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## Nurses' Passion for Work: Its' Relation to Organizational Dehumanization, Exploitative Leadership, and Deviant Behaviors during the COVID-19 Pandemic

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### Abstract

**Background:** As the number of COVID-19 cases heightened in 2020, health systems had significant difficulties in staffing and providing the necessary care. Nurses particularly bore a disproportionate amount of physical and psychological burden. **Aim:** This study intended 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. **Subjects and Method:** A descriptive correlational research design was employed. The study subjects encompassed a convenient sample of 108 nurses who were working at Port Said isolation hospitals namely; Al Hayah, Al-Zohor, Al-Mubarrah, and Tropical (Fevers) and liver diseases. The participants were requested to fulfill four instruments which were; the Passion Scale, Organizational Dehumanization Scale, Exploitative Leadership Scale, and Deviant Work Behaviors Scale. **Results:** The highest percentage of nurses had a passion for their work, slightly more than half of them experienced their hospitals as dehumanized organizations, and almost one-quarter of their managers had an exploitative leadership style. Besides, almost all of their managers demonstrated deviant work behaviors. **Conclusion:** There were statistically significant negative correlations between passion for work and organizational dehumanization, exploitative leadership style, and deviant work behaviors. Moreover, deviant work behaviors and organizational dehumanization are statistically significant predictors of nurses' passion for work. **Recommendations:** Healthcare officials should take the lead in providing mental health support for staff nurses comprising psychological counseling to lessen the stressors caused by the catastrophic pandemic catastrophe to prevent the physical and psychological exhaustion. As well, healthcare organizations have a duty to guarantee that nurses feel less dehumanized and supported by diminishing workload and growing their perceived job security.

**Keywords:** Covid-19 pandemic, Deviant work behaviors, Exploitative leadership, Passion, Nurses & Organizational dehumanization.

### Introduction

Regardless of socioeconomic development, nursing is seen as a vocation that is crucial and indispensable for avoiding sickness and easing suffering both during and after treatment for any illness, including the COVID-19 pandemic. Given the difficulties of the pandemic and its impact on healthcare personnel, who are subjected to various additional stressful situations, it is crucial to comprehend the effects of this unusual health crisis (Danae et al., 2017; Buheji). A key element that might affect individuals' well-being at work and, consequently, the quality of work life is their level of passion for their profession. Investing time in one's work indicates passion, which has an impact on performance (Zito et al., 2022). Persons who are passionate about something genuinely invest a lot of time and energy into it because they believe it to be very important. As a result, person's love for a particular activity has a huge impact on their lives and can shape who they are (Vallerand & Houliort, 2019). Workplace fulfillment, pleasant emotions, fewer psychiatric

issues, and lessened emotional tiredness are all related to one's level of passion for their work. As a result, work passion enhances organizational commitment (Pollack et al., 2020; Wan et al., 2021).

When working with passion, professionals are more effective and health teams are more stable, consequently reducing staff turnover. Passion at work can be promoted. A positive association between managers' and workers' passion at work was detected, and managers' work passion was transferred to employees through emotional contagion. Nurse leaders may act as role models in fostering passion at work; they can work to add some interesting tasks to motivate the nurses and create a spirit of positive competition, which broadens the level of work involvement and passion for work. Training opportunities and personal development opportunities can increase passion, enthusiasm, and satisfaction with work (Gómez-Salgado et al., 2019).

Organizational dehumanization (ODH) refers to the unfavorable aspect of the interaction between employees and organizations (Caesens et al., 2017; Nguyen & Stinglhamber, 2021). ODH is described as the experience of employees who feel denied personal subjectivity, objectified by their organization, and made to feel like a tool or instrument for the organization's goals who can be readily replaceable.

Organizational dehumanization negatively affects both individuals' well-being and organizations in terms of attitudinal outcomes. ODH impairs employees' psychological well-being and fosters negative attitudes toward the organization. Employees subjected to ODH conveyed little job satisfaction, reduced empathy, more emotional exhaustion, psychological strains, low organizational affective commitment, and more intentions to quit the organization (Caesens et al., 2019; Lagios et al., 2022).

Unfair judgments, the unfavorable aspects of the job as routine work, the fragmentation of tasks, and the emotional distance that nurse managers show toward staff nurses may all contribute to organizational dehumanization (Väyrynen & Laari-Salmela, 2018). However, only perceived organizational support, abusive supervision, and procedural fairness interpretations were discovered to be associated with organizational dehumanization perceptions at the experimental level. Experiencing dehumanization leads to pervasive feelings of guilt and shame, and reduced passion for work (Andrighetto et al., 2017; Caesens et al., 2019; Nguyen et al., 2021; Sarwar; Muhammad, 2021; Stinglhamber et al., 2021 & Stinglhamber et al., 2022).

