

# Role of Toxic Leaders in Shaping the Healthcare Providers' Engagement

## Abstract

**Background:** The work of employees and the business is significantly impacted by leaders who exhibit toxic habits. This study investigated the relationship between healthcare providers' engagement in healthcare organizations and toxic leadership behaviours. **Materials and Methods:** A descriptive correlational study design was employed in ten hospitals. Three hundred fifty-five healthcare professionals made up the study sample, which was selected using a convenient sampling technique. The two instruments used to gather data were the work engagement questionnaire and the toxic leadership scale. **Results:** Physicians have the highest mean score regarding toxic leaders' behaviours (92.44). In contrast, pharmacists have the lowest mean score for toxic leader's behaviours (73.51). Pharmacists have the highest mean score regarding employee engagement (145.10), while physicians have the lowest score (122.80). A significant negative correlation exists between toxic leaders' behaviours and employee engagement within the only nursing staff ( $r = 0.683, p = 0.001$ ). **Conclusions:** The actions of toxic leaders negatively correlate with staff members' level of engagement. There is a statistically significant difference between healthcare providers regarding all dimensions of employee engagement and toxic leadership behaviours.

**Keywords:** Health personnel, leadership, nursing, work engagement

## Introduction

Healthcare organizations exert more effort to support employees' well-being and achieve high competition. Establishing a positive work atmosphere that inspires and motivates employees is a talent that leaders must possess, healthcare organizations require competent and helpful healthcare members to provide proper health services.<sup>[1]</sup> Sixty-one percent of healthcare providers state that continuous contact with toxic authority behaviours creates a negative work environment, lowers performance and demotivates healthcare providers.<sup>[2]</sup> Toxic leaders may be described as having self-centred and egoistic approaches that negatively affect the motivations and ambitions of followers.<sup>[3]</sup> Managers with toxic behaviours produce destructive criticism and authoritative attitudes within subordinates, negatively impacting the organization. Toxic leaders also pay little attention to subordinates' welfare and happiness and act with negative attitudes such as humiliating, belittling, and scolding behaviours.<sup>[4]</sup> For example, a positive head nurse plays an optimistic role in the well-

being of the nurses. In contrast, toxic leaders may reduce the quality of life for nurses. Moreover, as a metaphor for toxic leader behaviour, there are five recommended dimensions: self-promotion, authoritarian leadership, narcissistic leadership, abusive supervision, and unpredictable leadership.<sup>[5]</sup> Those magnitudes can negatively affect subordinates' productivity, decrease job satisfaction and increase the tendency to resign. Fifty-two percent of nurses who worked with a toxic leader tend to remain silent to avoid the nursing director's punishment.<sup>[6]</sup>

Toxic leaders often undermine trust within the healthcare team, essential for effective communication and collaboration. When trust is eroded, physicians and nurses may disengage as they feel unsupported or undervalued.<sup>[7]</sup> A stressful work environment that occurs through constant criticism, unrealistic expectations, or a lack of support can contribute to burnout among healthcare workers, leading to job dissatisfaction, and staff may feel unappreciated or unsupported. Dissatisfied staff are less likely to be engaged in their work and may not perform at their best.<sup>[8]</sup> Toxic leadership

**Mohamed G. Elsehrawy<sup>1,2</sup>,  
Mariam A. M. Almutairi<sup>1</sup>,  
Ateya Megahed Ibrahim<sup>1,3</sup>,  
Sameer H. Hafez<sup>4</sup>**

<sup>1</sup>Nursing Administration and Education Department, College of Nursing, Prince Sattam Bin Abdulaziz University, AlKharj, Kingdom of Saudi Arabia,

<sup>2</sup>Nursing Administration Department, Faculty of Nursing, Port Said University, Egypt,

<sup>3</sup>Family and Community Health Nursing Department, Faculty of Nursing, Port Said University, Egypt, <sup>4</sup>Department of Community and Psychiatric and Mental Health Nursing, Faculty of Nursing, Najran University, Saudi Arabia

## Address for correspondence:

Dr. Mohamed G. Elsehrawy, Prince Sattam Bin Abdulaziz University, Kingdom of Saudi Arabia.

