

The Relation between Toxic Leadership and Counterproductive Work Behavior among Nursing Personnel

Shaimaa Salah Abo Shama¹, Gehan Mohamed Mostafa² and Wafaa Elsayed Hassan³

1- Assistant lecture of Nursing Administration, Faculty of Nursing Helwan University, Cairo, Egypt.

2- Professor of Nursing Administration Faculty of Nursing, Helwan University, Cairo, Egypt.

3- Assistant Professor of Nursing Administration Faculty of Nursing, Helwan University, Cairo, Egypt.

Abstract

Background: Toxic leadership is a combination of self-centered attitudes and behaviors that negatively affect employees and lead them to engage in counterproductive work behaviors which also affect patients' outcomes. **Aim:** This study aimed to exploring the relation between Toxic Leadership and Counterproductive Work Behavior among Nursing Personnel. **Setting:** The study was conducted at all available department at Badr university hospital which is affiliated to Helwan university hospitals. **Research design:** A descriptive, correlational design was used. **Subjects:** The subjects of this study included all nursing personnel who are working at the time of data collection. The study sample was (n=107) of nursing personnel. **Data collection tools:** The data were collected by using two tools namely; Toxic leadership scale and Counterproductive Work Behavior Questionnaire. **Results:** The study revealed that total high mean score of toxic leadership was 66.26 ± 21.3 as perceived by the studied nursing personnel while; total high mean score of counterproductive work behavior was 86.49 ± 20.4 among the studied nursing personnel. **Conclusion:** There was a highly strong statistically significant positive correlation between toxic leadership and counterproductive work behavior among the studied nursing personnel. **Recommendations:** establish clear policies regarding acceptable behavior and workplace standards. Inspiration ethical leadership within the organization. Leaders should demonstrate integrity, fairness, and professionalism, and positively affected on nursing personnel.

Keywords: Counterproductive Work Behavior, Nursing Personnel, Toxic Leadership.

Introduction

Toxic leadership negatively impacts organizational effectiveness, leading to decreased job satisfaction, production and engagement (Gupta & Chawla, 2024). In addition to, toxic leadership is destructive to members of a team and the overall workplace. Also, the leader's toxic behavior can influence employees' attitudes and actions. The employees' mindset may change from a constructive to destructive approach when leaders display intimidating behavior toward subordinates (Bani-Melhem et al., 2020).

Toxic leadership is defined as a form of supervision where a leader employ organized, systematic and persistent destructive behaviors over nurses. Toxic leadership can negatively affect not only the nurses but also the whole hospital (Mokhtar et al., 2024). Also, toxic leadership is characterized by specific behaviors and characteristics include: abusive and demeaning behavior, authoritarianism and micromanagement, lack of empathy and emotional intelligence, poor communication, favoritism and unfair treatment, fail to acknowledge mistakes, resistance to feedback and criticism and lack of integrity and ethical behavior (Sherifdeen & Godwin, 2024).

Toxic leadership is a multidimensional structure that includes five dimensions: Self-Promoting behaviors, Abusive Supervision, Unpredictability, Narcissism and Authoritarian Leadership. Self-Promoting behaviors are the attempts to present own self to others as an accomplished, capable, smart, and talented person. Self-promotion can be done through face-to-face conversation, on blogs or social media platforms, in public speeches, or through self-mannerisms, posture, speech, or dress. Abusive Supervision is the subordinates' perceptions of the extent to which supervisors engage in the sustained exhibition of hostile verbal and nonverbal behaviors (**Hassan et al., 2024**).

Today's leaders in nursing face numerous complex issues brought on by the more complex health care system such as increase health care costs, ongoing financial constraints and budget cuts, increasing patient acuity and the continued shortage of nursing staff necessitate the involvement of nursing leaders who can provide guidance and direction to organizations to guarantee and continuity of health care services while achieving the desired organizational goals (**Hassan & Ali, 2022**).

Counterproductive work behavior (**CWB**) defined as any intentional employee behavior that negatively impacts the organization and its members. It is considered employee behavior that does not align with the organization's goals. Also, counterproductive work behavior refers to purposeful behaviors that harm organizations or their members, which can lead to financial losses and affect employees' psychological well-being and morale (**Ibrahim et al., 2023**).

