

Toxic Leadership Practices and its Relation to Turnover Intention among Nurses at Zagazig University Hospitals

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Abstract

Background: The importance of organizations recognizing toxic leadership and understanding its substantial effects on followers and organizational culture. It advocates for tactics to address toxic leadership. **Aim of the study:** The present study was conducted to assess the relationship between toxic leadership practices and nurses' perceived turnover intention. **Subjects and Methods:** **Research Design:** A descriptive correlational research design was used. **Setting:** This study was conducted at Zagazig University Hospitals, Egypt. **Subject:** A stratified random sample (n=375) of staff nurses. **Tools of data collection:** Data were collected by using two tools, namely, the toxic leadership scale, composed of four parts, and the turnover intention scale, composed of three parts. **Results:** Analysis revealed that more than half of the studied nurses had a high perception level of toxic leadership, as well as nearly half of the studied sample having a low perception of turnover intention. **Conclusion:** There was a statistically significant positive correlation between staff nurses perception of toxic leadership and turnover intention. **Recommendations:** The study recommended that hospital administrators could conduct training programs for supervisors to improve their leadership skills and behavior, developing programs to refine the skills for the followers to use strategies and coping techniques to deal with toxic leaders.

Key words: Nurses, Toxic leadership, Turnover intention.

Introduction:

The competitive landscape of current health care divisions demands the involvement of inspiring leaders to come across customer demands and expectations. In nursing, effective leadership is a core dimension of the management role, with substantial evidence showing its desirable outcomes in nurses, patients and their families, and the organization (Zaghini et al., 2020). Nurse leaders play a crucial role in empowering nurses to provide care quality through the provision of a positive work environment. Leadership practices can contribute positively or negatively to patients, nurses and overall healthcare organizational outcomes (De Clercq et al., 2020)

Toxic leadership can be defined as a negative practice of leadership when a leader engages in destructive behaviors producing direct or indirect harm to others and the overall healthcare organization, this form of leadership is progressively becoming predominant in many institutions, including diverse health care organizations (Chauhan et al., 2022).

A toxic leader as someone who employs damaging and dysfunctional actions or behaviors, comprising

humiliating, intolerance, self-promoting and narcissistic behaviors. 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 skilled person (Labrague, Nawafu & Tsarash, 2020).

Toxic leadership has effects not only on individuals but also on the reputation of the organization. When employees leave toxic environments, they often share their negative experiences through various channels like glass door reviews and social networks, which can harm the organization's reputation and make it hard to attract and retain talented individuals. Industries with high visibility are particularly affected as a company's reputation for toxic leadership can greatly impede its ability to recruit new talent. The connection between toxic leadership and inflexibility increased turnover rates is complex, involving psychological impacts, deteriorating workplace relationships, limited professional growth opportunities, and damage to reputation (Skibińska & Karaszewski, 2024).

Turnover intention has been defined as “The last insequence of withdrawal cognitions, a set to which thinking of quitting and intent to search for alternative employment also belong, turnover intention has been widely proved to be an important and practical antecedent variable of turnover and it's the best predictor of actual turnover behaviour, therefore it's very important to identify the antecedent of turnover intention (Wang et al., 2020).

Turnover intention is an important precursor of actual turnover behaviour which is one of the main contributors to the nursing staff shortage. During although there are inconsistencies in definition, turnover intention may be understood as the desire of an employee to quit their current job within a certain time period described the construct of turnover intention as a multistage process, which starts with psychological responses to negative aspects of the current job and could lead to the decision to quit.

The decision to leave the job could finally result in turnover behaviour. Although nurse leaving their Profession entirely could be considered the major problem, turnover within the profession can also cause substantial costs, e.g. due to decreased productivity and training costs for new hire (Tolksdor, 2020), based on this definition turnover intention was used as a measure of the subjective feeling of organisational members regarding turnover rather than their specific behavior (Park & Min, 2020).

