
Staff Nurses' Perception Regarding Exploitative Leadership and its Effect on their Work Alienation

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Abstract

Background: Destructive leadership, mostly exploitative leadership, make nurses engage in activities that alienate employees and create an overall negative work environment that consequently contribute creating negative work conditions. **Aim:** The current study aimed to examine staff nurses' perception regarding exploitative leadership and its effect on their work alienation. **Design:** A descriptive correlational design was utilized. **Setting:** The study was conducted at Beni-Suef University Hospital. **Sample:** A simple random sample of (289) staff nurses at Beni-Suef University Hospitals was selected. **Data collection tools:** There were two data collection tools namely; exploitative leadership scale and work alienation scale. **Results:** More than three quarters of nurses had low perception of their nurse managers' total exploitative leadership behavior and most nurses had low total workplace alienation. **Conclusion:** There is a highly statistically significant correlation between nurses' perception regarding nurse managers' exploitative leadership behavior and work alienation. **Recommendations:** Encouraging and enhancing professional behavior of nurse managers and supervisors away from exploitative leadership behavior.

Keywords: *Exploitative Leadership, Staff Nurses & Work Alienation*

Introduction

Leadership is one of the abilities expected at all levels of health care, especially in administrative positions. It is crucial to analyze both the forms of negative leadership and the types of positive leadership that will render health institutions superior to their competitors in today's conditions and possibly increase the quality of the healthcare services they provide (Öztokatli, 2020). Furthermore, nurse managers' leadership styles are seen as a crucial issue, since healthcare organizations depend on leadership practices of management to establish and maintain a healthy work environment, as well as to enhance employee satisfaction and patient outcomes (Hebashy, 2021).

Traditionally, leadership has been linked to power and influence, which may occasionally be destructive to groups, organizations, and followers. Nursing leaders serve as representatives for their organizations, and they usually set an example for their staff by modeling good behavior. Leadership has been defined as the process of directing a coordinated group's efforts towards a specific goal (Wang, et al., 2021).

There are two perspectives on the leadership research approach. The first is positive leadership behavior, which examines effective leadership practices as servant leadership in organizations and how it affects teams and subordinates for the better. Another perspective examines bad leadership behavior and the disastrous results of negative leadership on the

practices and performance of teams and subordinates inside organizations. Destructive leadership is a complicated phenomenon which has undesirable effects due to many negative behaviors of destructive leaders: one of the destructive styles of leadership is exploitative leadership (EL) (Guo, et al., 2020).

Exploitative leadership is a widely prevalent but relatively understudied bad leadership behavior based on self-interest and is classified as destructive leadership because those leaders participate in a range of unpleasant behaviors (Feng, et al., 2022). Majeed & Fatima, (2020) added that, EL is known as leadership with the primary goal of furthering the leader's self-interest through exploiting others, since exploitative nurse leaders are considered to be egotistical individuals that manipulate and take advantage of their staff members by assigning them additional work.

An important characteristic of exploitative leadership is that such leaders may not use hostile words, self-serving, and utilize subordinates in the best of their own interests. In other words, these leaders put their own desires ahead of the needs of others and take credit for others' contributions. Correspondingly, exploitative leaders burden their subordinates with extra work using persuasion techniques; in addition, they exploit followers by being exceptionally pleasant to their followers and give them additional responsibilities to complete despite the fact that they are already overburdened. Besides, in order to prevent followers from advancing in their careers,

exploitative leaders frequently assign those tedious tasks (Hanyu & Tan, 2022).

Exploitative nurse leaders may take advantage of staff nurses by engaging in true egoistic behaviors and performing selfishly; exerting control and overburdening while at the same time under-challenging them. Exploitative nurse leaders do not give nursing staff members enough opportunities for personal growth and self-development. Because of this, exploited nurses might not have the necessary service-related skills and competencies to carry out their patient service work well. Finally, exploitative leaders frequently deceive or manipulate their followers for their own benefit. Such unethical behavior contradicts the standard of justice and is likely to provoke anger and resentment among exploited followers (Wu, et al., 2021).

