Toxic Workplace Environment: In Search for the Toxic Behaviours in Organizations with a Research in Healthcare Sector

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Abstract: This study provides information on how to identify a toxic workplace; identifies the types of toxic worker behavior, including abusive supervision and workplace mobbing; discusses how toxic workplaces affect employees at all levels; and describes how toxic workplaces can become hostile work environments. For achieving knowledge about how such kind of behaviors and attitudes are perceived by the employees in the selected organizations, a qualitative study was designed. Following the qualitative research, a research study has been designed as a descriptive cross-sectional study which involved the questionnaire survey for primary data collection and analysis. As a result of both qualitative and quantitative studies, it was observed that types of toxic behaviors included tearing others down, passive aggressive leadership, destructive gossip, devious politics, a lot of negativity, abusive supervision, unfair policies, and aggression. The findings reported that there were two categories of toxic workplace environment named as "Behavioral Toxics" and "Contextual Toxics" which consisted four variables of "toxic behaviors of coworkers", "toxic behaviors of managers", "toxic social-structural factors" and "toxic climate".

Keywords: Toxic Workplace, Toxic Behaviors, Incivility, Abusive Behaviors, Healthcare Sector.

1. Introduction

In today's organizations, due to a number of contextual, organizational, personal and socio-economic factors, there has been a noticeable corruption in human behaviors and mutual relationships within the workplaces. Investigating the destructive work behaviors discourse about workplace problems and perceptions of hostile work environment from the perspective of the universal value of health gives us the opportunity to partly avoid the paralysis observable in several fields of social science and

1 Assoc. Prof. Dr. (Ph.D.), Marmara University, Faculty of Business Administration, Department of Business Administration (In English), Sub-Department of Organizational Behavior, Turkey, secilbal@yahoo.com.
organizational behavior. The current study has been built on the collective perception and meaning related to the postmodern organization context and its consequence. The perspective of observing destructive and hostile behaviors within organizational settings have been enriched with the postmodern readings of organizational behavior and with the implications of the discourse of the 21st century organizations which are supposed to create a variety of negative attitudes and counterproductive behaviors. Thus, in this study, the toxic workplace concept was examined with a metaphoric expression in order to represent various deviant and abusive behaviors in the organizations. Within the framework of this postmodern reading, the suggestions of this study were built on the basis of the theoretical reality and the observations of the author with the intention of explaining the existence of toxicity with the increasing workplace corruption and stressors due to the postmodern organization aspects. More specifically, when health care sector is considered, it is seen that most of the health care staff, especially the nursing staff and administrators have potential to experience the frustration and confusion of working in an extremely difficult work environments to deal with in their occupational lives. In the extant literature, such toxic behavior has been described as psychological, a self-centered disconnect from humanity, and a subsequent severing of empathic ties to other people. With that respect, this study has focused on the health care sector in order to address how a workplace marked by incivility can become a toxic workplace. It is argued that an environment in which employees feel unvalued, and not respected will become toxic workplaces which in turn will lower employee retention and productivity, raise stress, increase health care costs, and can lower workplace safety. It is also suggested that a toxic workplace can transcend into a hostile work environment.

For that reason, importing the term "toxic" from biological sciences, this study adopted toxic concept for referring the unhealthy and manipulating behaviors and attitudes. Based on this approach, we developed an insight for examining toxic workplace environment from the human side which comprises human behaviors, rather than the organizational side, such as pollution, air conditioning, lightening, heat, noise, etc. Regarding the negative and unhealthy work conditions, toxic workplace environments poses a risk to most organizations and its consequences are both individual and organizational ones either through compensation payments for stress-related outcomes, high turnovers, negative workplace emotions, or through the low productivity of the organizations. Health services and nursing have critical roles within Turkish Health Care System and Turkish economy. A large amount of Turkish and international studies (e.g. Doğan, Güler and
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Koçak, 1999; Pekriz, 2009; Dikmetaş, Top and Ergin, 2011; Aytaç and Dursun, 2013; Taştan, 2014a; Abderhalden, Needham, Friedli, Poelmans and Dassen, 2002; Maguire and Ryan, 2007; Soljan, 2009; Chiu, Chung, Wu and Ho, 2009; Morter, 2011; Othman & Nasurdin, 2011) argued that nursing is a stressful profession which is under growing institutional demands, patients' pressures, work and role overloads, and inadequate resources of non-profit governmental hospitals.

Most of the health care staff, especially the nursing staff and administrators have potential to experience the frustration and confusion of working in an extremely difficult work environments to deal with in their occupational lives. It is observed that the role of the nurse has become increasingly more complex and demanding along with the challenging work conditions and increasing demands of the parties including the Health Ministry, health care organizations, patients, and the families of the patients. In addition, the continuing changes and redefinitions of the roles of nurse have major impacts on nurses’ working conditions and healthcare delivery (Apker, 2004; Pekriz, 2009; Morter, 2011). On the other side, healthcare expenditures comprise one of the largest portion of Turkish government and public hospitals usually strive for additional allocation of monetary and technological resources due to the national economic constraints. Financial constraints, the nursing shortage, and increased competition for providing quality care also present additional difficulties on nurses and healthcare leaders. For that reason, the nursing shortage and challenging work conditions in the hospitals have been concerned as a national and global problem, and the availability of quality healthcare in Turkey is a major concern for all Turkish citizens.

