

## Nursing Staff Perception of Toxic Leadership and Job Security

Salwa Ramadan Abo Salih<sup>1</sup>, Safaa Mohamed El Demerdash<sup>2</sup>, Samer Hosny Ahmed<sup>3</sup>,  
Seham Aly Mahmoud<sup>4</sup>

<sup>1</sup>Clinical demonstrator of nursing administration department, Faculty of Nursing, Tanta University.

<sup>2</sup>Professor of Nursing Administration Department, Faculty of Nursing, Tanta University.

<sup>3</sup>Professor of Nursing Administration Department, Faculty of Nursing, Tanta University.

<sup>4</sup>Lecturer of Nursing Administration Department, Faculty of Nursing, Tanta University.

### Abstract:

**Background.** Toxic leadership becomes a real problem in nursing administration. Its toxicity harms the nursing staff's progress and creates a challenging work environment full of struggles that in turn, produce adverse outcomes on the nursing staff motivation, productivity and cooperation which consequently effect on nursing staff's job security. **Aim of the study:** To assess nursing staff's perception of toxic leadership and job security. **Subjects and Method.** Research design: A descriptive - correlational design was applied. **Subjects:** A total number of stratified random sample was 310 out of 1618 nurses who were enrolled during data collection time. It divided as follows: Main hospital (160), Chest hospital (50), Pediatric hospital (50), Medical hospital (50). **Tools:** Two tools for data collection were used. the first, Nursing Staff's Perception of Toxic Leadership Questionnaire and the second Nursing Staff Job Security Scale. **Results:** nearly two thirds (60.0%) of nursing staff had a high-level perception of overall toxic Leadership. Two thirds (63.2%) of nursing staff had a low perception level of overall job security. **Conclusion:** The present study showed a highly statistically significant negative correlation between nursing staff perception of overall toxic leadership and overall job security. **Recommendations:** Establish leadership educational programs to provide health care leaders with the skills they need to build an organization of collaboration and participative management and managing complex care environments that leads to high sensation of job security.

**Key words:** Job security, Nursing staff, Perception, Toxic leadership.

### Introduction

Leadership is a skill absolutely necessary in the nursing practice, this skill will enable leaders to influence the nursing staff in order to provide care focused on health needs of patients and their families.

(<sup>1</sup>) Effective leadership is a core dimension of the management role as it has desirable outcomes in nurses, patients and the organization. (<sup>2</sup>) In recent years, toxic leadership becomes a controversial topic.

Toxic leadership is a silent killer. Like a venomous snake, drain energy out of an organization goal. They drain competent nursing staff who are creative and energetic, lead to fearful atmosphere that paralysis the organization. (<sup>3,4</sup>)

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.<sup>(2,5)</sup> 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.<sup>(6,7)</sup>

**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.<sup>(8)</sup> **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.<sup>(9)</sup>

**Fourthly**, self-promotion, occurs when leader act in ways that promote their own interests above and beyond the interest of the units they are leading, usually with the intention of maintaining a positive image to upper levels of the leadership hierarchy.<sup>(10)</sup> **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 feeling of job security.<sup>(8,10)</sup>

Job security is considered one of the basic human rights that allow them to work productively and comfortable as job security. Job security is defined as the assurance that nursing staff have about their current job in future.<sup>(11)</sup> It also refers to the expectations about career advancement opportunities over time. Job security is a critical factor behind quality care delivery and is related to turnover intention among nursing staff in hospital. Nursing staff seem to have job security if they feel that they have an appropriate permanent job and are qualified enough to perform it satisfactorily.<sup>(12)</sup>

Job security has four dimensions namely economic, professional, personal, and workplace security. Economic security relates to the capacity of nursing staff to retail their labor-time in a hospital in which basic income and representation security are assured. Professional security, means ability of nursing staff to develop their skills and abilities, consider their aims in life, and set goals in order to realize and maximize their true potential. Professional security can be achieved in various ways for example, coaching, education and training.<sup>(12,13)</sup>