Consequently, exploitative leadership is a new form of destructive leadership that has serious consequences for both employees and organizations and can lead to a variety of negative employee outcomes, including higher levels of burnout and workplace deviance, lower levels of satisfaction with work, and a lack of affective commitment (Abdulmuhsin, et al., 2021).

Elsaied (2022) implied the following five characteristics of exploitative leadership; a) exhibiting genuine egoistic behaviors, that indicates a leader's willingness to put his or her demands before those of followers, b) exerting pressure which refers to applying pressure on followers to fulfill a leader's goals, c) taking credit which refers to when a leader takes the accomplishments of their followers as their own, d) under challenging followers which limits their ability to develop, and e) manipulating followers which known as using followers to one's advantage by tricking or manipulating them. It should be emphasized that followers' perceptions of exploitative leadership are subjective. As a result, followers may view the same exploitative leader behavior in different ways (Wang, et al., 2021).

Work alienation is believed to arise from a conflict between human nature and the nature of the work role (Sarwar, et al., 2022). Workplace alienation is a usual issue among workers, can be described as a feeling of detachment from one's job and its context. Employees in the health care sector experience alienation more frequently; nursing professionals are one of the groups that are most vulnerable to this psychological disorder because of the prevalence of shift work, the significant danger of infection, the tremendous workload, litigation and the high degree of stress (You, et al., 2022).

Also, workplace alienation in nursing considered as a cognitive and social phenomenon affects nurses, making them feel distant and estranged from their

places of work. The nurse becomes an object reacting to work rather than an engaged person able to fulfill job tasks, which is a dehumanizing effect (Ali, et al., 2022). Feelings of disinterest and job dissatisfaction are the first signs of workplace alienation. It implies estrangement from oneself brought by feelings of helplessness, meaninglessness, normlessness, and self-estrangement (Usman, et al., 2020).

Employees that are self-alienated present a risk to organizations because they believe that they don't have authority and just responsible for easy, routine tasks. In other words, they lack certain job features including diversity in abilities, the nature of the role, the significance of the obligation, independence, and feedback. Additionally, they are striving to profit from their work while avoiding independence, accountability, and professional growth. Additionally, they are not dedicated to any of their work areas (Peng, et al., 2022).

The four factors of alienation at work include the following: lack of independence that creates situations where nurses have little control over their work-related activities is powerlessness (Hanyu & Tan, 2022). Meaninglessness results from lack of understanding the relationship between the nurses' present work and, and the more outstanding and social purposes of the work. Normlessness occurs when one's behavior towards personal objects is not effectively governed by management standards and guidelines. Finally, self-estrangement prevents people from realizing their full potential at work, turning it into a way of satisfying only external requirements like rewards (Durrah 2020 & Tuncay, 2021).

Nursing staff members are frequently subjected to excessive workloads or are the targets of exploitative nurse leaders. Mistreated staff nurses may experience depression, nervousness, emotional exhaustion, and workplace alienation. They typically detach themselves from their work as a result, and they lose interest in trying to engage in new behaviors (Syed, et al., 2021).

Finally, followers who believe their leaders treat them well are more likely to build positive working relations with them. To reciprocate these followers, attempt to give their leaders favorable results. On the other hand, followers who feel mistreated by their leaders often have poor exchange relationships with them, which can have negative effects such as increasing their work alienation (Xia, et al., 2022).

Significance of the study

The leadership behavior is one of the most important variables affecting an organization's success or failure and is among the key factors that affects communication between nurses and leaders and fosters a sense of loyalty and belonging among

nurses. At this point, the management and leadership behavior may have beneficial effects including improved performance, satisfied employees, and efficient output. However, on the contrary, it may also have a negative impact on how well organizations perform, leading to staff dissatisfaction and, ultimately, employee alienation from the organization. In this context, organizations should choose the most appropriate management behavior to be successful (Hanyu & Tan, 2022).

