

## EDITORIAL

## Do we build effective leadership skills in the nursing profession?

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In response to the emergence of new pandemics, war, conflict, large-scale population migration and other emergencies affecting health and health care and the expanding roles of nurses, the World Health Organization (2020) has called on all governments of the world and stakeholders to strengthen and innovate the education, workforce, and leadership of nurses.

I would like to focus more specifically on the third challenge – nursing leadership. Leadership is considered a key managerial function as it influences the quality of the work environment, workplace relations, motivation, productivity and work efficiency, employees' job satisfaction, their psychological condition and personal well-being, the rate of absenteeism or employee retention, and last but not least, the achievement of the organization's goals and optimal results. In the last two decades, two types of leadership in particular – ethical and toxic – have frequently been identified and evaluated in scientific studies in relation to the above variables.

With increasing progress, more and more practitioners and scholars place emphasis on the ethical leadership and social responsibility of organizations (Kim et al., 2022). Issues regarding ethical leadership were raised in the early 21<sup>st</sup> century after a series of ethical scandals in the business environment (Brown et al., 2005; Johnson, 2003). Ethical leadership has been conceptualized as “the demonstration of normatively appropriate behaviour through personal actions and interpersonal relationships and the encouragement of such behavior in followers through two-way communication, reinforcement, and decision making” (Brown et al., 2005). This implies that ethical leaders exhibit behaviors that are perceived by their followers as ethically normatively appropriate, e.g. honesty, fairness, trustworthiness, and caring. Ethical leaders set ethical standards, actively encourage and reward ethical behavior in subordinates, and reciprocate by giving employees a voice on the issues raised. They consider the ethical implications of their actions, make principled and fair decisions,

and discipline those who do not adhere to ethical standards. (Brown et al., 2005). Scientific studies, systematic reviews, and meta-analyses (El-Gazar & Zoromba, 2021; Kim et al., 2022; McKenna & Jeske, 2021; Peng, & Kim, 2020) consistently show the positive impact of ethical leadership on nurses' personal well-being, job engagement and performance, and job satisfaction and retention. Managerial behaviors that are perceived by followers as ethical contribute to a reduction in nurse turnover, and occurrence of deviant or counterproductive behaviors in the workplace (Alan et al., 2022; Khattab & Abdelaliem, 2024; Kim et al., 2022; Raza et al., 2021). Finally, ethical leadership is related to achieving better outcomes for the healthcare organization, contributing to lower incidence of adverse events, increasing patient safety, improving workplace safety culture, and increasing the quality of nursing care delivered (Barkhordari-Sharifabad & Mirjalili, 2020; Lotfi et al., 2018).

I think it is also important to draw attention to the dark side of governance – toxic leadership. Webster et al. (2016) define a toxic style as systematically abusive, destructive, and unethical leadership that directly and indirectly harms individuals and the entire organization. A toxic manager usually exhibits elements of manipulative behavior (e.g., uses lies, induces conflict, undermines authority, has favorites), uses intimidation and bullying of subordinates, targets people who have fallen into disfavor for whatever reason and tries systematically to get rid of them (autocratic leadership style), and exhibits signs of abusive and emotionally unstable behavior. Toxic behavior may also be narcissistic (e.g., arrogant assertion of self, need to receive personal praise, to win, to assert oneself at any cost) and passive aggressive behaviour (e.g., ignoring people who point out shortcomings, negating actions previously taken). Micromanagement behaviors (e.g., excessive control, limiting employee autonomy, assigning meaningless tasks) are also considered a sign of toxic leadership. Behaviors of a toxic leader can lead to psychological harm (e.g., anxiety, depression, burnout) and physical

health problems (e.g. insomnia, chronic fatigue) in nurses or other subordinates (Ahmed et al., 2024; Labrague, 2024). Alternatively, it can lead to deviant behavior in the workplace, lowering morale, and can even induce vindictiveness (Ahmed et al., 2024; Labrague, 2024). Working under a toxic manager contributes to a decrease in nurses' job performance and commitment, a decrease in their job satisfaction, and increased turnover (Labrague, 2024; Farghaly Abdelaliem & Abou Zeid, 2023).

As the roles and responsibilities of nurses expand in the 21<sup>st</sup> century, the demands of providing quality and safe care to the entire spectrum of the population increase. This increases the requirement for nurse education and retention in the health and social care systems. Developing nursing as a profession and strengthening the nursing workforce clearly calls for strong leadership. Bearing this in mind, there is a need to cultivate ethical leadership in undergraduate and graduate education, to foster a culture of respect and collaboration, to create a respectful and healthier work environment, and to reduce toxic practices in both current and future nursing leaders. This is all the more necessary in the current era in which the leaders of many countries around the world demonstrate their power by arrogantly promoting themselves and their own interests without respect and regard for other individuals or cultures.

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