Exploitative leadership is a particular type of destructive dark leadership style, which encompasses the manager acting in a way that is exceedingly self-interested and exploitative of others (Schmid et al., 2019; Shen et al., 2019). Exploitative leadership refers to the tracking down of the manager's interests by manipulating others through genuine egoistic behaviors. Such leadership results in augmented turnover intention, burnout, workplace deviance, and perceived imbalance in social exchange and may undermine employees' job satisfaction and organizational commitment. Predominantly, an exploitative manager is a kind of prominent stressor in healthcare organizations (Pircher Verdorfer et al., 2019). Exploitative nurse leaders take advantage of staff nurses by performing selfishly; exerting control and overburdening while at the same time under-challenging them (Neves & Schyns, 2018; Schmid et al., 2018).

Nursing staff members are frequently subjected to excessive workloads or are the targets of exploitative nurse leaders. Staff nurses who have been mistreated

may experience 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. Additionally, dishonest nurse leaders may deceive staff nurses and pit them against one another for personal gain. As a result, staff nurses may keep their distance from each other. They also tend to suspect others' motivation when being approached to join an innovation initiative (Ehrhardt & Ragins, 2019). Exploitative leadership has an adverse influence on employees' innovative behaviors and their passion for work (Wang et al., 2019; Syed et al., 2021; Wang et al., 2021).

Deviant work behaviors displayed by nurse managers denote negative voluntary behaviors including production deviance, sabotage, property theft, work-slowness habit, wasting organizational resources, and withdrawal from responsibilities. Moreover, it includes gossiping, verbal attacks, harassment, blaming colleagues, spreading rumors within the organization, lying, and stealing from coworkers. Especially in the health sector, nurse managers' deviant behaviors toward subordinates or organizations harm staff nurses or may damage their beliefs, and results in nurses' deviant work behaviors. Consequences of the deviant behaviors are tremendous with negative impacts including some hidden costs as corporate reputation loss, and a feeling of staff nurses being dehumanized by their organization (Ahmad et al., 2020; Sarwar et al., 2020).

Deviant behaviors are each kind of behavior that does not comply with the legal regulations, rules, values, norms, social culture, customs, and traditions (Gilstrap & Hart, 2020; Zhuang et al., 2020; Sarwar & Khan, 2021). Owing to such managers' behavior, an inappropriate relationship with the work of staff nurses is formed, which translates into poor performance, decrease productivity, absenteeism, unhealthy work climate, and insecurity (Bayin & Aydin, 2019).

### Significance of the Study:

The COVID-19 pandemic has traits including a protracted time of uncertainty, loss of agency, and workgroup separation. The pandemic has caused nurses and other healthcare personnel to experience dread, uncertainty, stress, and poverty. Studying their experiences during the COVID-19 pandemic is crucial since they were individuals who were on the front lines. An essential personal component relating to the quality of the working life is one's level of job passion. It causes a feeling of flow during work, which appears to be advantageous to nurses'

psychological health and prevents tiredness (Zito et al., 2022).

Organizational dehumanizing experiences could be a common issue in healthcare organizations at this time. Thus, there's an abundant need to shed light on it to plan preventive intervention programs for this phenomenon and provide clues to potential levers for reducing it in practice. Also, considering several deleterious consequences of the pandemic as nurse managers' exploitative leadership style, and deviant behaviors could appear thus reminding us that understanding and investigating these issues seem to be indispensable. Thereupon, this study was designed to plug the gap of knowledge in this area; this would strengthen the response of healthcare workers and enable organizations to provide safe and robust care in the future.

**Aim of the Study:** This study intended to explore the correlation among nurses' passion for work, organizational dehumanization, exploitative leadership, and deviant work behaviors at Port Said isolation hospitals during the COVID-19 pandemic through:

- Measuring nurses' passion for work as perceived by nurses.
- Assessing organizational dehumanization as perceived by nurses.
- Determining nurse managers' exploitative leadership and deviant workplace behaviors as perceived by nurses.
- Identifying the relationship between nurses' passion for work and organizational dehumanization, managers' exploitative leadership, and deviant workplace behaviors.

#### **Research Questions:**

**The research questions to which the researchers sought to provide answers are:**

1. What are the levels of passion for work among nurses at Port Said isolation hospitals during the Covid-19 pandemic?
2. Is organizational dehumanization predominant as perceived by the studied nurses at Port Said isolation hospitals during the COVID-19 pandemic?
3. What is nurses' perception toward their nurse managers' exploitative leadership during the COVID-19 pandemic?
4. What is nurses' perception level toward their nurse managers' deviant workplace behaviors during the COVID-19 pandemic?
5. Are there correlations between nurses' passion for work, organizational dehumanization, managers' exploitative leadership, and deviant workplace behaviors at Port Said isolation hospitals during the COVID-19 pandemic?

