A Study on Toxic Leadership Perceptions of Healthcare Workers

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Abstract

Purpose: The main purpose of this study is to determine the toxic leadership perceptions of health care workers and to reveal whether the evaluations of the workers about toxic leadership sub-dimension differ according to individual and demographic characteristics or not. Another purpose of the study is to evaluate whether a scale that measures toxic leadership, validity and reliability revealed in other sectors can be used in the health care sector or not.

Design/methodology/approach: The population of the study covers doctors, nurses and other health care workers who work in a state hospital operating in the province of Ankara, Turkey. The study was performed by convenience sampling. The data collection period covers between January-March 2016 and 292 usable surveys are attained. In order to reveal whether the evaluations of health care workers about toxic leadership and sub-dimensions differentiate or not in terms of individual and demographic characteristics, significance test of the difference between two means and one way analysis of variance were used.

Findings: As a result of the conducted analyses, it was found that the scale used in the study was valid and reliable for health care sector as well. Additionally, it was revealed that toxic leadership perceptions of the participants had statistically significant differences in each of four dimensions in line with the age and total working experience, selfishness and negative state dimensions according to their profession.

Originality/value: The lack studies examining the toxic leadership in the health sector in Turkey is the most important value of this study.

Keywords: Toxic leadership, Leadership, Health care, Health care workers

Introduction

Recent studies on negative and ineffective leadership focus on understanding leadership behaviors which are harmful to employees as well as for the organizations (Mehta and Maheshwari, 2013). Since 1970s, leaders around the management have discussed abusive, authoritative and narcissistic leadership forms. The leadership terms of authoritative and abusive are the terms that existed in the 1970s and discussions about negative leadership forms have revealed toxic leadership that occurs as a categorical phenomenon (Maxwell, 2015).

The term of toxic leadership is a multi-dimensional structure that contains bad supervision components such as narcissism, authotarianism, self-promotion and unpredictability (Dobbs, 2014). Toxic leadership is a bad leadership type that risks the values and the norms of the organization and develops inappropriate behaviours (Aubrey, 2012). Toxic leadership is defined as a kind of toxic which creates a seriously effectual pressure on the personality of the employee (Lipman-Blumen, 2005a). Whicker (1996) defines toxic leadership as a leader who is incompatible, anxious and malevolent. Also, it is stated that this type of leaders shows characteristics that are egocentric, wants to rise over somebody else's shoulders, displays personality disabilities and gives no confidence (Çelebi et al., 2015). Wilson-Starks (2003) states toxic leadership as an approach that harms the staff and as a consequence, the organization.

Toxic leaders spread their poison through excessive control. According to Wilson-Starks (2003), people are rewarded for agreeing with managers and punished for thinking differently in organizations that have toxic leaders. In such an environment, while people who say "yes" get rewarded and promoted to the leadership positions, people who think critically and interrogate are kept away from decision making and action mechanism (Wilson-Starks, 2003). Flynn (1999) implies that a toxic leader is someone who bullies and threatens yells his/her employees.

According to Lipman-Blumen (2005), toxic leaders act in a wide range of destructive manners and show dysfunctional personal characteristics. Therefore, it has been stated that toxic leaders give serious and lasting damages to individuals, groups, communities and even nations which they lead (Lipman-Blumen, 2005b). Toxic leaders might be destructive for the personnel of all levels in the organization and cause the fragmentation of the organization.

Wilson-Stark (2003) defines the characteristics of a toxic leader in three ways. First of all, toxic leaders prevent the development of creativity through their strict mechanism. Secondly, they have no inclination for communication. Toxic leaders increase distrust by isolating people and holding the knowledge under control. Thirdly, they prevents the development of productive relationships. Therefore, people become strangers to each other.

Toxic leaders can make a decision in a very short time and change any decision unexpectedly and without stating a valid reason. While making a decision, toxic leaders usually do not think the results of decision, generally think that they always do the right. Also, because their behaviours are extremely irrelevant with employees and the organization, they influence the climate of the organization in a negative way (Eğinli and Bitirim, 2008).