A body of stressors or environmental issues can be regarded as factors placing pressure on nursing staff’s work quality and productivity. In particular, various factors are associated with occupational stress related to toxic work environments and studies indicated that, in addition to stressful factors intrinsic to nursing organizational management attributes influence work-related negative outcomes (stress, fatigue, physical and mental health problems, burnout, low performance, etc.) among nursing staff (Moustaka and Constantinidis, 2010, p. 211) and that sources of toxic work environments vary in both nature and frequency across nursing specialties. Recognizing the factors that lead to deficiency in job satisfaction and work and life quality of healthcare professionals and addressing the issues might result in increasing turnover rates and nursing staff’s intent to leave the hospital setting. Retaining nursing professionals in the public hospital is paramount to providing quality care, enhancing positive patient outcomes,
and enabling effectiveness and efficiency related to concerns of Turkish Ministry of Health. For that rationality, we have placed a focus on identifying the toxic workplace factors within the public hospitals and addressing the main effects of toxic environments on nursing professionals' outcomes of life quality.

A recent book by Kusy and Holloway, Toxic Workplace- Managing Toxic Personalities and Their Systems of Power (2009) was used in this study as representative of our approach to identifying the toxic workplace factors, understanding the role of toxic environment nature relative to managers, leaders, work conditions, interpersonal relations, negative emotions, harmful behaviors, and their affects upon organizations and employees. Content from this book is complemented by the conceptual and empirical works of other scholars to create insight into the darker side of toxic workplaces.

In sum, the main concern of this study is to define the toxic workplace factors, to identify what are toxics, and to indicate how the toxic environment effects nursing employees' individual outcomes. The foundational approach of this study is a community-centred approach since we have established our study on the basis of a community problem with a key purpose of providing useful discussions and implications for various stakeholders, including nonprofit organizations, government, nursing professional, academicians, health care organizations, citizens, etc. To get to the root of this evasive and pervasive problem and to pursue a realistic course, we conducted a two-year research study on the prevalence and effects of toxicity in organizations. This study comprises the results of that research and has helped to collect a variety of uncivil and counterproductive behaviors under a spectrum which we referred as "toxic". Further, this study includes suggestions to create and maintain a healthy organization atmosphere, focusing on how a toxic environment has existed in governmental hospitals and what should be done to hinder these problems.

2. Literature Review and Conceptual Background

2.1. Conceptualization of Toxic Workplace Environment

In the extant literature, several taxonomies and conceptualizations have been provided for understanding what types of behaviors and attitudes the toxic workplace environment includes. Kusy and Holloway (2009, p. 2) have defined toxic behaviors as the behavioral patterns that undermine organizational productivity and work life effectiveness. According to their approach, toxic environments have included a wide variety of factors such as
control freaks, narcissists, manipulators, bullies, poisonous individuals, or humiliators, toxic managers, etc. Based on their research (Kusy and Holloway, 2009, p. 4), they defined the toxic personality as anyone who demonstrated a pattern of counterproductive work behaviors that debilitated individuals, teams, and even organizations over the long term. Social science researchers such as Bandura (2002) and Zimbardo (2004) postulated that it was not necessarily the person who was corrupt, but rather that persons develop a ground for corruption when placed in institutional structures that encourage its practice. Koehn (2007) described such toxic behavior as psychological, a self-centred disconnect with humanity, and a subsequent severing of empathic ties to other individuals. According to his view, the power, and the “satisfaction” of trouncing an opponent (or, humiliating a colleague) derived from a fragmented, false sense of self, or an egoist nature, which was the root cause of toxic behaviors (Koehn, 2007).

According to other approaches, the common characteristics of toxic workplace included a list of factors such as; mediocre performance was rewarded over merit-based output (Colligan and Higgins, 2006); employees avoided disagreements with managers for fear of reprisal; personal well-being was behind the interests of the organization (Atkinson and Butcher, 2003); managers were constantly on edge and lose their tempers often; new supervisors didn’t stay long and employee turnover was common (Macklem, 2005). Other researchers have also proposed the several factors contributing to toxic workplaces. For instance, it was mentioned that employees who did not feel the need to self-censor their behavior, the bosses who overly demand and have an over focus on self-advancement contributed to toxicty at work (Gilbert, Carr-Ruffino, Ivancevich and Konopaske, 2012, p. 30). In addition, Macklem (2005) stated that managers who put irrational goals and pursue unreasonable profits could be a major source of the workplace toxicity. Similar to this view, Hymowitz (2004) mentioned that such managers were preoccupied with their own status and power and as a result kept their subordinates in the dark regarding key strategic and tactical issues. Consequently, in such environments, employees would be overburdened with work, strapped with tight deadlines, and unlikely to maintain work-life balance, given that their managers expect them to place work before all other priorities (Gilbert et al., 2012, p. 30).

Moreover, Frost (2003) implied that the toxic workplaces were seen as one of the places where civility still ruled, with co-workers treating each other with a mixture of formality and friendliness, distance and politeness. According to Anderson's (2013) approach, types of toxic behaviors include tearing others down, passive aggressive leadership, destructive gossip,
devious politics, and a lot of negativity (Anderson, 2013). Brightman (2013) have postulated four toxic behaviors including aggressiveness, narcissism, lack of credibility, and passivity. In addition, low trust environment, negative emotional contagion, high stress, and incivility have been counted among the toxic environment factors (Gilbert et al., 2012, p. 30). Lawrence (2014, p. 4) have indicated that when the manager was a known bully (bullying behaviors might include sexual harassment, practical jokes, picking on the same person frequently, public humiliation, and intimidation); co-workers frequently ganged up on each other because there were no consequences for bad behaviors; the managers or co-workers frequently took credit for the work of others; office gossip and false accusations were usual, and making up stories and false accusations against others were the norms, the environment was described as toxic. Siegel (2011) noted that abusive supervision and bullying were the forms of toxic behaviors which could include ridiculing subordinates in public, taking credit for work done by a subordinate, the inappropriate assigning of blame, rudeness, and angry outbursts. It was also argued that abusive behavior by a supervisor or peer-to-peer included sexual or other types of harassment (such as gender, race, or religious) that created a hostile working environment (Cavaiola and Lavender, 2011). On the other side, Koehn (2007) postulated that the illusions of grandeur, power, and the “satisfaction” of trouncing an opponent (or, humiliating a colleague) were derived from a false sense of self, or an egoist orientation, which was suggested to be the root cause of toxic behavior. With that view, Koehn (2007) defined such toxic behavior as psychological, a self-centered disconnect from our humanity, and a subsequent severing of empathic ties to other individuals. According to him (Koehn, 2007, p. 3), self-centred behavior could lead to an excessive focus on self-gratification at work and as a consequence it could result in the violation of others’ rights or in abuses of control, bullying, and exploitation. Thus, based on these approaches, the verbal and nonverbal attacks through such kind of hostile and toxic behaviors could be considered as a toxic working environment.