Personal security personal security means a sense of deep satisfaction, altruism, active effort for others' benefit, equality, the capacity to decide, human dignity and belief in one's uniqueness and values.<sup>(11)</sup> Workplace security, mean progressive work environment that is free from any physical danger to nursing staff as availability of needed material and apparatuses and proper trainings for using these apparatuses.<sup>(14)</sup>

### **Significance of study**

Nursing staff in the firm- paced changing environment work in a context with high

level of pressure, uncertainty and rapid changes accompanied by the challenges in their hospital. with toxic leadership characteristics makes the work more complicated and stressful and may effect on staff nurses' job security<sup>(15)</sup>. For many years, leadership concepts focused on its positive aspects to the productivity and morale of their subordinates and few have directly attempted to understand the nature and consequences of toxic leadership. However, recent studies focus on toxic leadership behaviors that affects nursing staff and organizations negatively as well as the importance of health care organizations to study toxic leadership and its influence job outcomes.<sup>(16)</sup> So, this study aims to assess nursing staff perception of toxic leadership and job security.

#### **Aim of the study**

##### **The aim of this study is to:**

To assess nursing staff's perception of toxic leadership and job security

##### **Research question:**

1. What are the levels of nursing staff's perception of toxic leadership and their job security?
2. What is the relationship between the nursing staff perception of toxic leadership and job security?

#### **Subjects & Method**

##### **Subjects**

##### **Research design: -**

-A descriptive - correlational design will be used in this study.

##### **Setting: -**

The present study was conducted at Tanta university hospitals including, Tanta Main Hospital, Chest, Pediatric, and Medical hospitals. The setting is a specialize section where comprehensive and continuous care is provided for critical ill

patients who can benefit from treatment. The bed capacity and number of nursing staff at Tanta Main hospital (108beds),Chest(120beds),Pediatric(118beds), and Medical hospital(150beds)

##### **Subjects: -**

The study participants of the study will be recruited by proportionate stratified random sampling. In this study, each department will be considered as a stratum and the sample will be selected based on the proportion of the number of nurses in each setting. The total study sample was calculated using Epi. Info. Microsoft to ensure obtaining an adequate and representative size were  $N =$  population size (1618),  $Z =$  confidence level at 95% (1.96),  $d =$  margin of error proportion (0,05). A total number of sample was 310 out of 1618 nurses who were enrolled during data collection time, The sampling process was continued until the required sample size was obtained.

##### **Tools of the study: -**

##### **Tools of data collection**

The data of the study was collected using the following two tools: .

##### **Tool I: Nursing Staff's Perception of Toxic Leadership Questionnaire.**

This tool was developed by the researcher and guided by Schmidt (2014)<sup>(17)</sup> based on recent related literatures.<sup>(18,19,20 ,21)</sup> It aimed to assess nursing staff's perception about toxic leadership behavior. It contained two parts as follow:

**Part one:** Personal characteristics of nursing staff included age, gender, hospital name, marital status, educational level, years of experience and position.

**Part two:** Nursing Staff's Perception of Toxic Leadership Questionnaire included 43 items divided into five dimensions as

follows self-promotion (10 items), abusive supervision (8 items), unpredictability (8 items), narcissism (9 items), authoritarian leadership (8 items)

### Scoring system

Nursing staff responses were measured on a five points Likert Scale ranging from (1-5) as : strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). The total score calculated by cut off points and summing scores of all categories. The total scores represent varying levels as follows<sup>(7)</sup>:

-High toxic level >75%

- Moderate toxic level 60% - 75%

- Low toxic level < 60%.

### Tool II: Nursing Staff's Job Security Scale:

This tool was developed by **Egcas (2017)**<sup>(22)</sup> and modified by the researcher based on recent related literature.<sup>(23,24)</sup> It aimed to assess nursing staff' perception of their job security. It included 34 items divided into four dimensions of job security as follows Workplace security (9items), Personal security (8 items), Economic security (9items), Professional security (8 items).