Toxic leaders usually exploit four basic needs and two main fears. These are the need of authority, the need of safety, the need of feeling oneself special, the need of belonging, the fear of exclusion and the fear of weakness (Lipman-Blumen, 2015a). The common behaviours which are repeated by toxic leaders are avoiding the subordinates, showing aggressive behaviours against the others,

humiliating the subordinates, hiding job targets, blaming others for own problems and intimidating others (Steele, 2011).

While communicating with subordinates in the organization, toxic leaders mostly tend to act in an intentional cold and distant manner. These people avoid the situations that require them to explain their own decisions or behaviors. Either intentional or not, toxic leaders confuse the mind of the subordinates and thus decrease the subordinates' level of trust; increase the fear of being punished and making a mistake (Kırbaç, 2013). Although there is a consensus about the fact that toxic leaders are bad for the organization and they harm the good relationships in the workplace, it is stated that toxic leaders are held in the institution because they possess the ability to correct an ineffective team or an incompatible culture (Maxwell, 2015).

Toxic leadership have impacts in both individual and organizational levels as well. Toxic leadership behaviour contributes to organizational performance in organizational level, business behaviours that harm the purpose and higher turnover rate in a negative way. In an individual level, it results with lack of motivation, sexual harassment, decrease in job satisfaction, absence to work, increasing intention to leave work, bad performance (Mehta and Maheshwari, 2014; Schmidt, 2008).

In this study, the toxic leadership scale which was developed by Çelebi et al. (2015) and inspired from the scale by Schmidt (2008) is used in order to evaluate toxic leadership perceptions of health care workers. In the study conducted by Çelebi et al. in the education sector, it is stated that toxic leadership has four dimensions including self-interest, selfishness, inappreciativeness and negative spiritual state; on the other hand, in Schmidt's study (2003), while it is stated that it has been formed of five dimensions including self-promotion, abusive supervision, unpredictability, narcissism and authoritarian leadership. Accordingly, it has been emphasized that self-interest and selfishness dimensions, which are named by Çelebi et al., are in accord with exploitative, narcissistic and distinguishing oneself dimension (Reyhanoğlu and Akın, 2016).

According to Reed (2004), self-interest dimension of toxic leadership has been expressed as leaders who do not think their subordinates and are motivated with their own interest. The characteristics of granting privilege to people who have advantages for him/her, being a part of the successes that do not belong to him/her, avoiding responsibility in case of constituting a mistake outweigh in a toxic leader whose self-interest dimension is high (Çelebi et al., 2015). This dimension corresponds to Schmidt's (2008) self promotion dimension and is explained as leader's decreasing of threat that will come from rivals and subordinates prioritising his/her own interest.

Çelebi et al. (2015) associate narcissism, which matches with characteristics such as inconsistency, selfishness, egocentric approach, putting forward one's own interest and needs overweigh, with selfishness dimension. Schmidt's definition of narcissism dimension (2008) resembles with the dimension of selfishness; narcissism is defined as lack of skill of developing empathy with others, underestimating other's abilities and efforts and narcissism is also closely related to the leaders who have high level self-esteem. A toxic leader thinks that he/she is more talented than others and deserves his/her office exceedingly (Çelebi et al., 2015).

The tendencies, such as not giving value to the employees, reminding the faults of the employee unsymphatetically, giving the feeling of inadequacy to the employee, humiliating the employee, is seen in toxic leaders whose appreciativeness dimension is high. Kasalak and Aksu (2016) emphasize that the tendency to humiliate the others and insult their values is related with the toxicity that results from narcissistic behaviours. Aubrey (2012) states that toxic leaders whose narcissistic tendency is high degrades the value of the employees and exploits the actions of the

employees. As for negative spiritual state dimension, it is stated that they are the situations which can reflect on the leader's tone of voice/volume, abstain the employees from approaching to the leader, and determine the climate/atmosphere of the working environment (Çelebi et al., 2015).
The aim of this study is to determine health care workers' toxic leadership perceptions related to their managers they work under and reveal whether the evaluations of health care workers about the sub-dimensions of toxic leadership differ or not according to the various individual and demographical characteristics. Another aim of this study is to assess whether a scale that measures the toxic leadership, which is proved in other sectors in terms of its validity and reliability and which is a relatively new concept in health care sector, can be used in the health care sector as well.