Egocentric, or “narcissistic” managers have been addressed as being the major factors of toxic workplaces. It was suggested that such kind of managers could easily maintain a self-reinforcing pattern of behavior, one in which the conquered subordinate was transformed into an enabler or an obedient follower who willingly serves the boss (Gilbert et al., 2012, p.31). Originally, such enablers were described by Downs (1997, p. 69) in the following characteristics: “...the enabler makes the narcissist look good, always withholds criticism, and protects the narcissist from others in the
organization who would encroach on the narcissist's territory.” Similarly, in their article "Narcissism and Toxic Leaders", Doty and Fenlason (2013, p. 55) have stated that narcissism was a critical and large part of the toxic leadership paradigm and the toxic work environment. According to their definition, narcissistic leaders had “an inflated sense of self-importance and an extreme preoccupation with themselves” and their total focus, either consciously or unconsciously, was on themselves, their success, their career, and their ego (Doty and Fenlason, 2013, p. 56). Since everything was about them, the narcissistic leaders were the centre of gravity for everyone around them and their unit which in turn preceded the toxic work environment. In this case, it was suggested that narcissism provided a basis for toxicity within organizations because excessive self-focus precluded an extension of self on behalf of others, and encouraged “winning” at any expense (Gilbert et al., 2012, p. 31).

Supporting these arguments, Aubrey (2012, p. 3) focused on toxic leadership and emphasized the symptoms of toxicity (individual characteristics, traits) by discussing how an organization’s culture might contribute to toxicity in its leaders. According to Lipman-Blumen (2005, p. 29), toxic leaders are those individuals who by dint of their destructive behaviors and dysfunctional personal qualities generate serious and enduring poisonous effects. It is designated that toxic leaders damage organizations. When focusing on toxic leadership, many researchers emphasized the symptoms of toxicity (individual characteristics, traits) and not the disease (culture, climate, outcomes) (Fitzpatrick, 2000). Several researchers argued that the long-term negative effect that toxic leaders have on an organization's culture and climate is a key variable in toxicity determination (Aubrey, 2012). Thus, it is seen that toxic leaders were mentioned as one of the elements of toxic environments. On the other side, Parker (2014:1) suggested bullying, stress and emotional burnout as the examples of what we could find in toxic organizations. At the extreme, management by terror – a term associated with dictator leaders– was implied to be a dominant toxic factor. Besides, it was implied that managers' all narcissistic behaviors were inevitably toxic and when narcissism became a disorder (like alcoholism, drug addiction, and depression), the results influenced morale and group effectiveness and could potentially lead to disaster (Doty and Fenlason, 2013, p. 56). Such an implication can be supported by Blais, Smallwood, Groves and Rivas-Vazquez's (2008) descriptions of narcissistic managers' manifestations. They stated that indications of a manager being narcissistic to the detriment of a unit included being a poor listener, being overly sensitive to criticism, taking advantage of others to achieve one’s own goals,
lacking empathy or disregarding the feelings of others, having excessive feelings of self-importance (arrogance), exaggerating achievements or talents, needing constant attention and admiration, reacting to criticism with rage, shame, or humiliation, being preoccupied with success or power (Blais et al., 2008, p. 41). In such a case, we suggest that these signs of narcissistic managers as described by Blais et al. (2008) have approximations with Koehn’s (2007) and Siegel’s (2011) definitions of toxic workplace behaviors. As we have quoted before, Koehn (2007) defined toxic behavior as psychological, a self-centred disconnect from the humanity and Siegel (2011) stated that abusive supervision and bullying behaviors of managers were the forms of toxic behaviors at work. Lastly, toxic workplace dictatorship (Parker, 2014) of the managers were indicated as another toxic factor within the organizations. Clegg and his colleagues (2014 as cited in Parker, 2014, p. 2) have listed 20 signs that underpin totalitarian organizations. Among these indications, for instance, leaders or managers within such organizations demanded conformity, maintained their distance, were selective in their "mercies" and favoured certain people with perks and benefits (Parker, 2014, p. 2). Under these circumstances, we suggest that such attitudes and behaviors of the managers paved the way for bullying, stress and emotional burnout among the employees which are also the examples of "toxic" organizations.

Further, McIntyre (2014:6) counted any verbal or non-verbal behavior that caused others to feel upset, depressed, anxious, discouraged, or hopeless under negativity infections within the organizations. Problematic personality traits, career setbacks and obstacles, resistance to change, and management actions were indicated as being the main causes of such toxic environments and unhealthy organizations (McIntyre, 2014). Moreover, Frost and Robinson (1999) argued that with downsizing, reengineering, budget cuts, pressures for increased productivity, autocratic work environments, and the use of part-time employees have resulted in “uncivil and aggressive workplace behaviours. Kusy and Holloway (2009) suggested that toxic leaders had an insidious effect on organizational life and the welfare of both the organization and employees who work diligently in pursuit of the organization’s success.