Toxic leaders, according to researchers, are harmful to employee and organizational performance because of disparaging and self-serving behaviours aimed at achieving personal goals and benefits by exploiting or compromising the needs and desires of subordinates, teams and organizations, Furthermore, toxic leadership has an impact on both organizational and individual performance. (Abdelalim, Abdallah & Abozeid, 2023).

Significance of the study

Nurse managers (NM) play a pivotal role in empowering nurses and supporting care quality through the provision of a positive work environment. NMs, through leadership practices, can

contribute positively or negatively to nurse, patient and organisational outcomes. A wide range of studies described the favourable outcomes of positive leadership, particularly the transformational leadership style, other studies, although few, showed the ill by effects of working under a destructive leader (Labrague, Nawafo & Tsarash, 2020).

Toxic leadership, a form of ineffective leadership, is increasingly becoming rampant in the field of nursing and has been strongly linked to poor nurse job outcomes including job dissatisfaction, higher stress levels, and increased turnover intention. To date, a few studies have been conducted to examine how this type of leadership behaviours affects patient outcomes and care quality (Labrague et al., 2021). So the aim of this study is to describe the influence of toxic leadership practices on nurse's perceived turnover intention at Zagazig University Hospitals, Egypt.

Aim of the study:

This study aimed to assess the relationship between toxic leadership practices and nurses' perceived turnover intention at Zagazig University Hospitals.

Research Questions:

- What is the perception level of the toxic leadership among nurses?
- What's the nurses' level about turnover intention among nurses?
- Is there relation between toxic leadership practices and nurses' turnover intention?

Subjects and methods:

Research design:

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

Study setting:

The study was conducted at Zagazig University Hospitals, Al Sharqia, Egypt, which include two sectors namely, the emergency sector includes four hospitals and elsalam sector includes two hospitals.

Nursing staff working in the above setting:

This is sampling a proportionate stratified random sample was taken from all nursing category from the above

mentioned setting who were available and agreed to participate in the study at the time of data collection and having at least one year of experience were included in the study (n=375). The total population size is 2770 nurses, so Sample size will be calculated by K. Thompson equation from the next formula (Thompson, 1987).

$$n = \frac{N \times p(1-p)}{[N-1 \times (d^2 \div z^2) + p(1-p)]}$$

Where: **n**: Sample size, **N**: Population size, **z**: Confidence level at 95% (1.96), **d**: Error proportion (0.05), **p**: Probability (50%). The ideal sample size was estimated at a confidence level at 95% (1.96), error Proportion (0.05), and the required sample size was 337 nurses. After adjust of a Dropout rate of 10 % the sample size required was 375. A total of 375 questionnaire forms were returned, giving a response rate of 100%. So the Definitive sample of the result was 375. A proportionate stratified random sample, where a population divides into strata and then the random sample is taken from each strata in proportion to its size.

Tools of data collection:

Two tools were used to collect necessary data.

Tool 1: Toxic leadership scale:

This tool contained two parts as follows:

Part I: Personal and Job characteristics of staff nurses:

This part was developed by the researcher to collect data about staff nurses' age, gender, department of work, marital status, and level of education and years of experience.

Part II: Toxic leadership scale:

The scale was developed by **labrague and Iorica (2020)** to assess the nurses's perception about the toxic leadership practices of nurse managers. This scale composed of 30 items classified into four behaviour dimensions, self promotion (3 items), narcissism (9 items), intemperate (15 items) and humiliating behavior (3 items). This scale is a 5points.

Scoring system of tool I:

The responses of nurses to the scale were measured on 5 point likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree) the perception level of nurses towards toxic leadership was considered:

High if the score was >75%

Moderate if the score was 60-75

Low if the score was <60%

Tool II: Turnover intention scale:

The scale was developed by **Na-nan, kanthong & Dhienhirum (2020)** to assess the nurses's perception about turnover intention this scale is composed of 10 items classified into 3 dimensions including turnover intention thinking (4 items), opportunities for new job (3 items) and intention to quit (3 items).