Methodology

Data Collection

This study is a cross-sectional field study. A validated questionnaire covers data from hospital employees. In the study, toxic leadership characteristics of health care workers were evaluated with "Toxic Leadership Scale" which was developed by Çelebi et al. (2015) based upon Schmidt's (2008) study. In the scale developed via a practice in the education sector, there are 30 statements and 4 sub-dimensions which are inappreciativeness (11 statements), self-interest (9 statements), selfishness (5 statements) and negative spiritual state (5 statements).
The scale items gathered under four factors in the original scale explain 67.07% of the total variance. Also, all the Cronbach's alpha reliability values were found over 0.80. In the form in question, five point Likert type scale that takes values between 1 (strongly disagree) and 5 (strongly agree) was used.

Population and Sample

The population of the study covers doctors, nurses and other health care workers (n=670) who work in a state hospital operating in the province of Ankara, Turkey. The study was performed by convenience sampling and data collection tool used in the research was distributed to all the personnel accepting to participate in the study. The data collection period covers between January-March 2016 and 292 usable survey were attained. Face to face questionnaire technique was employed.

Data Analysis

In the analysis of the data, SPSS (Statistical Package for the Social Sciences) 21.0 was used. With the aim of revealing whether the evaluations of health care workers about toxic leadership and sub-dimensions differed or not in terms of individual and demographic characteristics, the methods of significance test of the difference between two means and one way analysis of variance were used. Because the number of the subjects that felt into more than two independent groups was very few, Kruskal Wallis test was used. In the event of finding significant differences among the groups, Scheffe test was utilized for finding the significance from which group it is derived. In all the statistical tests, alpha level was taken as 0.05 and 0.01.

Results

In order to reveal the validity of Toxic Leadership Scale which was used in the research, factor analysis was implemented on the data that are collected at the end of the research. At the second

stage, descriptive findings related to sub-dimensions of toxic leadership were included, and lastly, it was tested whether the evaluations of health care workers who joined the research regarding the sub-dimensions of toxic leadership differed according to the variables or not.

Results of Toxic Leadership Factor Analysis

In order to test the research data's compliancy to the factor analysis, whether the criteria (Hair *et al.,* 1998) of Kaiser Meier Olkin (KMO) sample test being above 0.50 and Barlett's sphericity test being significant at 0.05 significance degree were met or not. In the implementation of the factor analysis, principal components and varimax rotation method was used.

Looking at the factor analysis results which were conducted in order to test the validity of toxic leadership scale (see Table 1), a structure with four factors was attained, which was similar to the study of Çelebi et al. (2015). As a result of the analysis conducted, it was found that this structure with four factors explained 86% of total variance and in the next stage the scale was included to the analyses in this structure with four factors as "inappreciativeness," "self-interest," "selfishness," and "negative spiritual state". Also, each factor's internal consistency levels were evaluated with Cronbach Alpha coefficient and it was determined that values regarding the four factors changed in the range of 0.96-0.98.

