

## Influence of Head Nurses' Exploitative Leadership Style on Nurses' Workplace Alienation

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### Abstract

**Background:** Exploitative head nurses have a deep inside busy thinking of ways to achieve their personal goals through their nurses. These challenges create a hostile environment, reduce motivation, and inhibit work involvement, which may create a feeling of alienation at the workplace. **Aim:** This study aimed to assess the influence of head nurses' exploitative leadership style on nurses' workplace alienation. **Design:** A descriptive-correlation research design was used. **Setting:** This study was conducted at Tanta Main University Hospital in all departments. **Subjects:** All nurses (1057) who were working in the previously mentioned settings. **Tools:** Two tools were used to collect data: head nurses' exploitative leadership, and a workplace alienation questionnaire. **Results:** The study's findings indicated that more than half of the studied nurses had a moderate perception level of exploitative leadership behaviors and workplace alienation. There were statistically positive correlations between the overall score of exploitative leadership dimensions and workplace alienation dimensions, except between under-challenging followers of exploitative leadership and powerlessness, meaninglessness dimensions, and total workplace alienation. **Conclusion:** The study found a strong and positive influence of nurses' perceptions of head nurses' exploitative leadership behaviors on their feelings of workplace alienation. **Recommendations:** Conducting continuous training programs related to new approaches to constructive leadership to improve professional behaviors as well as annually assessing the perceived level of nurses' workplace alienation.

**Keywords:** Exploitative Leadership, Head Nurses, Nurses, Workplace Alienation.

### Introduction

Head nurses are healthcare professionals who have a crucial management position in nursing departments and perform both nursing and managerial activities (Qtait, 2023). An excellent head nurse is characterized as having a humanistic management philosophy and being skilled at leading their

team members, negotiating and conflict resolution (Suwarno, 2023).

Effective leadership is one of the most important factors in achieving success in the hospital. Multiple sources have identified the positive outcomes of supportive nursing leadership, which is considered an important determinant of job satisfaction and persistence among nurses (Stanley *et al.*, 2022).

However, leadership has a dark side, which is a remarkable attitude, including various mistreatment behaviors of the head nurses (**Thrysoee et al., 2022**).

The concept of negative leadership is relatively new in the nursing domain in comparison with positive leadership styles such as authentic, transformational, servant, charismatic, coaching, and supportive (**Cao et al., 2023; Specchia et al., 2021**). Destructive nursing leadership behaviors are hurtful to nurses' feelings leading to emotional fatigue of silence within the legislative framework, it is very harmful for the organization as a whole (**Hult et al., 2023**).

Exploitative leadership is a particular type of destructive-dark leadership style that encompasses the head nurses' acting in an exceedingly self-interested and exploitative manner towards (**Ghanbari & Majooni, 2022**). In this leadership style, the head nurses show egoistic behavior, engage in manipulation by pressurizing, leave nurses overburdened, undermine their skills, and creates barriers to their personal growth (**Elsaied, 2022**).

Exploitative leadership can be employed in five behaviors involving genuine egoistic behavior, taking credit, exerting pressure, undermining challenging followers, and manipulating followers. Genuine egoistic behaviors are characterized by the fact that head nurses who are highly self-interested are thus likely to act egoistically (**Durrah, 2020**). Taking credit, which is often expressed by narcissism and Machiavellianism nurse leaders. Narcissist head nurses are characterized by being arrogant, exploitative, and taking credit for others' accomplishments. Machiavellian head nurses use deceptive interpersonal influence tactics and can be convincing liars to further their interests (**Wang et al., 2021**).

Exerting pressure over others, the head nurses would not hesitate to delegate additional tasks to nurses, even if nurses were already overloaded. Undermining development is the factor of exploitative leadership, in which the head nurses may put nurses under duress by continually assigning tedious tasks that they do not want to do themselves, or by obstructing their advancement careers (**Akhtar et al., 2022**). Manipulating followers is another aspect of exploitative leadership, in which head nurses may play nurses off against each other to ensure control over them. The most obvious feature of these behaviors is that exploitative head nurses prioritize their goals over the needs of their nurses (**Lyu et al., 2023**).

Head nurses may do this by exerting pressure or, rather than overt aggression, by using clandestine and manipulative behaviors. Finally, exploitative head nurses may under-challenge followers, continuously giving them tedious tasks that the leaders do not want to do themselves or hindering followers' career advancement (**Wang et al., 2023**). Exploitative leaders have a smile on their faces and exhibit an overly friendly body language, but they are deep inside busy thinking of ways to achieve their personal goals through their subordinates. These challenges increase a negative emotional state among nurses and create a hostile environment, an inability to understand organizational goals, reduce motivation and work involvement that may create a feeling of alienation in the workplace (**Cui et al., 2023**). Workplace alienation is a serious psychological issue in any organization in which nurses are employed. It can have an impact on the relative grade of nurses' performance, identification, and participation in work activities (**Mohamed & Abou-Shaheen, 2022**). In nursing, workplace

alienation is a cognitive and social condition in which nurses feel detached and estranged from their workplaces. It is a dehumanizing agent, causing nurses to be objects reacting to work tasks rather than active participants in completing their job activities (Yuill, 2023).

Workplace alienation appears as feelings of dissatisfaction with the job environment interrelated and a lack of interest or loss of passion. It is a social happening in most cultures and is well-known as harm, crisis, or social problems. Workplace alienation denotes isolation from oneself as a result of factors such as powerlessness, meaninglessness, normlessness, and self-estrangement (Basiony & Elsayed, 2023; Birkvad, 2023).

The sense of powerlessness is the absence of independence that leads to circumstances in which nurses have limited freedom for controlling their work activities. Meaninglessness is the lack of suitable appreciation of the association between the current works in which the nurses are participating and their outstanding contribution to the social purposes of the work (Alfuqaha et al., 2023). Self-estrangement causes work to be a channel for supplying simply external needs such as rewards rather than a means for expressing their potential (Yuill, 2023; Birkvad, 2023).

