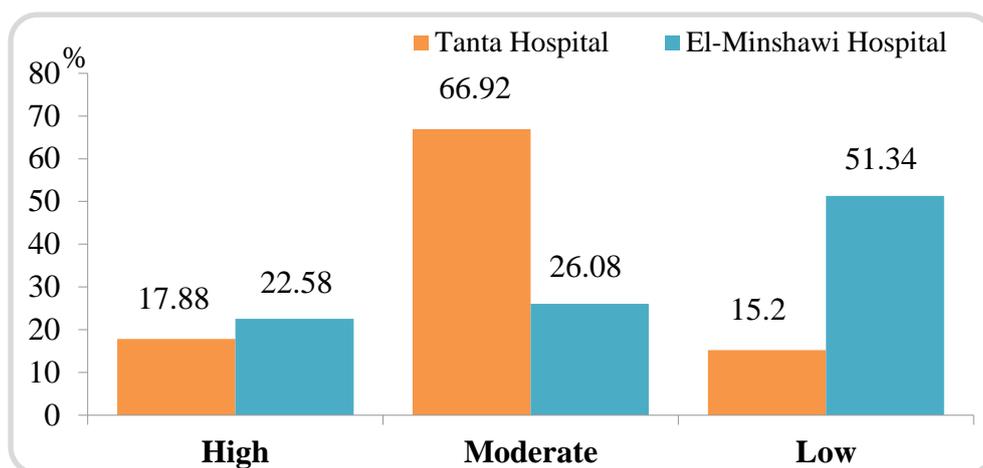


Figure (3): Percentage distribution of the overall staff nurses organizational citizenship behavior Levels at Tanta International Teaching Hospital and El-Menshawy General Hospital

Table (4): Levels of staff nurses' organizational citizenship behavior at Tanta International Teaching Hospital and El-Menshawy General Hospital

Citizenship behavior	Tanta International Teaching Hospital (N=253)				El-Menshawy General Hospital (N=233)				T-test	
	High %	Moderate %	Low %	Mean ± SD	High %	Moderate %	Low %	Mean ± SD	T	P-value
- Conscientiousness	19.8	60.1	20.2	3.98±0.57	21.5	30.0	48.5	3±0.74	16.42	<0.001*
- Sportsmanship	17.4	70.8	11.9	3.37±0.72	21.0	23.2	55.8	2.09±0.56	21.74	<0.001*
- Courtesy	19.4	65.6	15.0	3.94±0.8	24.5	28.3	47.2	2.83±0.49	18.25	<0.001*
- Civic virtue	17.0	66.0	17.0	2.59±0.73	25.3	26.6	48.1	2.37±0.55	11.93	<0.001*
- Altruism	15.8	72.3	11.9	3.22±0.95	20.6	22.3	57.1	1.56±0.54	17.56	<0.001*

Statistically significant at $p \leq 0.05$

Table (5): Correlation between staff nurses' perceived total toxic leadership and their emotional intelligence and organizational citizenship behavior

Total toxic leadership	Emotional intelligence		Organizational citizenship behavior	
	R	P-value	r	P-value
Tanta International Teaching Hospital	-0.574	<0.001*	-0.432	<0.001*
El-Menshawey General Hospital	-0.627	<0.001*	-0.207	0.004*

Statistically significant at $p \leq 0.05$ **Table (6): Relation between overall toxic leadership and staff nurses demographic characteristics of the studied subjects (n = 544).**

Demographic characteristics	Total toxic leadership							
	Tanta International Teaching Hospital (N=253)		ANOVA		El-Menshawey General Hospital (N=233)		ANOVA	
			f	P-value			f	P-value
- Age (years)								
<30	2.44	0.73	11.96	<0.001*	7.34	1.28	6.78	<0.001*
30 – 40	2.51	0.52			7.77	1.2		
> 40	3.08	1.06			8.26	1.03		
- Level of education								
Diploma in nursing	2.13	1.02	18.30	<0.001*	7.30	1.3	4.618	0.011*
Technical Institute of nursing	2.38	0.59			7.49	1.22		
Baccalaureate degree	3.54	0.67			8.64	1.38		
Experience (years)								
<10	2.33	0.64	27.11	<0.001*	7.32	1.39	24.87	<0.001*
10 – 20	2.54	0.97			8.01	1.07		
> 20	3.22	0.8			8.75	1.27		
- Work Unit								
High Risk Neonate	3.57	0.46	19.34	<0.001*	8.35	1.06	5.47	<0.001*
Anaesthesia ICU	2.27	1.07			-	-		
General ICU	2.35	1.08			7.99	1.23		
Medical ICU	2.6	0.47			7.52	1.18		
Neurology ICU	2.65	0.6			7.08	1.34		
Cardiology ICU	3.49	0.59			8.32	1.1		
Pediatric ICU	2.56	0.86			7.63	1.21		
Renal dialysis	2.07	0.87			7.64	1.25		

Statistically significant at $p \leq 0$.