Table 1: Factor Analysis Results of Toxic Leadership Scale

Factor 1. Inapprecitiveness (Explained variance: 28.523)	**Factor Load**
Does not want to be in contact/get in touch with the employees outside the work.	.783
Speaks to other people about his/her employees in a pessimistic/complaining way.	.783
Humiliates his/her employees in the eyes of the public.	.776
Displays humiliating manners against his/her employees.	.768
Reminds the employees their past mistakes/faults unsymphatetically.	.745
Tells employees that they are inefficient at work.	.714
Takes a stand against his/her employees without listening them in an event.	.699
Does not allow his/her employees to try new ways/approaches/innovations.	.688
Does not value his/her employees.	.679
Barely shows flexibility towards his/her employees.	.655
His/her communication is in orders.	.556
Factor 2. Self-interest (Explained variance: 23.820)	
Passes his/her failures on to the employees.	.740
Only treats advantageously to people who bear profit for him/her	.737
Engages in deception so as to look good to his/her superiors.	.701
Keeps the pluses/returns of the successes that do not belong to him/her to himself/herself.	.690
Refuses to share the responsibility of the mistakes which the employees make.	.687
Only tries to do his/her job perfectly for his/her next interest.	.676
Promotion/ position is all that he/she cares about.	.642
Places his/her personal interest ahead.	.637
Has arbitrary behaviours and/or decisions.	.597
Factor 3. Selfishness (Explained Variance: 18.212)	
Believes that he/she deserves the position that he/she is in (even the higher offices) to the full extent	.736
Believes that the future and course of the hospital only goes well with him/her	.702
Thinks he/she is more talented than others.	.690
Believes that he/she deserves many things.	.646
Believes he/she is an excellent person.	.622

Factor 4. Negative Spiritual State (Explained Variance: 15.929)	
Reflects his/her negative spiritual state/states into his/her voice/volume.	.731
His/her present negative state determines the climate/atmosphere of the workplace environment.	.663
His/her employees act according to his/her mood.	.628
There is instability/versatility in his/her behaviours.	.602
In his/her negative spiritual states (angry, distressed, dispirited), nobody wants to get close to him/her	.589
Kaiser-Meyer-Olkin: 0.971 sd:435 p<0.001 Barlett Sphericity Test Chi-Square: 142010.818 Total Variance Explained: 86.483	

Descriptive Results

Looking at the principal statistics regarding toxic leadership sub-dimensions that take place at Table 2, the scoring of participants regarding the sub-dimensions was very close to each other and changed between the range of 2.85 and 2.88.

Table 2: Mean, Standard Deviations and Min. Max. Values Regarding Toxic Leadership Sub-dimensions

Variables	**Min.**	**Max.**	**Mean**	**S.D**
Inapprecitiveness	1	5	2.85	1.28
Self-interest	1	5	2.83	1.29
Selfishness	1	5	2.88	1.28
Negative Spiritual State	1	5	2.88	1.30

As seen in Table 3, employees who participated in the study comprised of 85.3% women and 14.7% men. Average age of the participants was 34 years and 29.8% of them had 16 years or more as a total of working experience. Majority of the participants (83.6%) were consisted of nurses. Looking at the education level, whereas 16.4% of participants were high school graduates; 32.9% had associate, 41.4% undergraduate and 9.2% postgraduate degrees. 55.1% of the participants were married.

Table 3: Descriptive Characteristics of Participants

Variables	N	%
Age (Year)		
≤ 27	86	29.5
28-38	121	41.4
≥ 39	85	29.1
Total working experience (year)		
≤ 5	96	32.9
5-15	109	37.3
≥ 16	87	29.8
Gender		
Female	249	85.3
Male	43	14.7
Educational Level		
High School	48	16.4
Associate	96	32.9
Undergraduate	121	41.4
Postgraduate	27	9.2
Profession		
Physician	15	5.1
Nurse	244	83.6
Other personnel*	33	11.3
Marriage Status		
Single	131	44.9
Married	161	55.1
Total	292	100.0

In Table 4 scoring of the employees who participated in the research regarding the toxic leadership sub-dimensions was compared according to their age, gender, marital status, total working experience, education level and their profession in the hospital, and test results conducted were shown. When the results of ANOVA test which compared the participants' means regarding toxic leadership sub-dimensions with their ages are examined, the means regarding inappreciativeness ($F=10.267$; $p<0.001$), self-interest ($F=7.350$; $p<0.001$), selfishness ($F=9.356$; $p<0.001$) and negative spiritual state ($F=10.033$; $p<0.001$) sub-dimensions showed statistically significant differences according to the ages of employees.