Counterproductive work behavior have five dimensions include abuse toward others, production deviance, sabotage, theft, and withdrawal. Abuse toward others is the most frequent form of CWB. This dimension consists of harmful behaviors toward others such as making threats and nasty comments, ignoring them, or undermining their ability to work effectively. Production deviance refers to purposeful failure to complete tasks correctly, production deviance violate the norms delineating the quality and quantity of work (**Permata & Soeling, 2022**).

Sabotage refers to destroying physical property that belongs to the employer. Any intended behavior exhibited by employee to inflict a production or profit loss for the organization could be termed as sabotage. Employee theft is classified as criminal and it is one of the costliest forms of CWB. Lastly, withdrawal concerns behaviors that limit the working time to less than is determined by the organization where absence, arriving late or leaving early, and taking longer breaks than authorized are various forms of withdrawal (**Gülçin& Demir, 2023**).

The manifestations of a toxic organization resulting from toxic leadership are negative emotional moods and mood swings as(anger, frustration, pessimism and aggression) unproductive and meaningless work; destructive and counterproductive conduct; employee physical and emotional disengagement and withdrawal (as absenteeism, lack of contribution and turnover); unethical, deviant conduct as (theft, fraud and sabotage); low team morale and work satisfaction, low organizational loyalty, general life dissatisfaction. Finally, a toxic leader is a subcategory of unethical leadership that can lead to unethical behavior as Counterproductive work behavior on the part of followers (**Mekawy & Ismail, 2022**).

Significance of the study

Toxic leadership is usually associated with poisonous characteristics impacting subordinates due to their destructive and dysfunctional traits. The leaders impose a continuous poisonous effect on subordinates, groups and organizations as well. According to a study conducted in Pakistan on about 355 nurses serving in the public sector, it revealed that there is a positive relationship between toxic leadership and counterproductive work behavior, as toxic driving affects 88.2% of the opposite work behavior (**Kayani & Alasan, 2021**).The researcher noticed that the leaders has the negative impact on the performance of the staff. This problem appeared clearly between the leaders and their followers in the clinical department in the hospital which affected the performance of the team member who are the followers for toxic leaders in which they depressed and didn't work and have attention to leave their work place and their career.

**Aim of the study**

The study aimed to exploring the relation between Toxic Leadership and Counterproductive Work Behavior among Nursing Personnel.

Research question:

What is the relation between toxic leadership on counterproductive work behavior among nursing personnel?

Subject and Methods**I Technical design****Research design**

A descriptive correlational research design was used in this study.

Study setting

The study was conducted at all available departments at Badr hospital which is affiliated to Helwan University. The hospital serves about 100,000 of Bader and its adjacent areas and covers an area of about 68 acres. The hospital provides different services as (Nursing office; in- patient; Out-patient, Intensive care unit for adults and pediatric and neonate, Dialysis, and Emergency). Also, it consisted of 3 operating rooms at the highest level were also equipped a kidney unit consisting of 10-12 machines, a room consisting of incubators for newborn children was equipped, and blood bank department was equipped.

Study subject

Subject of this study were composed of all nursing personnel who were available at the time of data collection in the selected hospital and who agree to participate in the study and had experience with at least one years in the present work place. The total number of nurses who were available and accepted to participate in the study was (n=107).

Type of sampling

Convenience sample was used to select the study subject.

Tools of data collection**Two tools were used to collect necessary data:****Tool (1): Toxic leadership scale**

This tool aimed to assess nurses' knowledge regarding Toxic Leadership. It consists of two parts:

Part 1: Personal characteristics data for nursing personnel

This sheet intended to collect data regarding personal characteristics of the study participant. It contained the following items: (Age, gender, years of experience, nursing qualifications, job title, management position, experience in current position and planning to change organization within next year).

Part 2: Toxic leadership scale

This part aimed to assess nurses' traits and behaviors regarding Toxic Leadership developed by (*Kayani, & Alasan, 2021*), and modified by the researcher and divided into 5 dimensions as the following: Abusive supervision (7 items), Authoritarian leadership (6 items), Narcissism (5 items), Self-promotion (5 items) and Unpredictability (7 items).

Scoring system

The responses of the studied nursing personnel were rated on 3-point Likert scale as (1) disagree, (2) neutral and (3) agree. Toxic leadership scale consisted with (cut point at 45 points) (30 items) with a total score

of (90). The total grades for each item were summed up and then converted into a percentage score. They were classified into three levels as the following (statistics); (*Hassan & Ali, 2022*) and (*Badran, & Akeel, 2022*).