Scoring system of tool II:

Responses of nurses to the scale was measured on 5 points likerts scale .The likert scale is ranging 1 (strongly agree), 2(agree), 3(neutral), 4(disagree), and 5 (strongly disagree).The perception level of nurses towards turnover intention was considered

- High if score >75%
- Moderate if the score was 60-75
- Low if the score was <60%

Content validity and reliability:

The study tools were translated into Arabic language and then content and face validity were established by a panel of five experts at the faculty of nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions, all recommended modifications were performed by the researcher.

Reliability analysis all two tools (I and II) were tested for reliability using the cronbach's alpha coefficient factor test to determine the internal consistency of each scale and all were satisfactory for the toxic leadership scale and turnover intention scale. Cronbach alpha was 0.902 for total toxic leadership scale and 0.910 for total turnover intention scale.

Pilot study:

The pilot study was conducted to assess the tools clarity, practicability and feasibility and to identify the obstacles of applicability. The pilot study included (10%) about (37) of studied staff nurses selected from the study setting.No modification were done and pilot study was included in the main study sample. The pilot study also served in estimating the time needed

for filling out the forms that took from (10-15) minutes.

Field work:

The preparatory phase was done by printing questionnaire forms more than the required sample in order to maintain the complete sample size and also to compensate for the forms with missing data. The data collection phase of the study took three months from the beginning of January to the end of March 2024. During this stage all the data were collected from the study subjects. The preparatory phase was done by meeting the study subjects, each nurse was met individually, got a full explanation about the aim of the study and was invited to participate. The nurse who gave his/her verbal informed consent to participate was handed the self-administered questionnaire and was instructed during the filling.

The second phase included handing the required number of questionnaire to staff nurses in their work setting by the researcher to elicit their opinions. The data were collected three days a week. Then the data collection phase of this study was executed from (7-12) nurses per day during the morning, afternoon and night shifts in three days per weeks through three months the researcher met staff nurses in each unit in the morning and evening shifts after finishing their work to distribute the questionnaires. Staff nurses completed the questionnaires at the same time of distribution and took about 10-15 minutes. The researcher checked each questionnaire after they had been completed to ensure the completion of all information.

Administration and ethical consideration:

Official permission was obtained from the dean of the Faculty of Nursing Zagazig University, approval to conduct. Also, permission was obtained from the medical and nursing directors of each hospital after explaining the nature of the study, then oral official permission from the nursing director of each unit after explaining the nature and the aim of the work.

The study was affirmed by the Zagazig University-Faculty of nursing ethical committee with the ethical code

N.D.ZU.NUR/13/8/2023. Consent was established with the completion of the questionnaires. As well, verbal explanation of the nature and aim of the study had been explained to staff nurses included in the study sample. Staff nurses were given an opportunity to refuse or to participate and they were assured that the information would be used confidentially for the research purpose only.

Statistical analysis:

Data collected from the studied sample was revised, coded and entered using personal computer (PC). computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages, and mean SD. A correlation coefficient "pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square (χ^2) is a statistical test used to determine the relationship between categorical variables. A linear regression model describes the relationship between a dependent variable, y, and one or more independent variables, X.

Significance of the results:

- Highly significant at p-value < 0.01.
- Statistically significant was considered at p-value < 0.05
- Non-significant at p-value \geq 0.05

Results:

Table (1): Concerning demographic characteristics of studied nurses' sample, it is evident from this table that the majority of the nurses were aged between 30 and 40 years (37.9%). The nursing workforce was predominantly female (86.9%). Most of the nurses were married (71.7%), while (25.3%) were single. In terms of educational qualifications, almost half of the studied nurses' sample (55.7%) had obtained a degree from a technical institute. Also, this table shows that more than half of them (58.1%) had more than 10 years of experience, with the mean years of experience being (9.15 \pm 0.38) years. Regarding the departments in which they worked, the largest group

(40.5%) was employed in inpatient departments.

