

**TOXIC LEADERSHIP IN A PUBLIC UNIVERSITY HOSPITAL**Cemil ÖRGEV¹
Halil DEMİR²**ABSTRACT**

Some leadership styles have negative and toxic features such as destructive leadership, authoritarian leadership, narcissistic leadership and brute-bullying leadership. Toxic leadership is defined as the sum of the negative aspects of leadership which might include charisma, personalized use of power, narcissism, negative life themes, and an ideology of hate.

This study aims at contributing to the theoretical gap in Turkish literature about destructive leadership. In this regard, first of all, the definitions of destructive leadership made by several authors are presented in the literature. Later, the levels of perception by 200 health workers in a university hospital are investigated using the "Toxic Leadership Scale" and the results of the research are analyzed. Finally, the findings are discussed and evaluations are made for research and application.

In this study, the relationship between gender, age, marital status, education status, duty in hospital, income, occupational status, unit variables of health workers, and toxic leadership levels were examined in terms of both the general average of toxic leadership scale and subscales of scale. The Cronbach-Alpha coefficient in the study was found to be 0.98. The general average of the health workers obtained from the Toxic Leadership Scale (2.91 ± 1.03) was moderate; there were statistically significant differences due to age and income situation; the toxic leadership perceptions of administrative staff (3.40 ± 0.98) were higher than the average of other health workers.

Key Words: Leadership, Toxic Leadership, Health Staff, University Hospital

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¹Assoc. Prof. Sakarya Applied Sciences University/ Adapazarı Vocational High School/ Turkey
corgev@subu.edu.tr

 Orcid Number: <https://orcid.org/0000-0002-9027-0965>

²Lecturer, İstanbul Rumeli University/Medical Documentation Secretary/Turkey
hll_dmr@windowslive.com

 Orcid Number: <https://orcid.org/0000-0001-9374-9739>

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1. INTRODUCTION

From the earliest times of history the concept of leadership has loaded many different meanings in every organization and field in which it has a management function, and this concept has maintained its existence and importance in every period (Titizoğlu & Eren, 2014: 276). According to Hughes, Ginnett, and Curphy, one of the most important reasons why so many different definitions come to the concept of leadership is that leadership is a complex phenomenon that includes leaders, followers, and conditions (Ibicioğlu, 2009: 3). The word leader is derived from the Latin word "lode star". It means the person leading, managing and inspiring (Van de Vliert, Matthiesen, Gangsoy, Landro and Einarsen, 2010). Koçel (2010) defines the concept of leadership as "under certain conditions, the process of influencing and directing the activities of others in order to realize individual or group objectives."

Leaders are seen as mysterious and impressive individuals who lead organizations to success (McShane and Von Glinow, 2009). Being a leader in this regard can be considered by many to have superior qualities and virtues that others do not have. In many studies to date (Burns, 1978; Bass, 1985; Bass and Steidlmeier, 1999; Bass ve Avolio, 2000; Trevino, Brown, ve Hartman, 2003; Avolio, Luthans ve Walumba, 2004; Brown, Trevino ve Harrison, 2005), the personality traits of the successful leaders and their distinctive aspects that make them different from others have been researched and various leadership theories have been developed (Basar, Sigri & Basim, 2016: 65).

Gündüz and Dedekorkut (2014) stated that there should be some skills and competencies for the power of influence and motivation of the leader; the leaders, who lack these skills and competences state that they are inadequate in terms of influence and become ineffective leaders. In the same study, it is stated that leadership is a whole of learnable behaviors and talents have (Gündüz and Dedekorkut, 2014: 95).