### Scoring System: Scoring system

Nursing staff' responses were measured on a five points Likert Scale ranging from (1-5) as : very adequate (5), adequate (4), barely enough (3), inadequate (2) very inadequate (1). The total score calculated by cut off points and summing scores of all categories. The total scores represent varying levels as follows:

- High level of job security >80%

- Moderate level of job security 60% - 80%

- Low level of job security < 60%

### Methods

1. An official permission was obtained from the Dean of Faculty of Nursing and the authoritative personnel of all departments of Tanta University Hospitals and submitted to the previously mentioned settings

### 2. Ethical considerations:

a) Consent of the ethical committee of the Faculty of Nursing was obtained.

b) Nature of the study didn't cause any harm or pain to the nursing staff.

c) Nursing staff consent to participate in the study was obtained after explanation about the privacy and the confidentiality of information obtained from them, nature of the study and their right to withdraw from the study at any time.

d) Confidentiality and privacy was taken into consideration regarding data collection. A code number used instead of names.

3. Tools I and II were translated into Arabic and presented to a jury of five experts in the area of specialty to check their content validity and clarity of questionnaire. The experts were; one professor, one assistant professor and three lecturer of nursing administration from Faculty of Nursing, Tanta University.

4-The experts' responses were represented in four points rating scale ranging from (1-4); 4= strongly relevant, 3= relevant, 2= little relevant, and 1= not relevant. Necessary modifications were done including; clarification, omission of certain items and adding others and simplifying work related words.

- The face validity value of tool (I) part (II): Nursing staff's perception of toxic

Leadership were 86.7 %, & tool (II) Nursing staff Job security Scale were: 84.7 %.

5- A pilot study was carried out on a sample (10%) of nurses (n= 31) nurses, and they excluded from the main study sample during the actual collection of data. A pilot study was carried out after the experts' opinion and before starting the actual data collection. The pilot study was done to test clarity, sequence of items, applicability, and relevance of the questions and to determine the needed time to complete the questionnaire. According to feedback from pilot study, the tool was modified by the researcher.

6- Reliability of tools was tested using Cronbach Alpha Coefficient test. Reliability of tool (I) nursing staff's perception of toxic Leadership = 0.996 and reliability of tool (II) nursing staff Job security Scale =0.994.

7-Nursing Staff's perception of Toxic Leadership Questionnaire and nursing staff Job security Scale questionnaire were used to collect data from nursing staff.

8-Data collection phase: the data were collected from nursing staff by the researcher. The researcher met the respondents' nursing staff in different areas under study during working hours to distribute the questionnaire. The subjects recorded the answer in the presence of the researcher to ascertain that all questions were answered. The data was collected within The data was collected over period of six months started from 1/5/2022 until 1/11/2022.

9-The estimated time needed to complete the questionnaire items from nursing staff was (20 -30) minutes

#### **Statistical analysis of the data**

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level. The used tests were 1-Mann Whitney test for abnormally distributed quantitative variables, to compare between two studied categories 2-Kruskal Wallis test for abnormally distributed quantitative variables, to compare between more than two studied categories 3-Spearman coefficient to correlate between two distributed abnormally quantitative variables 4-Cronbach's Alpha Reliability Statistics was assessed using Cronbach's Alpha test.

#### **Results:**

**Table (1)** Illustrates distribution of the nursing staff according to their personal characteristics. As noticed in this table, the age of nursing staff ranged from 20-56 years under thirty years old was above forty (43.9%) and low present (3.9%) above fifty years old with mean age  $33.60 \pm 7.78$ . The majority (76.5 %) of nursing staff were females and, they were distributed in four hospitals as 51.6% in main hospital and 48.4%were distributed equally at three hospital including chest, pediatric and medical hospital. Most (76.5 %) of nursing staff were married and 32.9% of them has bachelor degree while only 2.9% has doctorate degree. Regarding to years of experience, the majority

(79.7%) of nursing staff were less than 20 year and the minority (2.9%) from 30-50 year. As regard to position, most (73.5 %) of nursing staff are staff nurse and 1.0% of them are director.