Figure (1): This figure shows that more than half of the studied nurse's sample, constituting (55.7%) had obtained their qualifications from a technical institute. The second largest group, comprising (21.9%) of the nurses, held a diploma in nursing. furthermore, (16.8%) of the nurses had acquired a bachelor's degree, while only a small percentage of them (5.6%) possessed a postgraduate degree.

Table (2): This table summarizes that the distribution of the studied nurses according to the different domains of the toxic leadership scale, categorized into high, moderate, and low levels. notably, the majority of nurses perceived high levels of narcissistic behavior (67.7%). However, for the humiliating behavior domain, most nurses perceived moderate levels (56.3%). When considering the overall toxic leadership scale, (56.3%) of the nurses perceived high levels of toxic leadership behaviors from their nurse managers, while (29.3%) perceived moderate levels, and only (14.4%) perceived low levels. these findings suggest a concerning prevalence of toxic leadership behaviors, particularly in the domains of intemperate, narcissistic, and self-promoting behaviors, as perceived by a significant proportion of the studied nurses within their healthcare organization.

Table (3): This table summarizes that, the distribution of the studied nurses across the three levels (high, moderate, low) for each domain of the turnover intention scale. For the turnover thinking domain, nearly half of the studied sample (49.6%) were low, while (29.9%) were moderate, and (20.5%) were high. in the opportunities for new job domain, most nurses (70.1%) were low, (24.8%) were moderate, and only (5.1%) were high. similarly, for the intention to quit domain, (73.3%) were low, (24.0%) were moderate, and (2.7%) were high. overall, (64.6%) of nurses had a low total turnover intention score, (26.1%) were moderate, and (9.3%) exhibited high turnover intention.

Figure (2): This figure depicts that, the distribution of the studied nurses

according to their total turnover intention scale scores categorized into high, moderate, and low levels. The majority of nurses, (64.6%,) had low total turnover intention scores. a sizeable proportion, (26.1%), exhibited moderate levels of turnover intention, while only (9.3%) of nurses demonstrated high levels of turnover intention based on their total scale scores. This graphical representation highlights that, while a considerable percentage of nurses reported low intentions to leave their current positions, there were still notable proportions experiencing moderate to high levels of turnover intention within this healthcare organization.

Table (4): This table examines that, the relationship between socio-demographic characteristics of the studied nurses (n = 375) and their total turnover intention scale scores. statistically significant associations were found between total turnover intention and age ($X^2 = 8.549, p < 0.01$), gender ($X^2 = 4.483, p < 0.05$), marital status ($X^2 = 4.652, p < 0.05$), level of education ($X^2 = 3.275, p < 0.05$), and years of experience ($X^2 = 6.774, p < 0.01$). the majority of nurses aged 20-30 years (91.4%), males (85.7%), single nurses (80.0%), those with bachelor's degrees (68.6%), and nurses with less than 5 years of experience (88.6%) exhibited High turnover intention levels. In contrast, most nurses aged 50-60 years (22.3%), females (99.2%), married nurses (93.4%), those with technical institute degrees (63.6%), and nurses with more than 10 years of experience (87.2%) reported low turnover intention levels. These findings suggest that younger age, male gender, being single, higher education levels, and fewer years of experience were associated with increased turnover intention among nurses in this healthcare setting

Table (5): This table shows that ,there were significant correlations among the studied variables. total toxic leadership scale was positively correlated with total turnover intention scale ($r = .684, p < .01$), suggesting higher perceived toxic leadership was associated with greater intentions to leave the job.