#### **Subjects and Method:**

##### **Study Design:**

This current study used a descriptive correlational research design, which examines a specific phenomenon while describing and demonstrating how it is related to other occurrences.

##### **Setting:**

The present work was applied in Port Said isolation hospitals during the COVID-19 pandemic, which constituted hospitals namely; Al Hayah, Al-Zohor, Al-Mubarrah, and Tropical (Fevers) and liver diseases. All of these hospitals were affiliated to the Universal Health Insurance, Ministry of Health and Population, Egypt.

##### **Study Subjects:**

A convenient sample of all accessible nurses (108 nurses) who were employed by the aforementioned hospitals during the COVID-19 epidemic was incorporated in the study; Al Hayah (n= 26), Al-Zohor (n= 25), Al-Mubarrah (n= 30), and Tropical (Fevers) and liver diseases (n= 27). They encountered the following criteria to be included in the study:

1. From both sexes.
2. Willing to share in the study.
3. With at least one year of experience.

##### **Instruments of Data Collection:-**

Four instruments were utilized to gather data for this study which were:-

##### **The first instrument: Passion Scale:-**

This instrument comprised two parts as follows;

##### **Part (1): Personal and Job-related data**

**Questionnaire:** This structured questionnaire was established by the researchers in the Arabic language. It comprised 6 questions that elicit the studied nurses' personal and job-related data including age, sex, marital status, educational qualification, years of experience in nursing, besides years of experience in a current working unit.

**Part (2): Passion Scale:** This scale was developed by **Vallerand et al., (2003)** in the English language. It is a self-reported scale constructed from 16 items to measure the different dimensions of passion including harmonious and obsessive passion, each item is ranked by participants along a five-point continuum scale, extending from (1) "strongly disagree," (2) "disagree," (3) "natural," (4) "agree, to (5) "strongly agree". There are no reverse-scored items. The instance of items incorporated, "This profession allows me to live a variety of experiences," and "The new things that I discover with this profession allow me to appreciate it even more."

The score of the overall items was summed-up and the whole was distributed by the number of the items giving a mean score of passion for work. A higher

score corresponds to a higher tendency towards a passion for work among the studied nurses. A total score ranged from 16 to 80. The scores were converted into percentage scores. The passion for work was considered high if their score was > 50% and low if the score was ≤ 50%.

#### **The second instrument is Organizational Dehumanization (ODH) Scale:**

This scale was created by **Caesens et al., (2017)** in the English language to assess participants' perception of being dehumanized by their organization. The scale is a short self-reported questionnaire that encompasses 11 items measured on a seven-point Likert scale extending from 1 "strongly disagree" to 7 "strongly agree", and there are no converse scored items. The sample of items included, "My organization makes me feel that one worker is easily as good as any other," and "My organization considers me as a tool to use for its own ends."

The score of the whole items was summed up and the entire was distributed by the number of the items reflecting a mean score of organizational dehumanization, a higher score indicates the extent to which the studied nurses feel dehumanized by their organization. A total score ranged from 11 to 77, which was transformed into a percentage score. Scores higher than 50% suggested participants' feeling of being dehumanized by their organization, while scoring less than or equal 50% was considered a feeling of not being dehumanized by their organization.

#### **The third instrument is the Exploitative Leadership Scale:**

This scale was established by **Schmid et al., (2019)** aiming to determine nurse managers' exploitative leadership style as perceived by the staff nurses. The scale contained 15 items classified into five dimensions of exploitative leadership distributed as follows; genuine egoistic behaviors, taking credit, exerting pressure, under-challenging followers, and manipulating followers (3 items for each). The example of items encompassed, "Sees employees as a means to reach his or her personal goals." and "Takes it for granted that my work can be used for his or her benefit."

The studied participants were asked to rate each item on a 5-point frequency scale ranging from (1) "not at all," (2) "rarely," (3) "sometimes," (4) "often," and (5) "always." There are no reverse-scored items.

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 exploitative leadership style.

#### **The fourth instrument is the Deviant Work Behaviors Scale:**

Nurses' perception level toward deviant workplace behaviors was assessed by means of the 19-item deviant work behaviors scale originated by **Bennett & Robinson, (2000)**. Respondents were asked to indicate on a 7-point Likert scale ranging from 1 (never) to 7 (daily) the extent to which their nurse leaders engaged in each of the deviant workplace behaviors under two main dimensions including interpersonal deviance and organizational deviance. Examples of items involved are "This person took property from work without permission." and "Spent too much time fantasizing or daydreaming instead of working."