Discussion

The world is experiencing unprecedented changes in health care systems and demographics⁽⁴⁵⁾. Leaders of organizations are of particular significance, since their influencing subordinates to perform pre-determined activities willingly and voluntarily in line of organizational goals⁽⁵⁰⁾. However, toxic leadership is harmful to the organization's followers and has negative effects on its members and creates an insecure organizational environment⁽⁵¹⁾. Hence, toxic leadership can increase nurses' job stress, negative job attitudes, and interpersonal conflict through destructive behaviors and consequently, affect their emotional intelligence and organizational citizenship behaviors. Therefore, the present study aimed to identify toxic leadership and its relation to staff nurse's emotional intelligence and their organizational citizenship behaviors in two different settings.

Staff nurses' perceived toxic leadership practices

Current study result revealed that there was a statistically significant difference between toxic leadership as perceived by staff nurses at Tanta International Teaching Hospital and El-Menshawey General Hospital which the majority of staff nurses perceived that their leaders had

low overall toxic leadership at Tanta International Teaching Hospital. This result could be related to that leaders at Tanta International Teaching Hospital may have previously received a leadership training program that improved their knowledge of leading role as well as assisting them to perform their effective leadership practice which able to direct, organize and promote activities and relationships within organization. Present result was confirmed by **Al-Masry et al. (2018)**⁽⁵²⁾ whose found that staff nurses are satisfied with the leaders who encourage them to build good relations among staff, offer training opportunities, solve problems, and concern with their demands. In contrast, at El-Menshawey General Hospital , staff nurses perceived that their leaders had high overall toxic leadership as those staff nurses may have toxic leaders that exhibiting control by using poisoned power to complex the organizational structure as well as boost their egos and pay no mind else then themselves. Also, they reduce nurses' work productivity with their harmful behaviors and attitudes. Therefore, those leaders need sufficient knowledge and training about their responsibilities to professionally lead staff nurses toward professional actions. Theoretically speaking, all leaders need to

be prepared with special skills before hold their leadership role through training programs to achieve their role duties and responsibilities ⁽¹⁾. These results in line with **Naeem and Khurram (2020)** ⁽⁴⁷⁾, **Örgev and Demir (2019)** ⁽³⁾ and **Akca(2017)** ⁽¹²⁾ whose found that most of the participants reported that they are exposed to leaders harmful behaviors in their workplace. Also, **Brown (2019)** ⁽⁵³⁾ showed that some members leave organizational environment due to experiencing toxic leadership.

Present study findings showed that high percent of staff nurses perceived low level of negative spiritual state, in-appreciativeness and self-interest of toxic leadership at Tanta International Teaching Hospital. This result could be related to that those leaders may pay attention for ensuring open channel of communication, giving positive and negative feedback and conducting regular meetings with those staff nurses to exchange information, discuss important issues and utilize their suggestions as well as continuous encouragement and giving supportive behaviors consistent with their needs and potentials. Present result was confirmed by **Asiri et al. (2016)** ⁽⁵⁴⁾ whose displayed that nursing leaders enhance the nursing work environment by practicing appropriate leadership styles and

empowering strategies, including greater nursing staff participation in the decision-making process.

In contrast, the moderate level of self-interest and in-appreciativeness at El-Menshawey General Hospital as perceived by staff nurses, could be related to that those leaders exhibit toxicity in the workplace, excessive need for recognition, admiration, and superiority to achieve the dream of power and success as well as feeling of one-self unique regardless of their staff's interpersonal relationships and needs. The current study result was in line with **Abou-Ramadan and Eid(2020)** ⁽⁴²⁾ whose found that more than one-third of nursing staff perceived that their leaders had moderate level of narcissism, and unpredictability behaviors of toxic leadership.