#### **Significance of study**

Leadership is one of the most important relationships in the workplace, and the way head nurses give direction, assign tasks, and handle conflict has a strong influence on their followers (Mandani et al., 2023). The role of head nurses in promoting the psychological well-being of nurses and providing a supportive environment cannot be denied. Nurses need to deal with not only the psychological damage caused by the leaders'

exploitation but also the indifference of other members (Durrah, 2020).

This shift from positive to the negative side of leadership has given rise to a novel landscape that contains a lot of new concepts, all of which highlight the different ways leaders might show bad behaviors at the same time highlighted the antecedents, as well as, consequences of these behaviors. This gap can lead to feelings of loneliness, powerlessness, estrangement, and disengagement. Exploitative leadership takes time to unfold, which necessitates its essentiality to be studied. Hence, there is a dire need to investigate the influence of head nurses' exploitative leadership style on nurses' alienation from their workplace.

#### **The aim of the study**

It aimed to assess the influence of head nurses' exploitative leadership style on nurses' workplace alienation.

#### **Research Questions**

1. What are the levels of head nurses' exploitative leadership style as perceived by nurses?
2. What are the levels of workplace alienation among nurses?
3. What is the relation between head nurses' exploitative leadership style and nurses' workplace alienation?

**Study design:** Descriptive-correlational research design was used in this study.

**Settings:** This study was conducted at Tanta Main University Hospital which is affiliated with Ministry of Higher Education and Scientific research, in the departments of cardiology, psychology and neurology, obstetrics and gynecology, pediatric, oncology, ophthalmology anesthesia, and plastic surgery.

**Subjects:** The study's subjects included all nurses (1057) who met the inclusion criteria of having at least six months of working

experience with their heads out of (1182) who were working in the previously mentioned settings, which were distributed as cardiology (162), psychology and neurology (89), obstetrics and gynecology (172), pediatric (203), oncology (237), ophthalmology anesthesia (102), and plastic surgery (92).

**Tools of data collection:** To achieve the aim of study, the following two tools were used;

#### **Tool I: Head Nurses' Exploitative Leadership Structured Questionnaire**

This tool was developed by **Schmid *et al.* (2019)** and was adapted by the investigator based on related literature reviews (**Kiyani *et al.*, 2021; Abdulmuhsin *et al.*, 2021; Wang *et al.*, 2021**) to measure nurses' perceptions about their head nurses' exploitative leadership style. This tool consisted of two parts, as follows:

**Part 1: Personal data of nurses:** It included age, sex, marital status, educational level, years of experience, department, marital status, and number of working hours per week.

**Part 2: Exploitative leadership structure questionnaire:** It consisted of 26 items categorized into five subscales, as follows: genuine egoistic behaviors (five items), taking credit (three items), exerting pressure (eight items), under challenging followers (five items), and manipulating followers (five items).

#### **Scoring system**

Nurses' responses were measured on a five-points Likert Scale ranging from always (5) to not at all (1). The total scores were calculated by summing all categories and classified according to cut-off points into:

- High level of exploitative leadership >75%,
- Moderate level of exploitative leadership 60%-75%,
- Low level of exploitative leadership <60%.

#### **Tool II: Nurses' Workplace Alienation Questionnaire**

This tool was adapted by **Mohamed & Abou Shaheen (2022)** based on the original version, which was developed by **Mottaz (1981)** and was modified by the investigator based on related literatures (**Sasyk, 2022; Cui *et al.*, 2023**) to assess the levels of nurses' workplace alienation. It consisted of 21 items categorized into three subscales, as follows: powerlessness (seven items), meaninglessness (seven items), and self-estrangement (seven items).

#### **Scoring system**

Nurses' responses were measured on a five points Likert Scale ranged from: strongly agree (5) to strongly disagree (1). The total scores calculated by summing all categories and classified according to cut-off points into:

- High level of nurses' workplace alienation >75%,
- Moderate of nurses' workplace alienation 60%-75%,
- Low level of nurses' workplace alienation <60%.

#### **Ethical considerations**

An approval was obtained from the Scientific Research Ethical Committee at the Faculty of Nursing before conducting the study with a code number (63/5/2022). A full explanation of the study's aim and method of data collection to obtain the acceptance and cooperation of nurses as well as their informed consent. The study's participants have the right to terminate participation at any time without any harm or risk. Assuring nurses' confidentiality and anonymity was maintained regarding data collection and explaining that was used only for the study's purpose.

### **Validity and Reliability**

The study's questionnaire was presented to a jury of five experts in the area of nursing administrator specialty to check its validity. The experts were three professors and two assistant professors of the nursing administration department of the Faculty of Nursing at Tanta University. The experts' responses were represented on a four-point rating scale ranging from 4=strongly relevant to 1= strongly irrelevant. Necessary modifications were made, including clarification, omission of certain items or adding others, and simplifying work-related words. The content validity of tool I (Exploitative Leadership Questionnaire) was 93.5%, and tool II (Nurses' Workplace Alienation Questionnaire) was 95%. The reliability of the tools was tested using the Cronbach Alpha Coefficient test. The reliability value of tool I was 98.0%, whereas tool II, was 87.0%.

### **Pilot study**

A pilot study was carried out on 10% of nurses (n=105) who were excluded from the main study sample during the actual collection of data because they were collected from nurses who worked in different workplace, but they have been the main key feature of the study's sample. It was carried out after the experts' opinions and before starting the actual data collection to test the clarity, sequence of items, applicability, and relevance of the questions and determine the needed time to complete the questionnaire. The estimated time needed to complete the questionnaire items from nurses was around 15-20 minutes.

### **Data collection phase**

The investigator met the respondents' nurses in different areas under study during working hours to distribute the questionnaire. The subjects recorded their answers in the

presence of the investigator to ascertain that all questions were answered during morning and evening shifts. The data was collected over a period of six months, starting from the beginning of October 2022 until the end of March 2023.