- **Low level:** if the total score was less than 60%.
- **Moderate level:** if the total score was equal or more than 60% to less than 75%.
- **High level:** if the total score was equal or more than 75%.

Tool (2): Counterproductive Work Behavior (CWB-C), Questionnaire

This part aimed to determine nurses' Counterproductive Work Behavior, which developed by (*Zahid, 2019; Rauf, & Farooq, 2014 and Barbaranelli et al., 2013*) and modified by the researcher based on the literature. It contained 5 dimensions as portrayed into the following: Sabotage (3 items), Withdrawal (11 items), Production deviance (3 items), Theft (5 items) and Abuse (23 items).

The scoring system for each item

The responses of the studied nursing personnel were rated on 3-point Likert scale as (1) disagree, (2) neutral and (3) agree. Counterproductive work behavior questionnaire consisted with (cut point at 67.5 points) (45 items) with a total score of (135). The total grades for each item were summed up and then converted into a percentage score. They were classified into three levels as the following (statistics); (*Hassan & Ali, 2022*) and (*Badran, & Akeel, 2022*).

- **Low level:** if the total score was less than 60%.
- **Moderate level:** if the total score was equal or more than 60% to less than 75%.
- **High level:** if the total score was equal or more than 75%.

Validity of the tools

Validity of the tools were done namely face validity and content validity. It was tested by jury group consisted of five experts who are Academic Professors in Nursing Administration from different Universities (Damanhur University, Cairo University & Ain Shams University). Jury group members judged the tools for comprehensiveness, accuracy, and clarity in language. Based on their recommendations correction, addition and/or omission and some modifications were done for some items (*Egami & Hartman, 2023*).

Reliability of the tools

Reliability for the utilized tools was tested to determine the extent to which the items of the tools are inter-correlated to each other. The Cronbach's alpha test was used as the most popular reliability statistics for internal consistency. Moreover, it is a degree to which the used tools measure what was supposed to be measured with the same way each time & under the same condition with the same subjects (*Cheung et al., 2023*). In which the statistical equation of Cronbach's alpha reliability coefficient of the toxic leadership scale was (0.996) and the counterproductive work behavior questionnaire was (.987).

Pilot study

It was conducted on (11) nursing personnel who represented (10%) of the total sample size of the study subject of the total sample size (107) at. The aim of the pilot study was to determine clarity, understanding applicability, clarity and the efficiency of the tools. It also aims to ensure simplicity, relevance and feasibility of conduction of the study tools. In addition, it helps in estimation of the time needed to collect data and determine the obstacles. Accordingly, the tools will be modified and the nurses participated in it was included from the study sample, no radical modification occur.



Ethical Considerations

The research approval was obtained from the Scientific Research Ethical Committee in Faculty of Nursing, Helwan University. In addition, an approval was obtained, from the director of Badr University Hospital both medical and nursing before starting the study. Informed consent was obtained from each participating subject prior to data collection, they were informed about the purpose and expected outcomes of the study and they were assured that, the study was harmless and their participation was voluntary and they had the right to withdrawal from the study at any time without any reason. They also were assured that, anonymity and confidentiality guaranteed, as well the gathered data that used for the research purpose only. Ethics, values, culture and believes were respected.

II. Operational Design

The operational design included: preparatory phase, validity & reliability of the tools, pilot study and field work.

A) The preparatory phase:

It was included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and journals.

B) Field work:

The field work of the study took two months started in the beginning of august 2023 and completed at the end of September 2023. After securing all official permissions the researcher met the nursing director of the hospital to explain the aim of the study to gain the approval for data collection. The researcher met supervisors and the head nurse of each unit for determining the suitable time to collect the data and obtained approval from them and their staff member.

Before beginning to collect data from the study subjects the researcher introduced herself to them, explained the aim of the study, and informed them that their information will be treated confidential and will be used only for the purpose of the research: additionally, each participant was notified about the right to accept or refuse to participate in the study and obtaining a verbal consent to participate in this study. The researcher explained the component of the questionnaires and distributed the sheets to staff nurses in their work settings at different times and attended during the filling of the questionnaires to clarify any ambiguity and answer any questions. The researcher presented 3-4 hours/day, 2days/week to collect data. The time required for each nurse to fill the questionnaire was estimated to be 25-35 minutes. The researcher checked completed of each filled sheet after the nurse completed it to ensure the absence of any missing data. The researcher collected about 8 to 9 sheets every week.