Although there are not many studies on toxic leadership, it has been determined by academicians that some of the leadership styles have toxic properties. Some of these leadership styles are leadership structures that have negative and toxic characteristics such as destructive leadership, authoritarian leadership, narcissistic leadership, vulgar-bullying leadership. These types of leadership are briefly explained below to better understand the conceptual framework of toxic leadership. The types are:

a) Destructive leadership: There must be systematic and recurrent aspects of defining a behavior as destructive. Apart from behaviors aiming at damaging destructive behaviors, it is thought that it should also include employees who do not want to harm by exhibiting disruptive characteristics such as showing symptoms of disability and the characteristics of the organization (Einarsen, Aasland and Skogstad, 2007).

b) Authoritarian Leadership: Cheng et al. (2004) define authoritarian leadership as being a constant supervisor and with a tendency to create obedient employees. Toxic leadership has also been defined as the next stage of authoritarian leadership to exhibit negative attitudes towards both employees and the organization (Deal and Petersen, 1999).

c) Narcissistic Leadership: Especially personal mismatches, selfishness, egocentric approach, highlighting their interests and needs are some of these important features. Rosenhtal and Pittinsky (2006) define a narcissistic leader as one who shows himself/herself more than he/she has got, admiring himself and waiting to be admired by others.

d) Bully-Rough Leadership: in his research, Tepper (2000) stated that rough management (without physical contact, verbal-nonverbal) is close to toxic leadership because it exhibits a hostile attitude.

Definitions such as being coarse and hard and crushing are close to toxic leadership. Because the non-verbal and intentionally inadequate, unethical, ineffective behavior of the manager

who is rude and disruptive, such manager is identified as having the destructive aspect of toxic leadership (Firestone and Jatlett, 2009: 302).

However, in many studies on leadership from past to present, more positive, constructive and positive aspects of leadership have been investigated, and it has been aimed at understanding the good and effective aspects of leaders and identifying behaviors exhibited by good leaders (Reed and Olsen, 2010: 59; Shaw et al., 2011: 576). Although leaders such as Abraham Lincoln and Anne Theresa are known as very good leaders, these leaders have shown unethical behavior in some cases and have made wrong or bad decisions (Lipman and Blumen, 2004). These leaders are rarely misdiagnosed as toxic leaders. Because, in order for a leader to be classified as a destructive or a bad leader, he must exhibit persistent and repetitive cracking and negative behaviors. The destructive leader must have negative and destructive effects on business and group performance (Thoroughgood et al. 2012: 898 899).

Many studies have examined the negative aspects of leadership as destructive leadership (Einarsaen ve diğerleri, 2007; Shaw ve diğerleri, 2011; Woestman ve Wasonga, 2015), misbehaving leadership (Paunonen ve diğerleri, 2006), bullying leadership (Ferris ve diğerleri, 2007; Harvey ve diğerleri, 2007), and toxic leadership (Wilson–Starks, 2003; Williams, 2005; Lipman ve Blumen, 2004; Pelletier, 2010; Dobs, 2014). These terms are often referred to by different authors to describe the negative behavior of the leaders towards their subordinates, their inadequacies in interpersonal relations and their harming status (Dobs, 2014: 14).

Toxic leaders take a decision by elevating themselves and humiliating others, aiming to keep their subordinates under constant control, tending to deny their own crimes and mistakes, and liking splendor. Such leaders are ultimately doomed to failure in history as a result of the dismemberment of their responsible business (Lipman and Blumen, 2004). Wilson-Starks (2003) also emphasizes that toxic leaders do not want people who are questioning and criticizing and that they are trying to prevent them from moving to upper positions with an emphasis on the ability of toxic leadership to seek obedience. Lipman-Blumen (2005b) describes the leader as a toxic leader who does not accept constructive criticism, who teaches and approves the prosecution and behavior of the leader rather than questioning them and consequently causing serious harm with these negativities. Flynn (1999) stated that the leader was rude and tyrannical because he increased the tone of voice against his employees and showed offensive and repulsive behaviors. In addition, personal use of power, negative personality and ideological hostility have been mentioned as other toxic characteristics (Padilla, Hogan and Kaiser, 2007).