Staff nurses' perceived emotional intelligence

Present study findings showed that there was a statistically significant difference between staff nurses' perception of emotional intelligence at Tanta International Teaching Hospital and El-Menshawey General Hospital, in which the majority of staff nurses perceived moderate level of emotional intelligence at Tanta International Teaching Hospital. This result could be related to that Tanta International Teaching Hospital staff

nurses may have leaders able to understand and address their emotional needs to positively influence their feelings to reach to organizational goals and adapt to problem solving as well as they can convert information gathered through understanding emotions and regulating emotions to improve the quality of social relationships and managing emotions in a way that promote loyalty, motivation and decision making. Along with this result was **Tyczkowski (2015)**⁽⁵⁵⁾ who found that the majority of nurses had high scores of emotional intelligence. Also, **Pastora(2014)**⁽²¹⁾ indicated that when leaders understand and are able to influence the emotions of nurses, they will be able to make them reassess the emotions they experience and nurses with a high level of emotional intelligence tend to obtain higher professional performance and high scores on professional satisfaction.

While, at El-Menshawy General Hospital the majority of staff nurses perceived low level of emotional intelligence may be due to that those staff have toxic leaders that make the work more complicated and stressful also, they are not concerned about their staff morale and well-being with a lack of face-to-face interaction and are perceived to be arrogant, selfish, inflexible and a bully. These results in line with

Vahidi et al. (2016)⁽⁵⁶⁾ whose found that the studied nurses had low level of emotional intelligence.

Present study findings showed that high percent of staff nurses perceived moderate level of self-management and self-awareness of emotional intelligence at Tanta International Teaching Hospital. This result could be related to that those staff nurses had the ability to understand their emotions and emotions of other people with ability to express and regulate their emotions and create an environment in which to direct them towards constructive activities. Present result was confirmed by **Ahmed (2016)**⁽⁵⁷⁾ who indicated that emotional intelligent staff nurses had the ability to read and understand others in social context and utilize such knowledge to influence others through emotional regulation and control.

In contrast, the low level of self-motivation and self-awareness of emotional intelligence at El-Menshawy General Hospital as perceived by staff nurses could be related to those nurses may not had the ability to create a challenging vision and set goals to remain focus and take action as well as not take responsibility for one's successes and failures. This result congruent with **Vahidi et al. (2016)**⁽⁵⁶⁾ whose revealed that the self-motivation and self-awareness mean score of nurses'

emotional intelligence was low. This result is not on agreement with **Wassif et al. (2016)**⁽²⁵⁾ whose illustrated that nurses have high level of self-motivation and self-awareness competence at governmental hospitals.

Staff nurses' perceived organizational citizenship

Present study findings showed that there was a statistically significant difference between staff nurses' perception of organizational citizenship behavior at Tanta International Teaching Hospital and El-Minshawi General Hospital which the majority of staff nurses perceived moderate level of organizational citizenship behavior at Tanta International Teaching Hospital. This result could be related to those staff nurses' leaders at Tanta International Teaching Hospital able to promote efficient and effective functioning of the organization which creating empathy and compassion between the colleagues that helps them directly or indirectly to be involved in working problems as well as defending the organization against the threats and participation in achieving the reputation for the organization and collaboration with the others to achieve the whole benefits. Also, they can behave with the others nurses with respect which advancing their citizenship behavior. These result in line

with **Hadwa (2019)**⁽³⁰⁾, **Khalifa and Awad (2018)**⁽⁵⁸⁾ and **Jun (2017)**⁽⁵⁹⁾ whose revealed that nearly two-thirds of registered nurses had moderate perception level of total organizational citizenship behavior.

While, at El-Menshawy General Hospital the majority of staff nurses perceived low level of organizational citizenship behavior. This may be due to that nurse leaders at El-Menshawy General Hospital made their staff nurses feeling less embedded within their organizations by negatively affecting their commitment as well as lack of nurses' involvement in decisions of concern to organization, not strengthening their positive attitudes towards the organization, not giving an opportunity for them to express their opinions leads to dissatisfaction with their jobs, increased work pressure and lack of organizational citizenship. This result is not on agreement with **Mabrouk and El-Shrief (2018)**⁽⁶⁰⁾ and **AbdeelAlimand El-Sayed (2017)**⁽⁶¹⁾ whose revealed that nurses demonstrated high level of organizational citizenship behavior.

