

Assessment of toxic leadership style and its' relation to compassion fatigue among Nursing Staff at liver Minia University Hospital

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Abstract

Background: Toxic leadership is ineffective behavior that reflects leadership's negative/dark side and can negatively affect not only the nurses but also the whole hospital. Toxic leadership behaviors have a negative impact that results in compassion fatigue among nurses. **Aim** of the study was to assess toxic leadership style and its' relation to compassion fatigue among nursing staff at liver Minia University Hospital. **Research design:** A descriptive correlational research design was utilized. **Subjects:** Convenience sample, which includes all nurses who are working at liver Minia University Hospital (no. = 221 nurses). **Setting:** The study was conducted at liver Minia University Hospital, Minia, Egypt. **Data collection:** two tools included as follows: "Toxic leadership scale", and "Compassion fatigue Scale ". **Results:** showed that the nearly half (46.7%) of the nursing staff had a high level of toxic leadership, and more than half (55.6%) of the nursing staff had a moderate level of compassion fatigue. **Conclusion:** There was a positive correlation between toxic leadership style and compassion fatigue among nursing staff at Liver Minia University Hospital with a P value < 0.0001. **Recommendation:** Apply a continuous, regular, adequate, and constructive evaluation of leaders and their leadership style by hospital administration.

Keywords: Compassion fatigue, Nursing Staff, Toxic leadership.

Introduction

The concept of toxic leadership is coming out often in the leadership literature recently. The term toxic leadership has been used to define the leaders or managers who display maladaptive, malicious, and disgruntled behaviors, creating negative reflections on their subordinates. They also prevent information and cooperation while distrusting and demoralizing them (Octavian, 2023). The word toxic, which is of Greek origin, is defined as the potential to cause disability or even death by poisoning (Adeola, 2020). The term toxicity is used in many areas. For instance, "emotional toxicity" is employed to define the individuals/employees who consume the energy of others, causes negative consequences such as anxiety and distress, and leads to a problematic organizational atmosphere that is generally ineffective, inadequate, and destructive to the others (Olgin, 2023).

Dwita et al. (2023) introduced the concept of toxic leadership as a leadership style that is negative, humiliating, dysfunctional, maladaptive, and malicious. Recent studies consider managers who consciously or unconsciously damage both the organizations and the employees as toxic leaders (Mackey et al., 2021). Toxic leadership refers to a process in which leaders achieve personal goals and benefits by their dysfunctional personal characteristics through compromising the interests of nursing staff, teams and organizations that inflict serious and enduring harm on them and their organizations (Stanley et al., 2022; Smith & Fredricks-Lowman, 2020).

Toxic leadership affects nursing staff and organizations negatively as it increases workplace deviance, the nursing staff's intention to leave, the turnover rates, and reduces the level of job satisfaction and organizational commitment. Toxic leadership is composed of five features, including abusive supervision, authoritarian leadership,

narcissism, self-promotion, and unpredictability (Abo Salih et al., 2023).

Firstly, the abusive supervision is referring to nursing staff perceptions of the extent to which leaders engage in the sustained display of hostile verbal and nonverbal behaviors, excluding physical contact. (Fischer et al., 2021) Secondly, authoritarian leadership is a leader's behavior that asserts authority and control over nursing staff and demands unquestionable obedience from them. Thirdly, narcissism is a personality trait encompassing grandiosity, arrogance, self-absorption, entitlement, fragile self-esteem, and hostility. (Reyhanoglu & Akin, 2022) Fourthly, self-promotion occurs when leaders act in ways that promote their own interests above and beyond the interests of the units they are leading, usually with the intention of maintaining a positive image to upper levels of the leadership hierarchy (Brouwers & Paltu, 2020). Finally, unpredictability is a negative behavior that has negative effects; unpredictable negative behavior might exasperate the negative results. These dysfunctional behaviors create a profound, long-lasting toxic impact on nursing staff and the organization's well-being, as well as decrease nursing staff's feeling of job security (Fischer et al., 2021; Brouwers & Paltu, 2020).

Compassion Fatigue refers to the draining and depleting inner and outer energy (Cole, 2022). Compassion Fatigue results from prolonged exposure to intense physical and cognitive job demands. The overuse of feelings is one of the leading causes of Compassion Fatigue (Kaminski, 2020). Compassion Fatigue is the initiation and significant component of burnout and mainly refers to reducing emotional and physical resources (Galiana et al., 2022). In other words, Compassion Fatigue is a state of exhaustion caused by excessive psychological needs in elevated human relationships (Sarabia-Cobo et al., 2021). Compassion Fatigue emerges as a reaction to overwhelming emotional

requests in which individuals are in intense emotional labor (Liu et al., 2020).