In the studies conducted, it is found that the rude managers negatively affect the organizational culture and the organizational climate (Zellars, Tepper ve Duffy, 2002). Low levels of job satisfaction (Tepper, Hoobler, Duffy ve Ensley, 2004), participation in the work and reluctance in interest and lack of interest (Aryee, Sun, Chen ve Debrah, 2007) were found in these organizations. Toxic leadership can be summarized as the toxic triangle by the characteristics of leaders, followers, and environmental contexts associated with destructive leadership (Padilla, Hogan, & Kaiser, 2007: 176). To hold only the leader for the toxic leadership process means not to see the whole picture (Thoroughgood et al., 2012). The three aspects of the toxic triangle and their characteristics are:

1. Toxic Leaders: Charisma, personal use of power, narcissism, negative life experiences and hate ideology are the most prominent characteristics of toxic leaders. The personality traits of the toxic leaders are defined as follows: deceitful, sarcastic, false, immoral, hypocritical, unreliable, insatiable, manipulative, arrogant and coward (Lipman-Blumen, 2005: 19-22).
2. Responsive followers (supporters): The characteristics of the followers define as spouses and beliefs, low maturity, negative self-assessments, unmet basic needs and ambition (Padilla

et al., 2007: 183). The responses of the followers to the dark leadership behaviors are to seek social support, to leave the organization, to challenge the leader (Webster, Brough and Daly, 2016), to try to look nice, to try to communicate, to avoid contact and to resist (Yagil, Ben-Zur and Tamir, 2011).

3. Conductive (convenient) environments: Environmental factors such as instability, perceived threat, cultural values, control and balances, and lack of institutionalization are important for destructive leadership (Padilla et al., 2007: 185).

Nowadays, health institutions are among labor-intensive enterprises with advanced medical technology and specialized health workers in many different fields. It is very important to ensure the high level of cooperation and harmony between the units and the unit employees in order to provide efficient and productive service for the healthcare employees. There is interdependence between different units, and the output of a unit can be the input of the other unit. Thus, the success of the institution is directly proportional to the harmonious functioning of all units. In this context, leadership is of great importance in order to ensure that human resources in health institutions can be used effectively and efficiently in the interests of the institution.

In our study, firstly, the theoretical framework of the research was formed by examining the related literature in order to define the dark side of leadership. And then, “toxic leadership questionnaire” applied to the employees of a public university hospital was made. Then the results were analyzed and the findings of the study were discussed and the evaluations were made based on the research and application.

2. MATERIALS AND METHODS

This study investigates whether Toxic Leadership differs according to socio-demographic variables of health workers or not. The study was carried out by applying the Toxic Leadership scale to 185 health workers working in different units of a university hospital in Ankara.

2.1. Research Method and Measurement Tools

Within the scope of the research, a comprehensive literature review was conducted to determine the negative effects of “Toxic Leadership” and “Toxic Leadership on health workers”. “Toxic Leadership Questionnaire” was used as a measurement tool. “Research methodology” in this study was descriptive.

Before using the “Toxic Leadership Scale” required permissions were obtained from Nurhayat Çelebi, who developed the scale, on July 28, 2018.

The questionnaire, which is applied by the random sampling method, consists of two parts together with the demographic information and the part of the scale items. In the first part of the questionnaire, the socio-demographic variables of the health workers working in different departments including gender, marital status, age range, income level, education status, occupational status, and occupational department were examined, and the second part has investigated the perceptions of Toxic Leadership level of health workers.

Çelebi et al. stated that they greatly benefited from Schmidt (2008) in developing the scale (Çelebi et al., 2015: 253). The scale consists of 30 items and 4 sub-dimensions. The scale is 5-point Likert type (1) strongly agree, (2) agree, (3) undecided, (4) disagree, and (5) strongly disagree. In the study of Çelebi et al. (2015) the Cronbach-Alpha coefficient was found to be 0.96, while in this study Cronbach-Alpha coefficient was 0.98.

Table 1. Toxic Leadership Scale Reliability Coefficients

Toxic Leadership Scale	Çelebi et al. (2015) Cronbach Alpha-Values	Obtained from this study Cronbach-Alpha Values
<i>Self-Seeking</i>	0,95	0,96
<i>Not to appreciate</i>	0,93	0,97
<i>Negative Mood</i>	0,87	0,94
<i>Selfishness</i>	0,91	0,93
<i>All of the Scale</i>	0,96	0,98

2.2. Universe and Sampling

The population of this study consists of the employees of a public university hospital operating in Ankara. The number of health professionals working in the hospital is based on the current activity report of the hospital and is based on the year 2018. A total of 1836 people, 1423 females, and 413 males, work in health services. A total of 1821 employees, 1044 females and 777 males, are employed in administrative services. In the study, it was determined that 351 health workers were required to participate in the study in order to reflect the universe in the sample, $p = 0.05$ significance and 95% confidence level [15]. Due to the fact that it is difficult to reach to the health workers due to the holiday period, 200 questionnaires were distributed to the sample. The analyses were carried out through questionnaires from 185 health professionals.

