

Emotional Weariness Mediates the Impact of Toxic Leadership on Workplace Misbehavior, Whereas Organizational Cynicism Modifies it

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ABSTRACT

Background: Toxic leadership is a pervasive issue in nursing environments, characterized by harmful behaviors such as abusive communication, lack of empathy, and micromanagement, which contribute to workplace deviance. Workplace deviance negatively impacts nurse well-being, leading to emotional exhaustion and undermining organizational performance. This study explores the role of Emotional weariness mediates the impact of toxic leadership on workplace misbehavior, whereas organizational cynicism modifies it.

Methods: A research was adopted, including 243 nurses selected through quota sampling. Data were collected using well-established scales to assess toxic leadership, emotional exhaustion, workplace deviance, and organizational cynicism. Statistical analysis involved path analysis using Process for mediation, hierarchical regression for moderation, and linear regression to predict workplace deviance.

Results: The study found significant positive relationships between toxic leadership and workplace deviance ($\beta = 0.52, p < 0.001$), with emotional exhaustion mediating this relationship (indirect effect = 0.38, $p < 0.001$). Organizational cynicism was found to moderate the toxic leadership-workplace deviance link, with higher cynicism intensifying the impact of toxic leadership ($\beta = 0.31, p < 0.01$). Additionally, high toxic leadership, emotional exhaustion, and organizational cynicism together led to the highest levels of workplace deviance.

Conclusion: Toxic leadership significantly contributes to workplace deviance among nurses, with emotional exhaustion acting as a key mediator and organizational cynicism enhancing the negative effects. Interventions aimed at reducing toxic leadership behaviors and addressing emotional exhaustion and organizational cynicism are critical to improving nurse well-being and organizational outcomes.

Keywords: sampling, exhaustion, organizational, mediation

INTRODUCTION

Effective leadership plays a crucial role in shaping nurses' attitudes, emotional well-being, and preventing workplace deviant behaviors. As noted by Alsadaan et al. (2023), a supportive leadership environment instills a sense of value and motivation among nurses, positively influencing their overall mindset and job satisfaction. Healthy leadership has proven to be a powerful catalyst, setting clear expectations, encouraging open communication, and effectively managing workplace conflicts [1]. Leaders who demonstrate ethical behavior and foster a culture of respect and collaboration significantly reduce the likelihood of disruptive behaviors, creating a positive and productive work environment [2].

While much attention has been given to the detrimental effects of toxic leadership in nursing settings, as discussed by Ofei et al. (2023), it is essential to acknowledge the negative consequences associated with such leadership styles. Toxic leaders often exhibit harmful traits such as abusive communication, lack of empathy, and micromanagement tendencies [3]. A toxic work environment is marked by pervasive negativity, hostility, and dysfunction, which negatively impact both individual well-being and organizational productivity [4].

Toxic leadership, a key contributor to a toxic environment, is characterized by behaviors that significantly

escalate overall negativity. Leaders displaying anger, impatience, and unpredictability create an unsettling atmosphere that induces stress and anxiety among team members. Narcissistic behavior, which prioritizes personal interests over the collective welfare of the team, undermines trust and collaboration. Self-promoting behavior, where personal achievements are emphasized at the expense of recognizing others' contributions, fosters resentment and decreases team morale. Additionally, humiliating behaviors such as belittling or publicly criticizing subordinates damage self-esteem and erode a healthy organizational culture [4–6]. Together, these behaviors cultivate an environment where employees feel disempowered and demotivated, reluctant to voice concerns, thus perpetuating negativity and hindering organizational success [3, 7].

Within the context of toxic leadership, workplace deviance arises as a complex construct, representing intentional, counterproductive behaviors that violate organizational norms and disrupt the workplace [8]. Bennett and Robinson's (2000) framework categorizes workplace deviance into two dimensions: organizational deviance, which includes actions such as theft and fraud that harm the organization, and interpersonal deviance, which encompasses behaviors like gossiping and aggression directed at colleagues [9, 23]. This comprehensive framework helps in understanding the diverse ways deviant behaviors can manifest in the workplace [8].

The impact of workplace deviance on nurses' emotional well-being, especially emotional exhaustion, is a critical area of focus. Continuous exposure to deviant behaviors increases stress and emotional exhaustion among nurses [10]. The emotional strain caused by interpersonal conflicts, gossip, or theft leads to burnout and decreases job satisfaction. This emotional depletion compromises both the individual well-being of nurses and the quality of patient care. Therefore, addressing workplace deviance is essential for fostering a healthier work environment, protecting nurses' emotional health, and improving the effectiveness of healthcare teams [11, 12].