Recent years have seen a lot of emphasis focused on an issue of work alienation among nurses due to growing evidence that it can have detrimental effects on one's physical, psychological, and professional well-being. For example, inadequate productivity, poor performance, lack of dedication, lack of job contentment, and substance addiction and intent to leave the organization are all associated with work alienation. These unfavorable conditions may also lead to the disharmonizing of the nurse-patient relationship, missed nursing care, a decline in patient safety and satisfaction, and ultimately a reduction in the quality of nursing care. (Abd-Elrhaman, et al., 2020; & Faiyez, et al. 2023)

Therefore, exploitative leaders harm their organizations by practicing activities that alienate employees and create a hostile workplace environment. Therefore, healthcare administrators should gain a better understanding of nurse work alienation and its impact. So, the purpose of this study was to explore staff nurses' perception regarding exploitative leadership and its effect on their work alienation.

Aim of the study:

The study aimed to examine staff nurses' perception regarding exploitative leadership and its effect on their work alienation

Research Questions:

Q1: What is the perception of nurses toward their nurse managers' exploitative leadership?

Q2: What is the degree of staff nurses' work alienation?

Q3: What is the effect of nurse managers' exploitative leadership behavior on staff nurses' workplace alienation?

Subjects and Method

Research Design:

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

Setting:

The study was carried in a variety of departments at Beni-Suef University Hospital. The hospital capacity is 432 beds. The hospital is situated in a structure with six floors. The emergency department, hemodialysis unit, surgical intensive care unit,

laundry room, kitchen, and sterilization unit are all located in the first floor. The second floor includes the oncology unit, radiology, orthopedic unit, and laboratory department in addition to outpatient clinics. The third floor includes general intensive care unit, and the operation room that divided into general and specific operation rooms. The fourth floor includes surgical departments and a physician resting rooms. The fifth floor includes cardiac department, medical departments, and pediatric department. The sixth floor includes obstetric department, ear, nose and throat unit (E.N.T) and an endemic unit.

Subjects

The total population of the study was 1200 staff nurses. A simple random sample of 289 staff nurses from various departments in the aforementioned setting was recruited for the study. Male and female staff nurses with at least one year of experience in the study setting were included in the sample.

Sample size

Sample size was calculated using Steven and Thompson equation to calculate the sample size from the next formula

$$n = \frac{Np(1-p)}{(N-1)(d^2/z^2) + p(1-p)}$$

N= Population (1200)

Z= confidence level 95% (1.96)

P= probability (50%)

d= margin of error (0.05)

Data Collection Tools:

The following two data collection tools were employed:

Tool (I): Exploitative Leadership Scale:

This scale was developed by the researchers based on Schmid et al., (2019) and divided into two parts:

Part (1): Personal data of the nursing staff, including their gender, age, years of experience, marital status, and level of education.

Part (2): Exploitative Leadership Scale; this part aimed to determine nurse managers' exploitative leadership behavior as perceived by the staff nurses. It contained 28 items classified into five dimensions of exploitative leadership distributed as follows; genuine egoistic behaviors (6 items), exerting pressure (8 items), under-challenging followers (5 items), taking credit (4 items), and manipulating followers (5 items).

Scoring system

Each item was rated by the study's participants on a 5-point Likert scale ranging from five = strongly agree, four = agree, three = neutral, two= disagree, and one = strongly disagree. There are no reverse-scored items. The participants' responses were summed up; it ranged from 28 to 140, 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 behavior.

Tool II: Work Alienation Scale (WAS): This tool was developed by the researchers based on relevant literature from **Osman (2017), Faiyez, et al. (2023)**. It aimed to evaluate workplace alienation as experienced by nurses. It consists of 22 items which divided into three categories as the following; powerlessness (7 items); meaninglessness (7 items); self-estrangement (8 items).

Scoring system

Nurses' responses were evaluated using a five-point Likert scale. Scores ranged from five = strongly agree, four = agree, three = neutral, two= disagree, and one = strongly disagree. Finally, a percentage was calculated using the sum of each dimension's scores. The total scores ranged from 22 to 110 and the overall perception of workplace alienation categorized as following: Nurses' perception of workplace alienation considered high if the percentage is equal to or higher than 75% of the total score (83 to 110 points), considered moderate if the percentage ranged from 60% to less than 75% (66 to 82 points), and considered low if the percentage is less than 60% (24 to 65 points).