Scores of each dimension were summed up and the entire was distributed by the number of the items giving a mean score of deviant workplace behaviors. The total score was converted into a percentage score. The deviant workplace behaviors were considered high if the percent score was more than 50%, and low if the percent score was equal or less than 50%.

#### **Validity of the Study Instruments:**

All data collection tools were translated into Arabic to fulfill the goals of the current study. The translation was finished in its two main phases, forward and backward. The instruments' Arabic versions were translated back into English by two additional linguistic experts who were not familiar with the original versions after the forward translation was completed by two bilingual experts. The researchers then checked their translations for accuracy and eliminated any discrepancies by comparing them to the original texts.

The construction, clarity, relevance, and breadth of the translated instruments were evaluated by a panel of five professionals who were also invited to provide feedback on the final Arabic versions. A panel encompassed one professor and two assistant professors from Psychiatric Nursing and Mental Health department, and one professor and one assistant professor from Nursing Administration department, Faculty of Nursing; Port Said University. Thus, the necessary adjustments were taken into account. Two months were spent in the phase of proving the face validity of the translated instruments.

#### **Reliability of the Study Instruments:**

Arabic versions of the translated instruments were evidenced to be reliable as Cronbach's alpha coefficient was reasonable as  $\alpha = 0.85, 0.92, 0.87,$  and  $0.81$  for the Passion Scale, Organizational Dehumanization Scale, Exploitative Leadership

Scale, and Deviant Work Behaviors Scale respectively. The stage of ascertaining reliability continued for two weeks.

**Pilot Study:**

Before starting the actual data collection, pilot research was carried out on 11 randomly chosen nurses, who represent 10% of all the nurses being studied. The purpose of the pilot study was to evaluate the time required to complete the instruments and test their clarity, applicability, and possibility. Finding any barriers or issues that can obstruct the data collection process was also made easier. No revisions were made in light of the pilot study's findings. The study tools were direct and engaging. Therefore, the nurses who participated in the pilot study were included in the population of the main study. Two weeks of pilot research were conducted, from the first until the middle of October 2020.

**Ethical Considerations:**

Preliminary, the Scientific Research Ethics Committee of the Faculty of Nursing at Port Said University granted its ethical permission (NUR 1/1/2023, 21). Second, consent in writing from the relevant authorities of the aforementioned settings was obtained. Thirdly, following a clear explanation of the study's purpose, the nurses who were being studied gave their informed consent. Fourthly, full confidentiality was upheld, and the researched nurses' willing involvement was ensured since they were aware that they were free to stop participating in the study at any time without suffering any repercussions. Fifthly, all study participants were assured of confidentiality, and the researchers reaffirmed that information would only be utilized to further their research goals. Finally, the congruence of the work of the aforementioned settings didn't interrupt due to the process of data collection.

**Field Work:**

Initially, official letters were issued from the Dean of the Faculty of Nursing; at Port Said University to the Directors of the above-mentioned settings demanding their collaboration and promise to conduct the study after duly illuminating the inducement of the study. Subsequently, the directors referred the researchers to the nursing director of each hospital, the researchers attended each nursing director's office to introduce themselves, clarify the aim of the study, and pursue an agreement. Subsequently, the researchers interviewed staff nurses who met the eligibility criteria and provided their informed consent

afterward elucidating the intention and nature of the study to gain their extreme collaboration.

The self-administer instruments of data collection were filled by the studied nurses either on an individual basis or in small groups in the presence of the researchers to clarify any inquiry to the subjects. The data collection process was conducted during morning and afternoon shifts after two or three hours of beginning the shift to avoid patient care interference. Each participant took about 20 to 30 minutes to complete the instruments. After accomplishment, the researchers ensured that all items incorporated in the study instruments were completed. Then, the studied nurses were acknowledged for the effort and time they generously offered. The data were collected over three days per week; covering a period of two months from the first of November 2020 to the end of December 2020.