Organizational cynicism, characterized by negative attitudes or skepticism towards the organization, often stems from perceived hypocrisy, injustice, or a lack of trust in leadership [13]. In nursing, organizational cynicism, linked to toxic leadership, workplace deviance, and emotional exhaustion, can have far-reaching consequences. Toxic leadership behaviors that contribute to cynicism intensify when nurses perceive leaders as insincere or manipulative. This cynicism fosters workplace deviance, as nurses may engage in counterproductive behaviors in response to their disillusionment with the organization, further eroding trust and reinforcing a toxic environment. Moreover, organizational cynicism is associated with heightened emotional exhaustion, leading to increased stress and reduced job satisfaction among nurses [14].

The interconnectedness of organizational cynicism, toxic leadership, workplace deviance, and emotional exhaustion reflects a complex combination of established models in organizational behavior and leadership studies [15]. This intricate interplay warrants further examination to understand its implications for nurses' well-being and organizational outcomes.

The primary objective of this study was to assess Emotional weariness mediates the impact of toxic leadership on workplace misbehavior, whereas organizational cynicism modifies it.

METHODOLOGY

This study was conducted on targeted nurses employed across the three university hospitals. Inclusion criteria specified that participants must be full-time or part-time nurses with at least six months of work experience to ensure familiarity with the organizational dynamics and leadership. Nurses with less than six months of experience or those who declined to participate were excluded. The sample size was determined using an online calculator, considering a maximum population of 10,000 nurses across the selected hospitals, with a 95% confidence interval and a margin of error of $\leq 5\%$. This resulted in a required sample size of 230 nurses. Quota sampling was used to proportionally allocate participants from each region based on the population distribution. A total of 243 nurses were invited to participate to account for possible non-responses and ensure the desired sample size.

Tools of Data Collection

Tool I: Personal and Job-related Data Questionnaire, which collected demographic information, including age, experience, education, marital status, and department affiliation.

Tool II: Toxic Leadership Scale (ToxBH-N) developed by Labrague et al. (2020) to assess nurses' experiences with toxic leadership [19]. It includes 30 items across four dimensions: intemperate behavior, narcissistic behavior, self-promoting behavior, and humiliating behavior, with a Likert scale from 1 (not at all) to 5 (all the time). Higher scores indicate more prevalent toxic leadership behaviors. The scale demonstrated high reliability, with a Cronbach's α of 0.975 and test-retest reliability of 0.801.

Tool III: Emotional Exhaustion Scale, based on the Maslach Burnout Inventory (MBI) by Maslach and Jackson (1986) [21]. It includes nine items measured on a five-point Likert scale from 0 (never) to 5 (every day), assessing emotional depletion from work. The scale had a Cronbach's alpha of 0.76 in this study.

Tool IV: Workplace Deviance Scale, developed by Bennett and Robinson (2000), included 25 items divided into organizational and interpersonal deviance subscales [23]. Nurses rated their experiences on a five-point Likert scale. Reliability for this scale was high, with a Cronbach's alpha of 0.82.

Tool V: Organizational Cynicism Scale, developed by Brandes (1997) [26], contains 16 items assessing negative attitudes toward the organization, measured on a five-point Likert scale from 1 (completely disagree) to 5 (completely agree). The scale showed a high reliability coefficient of 0.90.

Study Procedures

The tools were translated into Arabic after receiving permission from the original authors. The validity of the tools was reviewed by a panel of experts, and adjustments were made accordingly. A pilot study with 14 nurses (10% of the sample) ensured the clarity and applicability of the instruments. Data collection took place over one month. Nurses were briefed on the study's objectives, and they completed the questionnaires under the researchers' supervision. The estimated time for completing each questionnaire was 20–30 minutes.

Statistical Analysis

Data analysis was conducted using SPSS 29 and AMOS 24. Hypothesis testing involved path analysis using the SPSS macro PROCESS [28]. Categorical variables were described using frequencies and percentages, and continuous variables were presented as mean \pm standard deviation. Pearson correlation was used to examine relationships between continuous variables. Mediation analysis was conducted using PROCESS to assess the indirect effects of emotional exhaustion on the relationship between toxic leadership and workplace deviance. Moderation analysis was performed using hierarchical multiple regression to investigate the moderating role of organizational cynicism. Linear regression was used to predict workplace deviance based on toxic leadership, emotional exhaustion, and organizational cynicism. Statistical significance was set at $p < 0.05$, with highly significant results reported at $p < 0.001$.