2.3 The Hypothesis of the Research

H1: The toxic leadership averages of health workers differ statistically according to their gender.

H2: The toxic leadership averages of health workers differ statistically according to their marital status.

H3: The toxic leadership averages of health workers differ statistically according to their age.

H4: The toxic leadership averages of health workers differ statistically according to their income status.

H5: The toxic leadership averages of health workers differ statistically according to their educational status.

H6: The toxic leadership averages of health workers differ statistically according to their professional status.

H7: The toxic leadership averages of health workers are differ statistically according to the unit they work in.

H8: The toxic leadership averages of health workers differ statistically according to the tasks of the participants in the hospital.

H9: The sub-dimensions of toxic leadership of health workers differ statistically according to their; a) gender b) marital status c) age, d) income e) education f) professional status g) the unit in which they work, h) their duties in the hospital.

2.4. Analysis of the Research Data

All statistical analyses in the study were performed using SPSS (Statistical Package for the Social Sciences) 23.0. First of all, frequency and percentages were used to reveal the descriptive findings related to the individual characteristics of the health workers participating

in the study. In order to determine the level of Toxic Leadership, descriptive statistical methods such as minimum and maximum values, mean and standard deviation were used. In order to determine whether or not the Toxic Leadership levels of the health workers differ statistically according to the individual characteristics, the significance test (Standard t-test) and the one-way analysis of variance (F test-ANOVA) were used. Tukey HSD test, which is one of the Post-hoc tests, was used in order to find out which group was meaningful in case of significant differences between the groups.

2.5. Limitations of the Research

This study was carried out with the health workers of a university hospital operating in Ankara. Therefore, research findings cannot be generalized to all health professionals.

3. RESULTS

The results obtained from the analyses made for the purposes of the research are discussed in this section.

3.1. Descriptive Findings

Table 2. Mean, Standard Deviation (SD), Maximum and Minimum Values of Toxic Leadership Scale and Sub-dimensions

Toxic Leadership Scale Sub-Dimensions	Min	Max.	Mean	SD.
<i>Self-Seeking</i>	1	5	2,95	1,11
<i>Not to appreciate</i>	1	5	3	1,1
<i>Negative Mood</i>	1	5	2,72	1,08
<i>Selfishness</i>	1	5	2,83	1,04
<i>All of the Scale</i>	1	5	2,91	1,03

When Table 2 is examined, it was determined that the general average (2.91 ± 1.03) obtained from the Toxic Leadership Scale of the health workers participating in the study was moderate.

Table 3 presents the correlation values between the sub-dimensions of the Toxic Leadership Scale. Cohen (1988; 79-81) pointed out that if the correlation coefficient is between 0.50-1.00, it indicates that there is a high level of correlation. A high correlation was found between our variables.

Table 3. Correlation Values of Toxic Leadership Scale Sub-Dimensions

Sub-Dimensions	<i>Not to appreciate</i>	<i>Self-Seeking</i>	<i>Selfishness</i>	<i>Negative Mood</i>
<i>Not to appreciate</i>	1			
<i>Self-Seeking</i>	0,925**	1		
<i>Selfishness</i>	0,822**	0,844**	1	
<i>Negative Mood</i>	0,806**	0,816**	0,850**	1
**p<0,01 (two tailed)				

The descriptive findings of the health workers participating in the study are given in Table 4.

