# IMPACT OF THE PERCEPTION OF TOXIC LEADERSHIP OF HEALTHCARE PROFESSIONALS ON ORGANIZATIONAL COMMITMENT AND **OUALITY OF WORK LIFE**

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#### Abstract

Performance of the human resources' affects the quality of outcome and services for any organization, particularly service organization. Previous studies explored large number of factors influence employee's job satisfaction and job performance. In this study we aimed to analyze the relationship of distributing factors (pay, HRMP, work environment, motivation, and promotion) with nurses' job satisfaction and job performance. Questionnaire with 5-Likert scale was distributed to randomly selected nurses (160) from the 15 different private healthcare institutions from Bangladesh. Hypotheses were tested by using statistical software (SPSS). Correlation and regression analysis showed a significant positive correlation between variables like pay structure, human resource management practice, work environment, motivation, and promotion with both job satisfaction and performance of the nurses. A strong positive correlation has been found between nurses' job satisfaction and job performance. Practical implication and future implication of the research direction have been discussed and recommended accordingly.

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#### **KEYWORDS**

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### Introduction

The leader as a person who guides others to act in line with a certain goal, inspires and influences them and make them to follow himself/herself voluntarily (Çelmeçe & İşıklar, 2015; Koçel, 2014). Many leadership theories and approaches have been developed from past to present and characteristics, behaviors, situational attitude and behaviors of leaders have been taken into consideration when developing them. In the simplest sense, the aim of these approaches have been defining and developing the perfect leader and it was always considered that leaders will always accomplish positive results. Because when the word leader was mentioned, always "positive leaders" have came to mind and it was never considered that leaders would lead to negative results or harm the organization they lead and their followers with the decisions they make. It is observed in the investigated leadership theories in literature that there are leaders who are extremely oppressive, disordered and prone to excessive work and communication and these leaders negatively influence organizations and followers with their behaviors, attitude and decisions (Celep, 2014; Gedikoğlu, 2015; Güney, 2015; Yıldız, 2015). As a result of these researches many negative qualities have been blended and the resulting leadership concept is called "toxic leadership".

According to Lipman-Bluemen (2005), toxic leadership is a kind of poison that creates serious and influential pressure on the personality of the employees. Toxic leaders neglect welfare of employees (Schmidt, 2008), overwhelm and criticize the employees and make force them to submit with threats and authority (Lipman-Blumen, 2005) and only focus on their own interests and pay not attention to others (Schmidt, 2008) (Kırbaç, 2013). The management style in an organization directly influence expansion of negative effects such as hopelessness, anger, low morale, poor

communication (Eğinli & Bitirim, 2008); burnout, distrust (Bektaş & Erkal, 2015); low productivity of employees and negative cost-benefit relationship in organizations, increased rate of absenteeism, reduction of the quality of work life (Schmidt, 2008) and increased organizational cynicism.

Toxic leaders are malevolent, maladjusted, malcontent and harmful. They succeed by hiding their inefficacy, deceiving the people around them and sweeping over their rivals. Furthermore, toxic leaders are mocking, trickster, immoral, unreliable, hypocrite, greedy, they place their own interests before benefit of their followers, they don't recognize their deficiencies and therefore cannot renew themselves, they cannot see their own faults due to their arrogance, they cannot make important decisions due their cowardice and they don't care about the effects of their attitude and behaviors on others (Başar, Sığrı & Basım, 2016 Daniel & Metcalf, 2015; Dinh, Lord, Gardner, Meuser, Liden, & Hu, 2016).

Along with personality traits of leaders, their type of leadership in business life is also an important factor affecting numerous behavioral and psychological circumstances such as organizational commitment of employees, their intention to leave the work or stay, quality of their work life, performance and job satisfaction level. Reyhanoğlu and Akın (2016) have found out in their research that toxic leaders create a negative environment in an organization and negatively influence organizational outcomes such as job satisfaction, intention to leave the work and organizational commitment.