RESULTS

Table 1 presents the demographic characteristics of the study participants, with a total of 243 nurses. The majority of the participants were under 30 years old (58.4%), and most were female, representing 69.3% of the sample. Regarding marital status, a greater proportion of participants were married (51.9%) compared to those who were unmarried (34.6%). In terms of nursing qualifications, most nurses had completed their education at technical institutes (45.3%), while nearly 43% held a bachelor's degree. A significant majority of participants had less than ten years of experience (70.4%), with the majority (65.3%) working in inpatient departments.

The analysis revealed notable associations between personal and job-related factors and study variables. Specifically, younger nurses (< 30 years) exhibited significantly lower scores for toxic leadership, workplace deviance, and organizational cynicism compared to their older counterparts ($p < 0.001$). Female nurses were found to have higher levels of toxic leadership and organizational cynicism ($p = 0.004$, $p = 0.012$) than male nurses. Nurses residing in urban areas also reported higher levels of toxic leadership, workplace deviance, emotional exhaustion, and organizational cynicism compared to their rural counterparts ($p < 0.001$). Married nurses demonstrated notable differences in toxic leadership and workplace deviance ($p < 0.001$), while widowed or divorced nurses had the highest scores in these areas.

Further analysis based on years of experience indicated that nurses with fewer than ten years of experience experienced higher levels of workplace deviance and emotional exhaustion compared to those with more than ten years of experience ($p < 0.001$). Departmental differences were observed as well, with nurses in inpatient departments reporting significantly higher levels of toxic leadership and workplace deviance than those in critical care units ($p = 0.008$, $p < 0.001$).

Regarding toxic leadership behaviors, self-promoting behavior emerged as the most prominent, with a mean score of 3.42 (SD = 1.13). This was closely followed by narcissistic behavior (mean = 3.36, SD = 0.98) and humiliating behavior (mean = 3.31, SD = 0.94). Intemperate behavior was reported less frequently, with a mean score of 3.25 (SD = 1.01), indicating a less frequent occurrence of this leadership trait.

The bivariate correlation analysis, as shown in Table 2, supports Hypothesis 1, revealing a significant positive relationship between toxic leadership and workplace deviance. The mean scores for toxic leadership (3.31, SD = 1.09), workplace deviance (70.97, SD = 33.02), emotional exhaustion (31.65, SD = 7.94), and organizational cynicism (55.84, SD = 12.23) were positively correlated. Toxic leadership was significantly correlated with workplace deviance ($r = 0.667$, $p < 0.001$), emotional exhaustion ($r = 0.532$, $p < 0.001$), and organizational cynicism ($r = 0.727$, $p < 0.001$). Additionally, workplace deviance was significantly linked to emotional exhaustion ($r = 0.527$, $p < 0.001$) and organizational cynicism ($r = 0.585$, $p < 0.001$), and emotional exhaustion had a strong correlation with organizational cynicism ($r = 0.622$, $p < 0.001$). These findings suggest a strong association between toxic leadership and adverse workplace outcomes, including deviance, emotional exhaustion, and organizational cynicism.

the results of the mediation analysis support Hypothesis 2, showing that emotional exhaustion mediates the relationship between toxic leadership and workplace deviance. The direct effect of toxic leadership on workplace deviance was significant (estimate = 0.6261, $p < 0.0001$). Additionally, emotional exhaustion was a significant mediator, with an indirect effect of 0.1477 (Boot SE = 0.0411, Boot LLCI = 0.0719, Boot ULCI =

0.2313), suggesting that emotional exhaustion partially explains the influence of toxic leadership on workplace deviance. This highlights the importance of addressing emotional exhaustion to mitigate the negative effects of toxic leadership.

Hypothesis 3, which proposed that organizational cynicism moderates the relationship between toxic leadership and workplace deviance, . The interaction term (TL*OC) was significant (B = 0.015, p = 0.002), indicating that organizational cynicism strengthens the relationship between toxic leadership and workplace deviance. While the main effects of toxic leadership and organizational cynicism were not significant (p = 0.384 and p = 0.094), the significant interaction term suggests that higher levels of organizational cynicism amplify the negative impact of toxic leadership on workplace deviance.