Tool Validity:

Face validity was examined by five experts for appropriateness, clarity, and adequacy. Experts included, two professors from Faculty of Nursing, Cairo University, one professor from Faculty of Nursing, Ain Shams University, and two assistant professors from Faculty of Nursing, Beni-Suef University. Based on experts' suggestions, minor adjustments were made.

Tool reliability:

Reliability of the study tools were tested using Cronbach's alpha coefficient which was (0.889) for exploitative leadership scale and (0.841) for work alienation scale which considered as good reliability score.

Pilot Study

Pilot study was conducted on 29 nurses representing 10% of the study sample from the Beni-Suef University Hospital. The pilot study aimed to evaluate the tools for clarity, identify obstacles during data collection, and to determine how long it would take respondents to complete each questionnaire. Few items were changed in light of the findings of pilot study. The participants of the pilot study were included in the study sample.

Field work:

Both the nursing director and the director of Beni-Suef University Hospital gave their official approval for the study to be conducted. The study participants

who were available and willing to participate were met by the researchers at their places of work. Then, the study purpose and nature of the study was explained. After reviewing the nursing schedule, data were collected during both the morning and afternoon shifts. Each participant needed about 30 minutes to complete the study tools. The study tools were returned at the same time. The process of data collection took four months from January beginning 2023 to April 2023.

Administrative design:

An official letter requesting permission to conduct the study was submitted from the Dean of Faculty of Nursing, Beni-Suef University to the director of Beni-Suef University Hospital. It included the aim of the study and a photocopy of data collection tools in order to get the permission and cooperation. The hospital director provided the permission and directed the nursing manager to facilitate the researchers' mission.

Ethical considerations:

The current study was approved by the research ethics committees in the Faculty of Medicine. The aim of the study was explained for the participants before providing their informed consent. They received assurances on the confidentiality of any gathered information as well as right to decline or withdraw at any time. There was no negative impact on study participants as a result of the procedures.

Statistical Analysis

Using SPSS (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, United States of America), the gathered data were arranged, tabulated, and statistically examined. The normality assumption was accepted. Therefore, categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Chi-square test was conducted to test the association between two categorical variables. The relation between two continuous study variables was evaluated by using the Pearson correlation coefficient test. Using simple linear regression, variables were investigated. Statistically significant was considered as (p -value ≤ 0.01 & 0.05).

Results

Table (1): Personal Characteristics of the Studied Nurses at Beni-Suef University Hospital (n=289)

Variables	N	%
Age years		
▪ < 25	24	8.4
▪ 25<35	138	47.6
▪ 35-45	90	31.2
▪ >45	37	12.8
Mean±SD	39.13±7.48	
Gender		
▪ Male	116	40.1
▪ Female	173	59.9
Marital status		
▪ Single	54	18.7
▪ Married	215	74.4
▪ Widowed	9	3.1
▪ Divorced	11	3.8
Level of education		
▪ Diploma degree in nursing	60	20.8
▪ Technical degree in nursing	77	26.6
▪ Bachelor degree in nursing	102	35.3
▪ Post graduate studies in nursing	50	17.3
Experience years:		
▪ <5	62	21.5
▪ 5-10	170	58.8
▪ >10	57	19.7
Mean±SD	7.91±4.72	
Number of working hours per week		
▪ <36 hours	14	4.8
▪ 36-48 hours	154	53.3
▪ >48 hours	121	41.9
Mean±SD	41.23±7.19	

Table (2): Percentage Distribution of Nurse Managers' Exploitative Leadership Behavior Main Categories as Perceived by their Staff Nurses at Beni-Suef University Hospital (n=289)

Exploitative Leadership Behavior	High Exploitative		Low Exploitative	
	N	%	N	%
Genuine egoistic behaviors	65	22.5	224	77.5
Exerting pressure	64	22.1	225	77.9
Under-challenging followers	14	4.8	275	95.2
Taking credit	16	5.5	273	94.5
Manipulating followers	13	4.5	276	95.5
Total Exploitative Leadership Behavior	63	21.8	226	78.2