**Statistical Analysis and Data Interpretation:**

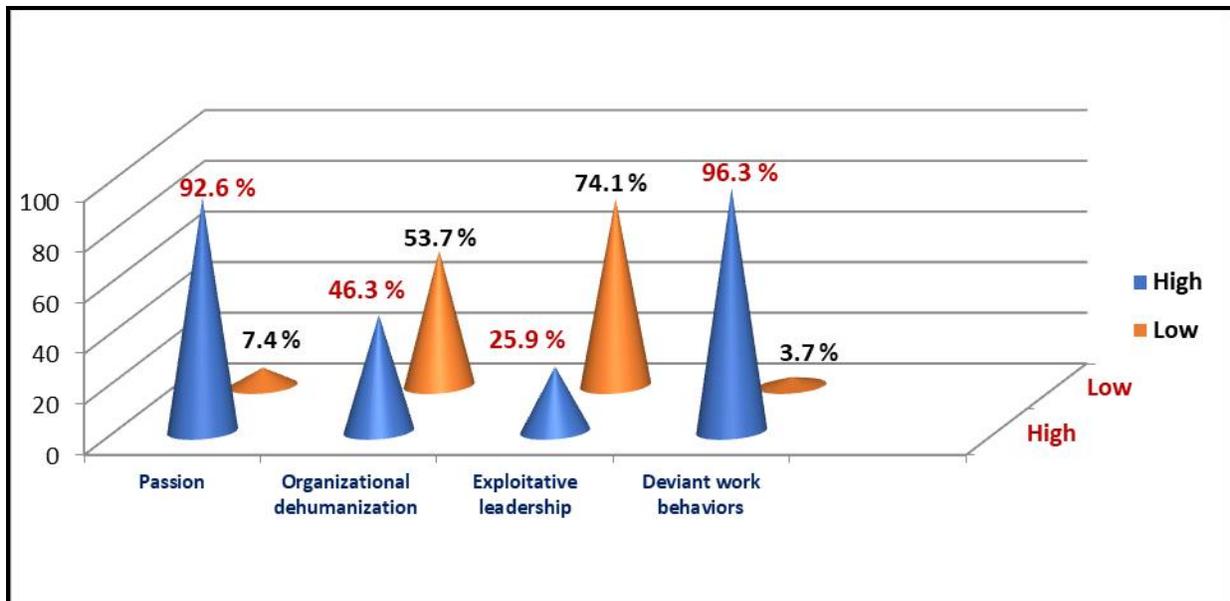
SPSS software, version 18 (SPSS Inc., PASW Statistics for Windows version 18), was used to analyze the data. SPSS Inc., Chicago. Numbers and percentages were used to describe the qualitative data. After performing the Kolmogorov-Smirnov test to ensure that the data were normally distributed, quantitative data were described using means and standard deviations. The acquired results were considered significant if the P-value was equal or less than 0.05.

- Chi-Square and Fisher exact tests were used to compare qualitative data between groups as appropriate.
- The strength and direction of a linear link between two non-normally distributed continuous variables and ordinal variables were assessed using Spearman's rank-order correlation.
- Multiple linear regression analysis with  $R^2$  calculation was done to evaluate predictors of work passion.
- The threshold is determined by the median score that is inferred from the sum of the scores for each domain.

**Results:**

**Table (1): Distribution of the studied nurses according to their personal and job-related data (n = 108)**

Personal and Job-Related Data	N	%
<b>Age (years)</b>	<b>28.31±8.04 (19-50)</b>	
Mean ±SD		
Range		
<b>Gender</b>		
Male	30	27.8
Female	78	72.2
<b>Marital status</b>		
Single	55	50.9
Married	43	39.8
Divorced	6	5.6
Widow	4	3.7
<b>Educational qualifications</b>		
School of Nursing	29	26.8
Technical Institute of Nursing	45	41.7
Bachelor’s degree	30	27.8
Diploma degree	1	0.9
Master’s degree	2	1.9
Doctorate degree	1	0.9
<b>Experience in nursing (years)</b>		
< 5	18	16.7
5- <10	70	64.8
≥ 10	20	18.5
<b>Experience in a current working unit (years)</b>		
< 5	30	27.8
5- <10	58	53.7
≥ 10	20	18.5



**Figure (1): Percentage distribution of levels of passion for work, organizational dehumanization, exploitative leadership, and deviant work behaviors as perceived by the studied nurses**

**Table (2): Relation between levels of nurses' passion for work and organizational dehumanization, exploitative leadership, and deviant work behaviors (n = 108)**

Levels of	Passion		$\chi^2$ Test of significance	P Value
	Low	High		
	N (%)	N (%)		
<b>Organizational dehumanization</b>				
Low	3 (37.5)	55 (55.0)	0.912	0.339
High	5 (62.5)	45 (45.0)		
<b>Exploitative leadership</b>				
Low	7 (87.5)	73 (73.0)	0.811	0.368
High	1 (12.5)	27 (27.0)		
<b>Deviant work behaviors</b>				
Low	6 (75.0)	98 (98.0)	10.98	FE0.027*
High	2 (25.0)	2 (2.0)		

$\chi^2$ : Chi square test

FE: Fisher Exact

P: p value for comparing between the studied categories

\*: Statistically significant at  $p \leq 0.05$

**Table (3): Correlation between total scores of the studied nurses' passion for work and organizational dehumanization, exploitative leadership, and deviant work behaviors (n = 108)**