In cases where organizational commitment is high, it can be said that performance, quality of work life and organizational productivity of employees increase but absenteeism and employee turnover decrease (Erdem, 2007). The employees who feel committed to their institution

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believe in institution's objectives and values, carry out the orders and voluntarily perform what is expected from them. Moreover, these employees try harder than it is expected from them so that their institution would achieve its objectives and they are decisive to stay with the institution. Employees with high organizational commitment are internally motivated.

Since organizational commitment refers to strength of the commitment felt by the employees for their organization, it is believed that the feeling of organizational commitment positively affects organizational performance and organizational productivity which is the determinant of employee productivity and in this context, it is suggested that organizational commitment decreases negative results like the rate of being late to work, absenteeism and leaving work, positively affects products and services and increases the quality of work life (Meyer and Allen, 1997; Çelmeçe, Işıklar, Macar and Kaya; 2017).

In every business a powerful leader is needed who would efficiently direct human resources in line with the objectives of the business. It is possible to talk about this need in health institutions. Another factor which increases organizational commitment, job satisfaction and indirectly, the quality of work life of healthcare professionals is leaders who would continuously improve their knowledge of management and timely respond to changing conditions of competition with new methods (Aryee, Walumbwa, Zhou, & Hartnell; Lazarus, 2009; Naidoo, Hewitt, & Bussin, 2019; Uno & Zakariasen, 2010).

In this study, it is aimed to determine the impact of toxic leadership perception of healthcare professionals on their organizational commitment

and quality of work life. In line with this purpose, answers will be sought for the questions below;

- 1- Is there a relationship between health professionals' perception of toxic leadership and their organizational commitment and quality of work life?
- 2- Does healthcare professionals' perception of toxic leadership have an impact on their organizational commitment and quality of their work life?

### Method

In order to determine the impact of toxic leadership perception of healthcare professionals on their organizational commitment and quality of their work life, relational screening model is used in the research. The universe of the study is composed of healthcare professionals working in Tokat Gazlosmanpaşa University Hospital Sample of the study consists 246 healthcare professionals, 160 of them (65%) of whom are female and 86 of them (35%) are male determined by random sampling method.

### **Measurement Tools:**

## 1. Toxic Leadership Scale:

In order to measure the perception level of employees regarding Toxic Leadership, the scale developed by Çelebi et al. (2015) basing on the scale of "Development and Validation of the Toxic Leadership Scale" developed by Schmidt (2008) is used the scale has four sub-dimensions named unappreciativeness (11 items), self-seeking (9 items), selfishness (5 items) and negative state of mind (5 items). In the reliability analysis of the scale Cronbach's Alpha coefficient are found as 0.938 for

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unappreciativeness, 0.936 for self-seeking, 0.807 for selfishness and 0.890 for negative state of mind.

# 2. Organizational Commitment Scale:

"Organizational Commitment Scale" developed by Meyer and Allen (1991) and adapted to Turkish by Wasti (2000) is used. This five point Likert type scale was scored between "strongly disagree" (1) and "strongly agree" (5) and consists of 18 items in three dimensions (affective commitment, normative commitment and continuance commitment). At the end of the analyses conducted by Wasti (2000) to test the validity of the scale, it is revealed that the Turkish version of the scale validates 3-dimensional structure of original scale and factor load values of scale items vary between 20 and 72. In addition, reliability coefficient is calculated as 0.78, 0.75 and 0.58 for affective commitment, normative commitment and continuance commitment respectively.

# 3. Quality of Work Life Scale:

The Quality of Work Life Scale was developed in 2001 by Sirgy, Efraty, Siegel and Lee. The scale consists of 16 items related to the satisfaction of 16 needs. All the items of the scale measure the quality of work life in the workplace. The first three items of the scale (1, 2, 3) measure the satisfaction of the need of health and safety. Items 4, 5 and 6 measure the satisfaction of family and economic needs. Items 7 and 8 measure the satisfaction of social needs. Items 9 and 10 measure the level of satisfaction of the need of respect. Items 11 and 12 measure the extent to which self-realization needs are satisfied. Items 13 and 14 measure the extent to which information needs are satisfied. Questions 15 and 16 are intended to measure the satisfaction level of aesthetic needs. Sirgy, Efraty, Siegel and Lee (2001) have made a confirmatory factor analysis to test the

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construct validity of the authentic scale and revealed that 16 items come from seven factors and these seven factors come from a single factor. The Cronbach Alpha reliability coefficient of the Quality of Work Life Scale is calculated as 0.78.