According to Goldman (2006), toxic leaders were inwardly motivated, inherently destructive, and violate the legitimate interests of the organization. Along with the arguments of Allcorn and Diamond (1997) regarding toxic managers, Kets de Vries (2006, p. 9) provided an in-depth discussion of the many important topics of toxic workplaces, including the narcissistic personality disorder and character disorders that such as
dramatic, controlling, dependent, self-defeating detached and abrasive dispositions. While the behaviors did not necessarily rise to the level of bullying or harassment, the toxic behaviors lowered employee productivity and retention, health, and well-being (Slayter, 2009). Moreover, according to Goldman (2006), the harm that toxic leaders inflict extended beyond the organization's boundaries and directly influenced the perception of stakeholders, customers, community, etc.

3. The Research on Toxic Workplace among Health Care Organizations


3.1.1. The Research Goals and Theoretical Frame

Based on the fact that there is insufficient research on toxic workplace and toxic behaviors in the Turkish context, we attempted to fill this gap throughout a structured research design in Turkey with a particular focus on Public Hospitals. It was also noticed that there are lack of studies on toxic workplace issues in Public Organizations. Therefore, it is found necessary to perform a research study on toxic workplace environments especially within the context of Turkish public health care organizations. As we have mentioned in previous part, the individual or group behaviors could create a toxic workplace environment and it could be difficult for employees who witness or are the victim of toxic behavior to identify it when experiencing it a setting (Lawrence, 2014, p. 4).

This study comprises both a particular profession such as nursing and public organizations while approaching the negative workplace behaviors, abusive management, negative organizational climate, destructive attitudes and negative emotional conditions with a holistic view of "toxic workplace environment". With such a holistic view, we considered toxic workplace as a spectrum that combines variety of negative characteristics, traits, and behaviors within organizational setting.

3.1.2. Sample Selection and the Research Design

In the present study, we attempted to refer to the views of both nurses working as a staff member, and the nursing administrators who are in the middle of the nursing practices and management. In sum, the research
has took place among the sample group of nursing professionals comprising nursing staff members and nursing administrators. The data collection has been administered within three Public Hospitals located in Istanbul.

The organizations selected for the research are the Public Hospitals of a larger Turkish Public Health Care Sector. We have previously explained that our choice of the research field was strongly driven by the appalling experiences of a former literature research conducted partly in this sector. Our earlier studies revealed manifestations of negative workplace acts, counterproductive behaviours and toxic behaviors in the selected sector, which induced a very intense research motivation in us for a deeper understanding and potential improvement of the subject of toxic workplace factors. At the same time, some members of the Local Health Authority of Istanbul and the selected public hospitals showed considerable support for the continuation of this kind of research study.

Our research study has been designed as a descriptive cross-sectional study which involves both qualitative and quantitative methods of data collections and analysis. A descriptive study is “...concerned with and designed only to describe the existing distribution of variables, without regard to causal or other hypotheses” (Grimes and Schulz, 2002, p. 145). Cross-sectional studies are carried out at one time point or over a short period (Levin, 2006). They are usually conducted to estimate the prevalence of the outcome of interest for a given population and data can be collected on individual characteristics alongside information about the outcome (Olsen and George, 2004, Levin, 2006). In this way cross-sectional studies provide a 'snapshot' of the outcome and the characteristics associated with it, at a specific point in time (Levin, 2006). A cross-sectional study design is used when the purpose of the study is descriptive, often in the form of a survey. Usually there is no hypothesis as such, but the aim is to describe a population or a subgroup within the population with respect to an outcome and a set of relevant factors. Cross-sectional studies are sometimes carried out to investigate associations between research variables, however they are limited due to the fact that the survey is carried out at one time point and give no indication of the sequence of events (Levin, 2006). As a result, as for limitation, such type of studies may hold prevalence-incidence bias and it is difficult to make causal inference (Bland, 2001).

3.1.3. Data Collection: The Qualitative Research Study

Following the above representations, this research study was built on the direct personal observations of the author and the prescription of the
research problem statements. was suggested that social psychological processes should not be evaluated independently from the context. Thus, it was aimed to obtain context-related data by an emic type of study. As prescribed, in order to collect data for the qualitative research of the study we followed a triangulation method (Denzin and Lincoln, 2000) within the three main stages of the survey which consisted the applications of personal diaries, interviews, and questionnaires. Triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings (Bryman, 2003, p. 1). Since much social research is founded on the use of a single research method and as such may suffer from limitations associated with that method or from the specific application of it, triangulation offers the prospect of enhanced confidence (Bryman, 2003). An early reference to triangulation was in relation to the idea of unobtrusive method proposed by Webb et al. (1966, p. 3), who suggested, “...once a proposition has been confirmed by two or more independent measurement processes, the uncertainty of its interpretation is greatly reduced. The most persuasive evidence comes through a triangulation of measurement processes”. The idea of triangulation is very much associated with measurement practices in social and behavioral research, thus triangulation is suggested to be one of the several rationales for multi-method qualitative research.

In addition, Denzin (1970) extended the idea of triangulation beyond its conventional association with research methods and designs. He distinguished four forms of triangulation named as data triangulation, investor triangulation, theoretical triangulation, and methodological triangulation (Denzin, 1970). Based upon Denzin's (1970) approach, we have applied data triangulation which entails gathering data through several sampling strategies, so that slices of data at different times and social situations, as well as on a variety of people, are gathered.