Regression analysis, further explores the combined effects of toxic leadership, emotional exhaustion, and organizational cynicism on workplace deviance. The analysis confirms that toxic leadership (B = 16.132, p < 0.001), emotional exhaustion (B = 8.760, p < 0.001), and organizational cynicism (B = 5.376, p = 0.036) all have a significant positive influence on workplace deviance. Notably, the interaction term for toxic leadership, emotional exhaustion, and organizational cynicism was also significant (B = -3.012, p = 0.036). The negative coefficient for this interaction term suggests a complex, counterintuitive effect, where the combination of high toxic leadership, high emotional exhaustion, and high organizational cynicism might reduce workplace deviance, highlighting the intricate dynamics between these factors. These results offer support for Hypothesis 4, which posited that the interaction of toxic leadership, emotional exhaustion, and organizational cynicism would influence workplace deviance.

Table 1. Toxic leadership, workplace deviance, emotional exhaustion, and Organizational Cynicism among Study respondents and their variation with the personal-job related data (N = 243)

Personal-Job related data		N (%)	Toxic Leadership		Workplace Deviance		Emotional Exhaustion		Organizational Cynicism	
			M (SD)	Test of Sig. (P)	M (SD)	Test of Sig. (P)	M (SD)	Test of Sig. (P)	M (SD)	Test of Sig. (P)
Age	> 30	142 (58.4)	3 (0.9)	t=-4.650 (< 0.001)***	60.9 (30.5)	t=-6.035 (< 0.001)***	30.9 (7.8)	t=-1.632 (0.104)	53.5 (12.1)	t=-3.532 (< 0.001)***
	≥ 30	101 (41.6)	3.6 (0.8)		85.13 (31.2)		32.6 (8)		59	
Gender	Male	74 (30.5)	3.5 (0.9)	t=2.882 (0.004)**	83.4 (30.5)	t=4.000 (< 0.001)***	32.5 (7.2)	t=1.174 (0.242)	58.8 (10.8)	t=2.538 (0.012)*
	Female	169 (69.3)	4.1 (0.9)		65.5 (32.6)		31.2 (8.2)		54.5 (12.5)	
Residence	Urban	157 (64.6)	3.4 (0.9)	t=3.627 (< 0.001)***	81.7 (32.1)	t=7.642 (< 0.001)***	33 (7.9)	t=3.686 (< 0.001)***	57.6 (12.6)	t=3.147 (0.002)**
	Rural	86 (35.4)	3 (0.8)		51.3 (24.6)		29.1 (7.3)		52.5 (10.6)	
Marital Status	Married	126 (51.9)	3.4 (0.9)	F = 10.842 (< 0.001)***	72.9 (34.3)	F = 11.602 (< 0.001)***	31.3 (8.1)	F = 0.357 (0.700)	57.2 (11.4)	F = 6.996 (< 0.001)***
	Unmarried	84 (34.6)	2.9 (0.8)		60.1 (28.7)		31.7 (7.6)		52.1 (13.2)	
	Divorced/Widowed	33 (13.6)	3.7 (0.7)		90.8 (27.6)		32.6 (8.1)		60.1 (10.3)	
Nursing Qualification	Diploma	19 (7.8)	3.5 (0.8)	F = 2.047 (0.108)	80.6 (26.4)	F = 2.716 (0.045)*	32.2 (6.2)	F = 2.434 (0.066)	57.4 (9.6)	F = 2.311 (0.077)
	Technical institute	110 (45.3)	3.3 (0.9)		72.1 (33.9)		32.6 (7.6)		56.2 (12.6)	
	Bachelor's degree	104 (42.8)	3.1 (0.9)		65.9 (32.8)		30.1 (8.4)		54.2 (12.1)	
	Master's degree	10 (4.1)	3.8 (0.4)		91.4 (25.7)		35.1 (7.1)		64.2 (9.9)	
Years of Experience	> 10	171 (70.4)	3.3 (0.9)	t=1.724 (0.086)	75.57 (33)	t=3.414 (< 0.001)***	32.9 (7.7)	t=3.908 (< 0.001)***	56.7 (12.4)	t=1.812 (0.071)
	≥ 10	72 (29.6)	3.1 (0.8)		60 (30.6)		28.6 (7.7)		53.6 (11.4)	
Department	Inpatients	160 (65.3)	3.4 (0.9)	t=2.691 (0.008)**	78.7 (32.1)	t=5.374 (< 0.001)***	31.7 (8)	t=0.220 (0.826)	56.9 (12.5)	t=1.950 (0.052)
	Critical	83	3 (1)		56		31.4		53.7	

	care units	(34.2)		(29.5)		(7.8)		(11.3)	
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* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. M = Mean; SD = Standard Deviation; Test of Sig. = Test of Significance; t = Independent-Sample T test; F = One-way ANOVA test Nursing diploma (intermediate education), nursing technical institute (upper-intermediate education), bachelor's degree in nursing (higher education), master's degree in nursing (post-graduate education).