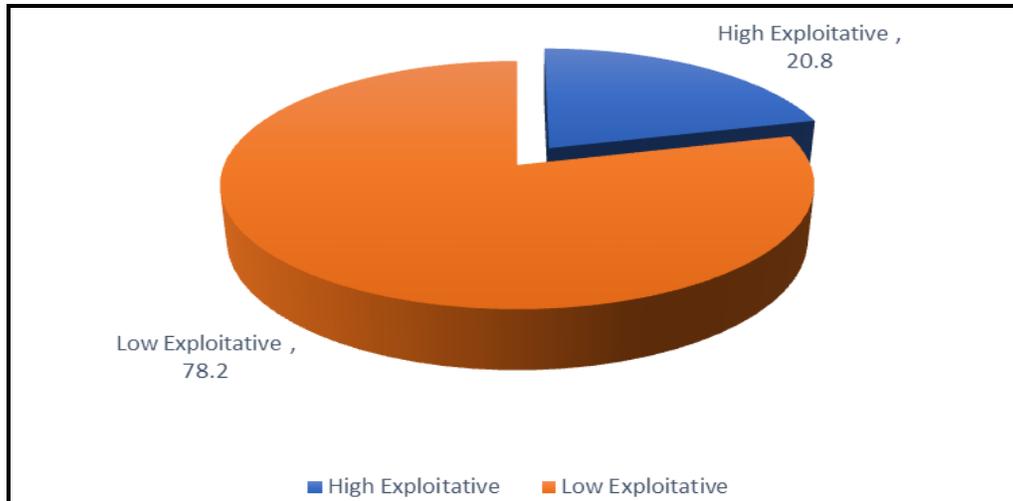


Figure (1): Percentage Distribution of Nurse Managers’ Total Exploitative Leadership Behavior as Perceived by their Staff Nurses at Beni-Suef University Hospital (n=289)

Table (3): Percentage Distribution of workplace alienation as perceived by nurses at Beni-Suef University Hospital (n=289)

Workplace alienation	High		Moderate		Low	
	N	%	N	%	N	%
Powerlessness	16	5.5	7	2.4	266	92.1
Meaninglessness	14	4.8	12	4.2	263	91.0
Self-estrangement	12	4.2	12	4.2	265	91.6
Total workplace alienation	14	4.8	12	4.2	263	91.0