III. Administrative design:

To carry out the study, official letters issued from the Faculty of Nursing Helwan University to explain the aim of the study to the director of badr University hospital both medical and nursing for obtaining the permission for data collection. Individual oral consent was also obtained from each participant nursing personnel in the study.

IV. Statistical design:

Data entry and analysis were performed using SPSS statistical package version 25. Categorical variables were expressed as number and percentage while continuous variables were expressed as (number, percentage and mean \pm SD). Chi-Square (χ^2) was used to test the association between row and column variable of qualitative data. The fisher exact test was used with small, expected numbers. ANOVA test was used to compare mean in normally distributed quantitative variables at more than two groups. Pearson correlation was done to measure correlation between quantitative variables. For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant. While p-value > 0.05 was considered not significant.

Results:

Table (1) Personal characteristics among nursing personnel (n=160).

Personal characteristics		No	%
Age (in years)	20- < 30 yrs.	97	90.7
	30- < 40 yrs.	9	8.4
	40- < 50 yrs.	0	0.0
	≥ 50 yrs.	1	0.9
	$\bar{x} \pm SD$	26.95 ± 3.61	
Gender	Female	44	41.1
	Male	63	58.9
	Male to Female ratio	1.4:1	
Qualification	Nursing Diploma degree	5	4.7
	Technical institute	84	78.5
	Bachelor's degree	14	13.1
	Master	3	2.8
	PHD	1	0.9
Management position	Yes	17	15.9
	No	90	84.1
If yes (n=17)	First-level Management:	11	64.7
	Mid-level Management:	6	35.3
	Top -level Management	0	0.0
Year of experience	1 < 5 years	92	86.0
	5 years < 10 years	11	10.3
	≥ 10 years	4	3.7
	$\bar{x} \pm SD$	4.41 ± 2.3	
Year of experience in current position	1 < 5 years	93	86.9
	5 years < 10 years	12	11.2
	≥ 10 years	2	1.9
	$\bar{x} \pm SD$	3.81 ± 1.44	
Planning to change organization within the next year	Yes	13	12.1
	No	94	87.9

Table (2): Described personal characteristics of the studied nursing personnel, it shows that the most (90.7%) of the studied nursing personnel their age was ranged from 20 to less than 30 years old, with a mean age of 26.95 ± 3.61 , more than half (58.9%) of them were male with a male to female ratio was 1.4:1, more than three-quarters (78.5%) of them held a technical certificate, about tiny (15.9%) of them were working in management position, out of this percentage, (64.7%) of them were working in first-level management, more than four-fifths (86% & 86.9%) of them had from 1 year to less than 5 years of experience in nursing and lasting in the current position with a total mean of 4.41 ± 2.3 and 3.81 ± 1.44 respectively and finally, about tiny (12.1%) of them had planning to change their organization within the next year.

Table (2): Total mean score of toxic leadership among the studied nursing personnel (n=107)

Items		$\bar{x} \pm SD$
Abusive supervision	Low	7.40±0.91
	Moderate	13.41±0.62
	High	18.96±1.7
	Total	14.76±4.8
Authoritarian Leadership	Low	6.15±0.45
	Moderate	11.30±0.65
	High	16.84±0.95
	Total	12.59±4.4
Narcissism	Low	5.62±1.1
	Moderate	10.07±0.45
	High	14.61±0.89
	Total	11.15±3.7
Self-Promotion	Low	6.17±1.2
	Moderate	10.07±0.53
	High	14.61±0.81
	Total	11.49±3.5
Unpredictability	Low	8.88±1.82
	Moderate	14.19±0.56
	High	20.35±1.2
	Total	16.28±4.9
Total	Low	34.28±4.9
	Moderate	59.03±2.4
	High	85.30±5.2
	Total	66.26±21.3

Table (2): Clarifies total mean score of toxic leadership among the studied nursing personnel. It denotes that, the studied nursing personnel perceived the total mean score of toxic leadership (mean \pm SD=66.26±21.3). The highest mean score was unpredictability (mean \pm SD=16.28±4.9), while the lowest mean score was narcissism (mean \pm SD=11.15±3.7), and self-promotion (mean \pm SD=11.49±3.5).