Based on the ideas presented above, in the first stage of our research study, we performed informal, unstructured interviews with 190 nurses and 15 nursing administrators from 3 different public hospitals in order to derive negative behavioral and emotional issues that are encountered in the workplace. In addition, we applied a personal diary technique to enable the participants who took place in the focus group of 30 nurses and 5 nursing administrators to wholly write and enlist their personal experiences, observations, and emotions by implicating their day-to-day working conditions and negative workplace events. In the second phase, formal interviews were performed with 110 nurses and 40 nursing administrators from the public hospitals. During the interviews, we attempted to identify
seven areas of importance that were used to construct the questionnaire survey. These areas have been derived from the literature background and conceptual foundations of the concept of toxic behaviors and toxic workplace. These areas included both the human side (toxic behaviors, toxic personality, toxic leaders, etc.) and contextual side of the toxic workplace (organizational climate and culture, work stressors, pressures, etc.). Consequently, based on the data gathered throughout the personal diary and interview techniques, we performed a content analysis and enlisted the assertion, statement, and concept groups which are embraced by identified codes. A coding system has been utilized by using Microsoft Excel Programme for each of the statement group and concept categories in order to enable labelling and prescribing the content of the specified groups. In both readings of our qualitative multiparadigm approach (see Szilas, 2011, p. 102), the researcher’s interpretation is especially important since even in the course of accepting, creating and organizing the analytical categories, the meaning and significance attributed to them play a significant role. In the intensive critical exploration and interpretation of the coded categories, I primarily followed Sennett's (1998) and Alford and Naughton’s (2004) suggestions.

As further, according to the recommendations of the explorative-integrative qualitative study method, in the course of our data collection, we simultaneously examined the correctness of the research ideas and categories regarding the process of workplace toxic events, behavior and work stressors. At the same time, we explored the local reality containing new interpretations and categories emerging from the research field, which went beyond or contradict our preconceptions on the research subject. Using the data collection methods of the interviews, diaries and questionnaires it was possible to both organize the information according to preliminary categories and to expand, enrich and revise them with new categories, interpretations and patterns obtained through fieldwork.

3.1.4. The Surface Findings of Reports about Workplace Problems

A principal starting-point for the analysis presented in the critical content analysis of the research is the concept of toxic workplace as experienced by employees. This is defined as the perceptions, behaviors and processes in the previous section, in which conditions and events related to the workplace environment (toxic issues and stressors) induce consequences (physiological, psychological, mental or social) for individuals. The phenomenon of toxic workplace discourse was built upon this concept,
which, in my interpretation, is the way the employees connect (in their reports and communications) work-related events with their (physiological, psychological, mental or social) consequences in their lives. The second definite starting point for the critical analysis is the concepts of toxic environment and toxic leaders. The most famous integration of these concepts with toxic workplace environment conceptualizations was developed by Kusy and Holloway (2009), Koehn (2007), Siegel (2011), Anderson (2013), Brightman (2013), and Gilbert et al. (2012). Based on the integrative approaches to toxic workplace, we can identify a very significant potential direction for improving our understanding of the connection of workplace negative events discourse and toxic workplace environment.

Through the intensive critical interpretation, the physiological, psychological, mental and social processes and perceptions that individuals associated with workplace problems and events could be considered to be important starting points for exploring surface structures. These events and perceptions become parts of the toxic workplace discourse and are strongly connected to perceptions of workplace stress.

The below Table 1. shows the result of evaluations of data and frequency analysis of the sub categories. (Illustration for the category of Toxic Behaviors).

**Table 1:** The Frequencies of Surface Analyses Related to Toxic Behaviors (ToB) Dimension (ToB1…ToB9)

<table>
<thead>
<tr>
<th>Number Dimension</th>
<th>Representation of the Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>ToB1</td>
<td>public humiliation</td>
</tr>
<tr>
<td>ToB2</td>
<td>sexual harassment</td>
</tr>
<tr>
<td>ToB3</td>
<td>practical jokes</td>
</tr>
<tr>
<td>ToB4</td>
<td>gossipping</td>
</tr>
<tr>
<td>ToB5</td>
<td>abusive supervision</td>
</tr>
<tr>
<td>ToB6</td>
<td>bullying/mobbing</td>
</tr>
<tr>
<td>ToB7</td>
<td>anger and aggression</td>
</tr>
<tr>
<td>ToB8</td>
<td>incivility</td>
</tr>
<tr>
<td>ToB9</td>
<td>self-centered disconnect</td>
</tr>
</tbody>
</table>

**Table 2:** The Frequencies of Surface Analyses Related to Toxic Managers (ToM) Dimension (ToB1…ToB14)
<table>
<thead>
<tr>
<th>Number of Dimension</th>
<th>Representation of the Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>ToM1</td>
<td>narcissism</td>
</tr>
<tr>
<td>ToM2</td>
<td>aggressive leadership</td>
</tr>
<tr>
<td>ToM3</td>
<td>Negative jokes and humiliations of managers</td>
</tr>
<tr>
<td>ToB4</td>
<td>destructive gossiping of managers</td>
</tr>
<tr>
<td>ToB5</td>
<td>abusive supervision</td>
</tr>
<tr>
<td>ToB6</td>
<td>bullying/mobbing</td>
</tr>
<tr>
<td>ToB7</td>
<td>angry outbursts and aggression</td>
</tr>
<tr>
<td>ToB8</td>
<td>devious politics</td>
</tr>
<tr>
<td>ToB9</td>
<td>favoured certain people</td>
</tr>
<tr>
<td>ToB10</td>
<td>self-centred disconnect</td>
</tr>
<tr>
<td>ToB11</td>
<td>egoist orientation</td>
</tr>
<tr>
<td>ToB12</td>
<td>autocratic orientation</td>
</tr>
<tr>
<td>ToB13</td>
<td>ridiculing subordinates in public</td>
</tr>
<tr>
<td>ToB14</td>
<td>taking credit for work done by a subordinate</td>
</tr>
</tbody>
</table>

Subsequently, the concepts were replaced under two categories of toxic workplace environment named as "Behavioral Toxics" and "Contextual Toxics". Behavioral Toxics category consisted two components of "toxic behaviors of coworkers" and "toxic behaviors of managers". Contextual Toxics category consisted of two components of "toxic social-structural factors" and "toxic climate". The 4 components of toxic workplace were represented with totally 50 items related to each of the subdimensions of the categories as seen on above Tables 1, 2, and 3. Accordingly, the components of toxic workplace and the indicated items can be displayed in Table 4. These 2 categories and 4 components were named and labeled by the researcher based upon the conceptual and operational definitions of the toxic workplace.