Discussion:

The effects of toxic leadership can be damaging to both individuals and the organization as a whole. While the employees may experience stress, burnout, and mental health issues due to the negative work environment created by the toxic leader, there can also be a cascading result in higher turnover rates, lower productivity, and decreased morale. The extreme intoxication of leaders in most work environments has spread a poison of negativity among individuals in organizations, and researchers are concerned about how leaders have lost all sense of purpose (**Ofei et al., 2023**). So, the aim of this study was to assess the relation between toxic leadership and turnover intention among nurses

Personal characteristics of the studied nurses the findings of the present study indicate that the majority of studied nurses were female and married. These findings may be attributed to the higher number of female students entering the faculty or school of nursing as nursing remains predominantly a field embraced by women and the main core of nursing occupation is feminists. Regarding qualifications the majority of studied nurses has a technical institute degree in nursing possibly reflecting the fact that the bachelor degree in nursing has gained popularity only recently and was not very popular consequently the study sample accurately represents the demographic of nurses working in our community. Furthermore, the results reveals that about three-fifth of studied nurses have more than ten years of experience these results align with a study conducted by **Hossny et al., (2023)** investigated influence of nurses 'perception of organisational climate and toxic leadership behaviour on intent to stay: A descriptive comparative study at two hospitals in Assuit city in Egypt, which similarity found that more than half the nurses were more than ten years of experience, majority of them had technical institute degree. Furthermore, **Abdelalim et al., (2023)** who studied the relationship between toxic leadership and organizational performance: The meditating effect of nurses 'silence in Egypt confirmed that the

majority of the studied nurses were female, more than three -fifth of them being above the age of thirty -five and having more than ten years of experience, conversely the majority of participants had a bachelor degree in nursing

On the other hand, the results of this study differ from a study conducted by **Ozkan et al., (2022)** who study of the effects of nurses managers' toxic leadership behavior on nurses 'perception of the professional values and reported that almost of participants less than ten years of experience and more than half of them had bachelor degree but agree with the majority of studied nurses were female and married.

Regarding toxic leadership practices the findings of the present study indicate that the highest mean scores was related to the narcissism behaviour dimensions while the lowest mean scores was related to humiliating behaviour domain ,this variation might be attributed to the perception because the psychological components that underlie narcissists' behavior. An exploratory list of the (highly interrelated) psychological underpinnings of narcissistic leaders might include arrogance, feelings of inferiority, an insatiable need for recognition and superiority, hypersensitivity and anger, lack of empathy, amorality, irrationality and inflexibility perceived as high. This perceptions could be attributed to staff nurses perceiving their leaders because toxic leader has repeated and persistent attempts to torment, wear down, frustrate or get reactions from another and toxic leader provokes pressure, frightens, intimidates or otherwise discomfort another person so the workplace culture becomes harassment and abusive. This findings is consistent with a study conducted by **Abo salih et al., (2023)** who studied nursing staff perception of toxic leadership and job security at tanta university hospitals , the study demonstrated that about two third of the studied nurses had a high perception level of overall toxic leadership. Similarly a study by **labrague, (2021)** who investigated the influence of nurse managers' toxic leadership behaviour on nurse – reported adverse events and quality of care in Philippines who reported

that nursing staff 's perception of overall toxic leadership is at high level . In line with these results, **Naeem & Sonia (2020)** who assessed the influence of toxic leadership on turnover intention:the mediating role of psychological wellbeing and employee engagement at the banking sector of Pakistan and found the most of nursing staff reported that they are exposed to high level of toxic behaviour of their leaders in their workplace

On the other line, this result contradictory with **Abo-Elenein & Abdel-mongy, (2021)** who studied the influence of head nurses' leading role and assertiveness on staff nurses 'achievement motivation: a comparative study in Egypt and revealed that the majority of staff nurses 'perceived that their leaders have low overall toxic leadership level. Additionally, **Zaki & Elsaïad, (2021)** who explored that toxic leadership and its relation to nurses 'absenteeism and their deviant behaviour at benha university hospitals, the study demonstrated that slightly more than three-fifth of nurses perceived a low level of toxic leadership, also a study conducted by **Abdullah & Mostafa, (2021)** who studied effects of toxic leadership on intensive care units staff nurses 'emotional intelligence and their organizational citizenship behaviour at tanta , the study reported that the majority of staff nurses perceived that their leaders had low overall toxic leadership moving on the total level of turnover intention among studied nurses,the findings indicate that more than half of them have a low level of turnover intention, this could be explained to lack of job opportunities and high salaries offered by hospital and economic conditions can also contribute to low turnover intention, this result aligns with a study conducted by **Hattab et al., (2021)** who studied the effect of toxic leadership on turnover intention and counterproductive work behaviour in indonesia which indicated low level of turnover intention,in the same line, **Ibrahim et al, (2024)** who explained the moderating effects of perceived alternative job opportunities and work experience on the relationship between job satisfaction and turnover intention in Lebanon which indicated low level of turnover intention