### **Statistical analysis**

Data was fed to the computer and analyzed using IBM SPSS software package version 20.0 (Armonk, NY: IBM Corp.). The questionnaire was analyzed for internal consistency using Cronbach's alpha coefficient test. Qualitative data were described using numbers and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation, and median. The Kolmogorov-Smirnov test was used to validate the distribution's normality. The Pearson coefficient test was used to correlate two normally distributed quantitative variables. A student t-test for normally distributed quantitative variables was used to compare the two studied categories. While the F-test ANOVA was used to compare between more than two categories. A univariate linear regression test was used to detect the most independent factor affecting nurses' workplace alienation. The level of significance was adopted at  $p < 0.05$ .

### **Results**

Table 1 shows the frequency and distribution of the studied nurses according to their personal data. As noticed in this table, slightly less than half (47.5%) of the studied nurses aged less than thirty with a mean score of  $33.29 \pm 8.85$ , 65.5% of them were females, and 69.85% of them were married. The highest percent (38%) of nurses graduated from a Technical Institute of Nursing, and more than half (54.5%) of them had less than ten years of experience with a mean score of  $11.14 \pm 9.55$ . Moreover, less than a quarter

(22.4%) of nurses worked in the oncology department, and the majority of them (97.2%) worked less than or equal to 36 hours per week.

Table 2 demonstrates levels of nurses' perceptions regarding dimensions of exploitative leadership style. Around sixty percent (59.9% and 57.1%) of the nurses had a moderate level of exploitative leadership style regarding the dimensions of genuine egoistic behaviors and taking credit, respectively. Moreover, 54.2% and 48.6% of nurses had a moderate level of under-challenging followers and exerting pressure dimensions of exploitative leadership style, respectively. On the other side, 47.9% of the studied nurses had a high level of perception regarding manipulating followers of exploitative leadership style.

Figure 1 shows the overall levels of the studied nurses' perceptions regarding the exploitative leadership style of their head nurses. It highlights that 53.2% of nurses reported that their head nurses had a moderate level of exploitative leadership style. While, 23.9%, 22.9% of nurses reported that their head nurses had low and high levels of exploitative leadership style, respectively.

Table 3 clarifies levels of workplace alienation as perceived by nurses. Overall, 58.6% of nurses had a moderate level of workplace alienation dimensions, 27.4% of them had a high level, and 14% of them had a low level. It highlights that two-thirds (76.9%) of nurses had a moderate level for the meaningfulness dimension of workplace alienation, followed by 61.1% of them having a moderate level for the self-estrangement dimension. On the other hand, above half (50.8%) of nurses had a high level of the powerlessness dimension of workplace alienation.

Figure 2 illustrates the overall levels of workplace alienation as perceived by nurses. It was observed that above half (58.6%) of nurses had a moderate level of workplace alienation, followed by 27.4% of them having a high level. While only 14% of nurses had a low level of workplace alienation

Table 4 represents relation between nurses' total mean score for exploitative leadership style and their personal data. Based on the table, statistically significant relations were found between nurses' total mean scores of exploitative leadership style and their age ( $F=5.954$ ,  $P=0.001$ ), educational level ( $F=4.146$ ,  $P=0.001$ ), years of experience ( $F=10.333$ ,  $P=<0.001$ ), and departments ( $F=3.033$ ,  $P=0.006$ ).

Table 5 reveals relations between nurses' overall mean score for workplace alienation and their personal data. This table showed statistically significant relations between nurses' overall mean score for workplace alienation and their sex ( $t=2.006$ ,  $p=0.045$ ), age ( $F=11.951$ ,  $P<0.001$ ), and years of experience ( $F= 15.540$ ,  $P<0.001$ ).

Figure 3 shows the correlation between dimensions of exploitative Leadership style and workplace alienation as perceived by nurses. This table indicates strong statistically significant correlations between all dimensions of exploitative leadership style of workplace alienation expect between under-challenging followers of exploitative leadership and powerlessness, meaningfulness dimensions, and total workplace alienation.

Table 6 denotes univariate linear regression between dimensions of exploitative leadership style and workplace alienation. The table shows a statistical contribution to the prediction of the explained variance between overall nurses' perception of exploitative leadership style and workplace alienation with

regression coefficient  $R^2 = 0.256$ ,  $F = 362.279$

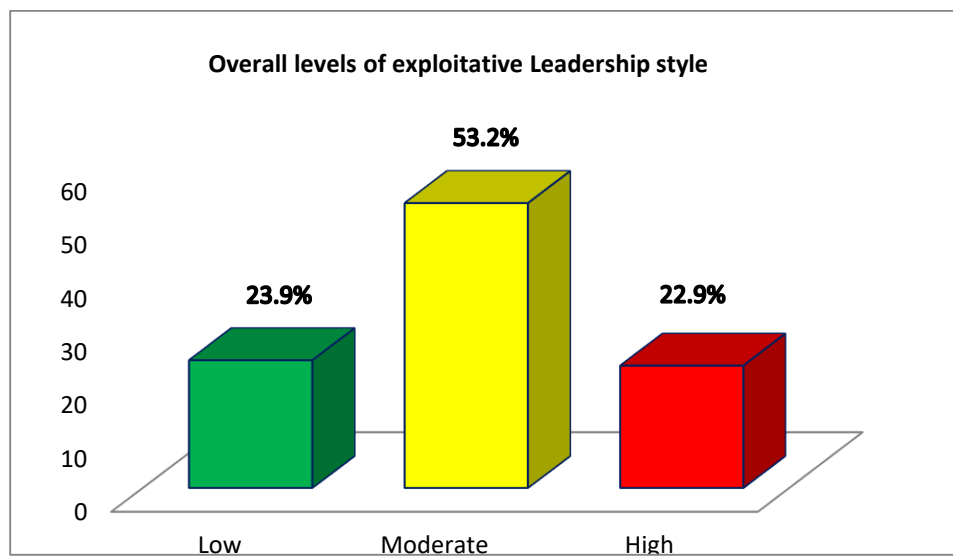
with a high significant level at  $p < 0.00$ .