# **Findings**

Findings regarding the correlations between healthcare professionals' perception of toxic leadership and their organizational commitment levels and quality of work life are given in Table 1.

**Table 1:** Correlations between healthcare professionals' perception of toxic leadership and their organizational commitment levels and quality of work life.

	1	2	3	4	5	6
1. Unappreciativeness	-					
2. Self-seeking	.65**	-				
3. Selfishness	.56**	.67**	-			
4. Negative State of Mind	.62**	.70**	.70**	-		
5. Organizational Commitment	- .27**	- .29**	- .23**	- .21**	-	
6. Quality of Work Life	- .36**	.31**	- .37**	.31**	.33**	-

<sup>\*</sup> p<.05 \*\*p<.01

The results of the correlation analysis made to determine the existence and direction of the relationship between the sun-dimensions of toxic leadership and organizational commitment and quality of work life are shown in Table 1.

As seen in Table 1,weak and negative relationships have been found between organizational commitment and unappreciativeness (r=-0,27 p<0,001), self-seeking (r=-0,29 p<0,001) and fairly weak and negative relationships have been found with selfishness (r=-0,23 p<0,001) and negative state of mind (r=-0,210 p<0,001) all of which are sub dimensions of toxic leadership. According to this result, it can be said that if perception level of participants regarding unappreciativeness, self-seeking, selfishness and negative state of mind of their leaders/managers increase, their organizational commitment will decrease.

Negative and weak relationships are found between the quality of work life and sub-dimensions of toxic leadership; with unappreciativeness (r=-0,36 p<0,001), self-seeking (r=-0,31 p<0,001), selfishness (r=-0,37 p<0,001) and negative state of mind (r=-0,31 p<0,001). According to these results, it can be said that the quality of work life decreases as the level of perception of participants regarding unappreciativeness, self-seeking, selfishness and negative state of mind of their managers increases.

Multiple regression analysis is made to test the impact of sub-dimensions of toxic leadership on organizational commitment and quality of work life and these analyses are given in Table 2 and Table 3.

**Table 2:** The impact of sub-dimensions of toxic leadership on organizational commitment of healthcare professionals

Independent Variables	В	SS	β	р	R2	F	P
Constant	4.387	0.287					
Unappreciativeness	-0.440	0.142	-0.377	0.008			
Self-seeking	-0.007	0.157	-0.007	0.973	0.148	7.412	0.000
Selfishness	-0.148	0.008	-0.142	0.137			
Negative State of Mind	-0.289	0.119	0.239	0.019			

It can be said that 15% of organizational commitment in Table 2 is explained by sub-dimensions of toxic leadership; unappreciativeness, self-seeking, selfishness and negative state of mind. According to the result of Table 2, it is seen that unappreciativeness dimension of toxic leadership (B=-0,440; p= 0,008) is in a reverse interaction with organizational commitment. In this case, it can be said that organizational commitment decreases as unappreciativeness increases. Once again according to Table 2, it is seen that the negative state of mind sub-dimension of toxic leadership (B=-0,289; p= 0,019) negatively interacts with organizational commitment. According to this result, it can be said that organizational commitment decreases as the negative mental state increases. On the other hand, it is seen that sub-dimensions of self-seeking (p= 0,973) and selfishness (p= 0,137) of toxic leadership do not have an impact on organizational commitment.