Compassion Fatigue is very common in professions where intense and face-to-face relations among people are inevitable (Örücü & Hasırcı, 2020). Extreme concerns and a deficit of energy cause the feeling of depleting emotional resources. As a result, commitment to achieve decreases, and job stress often increases. In such a set, it is almost impossible to manage the business requirements. Moreover, an individual with a negative mindset has great anxiety about the business environment (Kloutsiniotis et al., 2022). On account of additional anxiety, Compassion Fatigue not only causes an upsurge in negative emotions such as fatigue, energy loss, weakness, depressive sensation, hopelessness, anger, impatience, and restlessness, but also a decline in positive emotions such as respect, friendship, and kindness (Mitchell, 2023).

Leadership studies label authoritarian, rigid, unethical, exuberant, abusive, bullying, narcissistic, paranoid, and deterrent leadership behaviors and styles defined as toxic leadership (Schilling et al., 2022). The consequences of toxic leadership attract the attention of various management experts today. The most important reason is that, in many cases, toxic leadership has harmful effects on organizational culture, policies, programs, and organizations, as well as the employees (Dugan, 2024).

Toxic leaders may also cause "severe problems in business life," "a decrease in the employees' performance in the workplace," and "an increase in the level of Compassion Fatigue and psychological problems" (Koç et al., 2022). According to Brown (2023), subordinates repeatedly exposed to toxic leaders suffer from frustration and Compassion Fatigue. Prolonged stress also emerges as a key antecedent of Compassion Fatigue (Todaro-Franceschi, 2024). Toxic leadership, infusing toxic thoughts and creating stress, affects employee well-being and leads them to exhaustion (Koç et al., 2022).

Many recent studies (e.g., Elsaied, 2022; Li & Peng, 2022; Zhou et al., 2020) reveal a positive relationship between toxic leadership and emotional exhaustion as the core of compassion Fatigue. Furthermore, Dwita et al. (2023) provided empirical evidence in support of the antecedent role of the climate that harbors toxic leaders for emotional exhaustion and compassion Fatigue. Based on those arguments, we expect leaders or managers performing toxic leadership behaviors to be one of the main causes of Compassion Fatigue among the employees.

Significance of the research

The challenge of leadership is to be firm but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor without folly. Research suggests that one in every five leaders exhibits toxic behaviors. Toxic leaders tend to "interfere with others' ability to perform work (similar to the way poison may interfere with an individual's ability to function, therefore being considered toxic) rather than successfully lead followers toward destructive goals as destructive leaders do (Milosevic et al., 2020).

Furthermore, toxic Leadership threatens the well-being of both individuals and organizations, and this creates an urgent need to understand the nature and evolution of toxic

Leadership and the organizations involved (Brouwers & Paltu, 2020).

Internationally, study done by (Ozer et al., 2017) about "A Study on Toxic Leadership Perceptions of Healthcare Workers " who found that Toxic leadership had been examined among these ineffective behaviors that reflect leadership's negative/dark side. Also, in a study conducted upon 400 leaders whose 39% work at health institutions, it had been stated that 94.7% of the participants had to deal with someone who showed toxic characteristics at the workplace.

Nationally, a study done by Zaki & Elsaied (2021) about toxic leadership and its relation to nurses' absenteeism and their deviant behaviors found that there was a statistically significant positive correlation between perceived toxic leadership, nursing absenteeism, and deviant workplace behaviors.

During my work with students in clinical areas at Liver Minia University Hospital, I observe increased job dissatisfaction, shortage of staff nurses, strict timing schedule, low employee morale, toxic work environment, increased nursing absenteeism, more stress, and fatigue. So, the researcher will conduct this study to examine toxic leadership and its relation to nurses' compassion fatigue that leads to nurses' absenteeism, increases job dissatisfaction, fatigue, and their deviant behaviors.

Aim of the research

The current study aims to assess toxic leadership style and its' relation to compassion fatigue among nursing staff at liver Minia University Hospital.

Research Questions:

- 1- What is the level of toxic leadership style among nursing staff at liver Minia University Hospital?
- 2- What is the level of compassion fatigue among nursing staff at liver Minia University Hospital?
- 3- Is there a relation between toxic leadership style and compassion fatigue among nursing staff at liver Minia University Hospital?

Subject and Method:

Research Design:-

A descriptive correlational research design was utilized to fulfill the aim of this study.

Setting:-

The study was conducted at Liver Minia University Hospital, Minia, Egypt. **Liver Minia University Hospital** is located in Madent El-minia, Minia Governorate, Egypt. This hospital consisted of one building that contained five floors; the total number of nurses was 221 nurses, and the total number of beds was 280 beds.