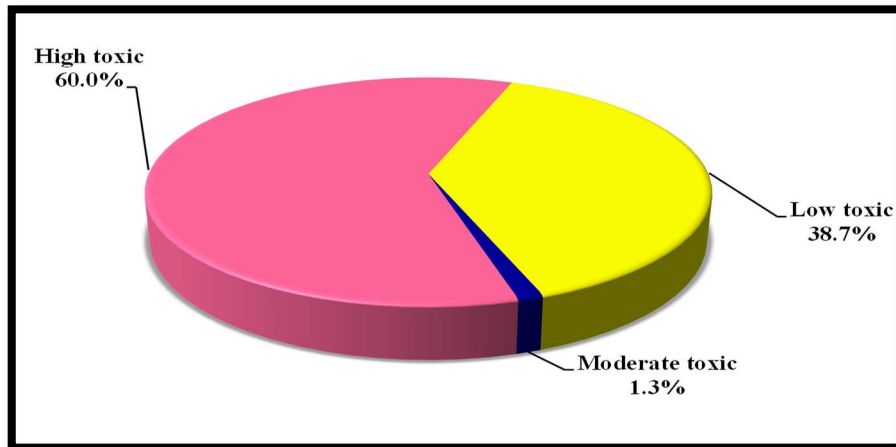
**Figure (1):** Demonstrates nursing staff levels of overall toxic Leadership. This figure revealed that that about two thirds (60.0%) of nursing staff had a high level of overall toxic Leadership. While, more than one third (38.7%) of them had a low level of overall toxic leader ship and minority (1.3%) had a moderate level of overall toxic leader ship.

**Figure (2):** Demonstrates nursing staff level of overall job security. As evident from figure, more than two thirds (63.2%) of nursing staff had a low level of overall job security. While, minority (17.4%) of them had a high level of overall job security.

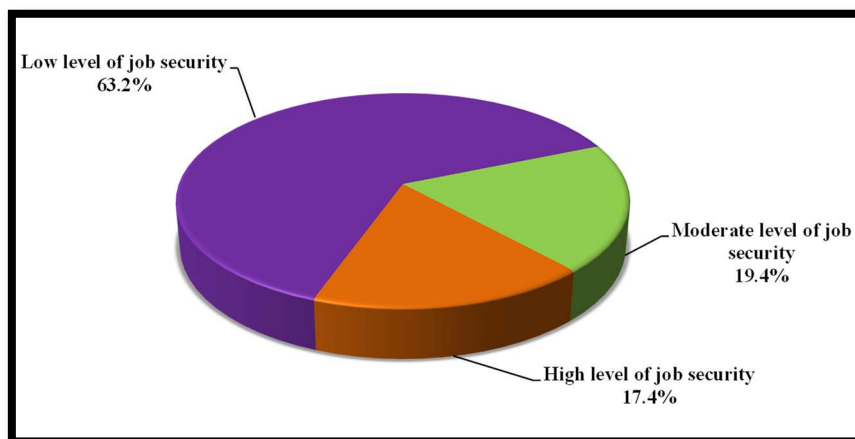
**Figure (3):** clarifies correlations between nursing staff's perception of overall toxic leadership and overall job security. It's obvious that there was a highly negative statistically significant correlation between nursing staff's perception of overall toxic leadership and overall job security where  $r = -0.759^*$ ,  $p\text{-value} < 0.001^*$ .

Table (1): Distribution of the nursing staff according to their personal characteristics (n = 310)