Total Scores of	Passion	
<b>Organizational dehumanization</b>	r	-.310*
	p	.001
<b>Exploitative leadership</b>	r	-.383*
	p	.001
<b>Deviant work behaviors</b>	r	-.332*
	p	.001

r: Spearman correlation

\*: Statistically significant at  $p \leq 0.05$

**Table (4): Multiple linear regression model for factors affecting passion for work among the studied nurses**

	Beta	t	P Value
<b>Organizational dehumanization</b>	- 0.181	2.967	.004*
<b>Exploitive leadership</b>	.007	.068	.946
<b>Deviant work behaviors</b>	-.260	2.642	.010*
<b>(Constant)</b>	68.14		
R <sup>2</sup> =0.160, F=6.58, P <0.001*			

F, p: F and p values for the model

R<sup>2</sup>: Coefficient of determination

R: Coefficient of regression

Beta: Standardized coefficients

t: t-test of significance

**Table (1):** Illustrates that less than three-quarters of the studied nurses (72.2%) are females, and half of them are singles. Slightly more than two-fifths of them (41.7%) graduated from the Technical Institute of Nursing. Regarding their years of experience in nursing, less than two thirds (64.8%) of the studied nurses have an experience ranges from 5 to less than 10 years.

**Figure (1):** Apparently, the figure describes that, the highest percentage of nurses (92.6%) has a high level of passion for their work. Slightly more than half of the nurses (53.7%) are dehumanized by their organization. Besides, almost one quarter (25.9%) of the studied nurses perceive that their managers have a high level of exploitative leadership style; while almost all of the nurses (96.3%) perceive that their

managers exhibit a high level of deviant work behaviors.

**Table (2):** Puzzles out the relation between nurses' passion for work and organizational dehumanization, exploitative leadership, and deviant work behaviors, it is clear that there is a statistically significant relation between passion for work among the studied nurses and deviant work behavior as  $p = 0.027$  at  $p \leq 0.05$ . As obvious, 98.0% of nurses who have a high level of passion for work perceive that their managers exhibit a low level of deviant work behaviors.

**Table (3):** Reveals that there are statistically significant negative correlations between total scores of passion for work and organizational dehumanization, exploitative leadership style, and deviant work behaviors where ( $r = -0.310, -0.383, \text{ and } -0.332$ ) respectively, By means of, once total scores of organizational dehumanization, exploitative leadership style, and deviant work behaviors decreased, the total score of passion for work among the studied nurses increased significantly.

**Table (4):** Submits a multiple linear regression model for factors affecting the level of passion for work among nurses, data indicate that the most predictor that has a statistically significant effect on a passion for work level is organizational dehumanization as  $p = 0.004$ , followed by deviant work behaviors where  $p = 0.01$ . While, the findings verify that exploitive leadership style isn't a statistically significant predictor of passion for work among the studied nurses.

### Discussion:

The pandemic exposed flaws in the global planning and organization of health care in numerous nations. The frequency of infection cases and fatalities may point to a lack of preparation, a lack of personal protective equipment (PPE), and a lack of funding for nursing professionals' education. Although they experience emotional effects and job pressure in health services, many nurses felt compelled to battle the pandemic on the front lines. There was an emphasizing theme of moral conflict as the nurses operated through a lack of training, resources, and preparedness and compared these times to their typical state of patient care (Sahashi et al., 2021; Souza et al., 2022).

The major aim of this existing study was for exploring 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. The research was conducted at Port Said isolation hospitals, in Egypt through a convenient sample of nurses who were working in these hospitals during

the COVID-19 pandemic with a total number of 108 nurses.

Passion for work is a significant element interrelated to the quality of work life. It leads to flow at work that appears to be beneficial to nurses' psychological well-being and protects against exhaustion (Zito et al., 2022). One of the existing study imperative outcomes was that the highest percentage of nurses had a high level of passion for their work. This is not surprising given the challenging working environment for nurses, for instance, working longer hours due to workload and a lack of human and material resources, This may be clarified by that, nurses provide nursing care for patients affected by the COVID-19 pandemic with a strong commitment to do so, without hesitation despite being overworked or being in a danger, their ethical commitment and acceptance of their mission made them play a crucial part in fostering the patient's healing and recovery with passion.

This result was on the same track as Villar et al., (2021) who cited that frontline nurse in Qatar during the COVID-19 pandemic, encountered numerous difficulties that jeopardized their physical, psychological, and emotional health. Nevertheless, despite all the challenges, nurses in Qatar were eager to work and care for COVID-19-infected patients. Besides, the findings of Lu et al., (2020); Ding et al., (2022) mentioned that even though countless worries and challenges in caring for patients with COVID-19, encompassing fear induced by the risk of infection, shortage of protective equipment and manpower, social isolation, the overall feeling of helplessness, anxiety, and guilt, as well as negative attitude of family members, frustration. Bearing in mind their professional accountability and historical prior familiarity with mankind, nurses enthusiastically devoted themselves to fight against COVID-19, they were not safe.