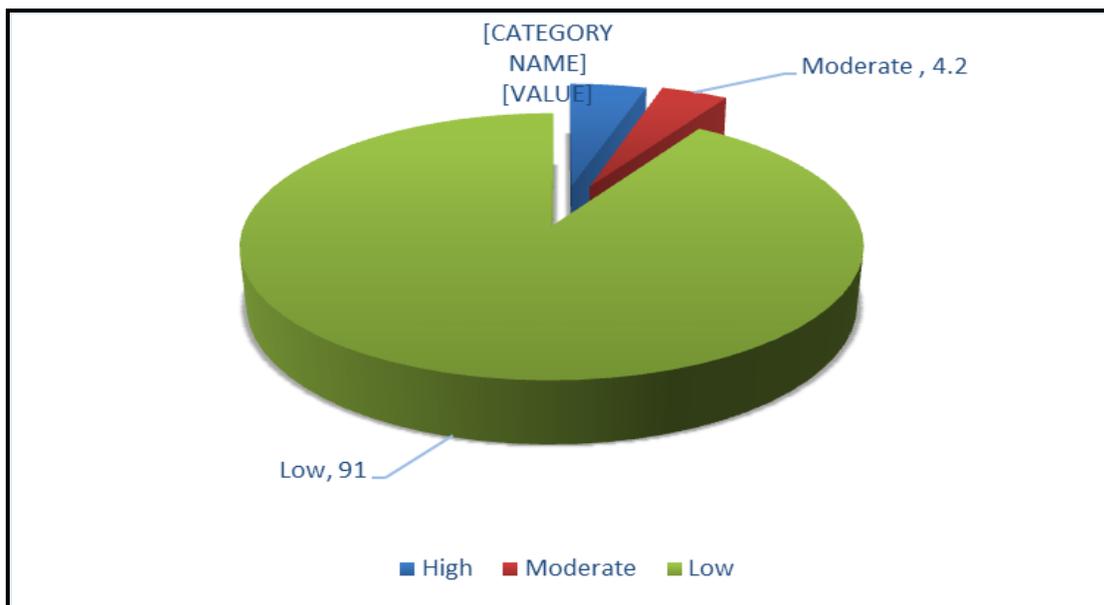


Figure (2): Percentage Distribution of total workplace alienation as perceived by nurses at Beni-Suef University Hospital (n=289)

Table (4): The relationship between staff nurses' personal characteristics and their perception of exploitative leadership behavior

Personal Characteristics	N	Low exploitative (n=226)		High exploitative (n=63)		X ²	P-value
		N	%	N	%		
Age years							
< 25	24	15	5.2	9	31	5.16	.0861
25<35	138	107	37.1	31	1.7		
35-45	90	72	24.9	18	6.2		
>45	37	32	11.1	5	1.7		
Gender							
Male	116	92	31.8	24	8.3	1.08	.137
Female	173	134	46.4	39	13.5		
Marital status							
Single	54	40	13.8	14	4.9	1.94	.118
Married	215	170	58.8	45	15.6		
Widowed	9	8	2.7	1	0.4		
Divorced	11	8	2.7	3	1.1		
Level of education							
Diploma degree	60	56	19.4	4	1.4	10.91	.004*
Technical degree	77	57	19.7	20	6.9		
Bachelor degree	102	78	26.9	24	8.3		
Post graduate studies	50	35	12.1	15	5.2		
Experience years:							
<5	62	46	15.9	16	5.5	9.65	.011*
5-10	170	127	43.9	43	14.9		
>10	57	53	18.3	4	1.4		

* Statistically significant at $p \leq 0.05$ **Table (5): The relationship between staff nurses' personal characteristics and their perception of work alienation**

Personal Characteristics	N	Low (n=263)		Moderate (n=12)		High (n=14)		X ²	P-value
		N	%	N	%	N	%		
Age years									
< 25	24	19	6.6	4	1.4	1	0.4	13.6	.049*
25<35	138	124	42.9	5	1.7	9	3.1		
35-45	90	84	29.1	3	1.1	3	1.1		
>45	37	36	12.5	0	0	1	0.4		
Gender									
Male	116	108	37.4	4	1.4	4	1.4	1.15	.513
Female	173	155	53.6	8	2.8	10	3.4		
Marital status									
Single	54	47	16.3	4	1.4	3	1.1	9.47	.148
Married	215	199	68.8	6	2.1	10	3.4		
Widowed	9	9	3.1	0	0	0	0		
Divorced	11	8	2.7	2	0.7	1	0.4		
Level of education									
Diploma degree	60	58	2.1	2	0.7	0	0	17.55	.008*
Technical degree	77	67	23.2	8	2.8	2	0.7		
Bachelor degree	102	92	31.8	2	0.7	8	2.8		
Post graduate studies	50	46	15.9	0	0	4	1.4		
Experience years:									
<5	62	55	19.1	6	2.1	1	0.4	13.4	.014*
5-10	170	153	52.9	4	1.4	13	4.5		
>10	57	55	19.1	2	0.7	0	0		

* Statistically significant at $p \leq 0.05$

Table (6): Correlation between exploitative leadership behavior and work alienation as perceived by nurses at Beni-Suef University Hospital

	Exploitative Leadership Behavior	
	R	P
Work Alienation	0.967	0.000**

** Highly statistically significant at $p \leq 0.01$

Table (1): Shows that nearly half (47.4%) of the studied nurses their ages ranged from 25 to 34 years old; more than half (59.9%) of them are female, nearly three quarters (74.4%) of the studied sample are married. More than one third (35.3%) have bachelor degree. Moreover, more than half (58.8%) of the studied sample their experience ranged from 5-10 years, more than half (53.3%) of the studied sample are working from 36-48 hours per week.