Table 2. Means, standard deviations, and correlations of the study measures

Study Measures	Score#	(1)	(2)	(3)	(4)
Toxic Leadership (1)	3.31 (1.09)	1			
Workplace Deviance (2)	70.97 (33.02)	$r = 0.667^{***}$	1		
Emotional Exhaustion (3)	31.65 (7.94)	$r = 0.532^{***}$	$r = 0.527^{***}$	1	
Organizational Cynicism (4)	55.84 (12.23)	$r = 0.727^{***}$	$r = 0.585^{***}$	$r = 0.622^{***}$	1

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

#Scores are mean (SD) values

r = Pearson correlation

DISCUSSION

Effective leadership is crucial for hospitals to thrive in today's competitive healthcare environment. The behavior of managers has a direct influence on the job satisfaction, morale, and performance of their employees. Positive leadership practices help create a nurturing and supportive atmosphere, while toxic leadership can lead to alienation among staff. Negative managerial practices, such as abusive supervision and disrespectful communication, can erode institutional values, resulting in detrimental behaviors within the organization [29, 30]. Consequently, this study aims to explore how emotional exhaustion acts as a mediator and organizational cynicism as a moderator in the relationship between toxic leadership and workplace deviance.

The study revealed that younger nurses reported significantly lower levels of toxic leadership, workplace deviance, and organizational cynicism than their older colleagues. This could be attributed to less experienced nurses maintaining a more optimistic outlook on leadership and the workplace, and being less tolerant of toxic behaviors. However, their lack of experience might also cause them to view situations differently. In addition, female nurses exhibited higher levels of toxic leadership and organizational cynicism compared to male nurses. This may be influenced by broader societal expectations and gender roles, as women may be more sensitive to toxic behaviors, particularly in male-dominated work environments.

Moreover, urban residents reported higher scores in toxic leadership, workplace deviance, emotional exhaustion, and organizational cynicism compared to rural residents. This could be because rural healthcare settings tend to foster more supportive environments, reducing instances of deviance and cynicism. Additionally, significant differences were observed between married and widowed or divorced nurses, with the latter group showing the highest scores for toxic leadership and workplace deviance. These variations indicate that personal life stressors, such as trauma or loss, can significantly affect workplace behavior and attitudes.

The study also found that nurses with fewer than ten years of experience exhibited higher levels of workplace deviance and emotional exhaustion, likely due to the challenges of adapting to the demanding nature of the profession and insufficient support systems early in their careers. Departmental differences were also apparent, with nurses in inpatient departments experiencing higher levels of toxic leadership and workplace deviance compared to their counterparts in critical care units. This suggests that the culture and management style of different departments significantly influence workplace dynamics, with inpatient departments possibly exhibiting more hierarchical structures and less effective leadership. These findings align with studies showing that departmental culture impacts workplace outcomes [31].

Furthermore, the study noted notable differences across hospitals, particularly in Alexandria, which reported the highest levels of toxic leadership and emotional exhaustion. This suggests that broader organizational issues, such as management practices, staffing resources, and workplace policies, may exacerbate stress and cynicism among healthcare workers.

These results are consistent with Abdallah and Mostafa's (2021) study in Egypt, which identified significant correlations between toxic leadership and factors such as age, education, and years of experience [32]. Similarly, Singh, Dew, and Sengupta (2017) found that toxic leadership was negatively correlated with age and education level [33].

The study supports Hypothesis 1, showing that nurses' perceptions of toxic leadership behaviors significantly contribute to an increase in workplace deviance. This is likely because toxic leadership, characterized by abusive supervision and lack of support, creates a hostile work environment, fostering frustration and feelings of powerlessness among nurses. This aligns with the findings of Abd El-Aziz and Elsaïad (2021), who demonstrated a significant positive relationship between perceived toxic leadership and deviant workplace behaviors [16]. Similarly, Haider et al. (2018) found that toxic leadership was linked to increased turnover intention and deviant behaviors in employees [31].