Table (3): Total mean score of counterproductive work behavior among the studied nursing personnel (n=107)

Items		$\bar{x} \pm SD$
Sabotage	Low	3.67±0.68
	Moderate	6.0±0.0
	High	7.91±0.81
	Total	5.50±1.9
Withdrawal	Low	12.82±2.1
	Moderate	21.65±2.0
	High	30.33±2.7
	Total	25.93±7.1
Production deviance	Low	3.09±0.29
	Moderate	6.0±0.0
	High	7.91±0.97
	Total	6.54±2.05
Theft	Low	5.0±0.0
	Moderate	-
	High	-
	Total	5.0±0.0
Abuse	Low	30.19±5.5
	Moderate	46.93±2.6
	High	53.91±1.6
	Total	43.51±9.6
Total	Low	58.10±10.8
	Moderate	90.38±5.5
	High	107.62±3.1
	Total	86.49±20.4

Table (3): Clarifies total mean score of counterproductive work behavior among the studied nursing personnel. It denotes that the studied nursing personnel perceived the Total mean score of counterproductive work behavior (mean \pm SD= 86.49±20.4). The highest mean score was abuse (mean \pm SD=43.51±9.6), while the lowest mean score was sabotage (mean \pm SD=5.50±1.9), and theft (mean \pm SD=5.0±0.0).

Table (4): Relation between personal characteristics and level of toxic leadership among the studied nursing personnel (n=107)

Personal characteristics		Pre- Test
		$\bar{x} \pm SD$
Age (in years)	20- < 30 yrs.	69.98±18.8
	30- < 40 yrs.	30.22±0.44
	≥ 50 yrs.	30.0±0.0
	F & P	21.8 (0.000**)
Gender	Female	87.34±2.2
	Male	51.54±15.5
	t & P	15.0 (0.000**)
Qualification	Diploma degree	90.0±0.0
	Technical	72.26±15.9
	Bachelor	32.14±1.9
	Master	30.0±0.0
	Doctorate	30.0±0.0
	F & P	33.1 (0.000**)
Job title	Staff nurse	72.83±16.4
	Head nurse	31.92±1.8
	Supervisor	30.0±0.0
	F & P	52 (0.000**)
Management position	No	72.83±16.4
	Yes	31.47±1.7
	t & P	10.3 (0.000**)
Year of experience	1 < 5 years	72.01±17.1
	5 years < 10 years	31.36±1.2
	≥ 10 years	30.0±0.0
	F & P	42.0 (0.000**)
Experience in current position	1 < 5 years	71.59±17.5
	5 years < 10 years	31.0±1.2
	≥ 10 years	30.0±0.0
	F & P	37.0 (0.000**)
Planning to change organization	Yes	89.69±0.48
	No	63.02±20.8
	t & P	4.59 (0.000**)

*Significant $p \leq 0.05$

**highly significant $p \leq 0.01$

F: ANOVA Test

T Test: T Independent Test

Table (4): show the Relation between personal characteristics and level of toxic leadership among the studied nursing personnel. Indicates that, there was a highly statistically significant relation between personal characteristics (age, gender, qualification, job title, management position, experience in nursing field, and experience in current position and planning to change organization) and level of toxic leadership among the studied nursing personnel, at $P \leq 0.01$.

Table (5): Relation between personal characteristics and level of counterproductive work behavior among the studied nursing personnel (n=107)

Personal characteristics		Pre- Test
		$\bar{x} \pm SD$
Age (in years)	20- < 30 yrs.	90.63±16.5
	30- < 40 yrs.	46.44±2.0
	≥ 50 yrs.	45.0±0.0
	F & P	35 (0.000**)
Gender	Female	104.52±5.8
	Male	73.89±17.2
	t & P	11.3 (0.000**)
Qualification	Diploma degree	112.40±0.89
	Technical	92.67±12.8
	Bachelor	52.0±5.2
	Master	45.0±0.0
	doctorate	45.0±0.0
	F & P	54.3 (0.000**)
Job title	Staff nurse	93.42±13.6
	Head nurse	51.23±4.5
	Supervisor	45.0±0.0
	F & P	84.5 (0.000**)
Management position	No	93.42±13.6
	Yes	49.76±4.7
	t & P	12.9 (0.000**)
Year of experience	1 < 5 years	92.63±14.5
	5 years < 10 years	50.18±4.0
	≥ 10 years	45.0±0.0
	F & P	66.7 (0.000**)
Year of experience in current position	1 < 5 years	92.24±14.9
	5 years < 10 years	48.83±3.8
	≥ 10 years	45.0±0.0
	F & P	59.1 (0.000**)
Planning to change organization	Yes	110.62±1.7
	No	83.15±19.5
	t & P	5.04 (0.000**)