Subjects:

The study subjects consisted of all nurses who were working at Liver Minia University Hospital; the total number was 221 participants, and they all agreed to participate in the study.

Inclusion criteria:

Experience more than six month of nursing staff.

Data Collection Tools:

Data was collected by using two tools divided as follows.

Tool (I): Toxic leadership scale

This tool was divided into two parts:

Part I: Personal Data:-

It was used to collect data about nurses encompassing items such as age, gender, educational qualification, marital status, department, years of experience in the nursing field, and residence.

Part II: Toxic leadership scale:-

The toxic leadership scale was originally developed by (Schmidt, 2008) and the last version was developed by (Schmidt, 2014) and modified by the researcher to measure Toxic leadership among nursing staff. It consists of 40 items containing five dimensions of self-promotion (10 items), abusive supervision (10 items), unpredictability (7 items), narcissism (7 items) and authoritarian leadership (6 items). Each item was measured by A Three-point Likert- scale used in building the survey question format, the responses ranged from 1 (strongly disagree) to 3 (strongly agree).

The scoring system ranges from (40 to 120), and it is divided into three levels as follows:

The Toxic leadership level was considered.

- High level if the percent score was more than 75%,
- Moderate level if the percent score ranged from 60 to 75%,
- And low level if the percent score was less than 60%.

Tool (II) Compassion Fatigue Scale:

The compassion fatigue Scale was originally developed by Figley, (1995), and the last version was developed by Stamm,(2009) and modified by the researcher. It consisted of 30 items in 3 subscales as following: satisfaction(10 items), burnout (10 items) and secondary traumatic stress (10 items) All items included a 5-point Likert scale (1) "never ", (2) Rarely, (3) sometimes, (4) Often, (5) "always, and For questions (11, 12, 15, 16, and 20) the score were reversed. And divided into three levels as follows:

-Low level of Compassion Fatigue from 30 to 70

-Moderate level of Compassion Fatigue from 71 to 110

-High level of Compassion Fatigue from 111 to 150

Validity of the research' scales:

The scales were tested for content validity by a jury of 5 experts' in the field of Nursing Administration and education from the faculty of nursing at Minia University, one of them is professor in the field of Nursing Administration and education and four are assistant professor in the field of Nursing Administration and education . Each of the expert panels was asked to examine the instruments for content coverage, clarity, wording, length, format, and overall appearance. And necessary modification was done by the jury panel.

Reliability of the research' scales:

The scales was tested for internal reliability by using Cronbach's alpha test evidenced strong reliable tools were used which finding Toxic leadership scale 0.976 and Compassion fatigue Scale 0.956.

Pilot study:

A pilot study will be carried out before starting data collection on 10% of nurses (22 nurses) from liver Minia University Hospital. The purpose of this pilot study is to test the clarity, comprehensiveness, accessibility, and applicability of the study tools. Also, to estimate the appropriate time needed to complete the data collection, in addition to find out any obstacles and problems that might interfere with data collection. The sample of the pilot study was included in the main study sample.

Data collection procedure:

An official letter will be granted from the dean of faculty of nursing. This letter will include a brief explanation of the objectives of the study. Nurses will be interviewed on a group basis to explain the nature and purpose of the study. The time required for filling out the questionnaires will be estimated after making the pilot study. Written approval will be obtained from director of (liver Minia University Hospital).

The tools were distributed to all the participants after explaining the purpose and process of data collection. Tools were directly administered and supervised by the researcher with the assistance of the head nurse for each department. The researcher distributed the study self-administered tools to the participants during the morning and evening shifts during the working days. Participants were given from 20 minutes to 25 minutes to answer the tools. They were allowed to discuss any item that needed more clarification with the researcher. The actual field work started from the beginning of February to the end of April 2024 for collecting data.

Ethical Consideration:

- An official letter was granted from the Research Ethics Committee of the Faculty of Nursing, Minia University
- Approval to conduct the study was obtained from the Dean of the Faculty of Nursing, at Minia University
- A permission and consent were obtained from the director of the hospital and nursing manager of the Liver Minia University Hospital.
- Permission and consent were obtained from the head of the department and the head nurse working at the Liver Minia University Hospital.
- Before the conduction of the pilot study as well as the actual study, oral consent was obtained from the participants that are willing to participate in the study, after explaining the nature and purpose of the study. Study subject has the right to refuse to participate or withdraw from the study without any rationale at any time. Study subject privacy was considered during the collection of data. Participants were assured that all their data were highly confidential; anonymity was also assured by assigning a number for each nurse instead of names to protect their privacy.