**Table (1): Frequency and distribution of the studied nurses according to their personal data (N = 1057)**

Nurses' personal data	(N = 1057)	
	No.	%
<b>Age</b>		
<30	502	47.5
30-40	275	26.0
40-50	203	19.2
$\geq 50$	77	7.3
Min. – Max.	20.0 – 56.0	
Mean $\pm$ SD.	33.29 $\pm$ 8.85	
Median	30.0	
<b>Sex</b>		
Male	365	34.5
Female	692	65.5
<b>Marital status</b>		
Married	738	69.8
Not Married	319	30.2
<b>Educational level</b>		
Secondary Nursing Diploma	146	13.8
Technical Institute of Nursing	402	38.0
Bachelor of science in Nursing	353	33.4
Post graduate nursing diploma	116	11.0
Other post graduate studies	40	3.8
<b>Years of experience</b>		
<10	576	54.5
10-20	239	22.6
20-30	161	15.2
$\geq 30$	81	7.7
Min. – Max.	1.0 – 36.0	
Mean $\pm$ SD.	11.14 $\pm$ 9.55	
Median	7.0	
<b>Departments</b>		
Cardiology	162	15.3
Psychology and Neurology	89	8.4
Obstetrics and Gynecology	172	16.3
Pediatric	203	19.2
Oncology	237	22.4
Ophthalmology Anesthesia	102	9.6
Plastic Surgery	92	8.7
<b>Number of working hours/week</b>		
$\leq 36$	1027	97.2
$> 36$	30	2.8

**Table (2): Levels of nurses' perceptions regarding dimensions of exploitative leadership style**

Exploitative Leadership dimensions	Low (<60%)		Moderate (60% - 75%)		High (>75%)	
	No.	%	No.	%	No.	%
Genuine egoistic behaviors	320	30.3	523	58.9	214	10.8
Taking credits	275	26.2	604	57.1	178	16.7
Exerting pressure	354	33.5	514	48.6	189	17.9
Under challenging followers	315	29.8	573	54.2	169	16
Manipulating followers	127	12.1	507	40	423	47.9
<b>Overall</b>	<b>253</b>	<b>23.9</b>	<b>562</b>	<b>53.2</b>	<b>242</b>	<b>22.9</b>

**Figure (1): Overall levels of the studied nurses' perceptions regarding exploitative leadership style of their head nurses.**

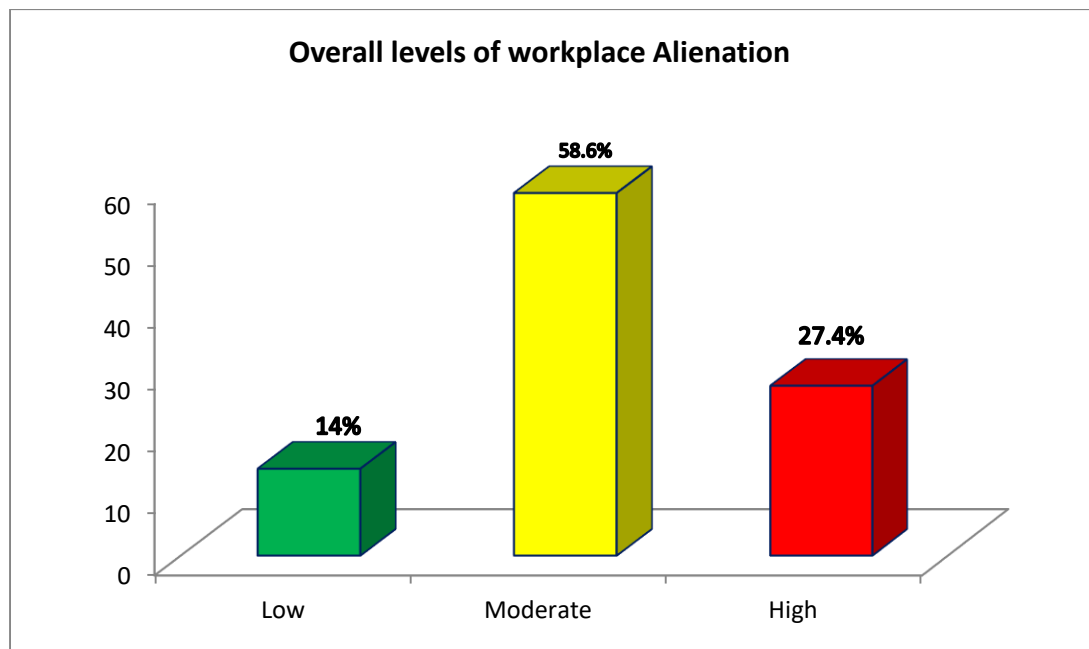


**Table (3): Levels of workplace alienation as perceived by nurses**

Dimensions of Workplace Alienation	Low (<60%)		Moderate (60% - 75%)		High (>75%)	
	No.	%	No.	%	No.	%
Powerlessness	139	13.2	381	36	537	50.8
Meaninglessness	127	12.1	813	76.9	117	11
Self-estrangement	219	20.7	645	61.1	193	18.2
<b>Overall</b>	<b>149</b>	<b>14</b>	<b>619</b>	<b>58.6</b>	<b>289</b>	<b>27.4</b>