Table 4. Descriptive Findings of Health Workers Participating in the Research

Variables		Frequency	Percent (%)
Gender	Female	126	68,1
	Male	59	31,9
Age	20-29	90	48,6
	30-39	63	34,1
	40 and above	32	17,3
Marital Status	Married	75	40,5
	Single	105	56,8
	Other	5	2,7
Education Status	Pre-graduate	9	4,9
	Graduate	157	84,9
	Post-Graduate	19	10,3
Duty in the hospital	Physician	59	31,9
	Nurse	45	24,3
	Secretary	41	22,2
	Administrative Staff	29	15,7
	Technician	11	5,9
Income	1499TL or less	25	13,5
	1500-2499TL	49	26,5
	2500TL and above	111	60
Professional Status	Health personnel	132	71,4
	Administrative Staff	43	23,2
	Other	10	5,4
Participants Unit	Surgical Medical Sciences	50	27
	Medical Sciences	69	37,3
	Basic Medical Sciences	3	1,6
	Purchasing Unit	19	10,3
	Support Services	3	1,6
	Invoice / Income Accrual	24	13
	Revolving Funds	17	9,2
Total		185	100

When Table 4 is examined, it is seen that most of the health care workers (67.1%) are women. In terms of age, 48.6% of the employees are in the age range of 20-29, 34.1% are in the 30-39 age group, and 17.3% are in the age of 40 years and older. Most of the health workers (59.8%) stated that they were single. When the educational status of the participants is examined, 4.9% of them have pre-graduate (primary and secondary education, high school, associate degree), 84.9% graduate degree and 10.3% of them have post-graduate degrees. The majority of the health workers participated in the study consisted of physicians (31.9%). 24.3% of them were nurses, 22.2% were secretaries, 15.7% were administrative staff and

5.9% were technicians. 60.0% of the health care workers stated their income as 2500 TL or more. When examined in terms of professional status, the highest number of health personnel participated in the study with 71.4%. Participants work with the most internal medical science units with 37.3%.

3.2. Findings Related to the Hypotheses

Table 5. The t-test results of health workers of toxic leadership according to their gender

	Female		Male		T	P
	Mean	SD	Mean	SD		
<i>Toxic Leadership Scale</i>	3,00	1,06	2,73	0,97	-1,647	0,101

Table 5 shows the t-test results of the health workers who have participated in the study compared to the gender obtained from the Toxic Leadership Scale. As a result of the analysis, no statistically significant difference was found between female health workers (3.00 ± 1.06) and male health workers (2.73 ± 0.97) toxicity levels. Therefore, the H1 hypothesis was rejected.

Table 6. ANOVA test results comparing Toxic Leadership Levels of Health Workers

<i>Marital Status</i>	Married		Single		Others		F	P
	Mean	SD	Mean	SD	Mean	SD		
	3,46	1,06	2,84	1,01	2,55	1,01	1,174	0,311
<i>Age</i>	20-29 age		30-39 age		40 and above		F	P
	Mean	SD	Mean	SD	Mean	SD		
	2,72	1,03	2,93	1,03	3,41	0,9	5,45	0,005*
<i>Income</i>	1500 TL or less		1500-2499TL		2500TL and above		F	P
	Mean	SD	Mean	SD	Mean	SD		
	2,95	1,1	2,45	0,83	3,11	1,04	7,441	0,001*
<i>Education Status</i>	Pre- Graduate		Graduate		Post-Graduate		F	P
	Mean	SD	Mean	SD	Mean	SD		
	3,27	0,87	2,9	1,04	2,92	1,03	0,569	0,567
<i>Professional Status</i>	Health personnel		Administrative Staff		Others		F	P
	Mean	SD	Mean	SD	Mean	SD		
	2,8	1,03	3,21	1,08	3,08	0,66	2,683	0,071

* P<0,05

Table 6 shows the ANOVA test of the socio-demographic variables of the health workers participating in the study. According to the results of the analysis, the mean and standard deviation values of the health care workers were found to be similar. Hence, the hypotheses H2, H5 and H6 were rejected. According to age and income status of health workers, there is statistically significant difference between scores obtained from Toxic Leadership Scale ($p < 0.05$).

Tukey HSD test was used to determine which group was significant. The averages obtained from the Toxic Leadership Scale by health workers aged 40 and over ($3,41 \pm 0,90$), are more than 20-29 ($2,72 \pm 1,03$) years and 30-39 ($2,93 \pm 1,03$) age groups. Toxic leadership perceptions of this age group are higher. In terms of income; those who declare their income as 2500TL and above are higher than the other income groups (3.17 ± 1.04) obtained from the Toxic Leadership Scale. Therefore, H3 and H4 hypotheses are accepted for income and age variables.