According to the results of Scheffe test conducted in order to determine from which group the difference derived, employees who were 39 years old and above had the lowest means according to other age groups in inappreciativeness (2.34±0.97), self-interest (2.41±1.05), selfishness (2.39±1.02) and negative spiritual state (2.39±1.03) dimensions. Participants in the range of 28-38 ages had the highest means in all four dimensions. Similarly, the scoring of the participants regarding toxic leadership sub-dimensions changes in a statistically significant way according to total working experience as well ($p<0.001$). According to the results of Scheffe test, participants who had total working experience of 16 years and more also had the lowest means in four sub-dimensions of toxic leadership scale.

When the results of Kruskal Wallis test which compared the scores of the participants regarding toxic leadership sub-dimensions with their profession at the hospital were examined, it was determined that participants' means of selfishness ($\chi^2=8.250$; $p<0.05$) dimension and negative spiritual state ($\chi^2=7.371$; $p<0.05$) dimension differed in a statistically significant way according to

the profession of workers. Accordingly, while other personnel had the lowest means in both dimensions, nurses had the highest means.
The evaluations of the employees who participated in the research regarding toxic leadership sub-dimensions were examined according to their gender, education level and marital status as well (see Table 4); it was found that there was no statistically significant differences among the groups. Despite lack of statistical significance, participants' who received postgraduate education, who were single and who were male, means regarding toxic leadership sub-dimensions were found to be higher than other groups.

Table 4: Scores of Employees Participating in the Study Regarding Toxic Leadership Sub-dimensions According to Various Variables

Variables	**Inapprecitiveness**		**Self-interest**		**Selfishness**		**Negative Spiritual State**	
	M.	**SD.**	**M**	**SD.**	**M.**	**SD.**	**M.**	**SD.**
Age (Year)								
≤ 27	3.06	1.34	2.88	1.34	3.07	1.33	2.97	1.39
28-38	3.07	1.34	3.10	1.35	3.09	1.33	3.18	1.32
≥ 39	2.34	0.97	2.41	1.05	2.39	1.02	2.39	1.03
	F=10.267;p<0.001		*F=7.350;p<0.001*		*F=9.356;p<0.001*		*F=10.033;p<0.001*	
Total working experience (year)								
≤ 5	3.12	1.34	2.95	1.34	3.12	1.30	3.03	1.37
5-15	2.98	1.33	3.03	1.37	3.03	1.34	3.13	1.35
≥ 16	2.40	1.04	2.46	1.06	2.44	1.06	2.42	1.01
	F=8.228; p<0.001		*F=5.475;p<0.001*		*F=7.923;p<0.001*		*F=8.599; p<0.001*	
Gender								
Female	2.82	1.27	2.78	1.27	2.87	1.27	2.87	1.27
Male	3.02	1.38	3.14	1.40	2.95	1.37	2.99	1.44
	t=-0.925;p=0.356		*t=-1693;p=0.091*		*t=-0.391;p=0.696*		*t=-0.550;p=0.582*	
Educational Level								
High School	2.79	1.30	2.81	1.32	2.88	1.36	2.75	1.36
Associate	2.83	1.23	2.88	1.22	2.87	1.24	2.87	1.23
Undergraduate	2.85	1.34	2.78	1.36	2.87	1.33	2.90	1.36
Postgraduate	3.05	1.21	2.96	1.23	3.01	1.15	3.11	1.22
	χ^2=1.054;p=0.788		*χ^2=0.894;p=0.827*		*χ^2=0.544;p=0.909*		*χ^2=1.651;p=0.648*	
Profession								
Physician	2.87	1.23	2.89	1.32	2.85	1.27	2.81	1.25
Nurse	2.92	1.30	2.88	1.30	2.96	1.28	2.96	1.30
Other personnel	2.34	1.10	2.49	1.20	2.32	1.18	2.35	1.23
	χ^2=5.762;p=0.056		*χ^2=2.258;p=0.323*		*χ^2=8.250;p<.0.05*		*χ^2=7.371;p<0.05*	
Marriage Status								
Single	2.93	1.36	2.88	1.34	2.99	1.33	2.94	1.34
Married	2.79	1.22	2.80	1.26	2.79	1.24	2.84	1.28
	t=0.946;p=0.345		*t=0.486;p=0.,627*		*t=1.337;p=0.182*		*t=0.602;p=0.548*	