r: Pearson coefficient

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

**Figure (2): Overall levels of workplace alienation as perceived by nurses**

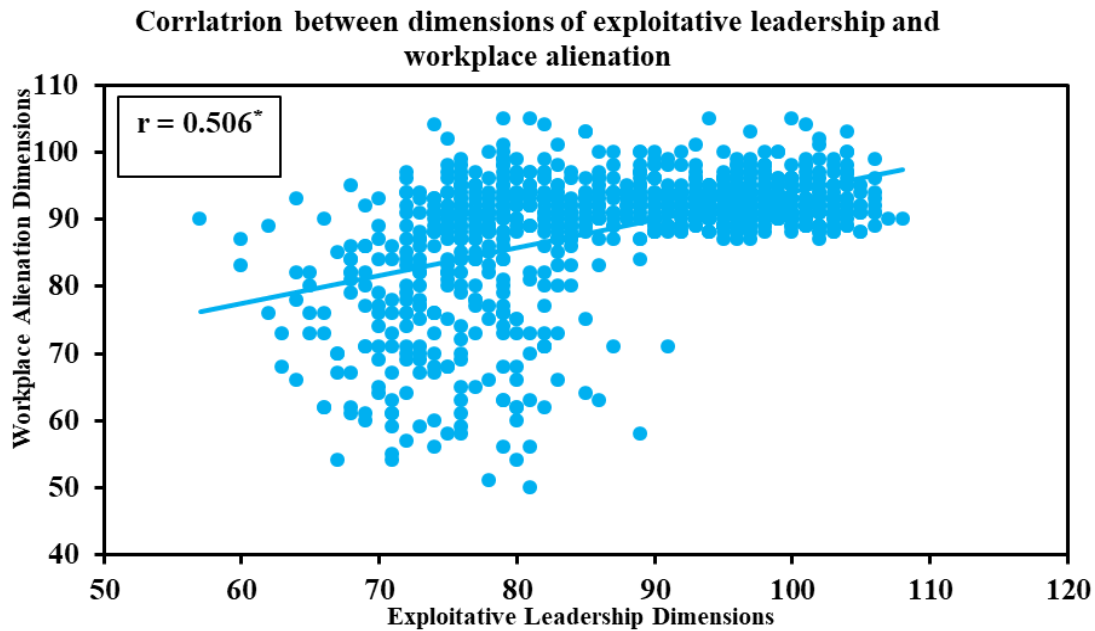
**Table (4): Relation between nurses' total mean score for exploitative leadership style and their personal data**

Nurses' personal data	% score for exploitative leadership style	Test of Sig	P
	Mean $\pm$ SD.		
Age			
<30	61.07 $\pm$ 8.60	F= 5.954*	0.001*
30-40	60.25 $\pm$ 9.24		
40-50	58.74 $\pm$ 11.55		
$\geq$ 50	55.93 $\pm$ 10.02		
Sex			
Male	60.21 $\pm$ 10.31	t= 1.881	0.060
Female	58.94 $\pm$ 10.46		
Marital status			
Married	59.53 $\pm$ 10.18	t= 0.705	0.481
Not Married	76.92 $\pm$ 10.98		
Educational level			
Secondary Nursing Diploma	71.15 $\pm$ 5.44	F= 4.146*	0.001*
Technical Institute of Nursing	61.93 $\pm$ 8.99		
Bachelor of science in Nursing	60.12 $\pm$ 10.49		
Post graduate nursing diploma	59.77 $\pm$ 8.81		
Other post graduate studies	58.46 $\pm$ 10.88		
Years of experience			
<10	58.69 $\pm$ 11.37	F= 10.333*	<0.001*
10-20	61.24 $\pm$ 8.58		
20-30	61.29 $\pm$ 8.66		
$\geq$ 30	54.95 $\pm$ 9.78		
Departments			
Cardiology	57.84 $\pm$ 10.18	F= 3.033*	0.006*
Psychology and Neurology	57.99 $\pm$ 11.96		
Obstetrics and Gynecology	58.84 $\pm$ 9.89		
Pediatric	60.38 $\pm$ 9.96		
Oncology	59.77 $\pm$ 10.45		
Ophthalmology Anesthesia	62.36 $\pm$ 10.58		
Plastic Surgery	57.88 $\pm$ 10.31		
Number of working hours/week			
$\leq$ 36	59.36 $\pm$ 10.37	t=0.240	0.812
>36	59.90 $\pm$ 12.25		

**Table (5): Relations between nurses' overall mean score for workplace alienation and their personal data**

Nurses' personal data	% score for workplace alienation	Test of Sig	P
	Mean $\pm$ SD.		
<b>Sex</b>			
Male	81.79 $\pm$ 10.07	t=	0.045*
Female	80.42 $\pm$ 10.82	2.006*	
<b>Age</b>			
<30	79.07 $\pm$ 12.81	F= 11.951*	<0.001*
30-40	82.77 $\pm$ 8.59		
40-50	83.28 $\pm$ 6.37		
$\geq$ 50	79.76 $\pm$ 6.98		
<b>Marital status</b>			
Married	81.1492 $\pm$ 10.24329	t=	0.244
Not Married	80.2881 $\pm$ 11.32433	1.167	
<b>Educational level</b>			
Secondary Nursing Diploma	80.32 $\pm$ 8.23	F= 1.713	0.129
Technical Institute of Nursing	81.01 $\pm$ 10.70		
Bachelor of science in Nursing	80.16 $\pm$ 12.06		
Post graduate nursing diploma	82.15 $\pm$ 9.31		
Other post graduate studies	84.52 $\pm$ 3.41		
<b>Years of experience</b>			
<10	79.16 $\pm$ 12.72	F= 15.540*	<0.001*
10-20	79.48 $\pm$ 7.72		
20-30	83.27 $\pm$ 5.70		
$\geq$ 30	83.94 $\pm$ 6.55		
<b>Departments</b>			
Cardiology	79.64 $\pm$ 11.57	F= 1.889	0.080
Psychology and Neurology	79.94 $\pm$ 9.72		
Obstetrics and Gynecology	81.55 $\pm$ 10.84		
Pediatric	82.35 $\pm$ 8.41		
Oncology	80.94 $\pm$ 10.13		
Ophthalmology Anesthesia	81.44 $\pm$ 10.64		
Plastic Surgery	78.83 $\pm$ 13.71		
<b>Number of working hours/week</b>			
$\leq$ 36	80.91 $\pm$ 10.62	t= 0.425	0.671
>36	80.08 $\pm$ 9.29		

$\chi^2$ : Chi square test



**Figure (3): Correlation between dimensions of exploitative Leadership style and workplace Alienation as perceived by nurses**