Present study findings showed that high percent of staff nurses perceived moderate level of altruism and sportsmanship of organizational citizenship behaviors at Tanta International Teaching Hospital. This may be due to those staff nurses had

the ability to voluntarily helping the other with particular problems to complete his or her task under unusual circumstances or preventing from happening problems related to work as well as tendency to tolerate the unavoidable annoying conditions in work without complaint or expressing the sadness and work on personal interest, the interest of which indicates the cohesion of structure of nursing. The current study result was in line with **Hadwa(2019)** ⁽³⁰⁾who revealed that nurses had the highest mean score regarding level of altruism.

In contrast, the low level of altruism and sportsmanship of organizational citizenship behaviors at El-Menshawey General Hospital as perceived by staff nurses, could be related to that those nurses had low level of organizational commitment so they mayn't have desire to help their colleagues at work when needed as well as not help to solve problems related to work and personal problem. This result is not on agreement with **Geçkil and Tikici (2016)** ⁽⁶²⁾whose revealed that nurses had high level of altruism.

Correlation between staff nurses' perceived total toxic leadership and their emotional intelligence and organizational citizenship behavior

Finding of the current study clarified that there was a statistically negative

correlation between total staff nurses' perceived toxic leadership with their emotional intelligence and organizational citizenship behavior at both hospitals. This may be related to by toxic leaders can't create honest relationships with others without concerned about staff nurses' wellbeing, needs, and their professional problems and their individual growth. Also, they can't drive force that stimulates ones' interest and commitment towards achieving organizational objective which affecting their emotional intelligence and organizational citizenship behavior. Therefore, those nurses need to have more supportive, safe working environment, caring for them, enhancing their satisfaction, and allowing a high degree of trust and commitment.

Actually, leaders must make numerous decisions, and those decisions necessarily impact staff nurses. When staff nurses can actively participate with their leaders' decisions, they are more likely to have a positive emotional reaction to their jobs and thus higher levels of emotional intelligence. These positive feelings could affect the staff nurses' willingness to go above and beyond the required parameters of their jobs, as evidenced through such things as their conscientiousness, altruism, courtesy, sportsmanship, and civic virtue⁽²⁶⁾. This result in line with by

Vashisht (2017) ⁽³⁴⁾ whose indicated that, nurses emotional intelligence and organizational citizenship behavior was positively correlated with their managerial performance.

Saqib and Arif (2017) ⁽³⁷⁾ founds that toxic leadership behaviors have the capacity to tickle down and negatively affect nurses causing emotional exhaustion and silence. **Kiliç and Günsel(2019)** ⁽⁶³⁾ revealed that negative attitudes and behaviors of toxic leaders leading to many negative outputs in the workplace, not only by means of the decreasing organizational commitment but also the decreasing workplace performance of nurses. Also, **Behery et al. (2018)** ⁽²⁶⁾ and **Kim et al. (2020)** ⁽⁶⁴⁾ indicated that there was a significant negative correlation between toxic leadership and followers' organizational citizenship behavior.

Moreover, **Hadadian and Sayadpour (2018)** ⁽⁸⁾ indicated that toxic leadership directly affects organizational citizenship behavior. These leaders pose obstacles to nurses in performing their duties; aim for nurses goals other than those of the organization; steal organizational resources and encourage workers to engage in such activities which enhance interpersonal conflicts. As a result, leaders with toxic behaviors limit workers creativity, creating constant stress and emotional exhaustion,

creates a sense of abuse and thus affect their job-related citizenship behaviors. Also, **Iqbal et al. (2020)** ⁽⁶⁵⁾ concluded that positive leadership style has a positive and significant effect on emotional intelligence which consequently improving the organizational citizenship behavior among Saudi Arabian nurses.