due to limited job opportunities, On the other hand,a study conducted by **Elshahat et al., (2019)** who investigated the relationship between quality of work life and turnover Intention among staff in ain shams university, egypt which showed high Level of turnover intention.also, a study conducted by **Ren & Klim, (2023)** who indicated serial multiple mediation of psychological empowerment and job burnout in the relationship between work place bullying and turnover intention among chinese novice nurses which indicated high level of turnover intention concerning the relationship between turnover intention and personal and job characteristics of studied nurses, the findings indicate only statistically significant relation between turnover intention and socio-demographic characteristics especially fewer experiences, higher education level, younger age and male gender, this results can be attributed to major group of the studied nurses were younger nurses with little experience and poor communication skills that do not conform to be the standards of clinical work,leading to arise in their stress level that in turn will increase their turnover intention and more experienced studied nurses have high grade of commitment to the organisation this result is consistent with a study conducted by **Mohammad et al., (2024)** who indicated the effect of work place Inactivity on turnover intention of working staff nurses at a selected hospital which indicated that high percentage of turnover intention related to less experience and more educational level of participants. The current study indicated that there was negative correlation between toxic leadership and turnover intention among nurses that might be due to the negative effects of toxic leadership can be damaging to both individuals and the organization as a whole, while the employee may experience stress, burnout and mental health issues due to negative work environment created by the toxic leader,there can also cascading result in higher turnover intention rates,lower productivity in accordance with the aforementioned studied nurses results, A study conducted by **Rasool et al., (2021)**

in Saudi Arabia indicated that the positive relationships between toxic leadership and turnover intention among nurses.

Conclusion:

In the light of the main study results, it can be concluded that more than half of the studied nurses have high level of toxic leadership. And three-fifth of studied nurses has low level of turnover intention. Additionally, there were significant correlation among the studied variables; total toxic leadership was positively correlated with turnover intention

Recommendations:

In the light of the findings for the health care organisation should:

- Establish leadership training programs to provide nursing leaders with leadership skills and practices that they need to perform their roles toward nurses to enhance the work outcomes.

- Develop and implement proper strategies and coping mechanisms to deal with toxic leaders.
- Apply subordinates 'performance appraisal that permit nursing staff to participate in leadership evaluation and the appraisal process.
- Listen to staff nurses 'feedback regarding the behaviour of their current leaders which might help in identifying toxic leaders.
- Adopt effective retention strategies to retain staff nurses by providing growth opportunities and staff recognition.
- Detect carefully the contributing factors of staff turnover intention and take corrective actions to enhance staff satisfaction.

Table (1): Frequency and percentage distribution of the studied nurses according to their demographic characteristics (n=375).

Demographic characteristics	N	%
Age		
20-<30	101	26.9
30-<40	142	37.9
40-<50	78	20.8
50-60	54	14.4
Mean±S.D 36.26±3.95		
Gender		
Male	49	13.1
Female	326	86.9
Marital status		
Single	95	25.3
Married	269	71.7
Widowed	10	2.7
Divorced	1	0.3
Level of education		
Diploma in Nursing	82	21.9
Technical Institute	209	55.7
Bachelor	63	16.8
Postgraduate	21	5.6
Years of experience		
<5 years	73	19.5
5-10 years	84	22.4
>10 years	218	58.1
Mean±S.D 9.15±0.38		
Name of the department in which you work		
Inpatient department	152	40.5
Outpatient Clinics	88	23.5
Operations room	64	17.1
Intensive care units	71	18.9