<b>Demographic data</b>	<b>No.</b>	<b>%</b>
<b>Age</b>		
<30	105	33.9
30-<40	136	43.9
40-<50	57	18.4
≥50	12	3.9
Min. – Max.	20.0 – 56.0	
Mean ± SD.	33.60 ± 7.78	
Median	33.0	
<b>Gender</b>		
Male	73	23.5
Female	237	76.5
<b>Hospital name</b>		
<b>Main hospital</b>	<b>160</b>	<b>51.6</b>
Chest hospital	50	16.1
Pediatric hospital	50	16.1
Medical hospital	50	16.1
<b>Marital status</b>		
Married	237	76.5
Not Married	73	23.5
<b>Educational level</b>		
Diploma	58	18.7
Associate	92	29.7
Bachelor	102	32.9
Master	49	15.8
Doctorate	9	2.9
<b>Years of experience</b>		
Less than 20year	247	79.7
From 20-30-year	54	17.4
From 30-50 year	9	2.9
<b>Position</b>		
Director	3	1.0
Supervisor	22	7.1
Head nurse	57	18.4
Staff nurse	228	73.5

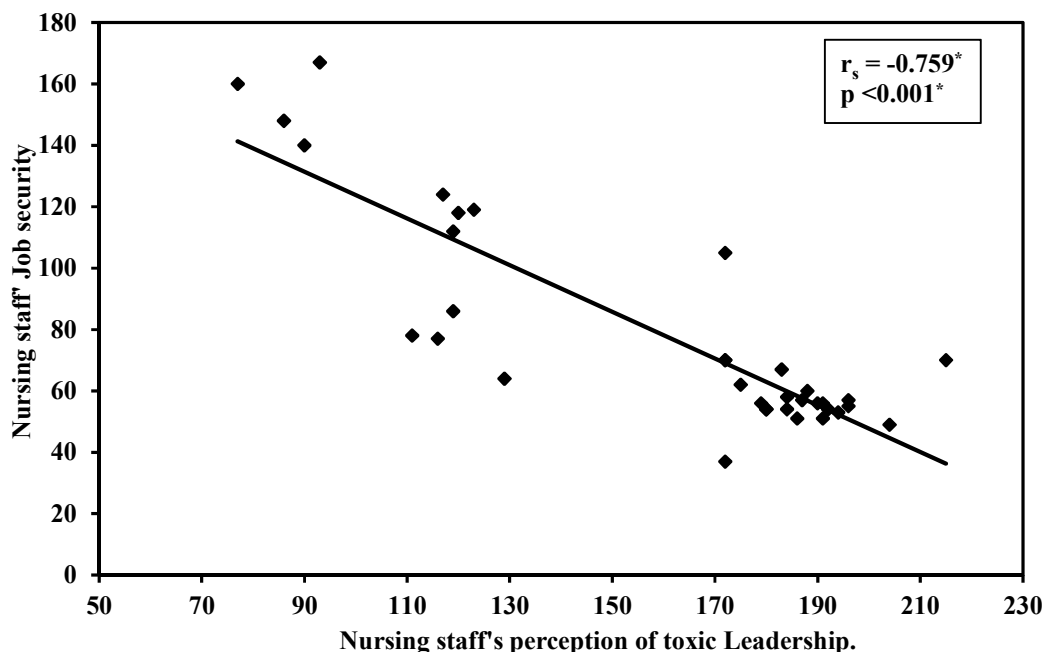


**Figure (1):** Distribution of the studied nursing staff according to Overall Nursing staff's perception of toxic Leadership. (n = 310)



**Figure (2):** Distribution of the studied nursing staff according to Overall Nursing staff's perception of job security. (n = 310)





**Figure (3): Correlation between nursing staff's perception of overall toxic leadership and overall job security (n = 310)**

### Discussion

Leadership is a multifaceted issue that covers responsibilities for organizations and subordinates. In addition to positive leadership styles, toxic leadership style's may be faced. Toxic leadership is as exploitative, abusive, destructive and psychologically degenerated toxic behaviors. Subordinates whose leader is toxic feeling unreal. <sup>(1,4)</sup> 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. In the absence of job security, subordinates are at great risk of losing their jobs. <sup>(25)</sup> Therefore, the present study hoped to determine nursing staff perception of toxic leadership and job security.