**Table (6): Univariate Linear regression between dimensions of exploitative leadership style and workplace alienation**

	B	Beta	T	P	(LL – UL 95% C.I)
Constant	50.413		31.010*	<0.001*	47.223 – 53.602
Exploitative leadership Style	0.513	0.506	19.034*	<0.001*	0.460 – 0.566
$R^2 = 0.256, F = 362.279^*, p < 0.001^*$					

**Workplace alienation = 50.413 + (Exploitative Leadership Style\*0.513), F, p: f and p values for the model, R<sup>2</sup>: Coefficient of determination, B: Unstandardized Coefficients, Beta: Standardized Coefficient test: t-test of significance, CI: Confidence interval, LL: Lower limit, UL: Upper Limit**

### Discussion

The nursing profession is a dynamic and demanding one that calls for leaders and role models who are both motivating and engaging. In today's ever-changing and demanding healthcare environment, leadership play an essential role in shaping nurses' behaviors at the workplace and has a significant impact on organizational success (Akhtar *et al.*, 2022).

### Levels of nurses' perceptions regarding dimensions of exploitative leadership style.

The present study demonstrated that more than half of the studied nurses under investigation had a moderate level in the dimensions of genuine egoistic behaviors, taking credit, under-challenging followers, and exerting pressure of exploitative leadership style. However, slightly less than half of the studied nurses had a high level in terms of manipulating followers. Overall,

above half of the studied nurses had a moderate level of exploitative leadership behaviors. Whereas, roughly the same percentage of the remaining nurses in the study stated that their head nurses had low and high levels of exploitative leadership behaviors.

According to these findings, head nurses employed varied degrees of exploitative leadership style as a soft technique to guide and influence their nurses through social interactions in order to get the results they wanted. From the investigator's point of view, these findings may be due to that head nurses have a misunderstanding of exploitative actions as a function of power and beliefs, which encourage their nurses to achieve greater goals and benefits of the organization.

The ongoing study's findings are in disagreement, with the study of **Basiony and Elsayed (2023)**, which stated that the majority of nurses had a low perception regarding their nurse managers' exploitative leadership style, in which all the behaviors of manipulating followers, challenging followers, taking credit, exerting pressure, and being genuine egoistic also had low perception. While, **Wang, et al., (2021)** mentioned that less than half of the studied head nurses had low exploitative nursing leadership behavior as declared by nurses.

In the same context, **Aly et al., (2023)** settled that nearly one-quarter of the studied nurses reported that their nurse managers had a high level of exploitative leadership behavior. Contrariwise, the results of **Syed et al., (2021)** declared that most of study's participants perceived their leaders as a high exploitative. Moreover, **Sun et al., (2023)** determined a higher level of exploitative leadership behavior among the study's participants and served as a barrier to proactive customer service performance.

### **Levels of workplace alienation as perceived by nurses**

In general, over half of nurses reported a moderate level of workplace alienation as the sum of all dimensions, over one quarter reported a high level, and less than fifteen percent of them reported a low level. These findings might be attributable to those nurses perceived a feeling of discomfort, disdain and disrespect at their workplace, which consequently may, in the long run, reduce their effectiveness and usefulness at work and decrease their performance rate.

These findings contradict the results of **Basiony and Elsayed (2023)**, which suggested that most studied nurses experienced moderate level at workplace alienation. The obtained results are consistent with those from **Durrah (2020)**, who surveyed a large sample of nurses in four private hospitals in Oman and discovered that level of workplace alienation was moderate. Additionally, **Badran and Khaled (2021)** study displayed that more than one-third of the studied nurses had a low alienation level and less than one-quarter of them had a high alienation.

### **Regarding relations between study's variables and their personal data.**

The research findings revealed a statistically significant relation between nurses' perception of exploitative leadership and their age, years of experience, educational level and departments. According to the investigator, these indicate that nurses' age, years of experience may positively influence how they perceive exploitative leadership behavior. Specifically, nurses in the thirty to forty age range, those with bachelor's degree, more experience nurses over twenty, and those who worked in intensive care units were more likely to experience the behaviors of exploitative leadership style.

These study's findings agree with **Basiony and Elsayed (2023)**, which showed a statistically significant relation between staff nurses' perceptions of nurse managers' exploitative leadership behavior and their level of education and years of experience. Contrariwise, the study conducted by **Aly et al., (2023)** declared no statistically significant difference between the studied nurses' perceptions of exploitative leadership level and their age and working unit.

According to research results, there were statistically significant relations between nurses' perception for workplace alienation and their sex, age and years of experience. These findings are surprising in that, although there were a smaller number of male nurses than female nurses, they had a high level of alienation and their ages ranged between forty and fifty with more than thirty years of experience.

These results are consistent with **Abd-Elrhaman et al., (2020)** which found a statistically significant relationship between total score of workplace alienation levels among the studied nurses and their years of experiences. Whereas, these finding are in contradiction with **Mohamed & Abou Shaheen (2022)**, which discovered no statistically significant relations between the studied nurses' total mean score of alienation levels and their age, sex and years of experiences.

#### **Correlation and Univariate Linear regression between study's variables**

The current study's results indicate a statistically significant correlations between all dimensions of exploitative leadership style of workplace alienation, expect between under-challenging followers of exploitative leadership and powerlessness, meaningfulness dimension, and total workplace alienation. This means that nurses who have a high level of perception towards

head nurses' exploitative leadership increase nurses' feelings of alienation at workplace.

A positive correlation between dimensions of work alienation and exploitative leadership was recently observed by **Khan et al., (2023)**, who studied the concept of work alienation through job demands-resources model and examined its relationship with emotional exhaustion and explorative and exploitative learning in India. Contrariwise, this result was in congruence with **Nastiezaie et l., (2022)**, who highlighted a negative correlation between leadership style dimensions and work alienation.

The present study's findings represent a statistical contribution to the prediction of the explained variance between overall nurses' perceptions toward exploitative leadership style and workplace alienation using a regression coefficient. From the investigator's perspective, exploitative head nurses give difficult deadlines, under-challenge, and undermine their nurses, put extra pressure on them, create obstacles in their growth, give them dull tasks and encumber them that in turn decrease their positive behaviors, which leads to increased work alienation.