Healthcare institutions necessitate their staff to have an advanced performance, proactivity, contribution, and passion for work. Simultaneously, nurses' prospects regarding their workplace are growing, looking for chances for personal improvement and gratification (Bacaksiz et al., 2017). In this regard, the contemporary study verified that slightly above half of the nurses experienced their hospital as a dehumanized organization.

This could be attributed to that, those nurses devotedly dedicated themselves to fight COVID-19, but they were not immune to danger. Caring for patients with COVID-19 presented several difficulties and challenges; it is well known that the epidemic put additional strain on how nurses carried out their jobs. The inconsistency and complexity of their work schedules, which included long hours,

increased as nurses dealt with a large number of COVID-19 cases while also addressing other healthcare issues. Additionally, this led to a rise in the hospital's perceived dehumanization.

This result was on the same track as **Forte and Pires de Pires (2020)**; **Jia et al., (2020)**; **Schroeder et al., (2020)** who broadcasted that, since the start of the pandemic, nurses have believed that they are disposable resource that can be referred to the frontlines of patient care in spite of the danger. They offer direct patient care to patients with COVID-19 at the bedside while other healthcare professionals steadfastly avoided the area, occasionally even asking the nurse to enter on their behalf. In exchange, this causes the nurses to feel dehumanized by their organization.

When nurses perceived ethical behaviors displayed by nurse managers and perceived support from the hospital. This will improve their performance and lead to less engagement in deviant workplace behaviors, besides enhancing their passion for work (**Tuna et al., 2018**). In this respect, the contemporary results broadcasted that nearly one-quarter of the studied nurses perceived that their nurse managers had a high level of exploitative leadership style. While almost all of the managers demonstrated deviant work behaviors. Arguably a manager's comprehension of exploitative actions during COVID-19 as a function of power could be related to their belief that exploitative behaviors encourage individuals to meet greater goals and may even be beneficial to the organization, particularly if their aims and those of the organization coincide in urgent conditions.

Accordingly, **Mohsin et al., (2021)**; **Ding et al., (2022)** conveyed that to improve nurses' capacity for emergency response, managers should ease consistent and formal training. Nurses should always learn to increase their resilience, knowledge, and abilities. Establishing scientific support tiers is crucial when dealing with such emergencies. Nurse managers should take into account the nurses' readiness, capacity, experience, and willingness. Managers must cooperate with other healthcare professionals on reasonable and justifiable patient care accountabilities. Academic and healthcare leadership should advocate for the existence of all healthcare professionals at the bedside and get involved to create equal and fair work distribution.

The eventual goal of the existing work was to explore the correlation between nurses' passion for work, organizational dehumanization, exploitative leadership, and deviant behaviors during the COVID-19 pandemic. The results publicized that, there were statistically significant negative correlations between nurses' passion for work and organizational

dehumanization, exploitative leadership, and deviant work behaviors. According to **Uzunbacak et al., (2022)** exploitative managers frequently foster a hostile work atmosphere. The psychological resources of the employees will be exhausted as a result of their exploitation of them to further their objectives. The nurses' positive behaviors, which require their psychological resources, would consequently decline. As well, nurses' inventive creative conduct, productive behaviors, flow at work, and passion are negatively impacted by exploitative leadership.

**Wang et al., (2021)** also argued that exploitative managers could impede employees' career advancement by delaying the promotion of a member who is beneficial to the leader. Subsequently, employees may become unconfident about their career forecasts, have slight opportunity of being passionate for work, and lack the enthusiasm to innovate. Employees may be duped by manipulative bosses, who may also use them against one another. As a result, workers might avoid interacting with one another. When asked to participate in an innovative endeavor, they consequently tend to question other people's motives. They struggle to be motivated to work as a team because of this.

In line with the abovementioned, the findings of **Ismail & Mansour (2022)**, revealed that, because of the complexity of their work situations, nurse managers were frequently under pressure at work. They evaluated the epidemic as a rigorous and demanding condition that physically and psychologically exhausted them which compelled them to follow domineering leadership during work time.

More deeply the study findings explored that, the predictor that had a statistically significant effect on a passion for work was organizational dehumanization, followed by deviant work behaviors. In the same scene, **Stinglhamber et al., (2022)** explored that organizational dehumanization shapes employees' deviant behaviors towards their organization. Employees who feel mistreated by their organization are more prone to engage in harmful behaviors toward the organization. Even though they may react in other conducts, individuals who feel dehumanized are likely to fight the perceived source of maltreatment back, even when this source is an abstract entity like the organization. Afterward experiencing organizational mistreatment, employees indeed engage in thoughts of revenge against the organization and end with intentional behaviors to threaten its reputation.