### Nursing staff's perception of toxic leadership

The present study results revealed that about two thirds of the studied nursing staff had high perception level of overall toxic leadership. This means that nursing staff are exposed to toxic behaviors of their leaders in their workplace. Toxic and ineffective leaders destruct healthcare systems. They are deteriorating nursing staff morale and performance that produces unnecessary workplace stress and conflict, which affect nurses' commitment toward their organization. These leads to bad relationship from leaders to their nursing staff and leaders rewarded average performance through low levels of accountability and exhibit toxic behavior because of the excessive need for recognition and superiority to achieve the dream of power. As evidenced in figure (1)

Along with the present study finding, **Labrague (2021)** <sup>(26)</sup> who reported that

nursing staff 's perception of overall toxic leadership is at a higher level. Also, **Naeem and Khurram (2020)** <sup>(27)</sup>, who found that most of the nursing staff reported that they are exposed to high level of toxic behaviors of their leaders in their workplace.

On the other line, this result contradictory with **Abo-Elenein and Abdel-Mongy (2021)** <sup>(28)</sup> who revealed that the majority of staff nurses perceived that their leaders had low overall toxic leadership level. Moreover, **Labrague (2020)** <sup>(26)</sup> revealed that nursing staff rated their leader's as toxic leadership behaviors to a small extent.

#### **Nursing staff' perception of Job security**

The present study results revealed that more than two thirds of nursing staff have low level of overall job security. This result could be related to that nursing staff not providing with opportunities to receive compensation for services provided outside normal their working hours and lack of assurance of stability in their job. This result may be due to the nursing staff not receiving fairness in actions and in dealings with them by their superiors as well as their hospital not providing them with administrative support for further studies for their professional exposures. As evidenced in figure (2)

Along with the present finding **Sokhanvar (2021)** <sup>(13)</sup> revealed that nursing staff reported low level of overall job security at hospitality level as nurses reported that they will leave their profession if they find another job opportunity. Also, **Badran and Khaled (2021)** <sup>(29)</sup> indicated that nursing staff have low perception of overall job security.

On the other line, the current results contradictory with **Alharbi, Wilson,**

**Woods, Usher (2016)** <sup>(30)</sup> who reported that nursing staff perceived high level of job security as their managers pay more attention to nurses' viewpoints and demands in order to make them person retains a job without the risk of becoming unemployed.

#### **Correlations between nursing staff's perception of overall toxic leadership and overall job security.**

The present study showed a highly statistically significant negative correlation between overall toxic leadership and overall job security. This result indicates that as the toxic leadership increases, the feeling of job security decreases. This result could be related to the toxic leadership play as a major aspect of dark leadership, which spreads insidiously and undetected like a poison and contaminates not only subordinates, it equally affects all nursing staff's job security and ultimately the whole hospital. As evidenced in figure (3).

The result of **Zaki and Al- Romeedy (2018)** <sup>(31)</sup> were congruent with the current study findings who exploring the influence of toxic leadership on job security and found that the job security correlated negatively with toxic leadership dimensions. Also, **Abou-Ramadan and Eid (2020)** <sup>(32)</sup> and **Özkan. (2022)** <sup>(33)</sup> in Egypt and Turkey, respectively, showed that effective leader behavior in addition to trust, mutual respect, and honest communication between nurse leaders and subordinates are important for maintaining a professional practice and feeling with security.

#### **Conclusion**

The present study confirms that about two thirds of nursing staff at Tanta University Hospitals having a high perception level of

toxic leadership. Also, more than two thirds of them had a low perception levels of overall job security. There was a highly statistically significant negative correlation between nursing staff overall perception of toxic leadership and overall job security.

**The findings of the present study directed to recommend the following For the hospital's administration**

- Establish leadership educational programs to provide health care leaders with the skills they need to build an organization of collaboration and participative management, managing complex care environments that leads to high sensation of job security.  
- Implement proper feedback system from nursing staff regarding the behavior of their current supervisors which might help in identifying toxic leaders.

**For Nurse leaders:**

- Empower nurses' access to opportunities, information, training, and facilities, all of which certainly stimulate nursing team functioning and meet nursing staff expectation about their job security.  
- Give opportunities for nurses to participate in decisions making related to their work so increase their feelings of autonomy, integration, involvement and security.

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