The results of ANOVA test comparing the average of the health care workers in the hospital compared to the units they work in the hospital did not show a statistically significant difference since the averages of the employees were close to the hospital units ($p < 0.05$). In this case, H7 hypothesis was rejected since there was no statistically significant difference in Toxic Leadership levels compared to the units in which health workers work in the hospital.

Table 7. ANOVA Test Results According to the Duties of Health Workers in the Hospital

Duties of Health Workers											
Physician		Nurse		Secretary		Technician		Adm. Per.		F	P
Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
2,95	1,01	2,71	1,06	2,91	1,04	2,26	0,7	3,4	0,98	3,281	0,013*

* $P < 0,05$

Table 7, as a result of the analysis; The mean values of administrative personnel obtained from Toxic Leadership Scale (3.40 ± 0.98), physician (2.95 ± 1.01), nurse (2.71 ± 1.06), secretary (2.91 ± 1.04) and technicians ($2,26 \pm 0,70$) were found to be higher than the average of health workers and statistically significant. Tukey HSD test was used to determine the group in which the differences were caused by Post-hoc tests. H8 hypothesis, which was established due to the differentiation of Toxic Leadership levels of administrative staff from other groups, was accepted.

According to the t test results comparing the averages of the health workers related to the sub-dimensions of toxic leadership according to their gender, the averages obtained from the sub-dimensions of the toxic employees of the health workers do not differ statistically. Thus, H9a hypothesis was rejected.

ANOVA test results comparing the mean values of health care workers related to toxic leadership sub-dimensions according to their marital status shows that the averages obtained from toxic leadership sub-dimensions of health workers according to their marital status do not differ statistically. Accordingly, H9b hypothesis established in this case was rejected.

Table 8. Scores of Toxic Leadership Sub-Dimensions According to Age of Health Workers

Toxic Leadership Sub-Dimensions	Age						F	P
	20-29		30-39		40+			
	Mean	SD	Mean	SD	Mean	SD		
<i>Self-Seeking</i>	2,78	1,17	2,95	1,04	3,44	0,94	4,336	0,014*
<i>Not to appreciate</i>	2,81	1,11	3,01	1,1	3,52	0,93	4,969	0,008*
<i>Negative Mood</i>	2,53	1	2,72	1,16	3,26	0,96	5,752	0,004*
<i>Selfishness</i>	2,62	1,02	2,9	1,06	3,26	0,94	4,983	0,008*

* $P < 0,05$

Table 8 presents the results of ANOVA test comparing the averages of the health care workers' sub-dimensions of toxic leadership according to their age. The averages obtained from the sub-dimensions of toxic leadership of health workers according to their age statically differ significantly. In this case, H9c hypothesis was accepted. Tukey HSD test was used to determine the difference between the groups.

There is a significant difference between health workers who are over 40 years of age and health workers of 20-29 age group. It is understood that health workers over 40 years of age exhibit more toxic leadership characteristics.

Table 9. Scores of Toxic Leadership Sub-Dimensions According to Health Employees' Income Status

Toxic Leadership Sub-Dimensions	Income						F	P
	1500TL or Under		1500-2499TL		2500TL or Above			
	Mean	SD	Mean	SD	Mean	SD		
<i>Self-Seeking</i>	3,04	1,31	2,48	0,85	3,14	1,11	6,464	0,002*
<i>Not to appreciate</i>	3,04	1,17	2,51	0,93	3,21	1,1	7,207	0,001*
<i>Negative Mood</i>	2,78	1,08	2,3	0,88	2,89	1,12	5,277	0,006*
<i>Selfishness</i>	2,74	1,11	2,38	0,82	3,04	1,06	7,368	0,001*

* P<0,05

Table 9 shows the results of the ANOVA test, which compares the averages of the health workers income status according to the sub-dimensions of toxic leadership. According to their income, the averages obtained from the sub-dimensions of toxic leadership of health workers statistically differ significantly. H9d hypothesis was accepted in this case. Tukey HSD test was used to determine the difference between the groups. Health workers who declare their income as 2500 TL and above in the values of self-seeking, not to appreciate, negative mood and selfishness have more toxic leadership characteristics.