Statistical Design:

- The collected data was tabulated, computerized, analyzed, and summarized by using descriptive statistical tests to test research questions by using the SPSS version (25). Qualitative data were expressed as frequency and percentage. Graphs were done for .data visualization using Microsoft Excel

- Probability (P-value) is the degree of significance; less than 0.05 was considered significant. The smaller the P-value obtained, the more significant the result (*), and less than 0.001 was considered highly significant (**).
- Fisher exact was used for qualitative data testing to detect the relation between the sociodemographic data of nursing staff and their study variables.
- The statistical method of correlation is used to determine the type and degree of a link between two numerical variables which the type of the relationship (positive/negative), while the value indicates its strength, as follows: Rho values below 0.25 indicate a weak correlation, 0.25-0.499 indicate a fair connection, 0.50-0.74 indicate a moderate correlation and values above 0.74 indicate a strong correlation.

Results:

Table (1): Distribution of the studied nursing staff according to their personal data at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Personal data	No.	%
Age/ years		
20 - < 29	177	80.1
29 - < 39	35	15.8
39 - < 49	2	0.9
49- 59	7	3.2
Mean \pm SD	27.2 \pm 6.4	
Marital status		
Single	123	55.7
Married	98	44.3
Years of experiences		
Less than five years	145	65.6
5 – 10 years	63	28.5
More than ten years	13	5.9
Mean \pm SD	5.2 \pm 3.2	
Residence		
Urban	81	36.7
Rural	140	63.3

Table (1) illustrates that, (80.1%) of the nursing staff age are ranged between <20 to 29 year, with Mean \pm SD (27.2 \pm 6.4). Concerning marital status there are (55.7%) of them are single. Moreover (65.6%) of them have years of experience Less than five years with Mean \pm SD (5.2 \pm 3.2) and (63.3%) of them living in rural.

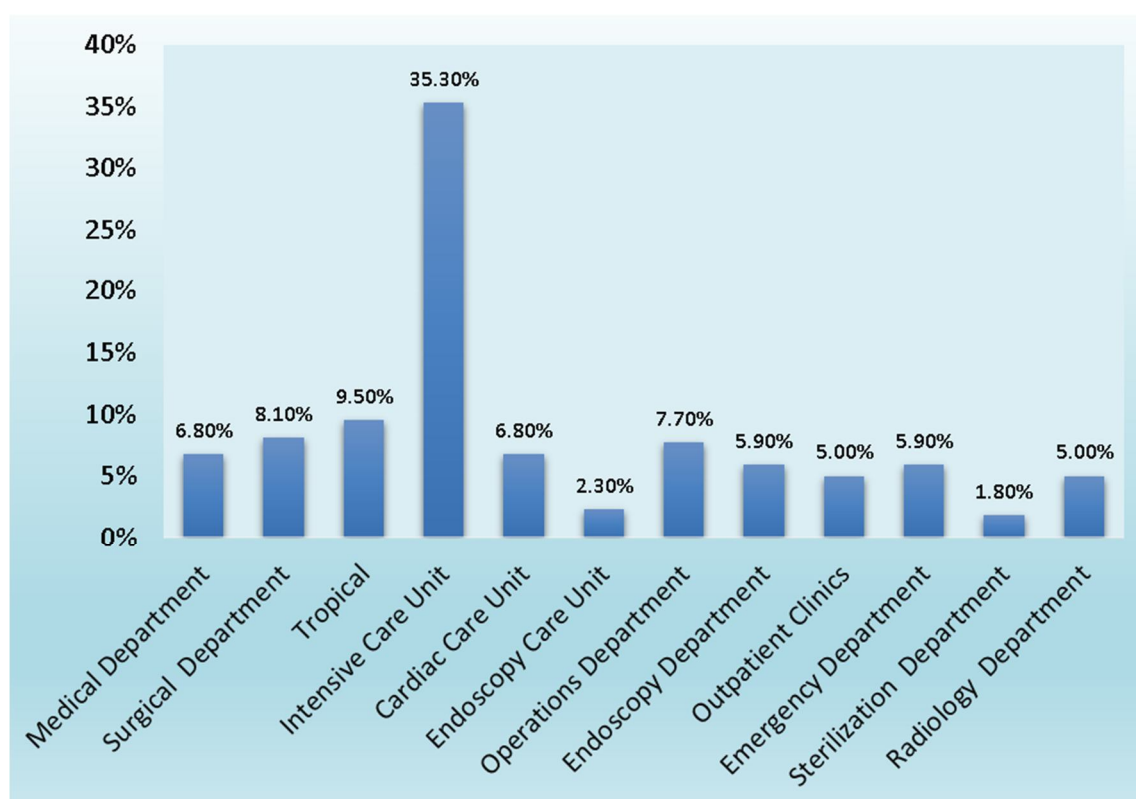


Figure (1): Distribution of the nursing staff according to their department at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Figure (1) shows that, (35.30%) of nursing staff are working at intensive care unit, and (1.80%) of them are working at sterilization department.