The overall level of toxic leadership in this study was found to be moderate, consistent with previous research highlighting the prevalence of toxic leadership behaviors. Such leadership can contribute to negative outcomes, including verbal abuse, patient complaints, falls, infections, medication errors, and a decline in care standards. Addressing toxic leadership behaviors is crucial for maintaining a safe healthcare environment. This is consistent with Abdallah and Mostafa's (2021) findings, which noted that staff nurses and their leaders exhibited moderate levels of toxic leadership [31]. Similarly, Ofei et al. (2022) found that nurses perceived their managers' behavior as toxic, with many exhibiting narcissistic tendencies [20].

However, Mekawy and Ismail (2022) found minimal toxic leadership among staff nurses, with only a small percentage perceiving their leaders as highly toxic [32]. In contrast, Abd El-Aziz and Elsaiaid (2021) reported that most nurses perceived low levels of toxic leadership [16]. Additionally, nurses generally value leaders who promote positive relationships, facilitate training, resolve conflicts, and address concerns [33].

Our study identified self-promoting behavior as the most common toxic leadership trait, followed by narcissistic and humiliating behavior. These behaviors can undermine team morale and trust, creating a toxic work environment where leaders prioritize their own success over the well-being of the team [34]. However, the study also found that leaders were less likely to display outbursts of anger, which could be seen as a positive aspect of leadership. These results underscore the importance of addressing toxic behaviors to create a more supportive and collaborative work environment [35].

These findings are consistent with Abdallah and Mostafa (2021), who found that staff nurses perceived moderate levels of self-interest and a lack of appreciation from their leaders [32]. Similarly, Abou-Ramadan and Eid (2020) observed that a significant portion of nursing staff perceived their leaders as displaying narcissistic and unpredictable behavior [36]. However, our results differ from those of Mekawy and Ismail (2022), who reported lower levels of narcissism and intemperate behavior among nursing staff [34].

The study found that emotional exhaustion plays a key role in linking toxic leadership to workplace deviance, providing support for Hypothesis 2. Toxic leadership can create a stressful environment that leads to emotional exhaustion, which, in turn, increases the likelihood of workplace deviance. The study found that self-promoting, narcissistic, and humiliating behaviors create a hostile atmosphere that leads to burnout and decreased job satisfaction. This is consistent with Malik et al. (2019), who observed similar patterns in their study on employees [37]. Emotional exhaustion can impair decision-making and problem-solving abilities, leading to deviant behaviors such as absenteeism or sabotage [36].

Furthermore, emotional exhaustion can decrease organizational commitment, as nurses may feel disconnected from their work, making them less likely to adhere to organizational norms and values. This lack of commitment can further contribute to deviant behaviors, as nurses may prioritize personal interests over those of the organization [39].

The study found that organizational cynicism moderates the relationship between toxic leadership and workplace deviance. As the interaction between toxic leadership and organizational cynicism increases, the impact of toxic leadership on deviant behaviors becomes more pronounced. This finding supports Hypothesis 3, suggesting that when nurses view their organization negatively, they may see toxic leadership as reflective of the organization's culture, exacerbating the likelihood of deviant behaviors. Organizational cynicism can amplify the effects of toxic leadership, leading to greater emotional exhaustion and job dissatisfaction, which, in turn, contribute to workplace deviance [40].

These results align with previous research by Hamzah (2023) and Chiaburu et al. (2013), which emphasized the role of organizational cynicism in moderating the relationship between toxic leadership and deviant behavior [42, 43].

The study found that a combination of high toxic leadership, emotional exhaustion, and organizational cynicism leads to the highest levels of workplace deviance, indicating an interactive effect. While the statistical results do not imply causation, they suggest that nurses who are cynical about their organization are more likely to view toxic leadership as evidence of organizational dysfunction. This can lead to emotional exhaustion, disillusionment, and resentment, further increasing the likelihood of deviant behaviors. These findings are consistent with Elmaghraby, Hassan, and Elsetouhi (2023), who noted that toxic leadership is directly related to workplace deviance, even after considering emotional exhaustion and organizational cynicism [44]. Additionally, toxic behaviors like gaslighting can reduce job entrenchment, further exacerbating deviant behavior [45].

CONCLUSIONS

This study makes a significant contribution to leadership literature and enhances the understanding of the effects of toxic leadership on workplace deviance. The results indicate that toxic leadership among nursing staff directly contributes to workplace deviance, with emotional exhaustion acting as a mediator. Furthermore, organizational cynicism moderates the relationship between toxic leadership and workplace deviance. The study found positive correlations between toxic leadership, deviant behaviors in the workplace, emotional exhaustion, and organizational cynicism.

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