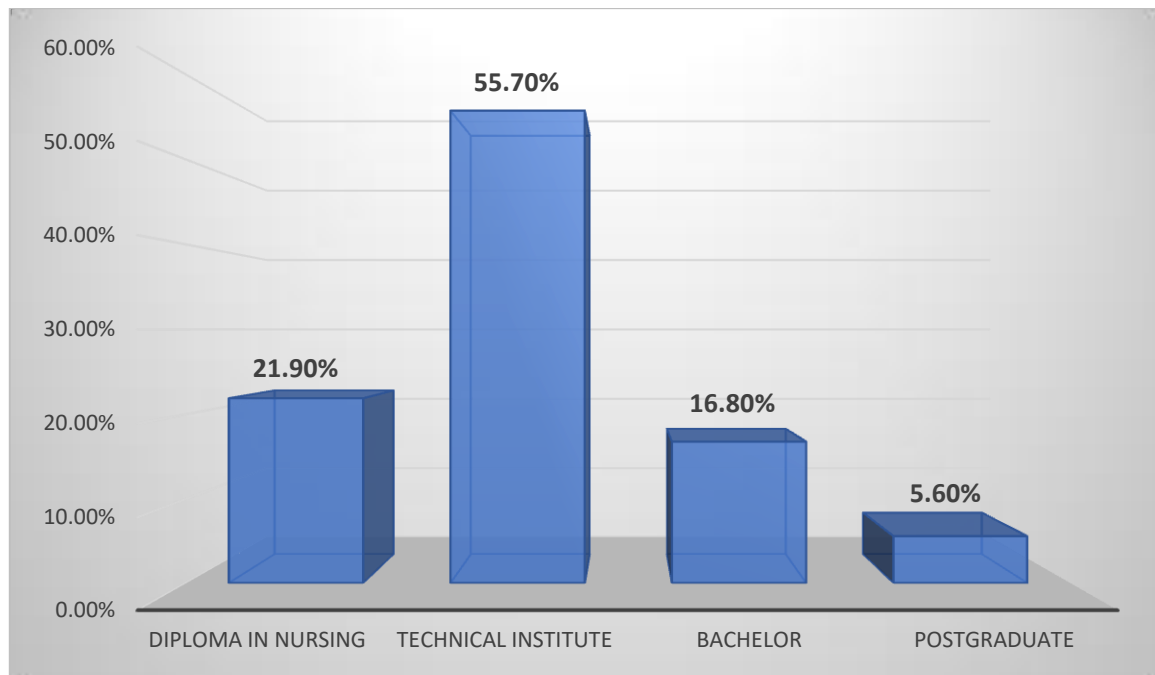


Figure (1): Distribution of the studied nurses according to their level of education (n=375).

Part II. Toxic Leadership scale.

Table (2): Distribution of the studied nurses according to their total domains of toxic leadership scale (n=375).

Items	High		Moderate		Low	
	No	%	No	%	No	%
Intemperate behavior of the nurse manager	248	66.1	68	18.2	59	15.7
Narcissistic behavior of the nurse manager	254	67.7	75	20.0	46	12.3
Self-promoting behavior of a nurse manager	242	64.5	88	23.5	45	12.0
Humiliating behavior of a nurse manager	98	26.1	211	56.3	66	17.6
Total	211	56.3	110	29.3	54	14.4

Turnover intention scale

Table (3): Distribution of the studied nurses according to their total domains of turnover intention scale (n=375).