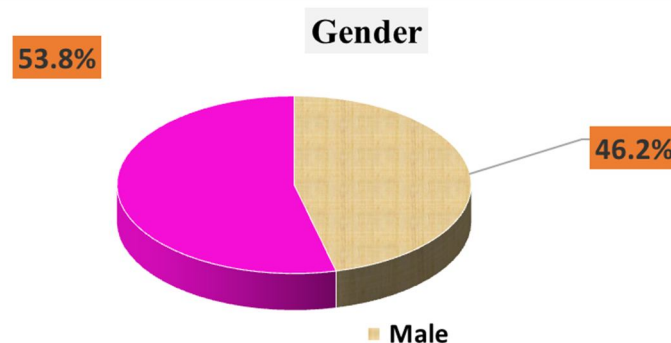


Figure (2): Distribution of the studied nursing staff at liver Minia University Hospital according to their gender (n = 221).
 Figure (2) shows that, (53.8%) of nursing staff are females, while (46.2%) of them are males.

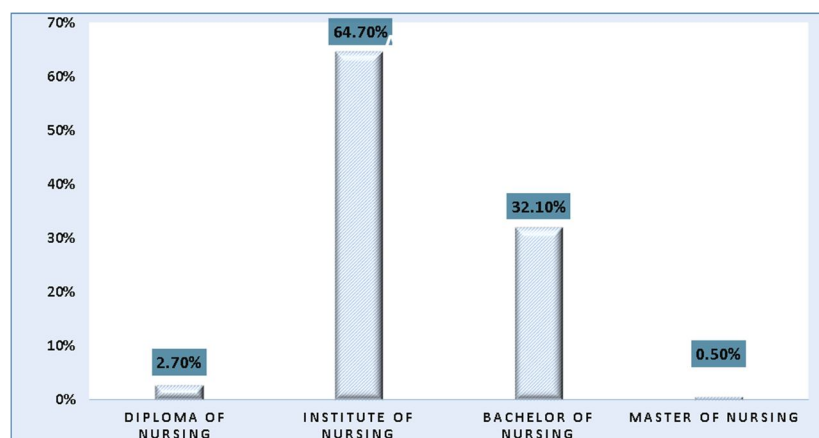


Figure (3): Distribution of the nursing staff according to their Educational qualifications at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Figure (3) shows that, (64.70%) of nursing staff have institute of nursing, while (0.50%) of them have Master of nursing.

Toxic leadership style domains level among Nursing Staff at Liver Minia University Hospital, 2024

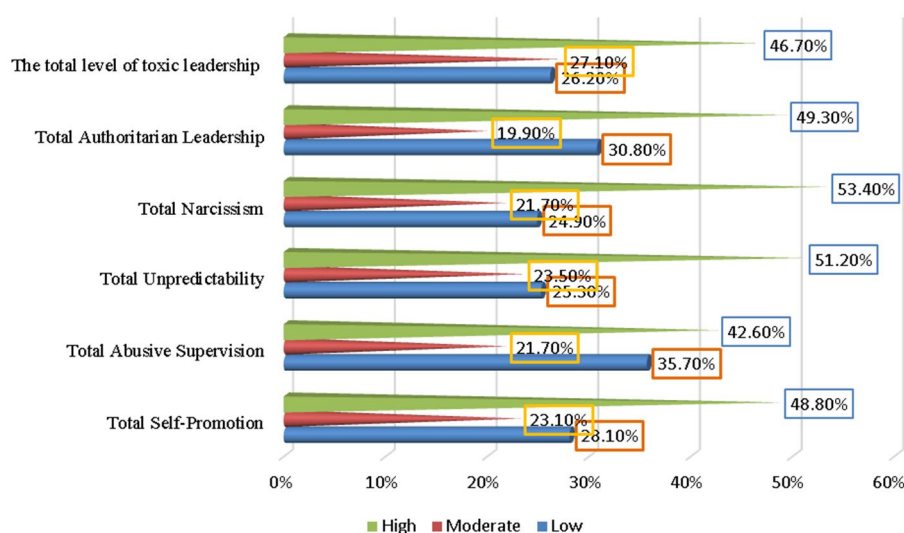


Figure (4) Distribution of the total toxic leadership domain Level among the nursing staff at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Figure (4): presents that, nearly half of the nursing staff (49.3%) have a high level of Authoritarian Leadership; more than half (53.4%) have a high level of Narcissism, more than half (51.2%) have a high level of Unpredictability, nearly half (42.6%) have a high level of Abusive Supervision, nearly half (48.8%) have a high level of Self-Promotion. nearly half (46.7%) of the nursing staff have a high level of toxic leadership, more than one quarter (27.1%) of the nursing staff have a moderate level of toxic leadership and about one quarter (26.2%) of the nursing staff have a low level of toxic leadership.