In this perspective, **Mohamed and Abo Shaheen (2022)** discovered that organizational injustice had the strongest influence on nurses' workplace alienation during the COVID-19 Pandemic. Furthermore, **Nawafleh and Qerba (2021)** showed that the level of workplace alienation feelings was a strong significant predictor turnover intention among their study's participants.

#### **Conclusion**

Based on the findings of the present study, it can be concluded that more than half of the studied nurses had a moderate perception level of exploitative leadership behaviors and workplace alienation. Moreover, there were

statistically significant correlations between all dimensions of exploitative leadership and workplace alienation, with the exception between under-challenging followers of exploitative leadership and powerlessness and meaningless dimensions, as well as the total score of workplace alienation. Finally, the study found that the exploitative leadership behaviors were a significant predictor of nurses' feelings of workplace alienation.

### Recommendations

- Conducting continuous training programs related to new approaches and styles of constructive leadership to improve head nurses' professional behaviors, avoid the consequences of abusing them, and keep them from being exploited.
- Assessing the perceived level of work alienation among nurses annually and build a clear, transparent grievance procedure to provide nurses with an opportunity to make notes where they feel mistreated or complain from their heads.
- Creating an effective recognition system tied to head nurses' performance and achievements to build a positive-supportive work environment that inspires them to perform better.
- Fostering a good work atmosphere by encouraging nurses' humanity, promoting a culture of respect, participating in the decision-making process, involving goals setting, sharing valuable information, distributing a fair workload, refraining from favoritism, evaluating fairly, and treating everyone equally to decrease work alienation.
- The undergraduate nursing curriculum should include in-depth explanation and application of content pertaining to different leadership styles, especially exploitative leadership styles, and concentrate clearly on exploiting disadvantages and consequences.

- Nursing researchers need to perform a longitudinal study or qualitative study to assess the influence of exploitative leadership behaviors and workplace alienation, as well as provide future evidence regarding the coping strategies for overcoming these variables across various nursing staff categories.

### References

- Abd-Elrhaman, E. A., Helal, W. H., & Ebraheem, S. M. (2020): Organizational justice, work alienation and deviant behaviors among staff nurses. *International journal of Nursing Didactics*, 10(1), 01-27. doi:10.15520/ijnd.v10i01.2790
- Abdulmuhsin, A. A., Zaker, R. A., & Asad, M. M. (2021). How exploitative leadership influences on knowledge management processes: the moderating role of organizational citizenship behaviour. *International journal of organizational analysis*, 29(3), 529-61. <https://doi.org/10.1108/IJOA-09-2020-2424>
- Akhtar, M. W., Huo, C., Syed, F., Safdar, M. A., Rasool, A., Husnain, M., & Sajjad, M. S. (2022). Carrot and stick approach: the exploitative leadership and absenteeism in education sector. *Frontiers in Psychology*, 13, 8900-64. <https://doi.org/10.3389/fpsyg.2022.890064>
- Alfuqaha, O. A., Shunnar, O. F., Khalil, R. A., Alhalaiqa, F. N., Thaher, Y. A., Al-Masarwah, U. M., & Al Amad, T. Z. (2023). Work alienation influences nurses' readiness for professional development and willingness to learn: A cross-sectional correlation study. *Plos one Research Article*, 18(5), 6-8. <https://doi.org/10.1371/journal.pone.0284963>
- Aly, R., Wahba, N. E., & Abdel- Aleem, M. (2023). Nurses' passion for work: Its' relation to organizational dehumanization, exploitative leadership, and deviant behaviors during the COVID-19 pandemic. *Assiut Scientific Nursing*

- Journal, 11(34), 65-77.  
doi:10.21608/asnj.2023.180482.1470
- Badran, M., F., & Khaled, M. (2021). Job security as perceived by staff nurses and its Relation to their work alienation. *Egyptian Journal of Health Care*, 12(4), 1611-20. doi:10.21608/ejhc.2021.213347.
- Basiony, B. M., & Elsayed, F. F. (2023). Staff Nurses' Perception Regarding Exploitative Leadership and its Effect on their Work Alienation. *Assiut Scientific Nursing Journal*, 11(37), 153-64 <https://dx.doi.org/10.21608/asnj.2023.214398.1603>
- Birkvad, S. R. (2023). Circles of alienation: examining first-hand experiences of citizenship deprivation through the perspective of emotions and estrangement. *Journal of Ethnic and Migration Studies*, 50(2)1-20. <https://doi.org/10.1080/1369183X.2023.2266148>
- Cao, W., Li, Van der Wal R., C., & Taris, T., W. (2023). Leadership and workplace aggression: A meta-analysis. *Journal of Business Ethics*, 186(2), 347-67. <https://doi.org/10.1007/s10551-022-05184-0>
- Cui, Y., Yang, T., Zhang, M., Liu, N., Liu, Q., Zhang, L., ... & Zhang, Y. (2023). Influence of empathy on work alienation among Chinese nurses during the COVID-19 pandemic: The mediating effect of ego depletion. *Frontiers in Psychology*, 14, 3389-89. <https://doi.org/10.3389/fpsyg.2023.1057460>
- Durrah, O. (2020). Injustice perception and work alienation: Exploring the mediating role of employee's cynicism in healthcare sector. *The Journal of Asian Finance, Economics and Business*, 7(9), 811-24. doi:10.13106/jafeb.2020.vol7.no9.811
- Erdem, A. T. (2021). The mediating role of work alienation in the effect of democratic and autocratic leadership styles on counterproductive behaviors: A study in Ankara OSTİM Industrial Zone. *OPUS–International Journal of Society Researches*, 17(34), 873-902. DOI: 10.26466/opus.839136.
- Ghanbari, S., & Majooni, H. (2022). Investigating the relationship between toxic leadership and teacher burnout due to the mediating role of organizational obstruction and silence. *Strategic Research on Social Problems in Iran*, 11(1), 55-80. <https://doi.org/10.22108/srsp.2022.132953.1790>
- Hult, M., Terkamo-Moisio, A., Kaakinen, P., Karki, S., Nurmeksela, A., Palonen, M., & Häggman-Laitila, A. (2023). Relationships between nursing leadership and organizational, staff and patient outcomes: A systematic review of reviews. 10, 5920-36. <https://doi.org/10.1002/nop2.1876>
- Kartal, N. (2018). Evaluating the relationship between work engagement, work alienation and work performance of healthcare professionals. *International Journal of Healthcare Management*, 11(3), 251-59. <https://doi.org/10.1080/20479700.2018.1453969>
- Kayani, M., Alasan, I. I., Ali, W., & Hassan, S. (2021). Employees working behavior under different shades of destructive leadership. *Studies of Applied Economics*, 39(10). DOI: 10.25115/eea.v39i10.5821
- Khan, M. A., Kumar, J., Shoukat, M. H., & Selem, K. M. (2023). Does injustice perception threaten organizational performance in the healthcare setting? A sequential mediation examination. *International Journal of Conflict Management*.4(2),1-7. <https://doi.org/10.1108/IJCMA-05-2023-0100>
- Lyu, Y., Wu, L. Z., Ye, Y., Kwan, H. K., & Chen, Y. (2023). Rebellion under exploitation: How and when exploitative leadership evokes employees' workplace deviance. *Journal of Business Ethics*, 185(3), 483-98. <https://doi.org/10.1007/s10551-022-05207-w>