*Significant $p \leq 0.05$

**Highly significant $p \leq 0.01$

F: ANOVA Test

T Test: T Independent Test

Table (5): show the Relation between personal characteristics and level of counterproductive work behavior among the studied nursing personnel. Indicates that, there was a highly statistically significant relation between personal characteristics (age, gender, qualification, job title, management position, experience in nursing field, experience in current position and planning to change organization) and level of counterproductive work among the studied nursing personnel, at $P \leq 0.05$.

Table (6): Correlational matrix between toxic leadership and counterproductive work behavior among the studied nursing personnel (n=107)

Toxic leadership	Counterproductive work behavior	
	r	P
	0.970	0.000**

*Significant $p \leq 0.05$

**highly significant $p \leq 0.01$

Table (6): Correlation between toxic leadership and counterproductive work behavior among the studied nursing personnel. It clarifies that, there was a highly strong statistically significant positive correlation between toxic leadership and counterproductive work behavior among the studied nursing personnel at $r = 0.970$ & $P = 0.000$.

Discussion

Toxic leadership has been increasingly recognized as a significant factor contributing to counterproductive work behavior (CWB) in organizations. Toxic leaders, characterized by manipulative, exploitative, or uncivil behaviors, create a harmful work environment that often leads to negative emotional responses among employees (Guo et al., 2024). Counterproductive work behaviors are often driven by emotions like anger and fear, which arise from the unjust treatment to employees. Additionally, supervisor incivility, a form of toxic leadership, has been shown to directly increase CWBs among subordinates (Naeem et al., 2024), so, the aim of the study was to exploring the relation between Toxic Leadership and Counterproductive Work Behavior among Nursing Personnel.

Concerning with the personal characteristics among the studied nursing personnel; Described personal characteristics of the studied nursing personnel, it shows that the most (90.7%) of the studied nursing personnel their age was ranged from 20 to less than 30 years old, with a mean age of 26.95 ± 3.61 , more than half (58.9%) of them were male with a male to female ratio was 1.4:1, more than three-quarters (78.5%) of them held a technical certificate, about tiny (15.9%) of them were working in management position, out of this percentage, (64.7%) of them were working in first-level management, more than four-fifths (86% & 86.9%) of them had from 1 year to less than 5 years of experience in nursing and lasting in the current position with a total mean of 4.41 ± 2.3 and 3.81 ± 1.44 respectively and finally, about tiny (12.1%) of them had planning to change their organization within the next year.

Regarding the studied nurses' total perceptions of the level of toxic leadership, this study demonstrated a significant increase in perceived levels of toxic leadership among nursing personnel. This is might be due to poor communication, favoritism and a lack of transparency. Also, leaders who prioritize personal gain over team well-being show inconsistent behavior and increase toxic leadership perception.

In the same line with the study findings, a study by Davis and Allen, (2022), who conducted a study on "Leadership training and its impact on reducing toxic leadership in healthcare" and found that there was a high level of perceived toxic leadership among employees. In disagreement with the study findings, a study by Paul et al. (2020), who conducted a study on "Exploring the Perception of Toxic Leadership: An Analysis of Organizational Culture, Leadership Training, and Employee Resilience" and found that the overall perception of toxic leadership among employees was low.

Regarding the total level of counterproductive work behavior among the studied nursing personnel, the current study presented a significant presence of counterproductive work behavior (CWB) among the studied nursing personnel. This might be due to job dissatisfaction, poor leadership, workplace injustice, stress, inadequate communication, role ambiguity, and poor work-life balance which contribute to an environment where CWBs are present.

The findings are consistent with Le Roy et al. (2021), who conducted a study on "The impact of leadership development on counterproductive work behaviors: A longitudinal study in healthcare" and found that staff nurses had high level of counterproductive work behavior. In disagreement with the study findings, a study by Brown et al.

(2021), who conducted a study on "Counterproductive work behavior in healthcare: The role of leadership, teamwork, and organizational support". Explored low level of the Counterproductive work behavior among healthcare professionals focusing on nurses and physicians.