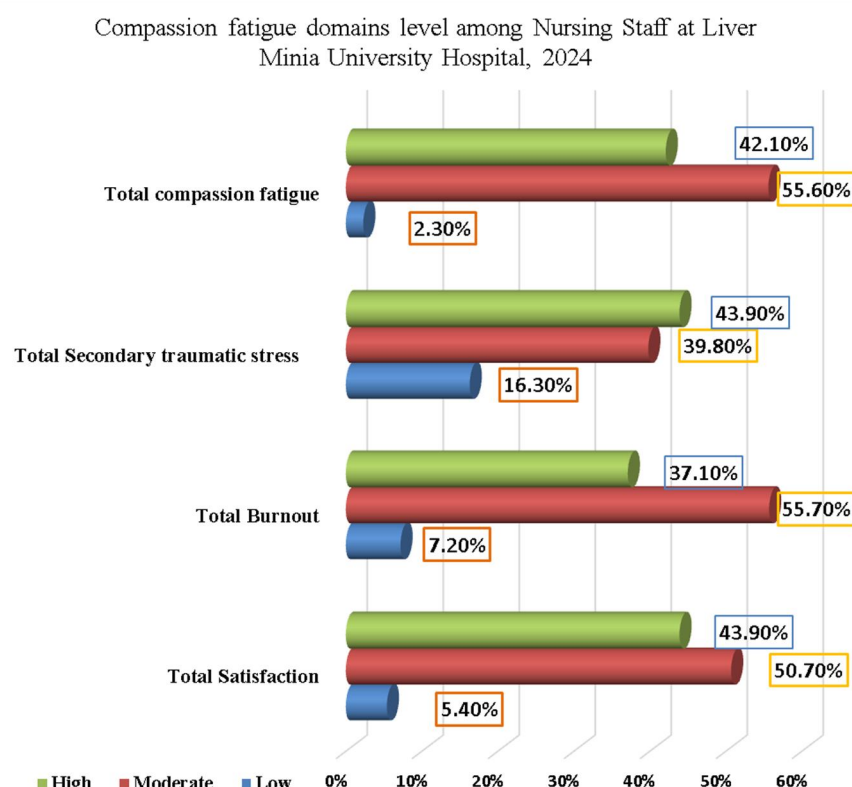


Figure (5): Distribution of the total compassion satisfaction, compassion fatigue (sub- domains level) among the nursing staff at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Figure (5): presents that, nearly half of the nursing staff (43.9%) have a high level of Secondary traumatic stress; more than half (55.7%) have a moderate level of Burnout, more than half (50.7%) have a moderate level of Satisfaction and more than half (55.6%) of the nursing staff have a moderate level of total compassion fatigue.

Table (14): Correlation between toxic leadership style and compassion fatigue among Nursing staff at Liver Minia University Hospital in Minia governorate, 2024 (n= 221).

Items	Toxic leadership style	
	R	P – value
Compassion fatigue	0.567	0.0001**

Table (14) shows that there is a positive correlation between toxic leadership style and compassion fatigue among nursing staff at Liver Minia University Hospital ($r = 0.567$; $P \text{ value} < 0.0001$).

Discussion

Leadership is a multifaceted issue that covers responsibilities for organizations and subordinates. In addition to positive leadership styles, toxic leadership style may be faced. Toxic leadership is as exploitative, abusive, destructive and psychologically degenerated toxic behaviors. Subordinates whose leader is toxic feeling unreal (Stein et al., 2022; El Fatah et al., 2022). They have lost their connection with themselves, not have a sense of self- consciousness, and act under the influence of any forces which leads to lack of job security, emotional exhaustion and compassion fatigue (Hattab et al., 2022).

Nowadays, healthcare organizations require constructive and influential leaders aware of struggles and challenges to keep their existence, be helpful, and adapt to changes like any competitive environment. However, toxic and ineffective leaders destruct healthcare systems. It is deteriorating nursing staff morale and performance and impeding their creativity that produces unnecessary workplace stress and conflict (Zaki & Elsaia, 2021).

Toxic leadership is progressively becoming prevalent in today's organizations in general, in healthcare organizations in particular (Yayla & Eskici İlgin, 2021). Since the last decade, the extant literature has largely examined toxic

leadership to understand its antecedents and consequences at the organizational level. However, little is known about the mechanisms that protects employees against the negative reflections of toxic leadership. Thus, the present study aimed to assess toxic leadership style and its' relation to compassion fatigue within the healthcare domain. This relationship was foreseen for employees with higher toxic leadership are more likely to suffer from compassion fatigue. The results fully supported this prediction.