M.=Mean; SD.=Standard Deviation

Discussion and Conclusion

The studies, which were conducted upon leadership in literature, mostly focused on how the leaders contributed to the productivity and morale of their members and this kind of positive definitions ignored the dark sides of the leaders (Reyhanoğlu and Akın, 2016). As leadership was

generally associated with positive results, very few things were known about the bad leadership. Rouse (2009) pointed out that there was a tendency towards understanding typologies of ineffective behaviour in order to reveal clearer results regarding bad leadership. Toxic leadership had been examined among these ineffective behaviours which reflect leadership's negative/dark side as well (Schmidt, 2014; Rouse, 2009; Williams, 2005). It was pointed out that toxic leadership which appeared in many fields such as military, political or business (Schmidt, 2014; Rouse, 2009) is a quite new concept in health institutions (Roter, 2011; Rosenstein, 2009). It has been thought that health institutions are convenient environments for toxic relations; as the concept is being used, academic studies devoted to the subject will increase. In a study conducted upon 400 leaders whose 39% work at health institutions, it has been stated that 94.7% of the participants have to deal with someone who showed toxic characteristics at workplace (Kusy and Holloway, 2009).

In this study, it is aimed at determining toxic leadership perceptions of health care workers regarding the managers they work under and at revealing whether the evaluations of health care workers about toxic leadership sub-dimensions differ or not according to various individual and demographic characteristics. Besides, in the study it has been assessed whether a scale that measures the toxic leadership which is quite a new concept in the health care sector and which its validity and reliability has been proved in other sectors can be used in health care sector or not. In accordance with data obtained, it has been revealed that the scale developed by Çelebi et al. (2015) in education sector is valid and reliable in health care sector as well.

According to the results which have been gathered from the study; the means of the participants regarding toxic leadership sub-dimensions showed statistically significant differences according to the ages of employees. Accordingly, while employees' means aged 39 and older regarding the sub-dimensions were the lowest; participants' means who were in the range of age 28-38 were the highest. While toxic leadership perceptions of the middle aged group employees regarding their managers were the highest; toxic leadership perceptions of the employees above the middle ages decreased. This finding of the study can be evaluated with total working experience variable. According to the results of the study, participants who formed the most experienced group and had a total working experience of 16 years or more score the lowest in all four dimensions of the toxic leadership. Reed and Bullis (2009) stated that toxic leadership is a type of destructive leadership. Sezici (2016) determined that age and total working experience were determinants in the study evaluating destructive leadership perceptions of the employees in the health care and education sectors, similar to the results of this study. He has revealed that young and inexperienced employees were exposed to destructive leadership behaviours more and their destructive leadership perceptions about managers were higher. However, in this study, it was striking that health care workers who were in the 28-38 age group and had a working experience of 5-15 years had the highest toxic leadership perceptions. Participants who have fallen into this age group having high toxic leadership perceptions about their managers can be explained with these employees who might be considered in the middle of their careers yet, seeing their managers as an obstacle against their career plans at future. Low toxic leadership perceptions of the participants who were older than middle ages are associated with career target which loses its significance in this age group, and as a result of this, negative behaviours of managers is considered negligible. Additionally, it has been thought that these managers show leadership characteristics to the old and the experienced employees harder than the young and the inexperienced workers.