**Table 3:** The Frequencies of Surface Analyses Related to Toxic Climate and Culture (ToC) Dimension (ToC1…ToC9)

<table>
<thead>
<tr>
<th>Number of Dimension</th>
<th>Representation of the Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>ToC1</td>
<td>low trust environment</td>
</tr>
<tr>
<td>ToC2</td>
<td>discrimination</td>
</tr>
<tr>
<td>ToC3</td>
<td>work stressors</td>
</tr>
<tr>
<td>ToC4</td>
<td>unreasonable over work hours</td>
</tr>
<tr>
<td>ToC5</td>
<td>unreasonable tasks and orders</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>ToB6</th>
<th>career setbacks and obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td>ToB7</td>
<td>unfair performance evaluations</td>
</tr>
<tr>
<td>ToB8</td>
<td>unfair policies</td>
</tr>
<tr>
<td>ToB9</td>
<td>ergonomics and physical conditions</td>
</tr>
</tbody>
</table>

**Table 4:** The Item Distribution of the Components of Toxic Workplace

<table>
<thead>
<tr>
<th>The Category</th>
<th>The Component</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Toxics</td>
<td>Toxic behaviors of coworkers</td>
<td>15 Items</td>
</tr>
<tr>
<td></td>
<td>Toxic behaviors of managers</td>
<td>15 Items</td>
</tr>
<tr>
<td>Contextual Toxics</td>
<td>Toxic social-structural factors</td>
<td>12 Items</td>
</tr>
<tr>
<td></td>
<td>Toxic climate</td>
<td>8 Items</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>50 Items</td>
</tr>
</tbody>
</table>

3.1.5. *Inter-Judge Reliability Controlling of the Items*

After the completion of content analysis, the cases and outcomes of the qualitative methods were distributed to two different people to check the assessment and coding of participant’s relevant perceptions. One of these people was the PhD Lecturer and the other one was PhD student in Marmara University. The two people have independently re-coded all the reported cases according to the Toxic Workplace Environment concept (Kusy and Holloway, 2009; Koehn, 2007; Siegel, 2011; Anderson, 2013; Brightman, 2013; Gilbert et al., 2012) and they have taken extra notes if they had to add some remarks. Upon the controlling of convergent and divergent opinions of them compared to the researcher’s proposal, it was found out that consensus was reached sufficiently. After the inter-judge reliability controlling process, the outcomes were evaluated by the researcher and the dissertation advisor in order to gain a concrete result. Some of the unsettled cases that were found to be ambiguous were eliminated from the research scope.
3.1.6. Quantitative Methods: Descriptive Statistics and Factor Analyses

The purpose of this quantitative technique is the data reduction for the categories and items in a way that only those attitudes and perceptions that are related to toxic workplace are identified relevant to the aim of this study.

As a result of the analyses of the qualitative data by content analyses and combining the qualitative analyses with the numerical analysis, totally 60 items were generated and a scale has been formed with those items. The items were graded with 5 point Likert type scale (1= totally disagree… 5= totally agree). The 60 Items Scale was tested on the sample consisting nursing professionals working in the same 4 public hospitals. Totally 110 nurses have participated to the pilot testing process of the “toxic workplace environment scale”.

The data analyses were conducted with SPSS 20 programme. Initially, the normality analysis, frequency and descriptive analyses were conducted for each of the items. Then, the factor analysis was performed for justifying the elimination and exclusion of the items of the scale and to identify the factorial structure of the scale.

As a result of the relevant analyses, 8 items were excluded from the overall scale. 5 items from “Behavioral Toxics” category and 3 items from “Contextual Toxics” category were excluded depending on the factor analyses. Thus, 52 items remained for the scale and the measurement instrument for the next study was developed. The Cronbach’s alpha coefficient for the overall scale was 0.82.

3.2. The Methodology of Final Research

3.2.1. The Participants and Procedure

Between March-July 2015, the final questionnaire survey was performed among the nursing professionals working in public hospitals in Istanbul. The questionnaires were delivered to the groups via e-mails and via personal visits of the researcher. Totally 630 questionnaire forms were delivered in 4 public hospitals. At the end of the survey, totally 555 questionnaires were collected and taken to the statistical analyses. Thus, the response rate for the survey has been calculated as %88 (555/630).

3.2.2. The Measurement Instrument

As we have indicated previously, the questionnaire used in this study was developed by utilizing a double-check evaluation to provide the most
accurate and understandable items. The questionnaire consisted of two main sections. The first section was composed of demographic questions related to the participants’ demographic characteristics. In this section the participants’ demographic profile such as gender, age, and marital status, number of children, tenure in the current job, and tenure in the work field were asked. The second section was consist of items measuring “toxic workplace environment” with totally 52 items. The participants responded the items with their self-assessment of perceptions. The ratings were done on a 5-point rating scale, 1= totally disagree and 5= totally agree.

3.2.3. Analyses

For data analysis, three phases were followed. Firstly, descriptive analysis were done for the interpretation of the demographic structure of the respondents. In the second phase, means and standard deviations of the items were evaluated. In the third phase, factor analysis was conducted on all items of “toxic workplace environment” scale and the scale was subjected to reliability analysis.

3.3. The Results

3.3.1. Descriptive Analysis of Demographics

The demographic variables of the study were gender, age, education level, experience in work life and in the current workplace. The sample consisted of 61 (88.4%) females and 8 (11.6%) males. The majority of the respondents is between 35 and 55 years (65.2%), 27.5% is older than 55, and only 7.2% is younger than 35. Furthermore, few of the respondents (only 23.2%) are a member of the administrative positions and management team of the hospitals. More than half of the respondents (68.1%) are working in their hospital for more than five years.