Regarding the Personal Data, the current study revealed that more than three quarters of nurses' age were ranged between < 20 to 29 years old, in relation to education qualifications more than half of them had institute of nursing and the lowest percentages had master of nursing. About their experience, less than three quarters of them with Less than five years. Moreover, it was noted that more than half of them were females. Concerning to marital status more than half of them were single. Regarding to their residence more than half of them living in rural area and concerning to their department more than one third of them working at intensive care unit and the lowest percentages working at sterilization department.

Concerning the studied nursing staff total toxic leadership, the current study demonstrated that the nearly half of the nursing staff have a high level of toxic leadership.

From the researcher point of view, this result may be attributed to the fact that nursing leaders haven't received any training programs to explain leaders' roles and effective leadership styles that enhance their leadership skills. Also, they have a deficiency in workshops that assist them to apply leadership practices which direct, organize and promote activities and relationships within a hospital. In addition, traditional hierarchical structure in hospitals can create power imbalances, enabling toxic behaviors to go unchecked. Moreover, the intense focus on patient outcomes and efficiency can overshadow the importance of healthy workplace culture, leading to toxic leadership behaviors tolerated if they produce results. These leads to deteriorating nursing staff morale and performance that produces unnecessary workplace stress and conflict, which affect nurses' commitment toward their organization.

This conclusion is consistent with **Abo Salih et al. (2023)** who found nearly two-thirds of nursing staff had a high-level perception of overall toxic Leadership. Also, This result is consistent with the finding of **Atalla & Mostafa (2023)** revealed that studied nurses perceived that their nursing leaders had a high level of Toxic Leadership and a high level of most of its dimensions. Similarly, Along with the present study finding **Labrague (2021)** who reported that nursing staff's perception of overall toxic leadership is at a higher level. In addition, **Naeem & Khurram (2020)** who found that most of the nursing staff reported that they exposed to high level of toxic behaviors of their leaders in their workplace. Moreover, **Brown (2019)** showed that some members left the organizational environment due to experiencing toxic leadership. Furthermore, **Abdallah & Shaban (2019)** who conducted a study about the "Effect of management program on nursing staff leading role and compliance to follow safety measures at intensive care units" and concluded that baseline assessment of preprogram that leaders had high overall toxic leadership.

On the other line, this result contradictory with **Taha et al. (2024)** illustrated that more than half of the studied nurses had a low perceived level of toxic leadership.

Also, this study findings were not consistent with **Abdallah & Mostafa (2021)**, they revealed that the majority of staff nurses perceived that their leaders had low overall toxic leadership level at Tanta International Teaching Hospital. In addition, **Zaki & Elsaïad (2021)** they revealed that slightly more than three-fifth of nurses perceived a low level of toxic leadership. In addition, the finding of the current study disagreed with **Abu El Dahab (2021)** who displayed that staff nurses are satisfied with the leaders and perceived low levels of toxic leadership behaviors. Moreover, **Abo-Elenein & Abdel-Mongy (2021)** who revealed that the majority of staff nurses perceived that their leaders had low overall toxic leadership level. Furthermore, the finding of the current study disagreed with **Abou-Ramadan & Eid (2020)** who revealed that the minority of studied nurses had a high level of toxic leadership dimension and the majority of them had a low level of toxic leadership.

As concerned to the nursing staff total compassion fatigue level, the current study displays that more than half of the nursing staff have a moderate level of compassion fatigue.

From the researcher point of view this result could be due to toxic leadership often creates a stressful work environment, which can exacerbate the emotional toll of providing compassionate care to patients, leading to compassion fatigue. Also, toxic leaders typically provide little

support and recognition, leaving nurses feeling undervalued and emotionally drained. This lack of support can make it harder for nurses to cope with the demands of their role. Furthermore, toxic leadership can foster a negative and hostile work culture, contributing to an overall sense of dissatisfaction and emotional exhaustion among nurses.

This finding is consistent with **Missouridou et al. (2022)** they found that more than half of the nurses have a moderate level of compassion fatigue. In addition, this finding is consistent with **El-Ashry et al. (2023)** who stated that more than half of the nurses have a moderate level of compassion fatigue. Also, This finding is consistent with **Hong et al. (2024)** who found that the levels of compassion fatigue were to be moderate among mental health counselors. Similarly, this finding is consistent with **Buselli et al. (2020)** they found that more than half of the nurses have a moderate level of compassion fatigue. Moreover, the results of the research by **Arkan et al. (2020)** showed that the nurses had moderate levels of compassion fatigue. Furthermore, this result is parallel with finding of **Burnett et al. (2020)**, who reported that the majority of police officers reported having moderate level of compassion fatigue. This finding is consistent with **Patel (2018)** study of compassion fatigue among mental healthcare providers showed that the majority experienced the average levels of compassion fatigue.