Lastly, it was determined that participants' means of selfishness and negative spiritual state dimensions differ in a statistically significant way according to their duties at the hospital. Reed

and Bullis (2008) was found inverse proportion between the rate of being exposed to destructive leadership and the seniority of the position which is possessed in the institution. On the other hand, Hithcock stated that (2015) toxicity is perceived in all the organizational positions; the perceptions of people who work at mid-level manager level are at a higher level than the senior leaders. In this study, when the reasons such as the institutions' unique nature, requiring of team work, uncertainty of member responsibities in the team, experiencing role conflict from time to time are considered, it is understandable that nurses' toxic leadership scores are found high. Robert (2000) stated that especially when the nurses are given a leadership task, they act like a manager or a physician and refuse the job definitions of nursing. Nurses who see themselves as physicians might have a trouble when they are in constant interaction with the physicians in areas such as patient admission, attempt to help with diagnosis and treatment, patient visits, patient education and rehabilitation. In the team work, physicians who are superior than nurses showing toxic tendency behaviours might give the nurses a feeling that they are poisoned. When the literature is examined, Veseley (2009) focused on the destructive leadership behaviour that is seen among physicians and nurses at health institutions. In the research called "Physician–Nurse Behaviour Survey" conducted by Johnson (2009), it has been determined that 98% of the physicians act impolite to the nurses; humiliating comments are seen at the rate of 85% and raising voice 73%.

On the other hand, it has been determined that administrative staff and other health care workers who are included in the "other personnel" category have the lowest means in selfishness and negative spiritual state dimensions. It has been thought that especially in the administrative staff, there is no interconnected power relationships and uncertainty like physicians and nurses have. It might be said that a more specific, clear, and on-paper- bureaucracy operates in health institutions. From this aspect, it has been thought that the toxicity which is at higher levels in medical services has a lower level of influence in other personnel.

In this study, it was found that gender, education status and marital status of people who participate in the research have no influence on the toxic leadership. Despite of being statistically significant, men's toxic leadership means are found to be higher in all the sub-dimensions. However, Hitchcock (2015) determined that women experienced toxicity at a higher level than men. On the other hand, Fajana et al. (2011) stated that there was misunderstanding about the fact that men were more destructive by nature than women; women could be more negative and destructive leaders than men. From the perspective of education, despite of statistically not being significant in this study, the means of the participants who receive postgraduate education regarding all the sub-dimensions of toxic leadership are found to be higher than all other groups. Similarly, Hitchcock (2015) determined that toxic leadership perceptions of the employees who received a further degree of education were at a higher level. Leete (2006) stated that toxic leadership perception means of the highly trained were higher. In spite of this, Lipman-Blumen (2005a) emphasized that education would be helpful in dealing with fear and anxiety which make the employees vulnerable against the toxic leaders. It has been determined that although the means of marital status are statistically significant, the means of singles are higher.

There being not sufficient studies devoted to evaluate toxic leadership perceptions in the literature and not sufficiently examined relations between individual and demographic variables are the indicators that studies are needed in this field. Also, the studies that emphasize whether toxic leadership perceptions of health care workers according to individual and demographic characteristics differentiate statistically or not are mostly insufficient. Therefore, the results of this study are thought to guide similar studies that will be conducted in the health care sector.

Limitations

There are certain limitations with regard to the issue of the generalisation of the results of this study to all sector employees. Sampling of the study comprises the personnel of a state hospital in Turkey. It is suggested that future studies may bring forth more effective results with larger sampling. The scale may be applied to personnel working in private hospitals or other institutions. In addition, future studies on the issue can be linked with turnover intentions and organizational performance which are deemed to be influential on toxic leadership.

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To cite this article:
Özer, Ö., Uğurluoğlu, Ö., Kahraman, G., Avci, K. (2017). A Study on Toxic Leadership Perceptions of Healthcare Workers. *Global Business and Management Research: An International Journal*, 9(1), 12-23.