3.3.2. Descriptive Statistics of the Variables and Factor Analysis

This section presents the descriptive statistics and factor analysis results of “toxic workplace environment” perception scale. The descriptive results are shown in Table 5. The results report the mean score for perceived “toxic workplace environment” is 4.142. It is seen that most respondents have high perceptions of toxic workplace behaviors and aspects in their workplaces.
Table 5: Descriptive Statistics of Variables in the Research Model

<table>
<thead>
<tr>
<th>Mean (M)</th>
<th>Std. Dev. (SD)</th>
<th>Cronbach Alpha (α)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Toxic behaviors of coworkers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humiliations &amp; Gossiping</td>
<td>4,14</td>
<td>1,05</td>
</tr>
<tr>
<td>Negative acts &amp; Mobbing</td>
<td>4,57</td>
<td>1,03</td>
</tr>
<tr>
<td>Aggression</td>
<td>3,98</td>
<td>0,19</td>
</tr>
<tr>
<td>Incivility</td>
<td>3,78</td>
<td>0,95</td>
</tr>
<tr>
<td><strong>Toxic behaviors of managers</strong></td>
<td>3,34</td>
<td>1,09</td>
</tr>
<tr>
<td>Narcissism &amp; Egoism</td>
<td>3,62</td>
<td>1,33</td>
</tr>
<tr>
<td>Anger</td>
<td>3,14</td>
<td>1,14</td>
</tr>
<tr>
<td>Outburst &amp; Aggression</td>
<td>3,08</td>
<td>0,88</td>
</tr>
<tr>
<td>Negative jokes &amp; Humiliations</td>
<td>3,59</td>
<td>0,73</td>
</tr>
<tr>
<td>Abusive supervision &amp; Mobbing</td>
<td>3,26</td>
<td>0,66</td>
</tr>
<tr>
<td><strong>Toxic social-structural factors</strong></td>
<td>3,72</td>
<td>1,19</td>
</tr>
<tr>
<td>Unreasonable over work hours &amp; Tasks</td>
<td>3,42</td>
<td>1,22</td>
</tr>
<tr>
<td>Career obstacles</td>
<td>3,66</td>
<td>0,93</td>
</tr>
<tr>
<td>Unfair evaluations &amp; Politics</td>
<td>3,93</td>
<td>0,86</td>
</tr>
<tr>
<td>Ergonomics and physical conditions</td>
<td>3,88</td>
<td>1,06</td>
</tr>
<tr>
<td><strong>Toxic climate</strong></td>
<td>3,48</td>
<td>1,01</td>
</tr>
<tr>
<td>Discrimination</td>
<td>3,09</td>
<td>1,05</td>
</tr>
<tr>
<td>Work stressors</td>
<td>3,95</td>
<td>0,91</td>
</tr>
<tr>
<td>Low trust</td>
<td>3,41</td>
<td>0,74</td>
</tr>
</tbody>
</table>

In Table 5, it is reported that the mean score for “toxic behaviors of coworkers” is 4,12. The results indicate that most respondents have high
perceptions of humiliations, gossiping, negative acts, aggression and incivility among their colleagues in the workplace. It is also seen that the respondents provide a high mean score for “toxic behaviors of coworkers” (3.34) followed by “toxic climate” (3.48), “toxic social-structural factors” (3.72). Series of factors and reliability tests were performed in order to get a deep understanding of how toxic aspects were experiences and perceived by the participants. The results showed that the reliability for total toxic workplace environment is 0.849. The results indicate that all components of toxic workplace environment that were found in this study had revealed adequate reliability.

As a result of the factor analysis, it was found that KMO coefficient value for the toxic workplace variable was between 0.82-87 and Bartlett’s Test of Sphericity p<,000 have inferred that the factors were adequately significant. Through the analysis, factor loadings less than 0.5 are selected to be extracted since 0.5 is considered as the significant factor loading. Totally 2 items were excluded from the analysis and as a result, 4 factors with 12 items for toxic behaviors of coworkers, 5 factors with 16 items for toxic behaviors of managers, 13 factors with for social-structural factors, and 3 factors with 9 items for toxic climate were found.

4. Conclusion and discussion

The intent of this study was to add to the understanding of a significant organizational concern of toxic workplace issues through initial conceptualization and theory. When focusing on toxic workplace issues, many researchers emphasized the symptoms of toxicity (individual characteristics, traits) and not the disease (culture, climate, outcomes). Although characteristics and traits were helpful in identify toxic workplaces, they felt short of a holistic view by failing to identify or discuss how an organization's context, managers and coworkers might contribute to toxicity in the workplaces. A multifactor approach concerning both the organizational context and the behavioral-attitudinal issues were the key factors in predicting behaviors and perceptions. A descriptive study was performed in order to find and evaluate the critical perceptions of the individuals related to the negative workplace behaviors and events.

The qualitative part of this research was intended to design a framework that accounts for all toxic workplace environment perception components pertaining to the notion of toxic workplace and to measure the level of “toxic workplace environment perceptions” within the nursing context of Public Hospitals in Istanbul-Turkey. In order to prepare that
measurement instrument, the cases that were related to toxic workplace environment perceptions were evaluated and content analysis were done in order to detect the perceptions, feelings, attitudes and behaviors that were mentioned in these toxic related cases and aspects were listed. Such perceptions were classified according to 2 main categories of toxic workplace environment construct that were found to be related to toxic workplace and their frequencies were counted. Since many of these perceptions appeared under more than one category, it was essential to extract common behavior or “ideas” to all these key perceptions. When listing the items for the research instrument, the frequencies of these perceptions or behaviors were taken to consideration as basis for ranking the importance of each of them as reported by the participants.