Table (2): Shows that most nurses have low perception of their nurse managers' exploitative leadership behavior regarding manipulating followers, under challenging followers, and taking credit (95.5%, 95.2%, & 94.5%, respectively). More than three quarters of nurses have low perception of their nurse managers' exploitative leadership behavior regarding exerting pressure and genuine egoistic behaviors (77.9% & 77.5%, respectively).

Figure (1): Illustrates that more than three quarters (78.2%) of nurses have low perception of their nurse managers' total exploitative leadership behavior.

Table (3): Shows that most nurses have low workplace alienation regarding powerlessness, self-estrangement, and meaninglessness (92%, 91.7%, & 91%, respectively).

Figure (2): Illustrates that most nurses (91%) have low total workplace alienation, 4.8% of them have high total workplace alienation, and 4.2% of them have moderate total workplace alienation Table (4) shows that there is a statistically significant relation between staff nurses' perception of nurse managers' exploitative leadership behavior and their level of education and experience. There is no statistically significant relation between staff nurses' perception of nurse managers' exploitative leadership behavior and their ages, gender, and marital status

Table (5): Shows that there is a statistically significant relation between staff nurses' perception of work alienation and their ages, level of education, and experience. There is no statistically significant relation between staff nurses' perception of work alienation and their gender and marital status. Table (6) shows that there is a highly statistically significant correlation between nurses' perception regarding nurse managers' exploitative leadership behavior and work alienation.

Discussion

Leadership has a crucial role and has a big impact on how followers behave. It is a challenging for nurses to work under an exploitative leader because nurses are overworked, under pressure, manipulated, and exploited, all of these things diminish their personal resources. Nurses who are exploited over time may experience a range of unpleasant emotions, such as sadness and anger, which may be crucial signs of psychological distress and alienation from work, as well as continuous bad feelings and a sense of loss (Saif, et al., 2021).

In relation to nurse managers' total exploitative leadership behavior as perceived by their staff nurses, the results of the existing study showed more than three quarters of nurses had low perception of their nurse managers' total exploitative leadership behavior. From the researcher point of views this may be due to managers' misunderstanding of exploitative actions as a function of power could be related to their belief that exploitative behaviors encourage individuals to achieve greater goals and may even be beneficial to the organization. Moreover, nursing leaders thought that exploitative behavior can significantly alter personal attitude toward organizations. By witnessing and experiencing the ethical behavior and messages of leaders, employees are more likely to strengthen the quality of their relationships with their leaders, raise their sense of belonging, and find more integrity with their organization's mission and values.

In congruent with these results Wang, et al., (2021) mentioned that, exploitative nursing leadership behavior was low as declared by nurses. In the same context, El-Sayed, et al., (2023) concluded that, nearly one-quarter of the studied nurses reported that their nurse managers had high level of exploitative leadership behavior. The ongoing study findings were in agreement with Syed, et al., (2021) who declared that, study participants perceived their leaders as a high exploitative. Moreover, Sun, et al., (2023) concluded that, exploitative leadership behavior was also high level.

Concerning the percentage distribution of nurse managers' exploitative leadership behavior main categories, the current study demonstrated that most nurses had low perception of their nurse managers' exploitative leadership behavior regarding

manipulating followers, under challenging followers, taking credit, exerting pressure, and genuine egoistic behaviors respectively. These results were in agreement with **Abdulmuhsin, et al., (2021)** and **Guo, et al., (2023)** who found that, the highest mean score was regarding manipulating followers.

Regarding the total workplace alienation as perceived by nurses, most nurses had low total workplace alienation as shown by study results. From the researcher point of view this result may be due to the majority of work decisions are made with their input, they have the ability to modify or evaluate their work, they believe their contributions matter, and they have job authority. Additionally, they were notified of any work modifications and their opinions taken into consideration before any decisions were made.