Conversely, these results were contradicted by **Yi et al. (2022)** they found that more than three quarter of the nurses have a low level of compassion fatigue. Also, this result is not consistent with finding of **Mahmoud et al. (2023)** less than two-thirds of them had mild level of compassion fatigue. Moreover, this outcome differs from that of **Turgoose et al. (2017)** showed that around eighty-four of participants had low compassion fatigue and sixteen had medium compassion fatigue.

Regarding the correlation between toxic leadership style and compassion fatigue, there is a positive correlation between toxic leadership style and compassion fatigue.

From my opinion this result could be due to toxic leaders often create high-stress environments through unrealistic demands, lack of support, and constant criticism. This chronic stress can wear down employees' emotional resilience, leading to compassion fatigue. In addition, toxic leaders may undermine, belittle, or devalue employees, causing significant emotional strain. This constant emotional toll can deplete the capacity for empathy and compassion, contributing to compassion fatigue. Also, Compassion fatigue often results from a lack of support and resources. Toxic leaders typically fail to provide the necessary support systems, leaving employees to manage their workloads and emotional burdens alone. Furthermore, Toxic leadership creates a negative and hostile work environment. Such environments foster feelings of frustration, helplessness, and burnout, all of which are precursors to compassion fatigue. Moreover, Leaders set the tone for workplace culture. Toxic leaders model negative behaviors, which can trickle down and affect team dynamics, leading to a lack of mutual support and understanding among employees, further exacerbating compassion fatigue.

This result is in the same line with finding of **Waldiya (2023)** there was a significant relationship between toxic leadership and burnout. Higher toxic leadership predicted higher burnout. This is consistent with the idea that toxic leadership is stressful and draining. Burnout is a syndrome that takes place when the employee exposed to

prolonged exposure to stress at the workplace. In addition, this result is in the same line with finding of **Koropets et al. (2020)** who concluded that burnout is a consequence of several factors, including toxic leader behavior. They support positive relationship between toxic leadership and burnout. When people are constantly exposed to a work environment where verbal abuse/threats, gossip and threatening environments thrive, and toxic management is present, employees are on the receiving end of exhaustion and burnout. Also, **Wolor et al. (2022)** who found that Toxic leadership is associated with turnover intention, employee dissatisfaction, and psychological stress (e.g., anxiety, depression, emotional exhaustion). **Koç et al. (2022)** found that Toxic leadership, infusing toxic thoughts and creating stress, affects employee well-being, leads them to exhaustion, decrease in the employees' performance in the workplace, and an increase in the level of emotional exhaustion and psychological problems. Furthermore, This result is in the same line with finding of **(Khakpour, 2019; Khan et al., 2019; Malik et al., 2019)** reveal a positive relationship between toxic leadership and emotional exhaustion. Emotional exhaustion is considered to be burnout's core dimension and burnout's sub-dimension of compassion fatigue.

Conclusion

It can be concluded from the current study that the nearly half of the nursing staff had a high level of toxic leadership, and more than half of the nursing staff had a moderate level of compassion fatigue. Moreover, it was noted from the current study that there was positive correlation between toxic leadership style and compassion fatigue among nursing staff at Liver Minia University Hospital.

Recommendations

The next recommendations were proposed depend on the research results:

For administrative authority:

- Conduct continuing meeting with nursing staff to discuss and solve their main problems that will enhance them psychologically.
- Establish leadership training programs to provide nursing leaders with the leadership skills and practices that they need to perform their roles toward nurses.
- Adjust hospital policies and apply subordinates' performance appraisals that permit nursing staff to participate in leadership evaluation and the appraisal process.
- Listen to staff nurses' feedback regarding the behavior of their current leaders which might help in identifying toxic leaders.

For nursing leaders and supervisors:

- Conducting in-service training programs for future or novice leaders in terms of leadership behaviors, ethical standards in management, ethical professional behaviors in practice, stress management, self-efficacy and effective communication before the promotion process into a leadership role.
- Allow nurses to participate in decision making that will enhance interpersonal relationships, fostering trust and that will improve their satisfaction, confidence, and commitment.

- Pay attention for identifying staff nurses' needs and feelings and providing the appropriate ways to meet these needs.

Further research:

- Assessing the relationship between toxic leadership dimensions with the factors affecting toxic leadership behavior among head nurses and evaluate the characteristics of the followers of toxic leaders.
- Comparative study between public and private hospital about Leadership styles may be made.
- Further research is needed for asking both supervisors and nurses about the supervisors' toxicity will help to identify how the two views are different or similar.

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