**Table 3:** The impact of sub-dimensions of toxic leadership on quality of life of healthcare professionals

Independent Variables	В	SS	β	р	R2	F	p
Constant	1.122	0.291					
Unappreciativeness	0.431	0.133	-0.397	0.001			
Self-seeking	0.312	0.148	-0.252	0.012	0.281	11.59	0.000
Selfishness	0.301	0.121	-0.244	0.002			
Negative State of Mind	- 0.171	0.111	-0.122	0.000			

It can be said that 28% of quality of work life in Table 3 is explained by sub-dimensions of toxic leadership; unappreciativeness, self-seeking, selfishness and negative state of mind. According to Table 3, it is seen that sub-dimensions of toxic leadership, namely unappreciativeness (B=-0,431; p= 0,001), self-seeking (B=-0,312; p= 0,012), selfishness (B=-0,301; p=

0,002) and negative state of mind (B=-0,171; p= 0,000) have a negative impact of the quality of work life.

### **Discussion and Conclusion**

Toxic leadership has negative effects on workers such as loss of confidence, inefficiency, interruption of communication, increase in organizational commitment and dismissal, reduction in quality of work life (Steele, 2011). These negative impacts may affect the employees' organizational commitment, quality of work life and tendency to quit. In this context, this research has examined the relationship between toxic leadership perceptions and organizational commitment and job quality of health professionals working in Tokat Gaziosman Pasha University Hospital.

Within the scope of this study, which was carried out with the participation of 246 health workers, important findings about the relationships between the variables were revealed. A negative relationship was found between toxic leadership and its sub-dimensions and organizational commitment and quality of work life. According to this result, it may be asserted that as the perception level of participants regarding unappreciative, self-seeking, selfish, and negative state of mind about their leaders/managers increase, their organizational commitment and quality of work life will decrease.

According to the results of the research, it can be said that 15% of organizational commitment are explained by sub-dimensions of toxic leadership which are unappreciativeness, self-seeking, selfishness and negative state of mind. It is seen that unappreciativeness dimension of toxic leadership has a reverse interaction with organizational commitment. In this case, it can be said that organizational commitment decreases as

unappreciativeness increases. It is also seen that negative state of mind subdimension of toxic leadership has a negative interaction with organizational commitment. According to this result, it can be said that organizational commitment decreases as the negative mental state increases. On the other hand, it is seen that self-seeking and selfishness sub-dimensions of toxic leadership do not have an impact on organizational commitment.

According to the results of the research it can be said that 28% of the quality of work life is explained by sub-dimensions of toxic leadership; unappreciativeness, self-seeking, selfishness and negative state of mind. It is seen that sub-dimensions of toxic leadership, unappreciativeness, self-seeking, selfishness and negative state of mind have a negative impact on the quality of business life.

In Dvorakova and Fedorova's (2014) research in which they revealed the relationship between toxic leadership, toxic workplaces and quality of business life, a negative correlation was found between toxic leadership and toxic work places and quality of work life. Mehta and Maheshwari (2013) found a negative correlation between toxic leadership behaviors and job satisfaction and organizational commitment in their researches to determine toxic leadership behaviors and to investigate the relationships between toxic leadership behaviors, job satisfaction and organizational commitment. These findings supported our study.

In the study conducted by Ballı and Çakıcı (2016) with 604 hotel employees, it was found that employees' commitment to the organization decreased as toxic leadership increased. These results supported our research. Again, the research conducted by Yalçınsoy and Işık (2018) in the textile sector, and Weaver and Yancey (2010), there was a negative

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correlation between toxic leadership and organizational commitment of

employees. These results also supported our research.

As a consequence, it is important for health managers to be aware of the

toxic leadership behaviors and organizational commitment of health workers

and their quality of work in terms of developing strategies towards

eliminating toxic behaviors in order to prevent all potential negativities. In

this context, the increase and spread of the exhibition level of these toxic

behaviors is a point that requires attention. It is necessary to identify the

variables that increase these behaviors and attitudes, and to work on

understanding and solving the behaviors and attitudes exhibited by health

managers. As the level of toxic behavior of managers in health institutions

increases, the organizational commitment and the quality of work life of

employees will decrease. This situation shows that health managers should

be more careful about toxic leadership and necessary precautions should be

taken to minimize the perceptions of toxic leadership in their institutions.

Disclosure statement

No potential conflict of interest was reported by the authors.

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