Relation between overall toxic leadership and staff nurses demographic characteristics of the studied subjects

Finding of the current study clarified that there was a statistically significant positive correlation between total staff nurses' perceived toxic leadership and their age and experience at Tanta International Teaching and El-Menshawy General Hospital. These findings may be due to the old and more experienced staff nurses being more proficient, autonomous, and participating in their work decisions that may differ from their leaders and thus making them exposed to destructive leadership behaviors. These result in line with **Abou Ramadan and Eid (2020)** ⁽⁴²⁾ whose found that there was statistically significant relationships were apparent between overall toxic leadership and nurses' age, gender, qualification, and years of experience. Also, **Ozer et al. (2017)** ⁽⁶⁶⁾ reported statistically significant differences between health care workers according to the ages and experiences of

nurses. **Sezici (2016)** ⁽⁶⁷⁾ was contradicted the present findings and found that young and inexperienced nurse was exposed to destructive leadership behaviors, and their destructive leadership perceptions about managers are high. However, in this study, it was striking that younger staff seeing their managers as an obstacle against their career plans at future.

Finding of the current study clarified that there was a statistically significant positive correlation between total staff nurses' perceived toxic leadership and level of education at Tanta International Teaching and El-Menshawey General Hospital. These findings may be due to staff nurse's education helps in dealing with fear and anxiety and face the others which make them susceptible to toxic leaders. These result in line with **Hitchcock (2015)** ⁽⁶⁸⁾ who determined that toxic leadership opinions of the individuals who received an additional degree of education were at a higher level of toxicity. In other hand, **Ozer et al. (2017)** ⁽⁶⁶⁾ indicated that education status of nurses who participate in the research have no influence on the toxic leadership practice.

Finding of the current study also clarified that there was a statistically significant positive correlation between total staff nurses' perceived toxic leadership and their work unit at Tanta International

Teaching and El-Menshawey General Hospital. These findings may be due to those leaders exhibit unpredictable behavior due to stressful nature of the working environment of ICUs, the unpredictability of the situations, and changeability of patients' conditions that need quick actions and unilateral decision-making makes them susceptible to toxic leaders. This result is on agreement with **Abou-Ramadan and Eid (2020)** ⁽⁴²⁾ whose found that there was a statistically significant relationship were apparent between overall toxic leadership and nurses work unit.

Conclusion

This study finding indicated that there was a statistically significant difference between toxic leadership as perceived by staff nurses at two hospitals. At Tanta International Teaching Hospital the majority of staff nurses perceived that their leaders had low overall toxic leadership level compared to high percent had moderate overall toxic leadership at El-Menshawey General Hospital. Simultaneously, a- statistically significant difference was found between the two hospitals in the level of all dimensions of toxic leadership. There was a moderate level of overall emotional intelligence at Tanta International Teaching Hospital, compared to low level at El-Menshawey

General Hospital. More than half of staff nurses had a moderate level of overall organizational citizenship behavior at Tanta International Teaching Hospital, compared to a low level at El-Menshawey General Hospital. Finally, toxic leaders also seemed to have significant negative influence on emotional intelligence and organizational citizenship behavior at both hospitals.

Recommendations

The findings of the present study directed to recommend the following:

Healthcare organizations need to:

- Implementing proper strategies and feedback system from staff nurses regarding the behavior of their current supervisors which might help in identifying toxic leaders.
- Adjust hospital policies that permit nursing staff to participate in leadership evaluation and appraisal process.
- Building constructive work environment with supportive management, promoting thinking with offering time and freedom, motivating good performance and create constructive relationships with staff members are necessary.
- Establish leadership educational programs to provide health care leaders with the skills they need to build an organization of collaboration and participative management, managing complex health

care environments and leading inter-professional collaboration.

- Develop and implement proper strategies and coping mechanism to deal with toxic leaders.

Nurse supervisors need to:

- 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.
- Empowering nurses' access to opportunities, information, training, and facilities, all of which certainly stimulate nursing team functioning and meet nursing staff expectation, satisfaction, and citizenship.
- Giving an opportunity to nurses to participate in decisions making related to their work so increase their feelings of autonomy, integration, and involvement.
- Prime importance makes organizational citizenship behavior categories used to evaluate the performance of nurses in order to improve the patient care and their relationships with colleagues.
- Attention to conducting regular socializing programs once in a month with nursing

staff that will help to enhance interpersonal relationships, fostering trust and meaningful connection that will improve their satisfaction, confidence and happiness.

- Pay attention for identifying staff nurses' needs and feelings and providing the appropriate ways to meet these needs.
- Identify factors that contribute to staff nurses occupational hazards and develop appropriate coordinating strategies to promote staff safety to enhance their organizational citizenship behaviors.
- **Further researches identify** the relationship between toxic leadership dimensions with various job outcomes and evaluate the characteristics of the followers of toxic leaders.

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