- Mandani, M., M., Khorasgani, A., E., Sharifi, S., & Gheitani, A. (2023). Identifying the dimensions and components of alienation in the Isfahan University of medical sciences. *Journal of healthcare management*, 14(1), 15-25. [10.30495/JHM.2023.72501.11120](https://doi.org/10.30495/JHM.2023.72501.11120)
- Mohamed, L.K, Abou-Shaheen, R.A. (2022). Influence of Perceived Organizational Injustice on Workplace Alienation among Nursing Staff during COVID-19 Pandemic. *International Egyptian Journal of Nursing Sciences and Research*, 2(2), 362-77. <http://dx.doi.org/10.21608/ejnsr.2021.106222.1122>
- Mottaz, C. J. (1981). Some determinants of work alienation. *Sociological Quarterly*, 22(4), 515-29. <https://doi.org/10.1111/j.1533-8525.1981.tb00678.x>
- Nawafleh, S. H., & Qerba, M. K. F. (2021). Impact of work alienation feelings on turnover intention in the Aqaba Special Economic Zone Authority located in Jordan. *Journal of Social Sciences (COES&RJ-JSS)*, 10(2), 179-93. <https://doi.org/10.25255/jss.2021.10.2.179.193>
- Qtait, M. (2023). Head Nurses' Leadership Styles and Nurses' Performance systematic review. *International Journal of Africa Nursing Sciences*, 18 (5),1514-89. <https://doi.org/10.1016/j.ijans.2023.100564>
- Sasyk, Z. M. (2022). Work alienation in Academic libraries: A Marxist Analysis of Library Dysfunction. In *Libraries as Dysfunctional Organizations and Workplaces*, (1st ed), London, 240-53. doi: <https://doi.org/10.4324/9781003159155>
- Schmid, E. A., Pircher Verdorfer, A., & Peus, C. (2019). Shedding light on leaders' self-interest: Theory and measurement of exploitative leadership. *Journal of Management*, 45(4), 1401-33. <https://doi.org/10.1177/0149206317707810>
- Specchia, M. L., Cozzolino, M. R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G. (2021). Leadership styles and nurses' job satisfaction. Results of a systematic review. *International journal of environmental research and public health*, 18(4), 15-52. <https://doi.org/10.3390/ijerph18041552>
- Stanley, D., Bennett, C. L., & James, A. H. (2022). *Clinical Leadership in Nursing and Healthcare*. John Wiley & Sons. Third edition, Western Australia, 125-30.
- Sun, Z., Wu, L. Z., Ye, Y., & Kwan, H. K. (2023). The impact of exploitative leadership on hospitality employees' proactive customer service performance: A self-determination perspective. *International Journal of Contemporary Hospitality Management*, 35(1), 46-63. <https://doi.org/10.1108/IJCHM-11-2021-1417>
- Suwarno, B. (2023). Analysis Head Nurses' Leadership Styles to Staff Inpatient Nurses' Job Performance in Hospital. *International Journal of Science, Technology & Management*, 4(2), 317-26. <http://ijstm.inarah.co.id/index.php/ijstm/about/submissions>
- Syed, F., Naseer, S., Akhtar, M. W., Husnain, M., & Kashif, M. (2021). Frogs in boiling water: A moderated-mediation model of exploitative leadership, fear of negative evaluation and knowledge hiding behaviors. *Journal of Knowledge Management*, 25(8), 2067-87. doi:10.1108/jkm-11-2019-0611.
- Thrysoee, L., Dyrehave, C., Christensen, H. M., Jensen, N. B., & Nielsen, D. S. (2022). Hospital nurses' experiences of and perspectives on the impact COVID-19 had on their professional and everyday life—A qualitative interview study. *Nursing open*, 9(1), 189-98. <https://doi.org/10.1002/nop2.1053>
- Wang, Z., Sun, C., & Cai, S. (2021). How exploitative leadership influences employee innovative behavior: The mediating role of relational attachment and moderating role of high-performance work systems. *Leadership & Organization Development Journal*, 42(2), 233-48.

<https://doi.org/10.1108/LODJ-05-2020-0203>

Yuill, C. (2023). Alienation and Wellbeing. In *Alienation and Wellbeing* Bristol University Press, (64-85). DOI: <https://doi.org/10.51952/9781529219319.ch003>

Zhao, J., He, Y., Xu, J., & Hu, S. (2022). The study of nurse's work alienation and its influence on turnover intention. *Yangtze Medicine Journal*, 06(03), 57-65. doi:10.4236/ym.2022.63005