Throughout the content analyses and descriptive analyses the initial items of the pilot instrument were constituted. After the analyses of the meaning of the items with an independent judge, it was found out that some items had the same or very similar meaning. Therefore, with the aim to reduce the number of items, toxic workplace environment perceptions or thoughts was regrouped around thematic ideas under each of the four components. With that respect, a pilot measurement instrument of “toxic workplace environment perception” were prepared based on the frequencies of perceptions of toxic workplace environment. The pilot instrument was tested again with the final research and after the relevant analysis 50 item instrument was remained with adequate reliability values of each items and factors.

In sum, it was the concrete result of the present study since two categories of toxic workplace environment named as "Behavioral Toxics" and "Contextual Toxics" were found which consisted four variables of "toxic behaviors of coworkers", "toxic behaviors of managers", "toxic social-structural factors" and "toxic climate". The 4 variables of toxic workplace were represented with totally 50 items related to each of the sub-dimensions of the variables as seen on above Table 5.

As a result of this study, through both qualitative and empirical researches, it was revealed that informal conversations including a lot of griping, employees seldom laugh, joke, or celebrate, meetings and discussions quickly take on a negative tone, individuals often question the motives of others, coworkers become easily annoyed or irritated with one another, managers hear a lot of complaints from employees, workplace events are poorly attended. All these situations were reported within the qualitative study processes. More significantly, the quantitative research has also reported the supporting results which demonstrated the contextual and
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behavioral toxic factors of the workplaces. Consequently, the findings of the study support the general idea that several negative acts, situations, behaviours, perceptions and organizational climate factors may be evaluated under an umbrella term if "toxic workplace environment".

As we have explicated previously, public hospitals are the primary practice location of nurses in the public health care setting (Brooks and Anderson, 2004; Donley, 2005; Mutlu, 2009; Morter, 2011) and are the representatives of Turkish health care system. Both international (Ernst, Franco, Messmer and Gonzalez, 2004) and Turkish (Özer, 2003; Oflaz, 2006; Pekriz, 2009) studies have implied that nurses comprise the largest part of the nonprofit hospital workforce and the nursing performance changes the overall health care quality and organizational performance in the hospital setting. The healthcare system in Turkey has undergone major changes in restructuring, reorganization and transformation since the beginning of 2000s (Çelikay and Gümuş, 2011). The changes resulted in improved quality in health care services, patient rights, nursing growth, and total quality for enhancing the productivity and efficiency of nonprofit public hospitals (Gümüş, 2010, Kavuncubaşı and Yıldırım, 2010; Sülkü, 2011). Moreover, healthcare reform and reorganization resulted in an even greater expanded roles for nurses and the hierarchical structure of the nonprofit hospitals became flatter which lead the nurses to grant more of leadership and interpersonal relations roles (Sönmez and Sevindik, 2013; Seren, 2014). However, because of challenging conditions of nursing profession, hospital work environment, and stressful interpersonal relations that create burdens for nurses' performance and psychological safety, public hospitals may fail to ensure health care quality for patients safely and may become unhealthy organizations on their own. Previous research on the nursing have confirmed that nurses have been under the pressures of work, organizations, managers, patients, families, and a number of work stressors including incivility, bullying, destructive and aggressive behaviors, negative interpersonal communication, and abusive management (Morrison and Love, 2003; Morter, 2011; Karacaoglu and Reyhanoglu, 2006; Dikmetas et al., 2011; Keskin, Gümüş and Engin, 2011; Polat and Pakiş, 2012; Aytaç and Dursun, 2013; Taştan, 2014b). The empirical evidence also supports the knowledge that the nursing staff extensively experience workplace aggression, bullying, incivility, and abusive supervision (Jansen 2005; Maguire and Ryan 2007; Jonker, Goossens, Steenhuis and Oud, 2008) which could be dealt under the toxic workplace spectrum.

Consequently, it is suggested that retaining nursing professionals in the public hospital is paramount to providing quality care, enhancing
positive patient outcomes, and enabling effectiveness and efficiency related to concerns of Turkish Ministry of Health. For that reason, this chapter contributed on identifying the toxic workplace factors within the public hospitals and described the main factors of toxic environments which have negative influences on nursing professionals' quality of work and lives. This chapter may have contributions and practical suggestions for both academician and Public Health Care Organizations. The chapter may offers the researchers and the non-profit health care administrators in non-profit organizations the implications to identify and manage toxic behaviors and give attention to establish a cleaner climate and culture for preventing toxic environments.

Based on that rationality, we recognized the importance of understanding the toxic elements of public hospitals for enhancing the quality of work and life for both the nursing staff and the health organizations. In conclusion, this study may offer the academicians, the researchers, industrial psychologists, human resources professionals, health care organizations, and administrators in private and public organizations, the implications to identify and manage existing toxic behaviors and establish norms that may prevent the increase of toxic environments. Last, this study argues that managers and leaders should attempt to reduce the amount of toxic influence within their organizations while consciously attempting to cultivate a community-centered organizational culture within the Public organizations.

However, there are limitations to the conclusions that can be drawn based on methodological constraints of this study. One of the constraints is the participation of employees employed in only four public hospitals located in Istanbul-Turkey. Thus, the limitation arises as to whether the findings will generalize to the population at large. In the future studies, a wide variety of participants representing a variety of sectors or non-profit organizations should be represented in the sample in order to strengthen the applicability and results. Another limitation of this study is the use of self-report technique in the measurement of the variables within the empirical research process of the study. Future studies could be designed to obtain data throughout a multiple source method for providing more accurate results concerning the evaluations of toxic behaviors, attitudes, perceptions, and workplace aspects. Furthermore, this study is of cross-sectional nature, which implies that all data were collected only at one point in time. The study is a descriptive study that attempts to define and evaluate the current feelings and perceptions of the individuals in terms of relevant aspects.
References