Items	High		Moderate		Low	
	No	%	No	%	No	%
Turnover thinking	77	20.5	112	29.9	186	49.6
Opportunities for new job	19	5.1	93	24.8	263	70.1
Intention to quit	10	2.7	90	24.0	275	73.3
Total	35	9.3	98	26.1	242	64.6

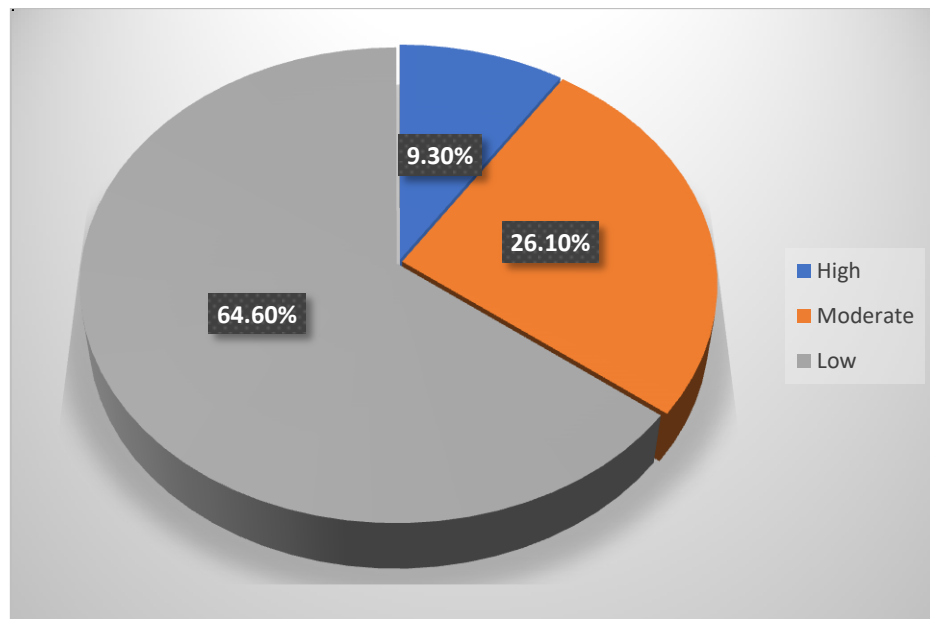


Figure (2): Distribution of the studied nurses according to their total turnover intention scale (n=375).

Table (4): Relationship between socio-demographic characteristics of studied nurses and their total turnover intention scale (n=375).

Items	Total turnover intention scale						X ²	P-Value	
	High N=35		Moderate N=98		Low N=242				
	N	%	N	%	N	%			
Age	20-<30	32	91.4	68	69.4	1	0.4	8.549	.000**
	30-<40	3	8.6	25	25.5	114	47.1		
	40-<50	0	0	5	5.1	73	30.2		
	50-60	0	0	0	0	54	22.3		
Gender	Male	30	85.7	17	17.3	2	0.8	4.483	.015*
	Female	5	14.3	81	82.7	240	99.2		
Marital status	Single	28	80.0	60	61.2	7	2.9	4.652	.021*
	Married	7	20.0	36	36.8	226	93.4		
	Widowed	0	0	2	2.0	8	3.3		
	Divorced	0	0	0	0	1	0.4		
Level of education	Diploma in Nursing	1	2.8	4	4.1	77	31.8	3.275	.012*
	Technical Institute	3	8.6	52	53.1	154	63.6		
	Bachelor	24	68.6	31	31.6	8	3.3		
	Postgraduate	7	20.0	11	11.2	3	1.3		
Years of experience	<5 years	31	88.6	40	40.8	2	0.8	6.774	.005**
	5-10 years	4	11.4	51	52.0	29	12.0		
	>10 years	0	0	7	7.2	211	87.2		
Name of department	Inpatient	10	28.6	37	37.8	105	43.4	1.352	.957
	Outpatient Clinics	8	22.9	22	22.4	58	24.0		
	Operations room	11	31.4	20	20.4	33	13.6		
	Intensive care units	6	17.1	19	19.4	46	19.0		

*Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.05

Table (5): Correlation between the studied variables (n=375).

Items		Toxic leadership	Turnover Intention
Total toxic leadership scale	r		
	p		
Total turnover intention scale	r	.684	
	p	.000**	

(**) Statistically significant at $p < 0.01$. r Pearson correlation

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