These results were in harmony with **Amarat, et al., (2019)** who reported that, lower levels of work alienation among healthcare professionals. Also the ongoing study goes parallel with **You, et al., (2022)** who illustrated that, Chinese nurses' work alienation was at a low level. In contrast, these results were contradictory to the results of **Badran & Khaled (2021)** who reported that, staff nurses had a moderate perception level work alienation

Additionally, **Zhao et al., (2022)** explained that nurses' work alienation score was at a medium level, also **Valikhani & Zamani (2019); Durrah (2020)** concluded that nurses had a moderate level of work alienation. Also those results were inconsistent with **Özer, et al., (2019)** who found that, nurses perceived workplace alienation with a high level

Concerning to percentage distribution of workplace alienation main categories, the current study showed that, most nurses had low workplace alienation regarding powerlessness, self-estrangement, and meaninglessness respectively. These results were in agreement with **Abd-Elrhaman, et al., (2020)** who revealed that the nurses experienced work alienation, with the powerlessness factor having the highest mean score. On the other hand, **Gumus, et al., (2021)** concluded that, meaninglessness domain had the highest score.

Regarding to relationship between staff nurses' personal characteristics and their perception of exploitative leadership behavior, study findings revealed that, there was a statistically significant relation between staff nurses' perception of nurse managers' exploitative leadership behavior and their level of education and their experience. Also, there was no statistically significant relation between staff nurses' perception of nurse managers' exploitative leadership behavior and their ages, gender, and marital status.

Matching with these findings, **Garlatti, et al., (2021) & Saif, et al., (2021)** who found that, personal

characteristics such as professional experience and levels of education affects the nurses' perceptions regarding the exploitative leadership behavior.

Moreover, there is a statistically significant relation between staff nurses' perception of work alienation and their ages, level of education and experience. Also, there is no statistically significant relation between staff nurses' perception of work alienation and their gender and marital status.

In the same track, findings of this study are consistent with **Wei, (2019)** who concluded that, nurses who had a higher level of education experienced more work alienation. While **Hu, et al., (2020)** contradicted with these results as they added that the level of work alienation was higher among male nurses than female nurses. Also, **AbdElrhaman, et al., (2020)** clarified that there was no relationship between a nurse's level of experience and work alienation.

Furthermore, the present study revealed that there is a highly statistically significant relation between nurses' perception regarding nurse managers' exploitative leadership behavior and work alienation. From the researchers' point of view, exploitative leaders utilize their position and authority to command, control, and convince staff members to act in their own best interests. Those leaders try to expand their dominance, exploitative behavior, and manipulate subordinates which in turn causes nurses' work alienation. The researchers also interpret these results as exploitative leaders give difficult deadlines, under challenge, and undermine their subordinates, put extra pressure on them, create obstacles in their growth, give them dull tasks and encumber them that in turn decrease the followers' positive behaviors, which leads to increased work alienation.

In congruent with these results **Khan, et al., (2019)** reported that, destructive leadership behaviors results in negative attitudes and behaviors among employees which in turn contributes to subordinates' sense of helplessness, absurdity, and alienation at work. In the same line, **Elsaied, (2022)** illuminated that; abusive supervision enhanced an individual's depletion and thus resulted in counterproductive behaviors. Moreover, **Eidi, et al., (2020)** argued that, dark leadership style at least attempts to alienate staff members and makes organizations pessimistic.

Conclusion:

The current study concluded that, more than three quarters of nurses had low perception of their nurse managers' total exploitative leadership behavior, most nurses had low total workplace alienation. Additionally, there is a highly statistically significant correlation between nurses' perception regarding nurse managers' exploitative leadership behavior and work alienation.

Recommendations:

- 1- Encouraging professional behavior of nurse managers and supervisors away from exploitative leadership behavior.
- 2- Providing training program for nurse managers and supervisors about avoidance of exploitative leadership behavior.
- 3- Upholding open lines for interaction between nurse managers and their staff members to encourage collaboration and successful job results.
- 4- Creating good work atmosphere for nurses through support nurses and considering their humanity to decrease work alienation.
- 5- Conducting similar studies in different settings to enhance applicability of professional behaviors.

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