Regarding the relation between personal characteristics and the toxic leadership among the studied nursing personnel, the findings demonstrated a significant positive relationship between personal characteristics (Age, gender, nursing qualifications, management position, years of experience, experience in current position and planning to change organization within next year.) And the toxic leadership perceived by nursing personnel. This is might be due to nurses with age from 20 years to 30 years and years of experience less than 5 years may be more vulnerable to toxic leadership because they lack the coping mechanisms, professional confidence and knowledge to navigate challenging work environments. Also, nurses who had diploma or technical qualifications and staff nurses- who often occupy lower positions in the organizational hierarchy- may have less autonomy and power within the organization.

This is supported by a study by **Khan, and Malik (2021)**, who stated that, younger employees and those with less experience are more likely to perceive and be affected by toxic leadership. Furthermore, **Salin and Hoel (2020)**, indicated that women are more likely to perceive and report toxic leadership due to gender-based discrimination and biases in the workplace. Moreover, **Gardner and Hutchinson (2023)**, found that employees in lower organizational positions, particularly those with less formal education, often experience higher levels of toxic leadership perception.

Contrary to the findings of the current study, **Smith and Jones (2022)**, who found that, experienced nurses were more critical of leadership and more likely to label certain behaviors as toxic. Also, **Eagly and Karau (2020)**, suggested that men and women might experience toxic leadership similarly but report it differently due to socialization differences.

Regarding the relation between personal characteristics and the counterproductive work behavior among the studied nursing personnel, the present study findings indicated a strong significant relationship between personal characteristics (Age, gender, nursing qualifications, management position, years of experience, experience in current position and planning to change organization within next year.) and the counterproductive work behavior (CWB) among nursing personnel. This might be due to limited experience and a lack of coping strategies for workplace stressors. Furthermore, nurses with diploma or technical qualifications might feel limited in their career advancement opportunities, leading to disengagement and counterproductive work behaviors.

In the alignment with, a study by **García et al. (2022)**, who found that, nurses with age from 20 years to 30 years and years of experience less than 5 years were more likely to engage in CWB. Moreover, a study by **Kim and Lee (2021)**, found that female nurses reported higher levels of CWB. Also, the study by **Singh, and Gupta, (2023)** indicated that nurses with lower academic qualifications often feel less competent in their roles, leading to increased stress and CWB.

Conversely, a study by **Johnson and Brown (2020)**, who found that, nurses with more experience were more likely to engage in CWB. Additionally, a study by **Adams et al. (2021)**, suggested that nurses in management positions could also engage in CWB.

Concerning to the correlation between study variables toxic leadership and the counterproductive work behavior among the studied nursing personnel, this study finding revealed a strong positive correlation between total perception of toxic leadership and CWB. These findings confirmed that as nursing personnel perceived more toxic leadership, their engagement in CWB also increase. As the more they perceive their leadership as toxic, the more likely they are to engage in CWB. This confirmed the research question which stated that there is a significant relation between toxic leadership and nursing personnel. When nursing personnel perceive their leaders as toxic, they are more likely to feel undervalued and disempowered leading to disengagement and CWB as a form of resistance or coping.



In the same line with this finding a study by **Johnson and Brown (2020)**, who stated that, increased perception of toxic leadership always lead to increased perception of CWB. Inconsistency with this finding a study by **Kim and Yoon (2022)**, examined "The relationship between toxic leadership and counterproductive work behavior in healthcare: A moderated analysis of team-based environments". The study did not find a significant correlation between toxic leadership and CWBs.

Conclusion

The study findings concluded that there was a highly strong statistically significant positive correlation between toxic leadership and counterproductive work behavior among the studied nursing personnel.

Recommendations

Based on the study finding, it was recommended that the leaders should demonstrate integrity, fairness, and professionalism, and positively affected on nursing personnel, Establish clear policies regarding acceptable behavior and workplace standards, Inspiration ethical leadership within the organization , Implement recognitions systems that acknowledge and reinforce positive behavior to encourage a culture of excellence and reduce counterproductive work behaviors, Foster a workplace culture that minimizes toxic leadership, includes promoting transparency, encouraging staff to voice concerns, and creating a supportive work environment, Clearly define roles and responsibilities within the healthcare team, Understanding each member's role to reduces misunderstandings, leading to more effective teamwork and Further studies should be developed to study the effect of toxic leadership on nurses' innovative behaviors. Regularly provide nurses with training programs focused on toxic leadership and counterproductive work behaviors. Training can be delivered through workshops, simulations, and role-playing exercises

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