Furthermore, **Gilstrap & Hart (2020)**; **Zhuang et al., (2020)** disclosed that deviant behaviors are considered danger to organizational success, and

organizations in which nurse managers exhibit deviant behaviors are incapable to achieve their standard procedure. Hence, there's an urgent need for organizations to work on eradicating such behaviors and defining the factors that trigger them.

Similarly, **Souza et al., (2022)** who conducted a meta-analysis study, including 25 studies published in 2020, to determine the effects of the COVID-19 pandemic on the health of nursing personnel demonstrated that countless nurses felt constrained to work on the front lines of the pandemic, fight in spite of emotional distress and work overload. Within the nursing profession, there is a sense of mission and responsibility. No connotation between being a frontline healthcare professional and emotional suffering was found.

Accordingly, **Hossain & Clatty (2021); Zipf et al., (2021)** pronounced that, health care workers have a sense of duty to provide for personnel. Health care specialists remain to highlight the requirements of their patients over their own and fail to comprehend that they similarly require care. The organization has an accountability to provide employees with the needed resources to sustain their physical, mental, and emotional well-being. Healthcare organizations should concentrate on ways to enhance the perspective of nurses as human beings. In this regard, an Egyptian study established by **Osman et al., (2022)** illuminated that, although COVID-19 is an emerging plain infection resulting in illness and death; health care providers indicated they will remain on duty throughout the pandemic if they stay healthy.

In the same track, **Ariño-mateo et al., (2022)** added that the leadership style also encourages corporate humanization. At the level of people management in an organization that supports this humane treatment, useful suggestions are made. Particularly, in the choice of future managers or by treating nurses as distinct individuals rather than a number or machine for organizational reasons, as this may affect the organization's outcomes by means of enhanced organizational commitment, better job fulfillment, besides higher holding of competency.

Without the least doubt, this current study is noteworthy for both theoretical and clinical implications, as it shed light on the importance and necessity of considering organizational dehumanization, exploitative leadership, and deviant work behaviors as paths leading to a lack of nurses' tendency towards passion for work. An understanding of the motivations of nurses' tendency towards passion work is crucial to escalate it. Consequently, it has meaningful beneficial significances on the nurses' physical, psychological, social, and emotional well-being, can affect

perceptions of well-being, and in turn is linked to quality of work life. The findings of this study may guide health care organizations and decision makers in organizing interventions for nursing staff that may possibly enhance healthy handling methods, deescalate stress, encourage flow experiences among hospital staff, and promote psychological well-being in health care institutions particularly during the eruption of the pandemics.

### **Conclusion:**

Noticeably, the existing study findings deduct that, there were statistically noteworthy negative correlations between total scores of nurses' passion for work and organizational dehumanization, exploitative leadership style, and deviant work behaviors. As well, the greatest predictor had a statistically significant influence on nurses' passion for work level was organizational dehumanization followed by deviant work behaviors.

### **Recommendations:**

**The following recommendations were proposed from the obtainable study results:**

- Healthcare officials should take the lead in providing mental health support for staff nurses comprising psychological counseling to lessen the stressors caused by the catastrophic pandemic catastrophe to prevent the physical and psychological exhaustion.
- Establishing and maintaining open lines interactions between nurse managers and nurses that stimulate team-building activities and positive job outcomes. Nurse managers should take into account the nurses' readiness, capacity, experience, and willingness.
- Designing and applying periodically training programs to improve nurses' capacity for emergency situations. Nurses should always raise awareness about resilience, effective coping approaches, stress-control strategies, and problem-solving skills in dealing with catastrophic situations.
- Implementing training programs for nurse managers to promote ethical leadership behaviors, courteousness, trust in management and job stress reduction with the intention of venting their defeat without pandering in deviant work behaviors.
- Health care organizations have a duty to guarantee that nurses feel less dehumanized and supported by diminishing workload, promoting the belief that their well-being is considered and their effort appreciated, and growing their perceived job security.

- Approaches to foster commitment, escalate nurses' satisfaction, create a positive work environment, expand security circumstances, and ensure accessibility of physical and psychosocial resources for the performance of the role should be fulfilled with the intention of encouraging flow experiences among staff and enhancing passion for work.
- Future studies are crucial to be fulfilled utilizing large random samples to advance awareness about factors inspire passion. Also, it may be valuable for upcoming research to study diverse types of passion that may predominantly malicious in relation to flow in the work situation to realize nurses' psychological well-being which is essential during healthcare crises.

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