The ANOVA test results comparing the averages of healthcare workers' sub-dimensions of toxic leadership according to their educational status do not differ statistically. In this case established H9e hypothesis was rejected.

Table 10. Toxic Leadership Sub-Dimensions Scores According to Professional Status of Health Workers

Toxic Leadership Sub-Dimensions	Professional Status						F	P
	Health Per.		Adm. Per.		Others			
	Mean	SD	Mean	SD	Mean	SD		
<i>Self-Seeking</i>	2,84	1,11	3,26	1,12	3,14	0,77	2,508	0,084
<i>Not to appreciate</i>	2,87	1,11	3,35	1,07	3,25	0,73	3,409	0,035*
<i>Negative Mood</i>	2,65	1,05	2,9	1,23	2,94	0,72	1,017	0,364
<i>Selfishness</i>	2,74	1	3,12	1,2	2,74	0,66	2,25	0,108

* P<0,05

Table 10 shows the ANOVA test results comparing the averages of the health care workers' sub-dimensions of toxic leadership according to their professional status. According to their professional status, the averages obtained from the sub-dimensions of toxic leadership of health workers do not differ statistically only in one sub-dimension. The H9f hypothesis

established in this case was accepted for only one sub-dimension and was rejected for other sub-dimensions. The differences between the post hoc tests and the Tukey HSD results were found to be among the administrative staff and health personnel.

H9g hypothesis was rejected because the averages obtained from toxic leadership sub-dimensions did not differ statistically according to the unit of health workers.

Table 11. Scores of Health Workers from Toxic Leadership Sub-Dimensions According to Their Duties in Hospital

Sub- Dimensions	Working Unit	Mean	SD	F	P
<i>Not to appreciate</i>	Physician	3,08	1,12	4,449	0,002*
	Nurse	2,73	1,12		
	Secretary	2,99	1,06		
	Technician	2,23	0,73		
	Administrative Staff	3,6	0,96		
<i>Self-Seeking</i>	Physician	3,03	1,13	3,426	0,010*
	Nurse	2,74	1,15		
	Secretary	2,87	1,05		
	Technician	2,3	0,68		
	Administrative Staff	3,5	1,02		
<i>Selfishness</i>	Physician	2,82	1,01	1,661	0,161
	Nurse	2,71	0,99		
	Secretary	2,86	1,07		
	Technician	2,3	0,77		
	Administrative Staff	3,17	1,18		
<i>Negative Mood</i>	Physician	2,68	1,01	1,273	0,282
	Nurse	2,6	1,09		
	Secretary	2,83	1,17		
	Technician	2,25	0,78		
	Administrative Staff	3	1,14		

* P<0,05

In Table 11, it is seen that the averages of health workers' toxic leadership sub-dimensions did not differ statistically according to their duties in the hospital. However, the established H9h hypothesis was accepted for **not to appreciate** and **self-seeking** sub-dimensions. Therefore, we can say that this hypothesis has been partially accepted. Tukey HSD test from Post-hoc tests was used to determine the difference between groups. As a result of the tests conducted, it was revealed that there is a significant difference between the nurses and administrative personnel, technicians and administrative personnel in the not to appreciate sub-dimension. In addition, it was found out that there was a difference between nurses and administrative staff, technicians and administrative staff in the sub-dimension of self-seeking.

4. DISCUSSION AND CONCLUSION

Toxic leadership has been defined as the kind of leadership exhibiting destructive and dysfunctional behaviors. Toxic leadership has largely not been discussed. Therefore, it is important to demonstrate whether that this type of leadership differs in terms of socio-

demographic variables or not. Thus, discussing the consequences of toxic leadership is very important, especially in the scientific platform, health, and education sectors.

This study tried to reveal the relation among the socio-demographic variables such as gender, age, marital status, education status, hospital duty, income, occupational status, working unit, and toxic leadership levels. The survey was conducted on the basis of the general average and the sub-dimensions of the scale obtained by the employees on the toxic leadership scale. The Cronbach-Alpha coefficient was found to be high 0.98. The scale used in the study is reliable. When the findings obtained at the end of the study were examined, it has understood that the perception of toxic leadership behaviors perceived by the hospital staff varies according to demographic characteristics. The toxic leadership averages of health workers differ statistically according to their gender, indicating that the toxic leadership averages of men were higher than the toxic leadership averages of women.

While the toxic leadership averages of health workers do not differ according to their marital status, educational status and professional status, their averages differ in terms of age and income. Health workers who are 40 years of age and over and those who gain 2500 TL and above salary have higher toxic leadership average or tendency than the other groups. In addition, when it is evaluated on the basis of sub-dimensions, it has been determined that there are differences in the averages of self-seeking, not to appreciate, self-interest, negative mood. This situation can be explained by the fact that health workers who have a higher age are in higher positions and have more experience when compared to young health workers.

Likewise, health workers who have high incomes also tend to have more toxic leadership tendencies than health workers who have lower incomes. Generally speaking, higher income is related to higher positions and occupation. Health workers with this income group may have a repressive and destructive behavior in performing their social roles.

According to the occupational status of the health care workers, the averages obtained from the Toxic Leadership Scale do not differ, while there is a difference in the sub-dimensions of the scale. This difference is seen in "the not to appreciate" sub-dimension of scale. It was determined that this difference occurred between administrative staff and health personnel. The average obtained by the administrative staff is higher than health workers in the "not to appreciate" sub-dimension. This indicates that the perception of administrative staff is higher for this sub-dimension.

The toxic leadership levels of health workers do not differ according to the unit they work in the hospital but their levels differ according to their duties in the hospital. However, this situation is seen between the administrative staff and nurses in the not to appreciate sub-dimension. The average of administrative staff obtained from this sub-dimension is higher than that of nurses. The tendency of administrative staff to exhibit more toxic leadership may be due to the fact that administrative staff feel more senior management pressure.

In our study, the toxic leadership averages of health workers differ statistically according to their gender, indicating that the toxic leadership averages of men were higher than the toxic leadership averages of women. However, the averages of healthcare workers' sub-dimensions of toxic leadership according to their educational status do not differ statistically. Like Singh and his friends' study (2017) perceived toxicity in leader by subordinate shows negative relationship with gender and positive with education level (Singh, Dev and Sengupta, 2017:120).

In a study conducted in 2016 by İzgüden et al., it was determined that there was a significant difference among the groups according to occupation, age, gender, income and marital status. They also found that the higher the level of education, the higher the perceptions of health personnel in respect to toxic leadership behavior (İzgüden, Eroymak and Erdem, 2016: 274).

Çetinkaya and Ordu (2018) stated that there was no significant difference in the perceptions of teachers regarding all aspects of toxic leadership in terms of professional seniority and

branch variables; Kasalak (2015) showed that employees' perceptions of organizational toxicity did not differ significantly from managerial task variables; Demirel (2015) determined that according to the teachers' perceptions of the leadership of toxic leadership in terms of professional seniority and branch variables do not differ; Demirel (2015) also stated that toxic leadership differed significantly according to marital status; found that the married people perceived their managers as more toxic than singles.

As a result of this study, we can make the following recommendations to health managers: Health managers should identify the factors that cause older age workers (40 years and older) to exhibit toxic leadership tendencies and take measures to eliminate these factors.

Health managers should try to close the income gap between health workers and support the career development of their employees by in-service training. In addition, the impact of income should be investigated by different studies.

Nowadays, health services have become unmanageable with classical management styles due to the developments in communication technology and medical technology in terms of health workers and patients. For this reason, institutions should determine which leaders tend to be destructive and environments that will facilitate destructive behavior should be identified and measures should be taken to eliminate these threats. In addition, administrative pressures on managerial staff should be mitigated.

When knowledge of Toxic Leadership is acquired, it will be possible to create an ethical organization climate that will prevent toxic leadership behaviors, improve toxic leaders and make toxic leadership behaviors impractical. Therefore, studies on this subject should be followed and intensified.

In conclusion, toxic leadership levels of health workers differ according to socio-demographic variables. Studies on toxic leadership are very limited in the health sector, so it is advisable to carry out studies in the future to establish the relationship between toxic leadership and other variables such as (job termination intention, job stress, job dissatisfaction, organizational commitment, etc.).

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