E-mail: m.elsehrawy@psau.edu.sa

## Access this article online

**Website:** <https://journals.iwv.com/ijnmr>

**DOI:** 10.4103/ijnmr.ijnmr\_306\_23

## Quick Response Code:



**How to cite this article:** Elsehrawy MG, Almutairi MA, Ibrahim AM, Hafez SH. Role of toxic leaders in shaping the healthcare providers' engagement. Iran J Nurs Midwifery Res 2025;30:379-83.

**Submitted:** 12-Oct-2023. **Revised:** 22-Sep-2024.

**Accepted:** 24-Sep-2024. **Published:** 08-May-2025.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow\_reprints@wolterskluwer.com

can contribute to high turnover rates as employees seek healthier work environments.<sup>[9]</sup> Constant turnover disrupts healthcare team dynamics and can negatively impact the engagement of remaining staff.<sup>[10]</sup> Employee engagement is defined as attaching the workers of an agency to their job tasks; during an engagement, employees use and express themselves emotionally, physically, and cognitively during role performances. Disengagement, on the other hand, entails extricating organizational employees from their work roles.<sup>[11]</sup>

Employee engagement is an essential non-financial motive, which has major effects on work synchronization that must be confirmed. Forty-three percent of subordinates are motivated at work and have an emotional and powerful association with the job rather than finding it excessively traumatic and negative.<sup>[12]</sup> The starting point of healthcare worker engagement is the orientation of workers to the hospital; after that, they begin to engage in learning activities for upgrades and promotions. These activities may improve their performance of job assignments, followed by getting support from the managerial hierarchy.<sup>[13]</sup> Just like positive leadership, the negative sides of leadership and its effects on subordinates also need further research due to its weighty importance for nursing and healthcare workers.<sup>[11]</sup> Leaders are morally corrupt and badly affect the work of employees and their interests. Toxic leaders can create a negative work environment, leading to significant negative consequences and high turnover rates among nursing staff.<sup>[14]</sup> Therefore, this study assesses the relationship between healthcare worker engagement and toxic leaders' behaviors.

## Materials and Methods

A descriptive correlational research design was used in this study. The study was conducted at El-Dakahlia Governorate (10 hospitals) in Egypt, and data collection was done from March 2023 until July 2023. The study sample chosen from healthcare providers ( $n = 355$ ) was calculated from the total population ( $N = 4530$ ) according to the convenience sample strategy. All subjects who agreed to participate had to have at least one year of experience. The proportion percent was calculated from each category as nursing staff ( $n = 216$ ), physicians ( $n = 82$ ), and pharmacists ( $n = 57$ ). The total sample was calculated according to power analysis with a confidence level of 95% and a design effect =1. Data from the present study was collected using the toxic leadership scale developed by Schmidt to assess toxic leadership behaviours, including five dimensions named: abusive supervision, narcissism, self-promotion, authoritarianism and unpredictability. The total items of this scale were 30. Permission to use the tool was obtained and granted by the principal investigator using e-mail.<sup>[15]</sup> The work engagement questionnaire developed by Al-Taiey aimed to measure employees' career engagement and integration into the working situation. The questionnaire consists of 47

items.<sup>[16]</sup> Both data collection tools were self-administered questionnaires using a Likert scale scoring system of 1 to 5, where one means strongly disagree, to five, which means strongly agree.

The researcher translated the data collection tools into Arabic. The validity of the tools was done through views from the jury solicited regarding the tools' format and parts. The jury, comprised of seven professionals in nursing management, made the determination. A content validity analysis was done to ascertain if each item on the questionnaire sheet should be included. Particular articles underwent modest alterations in response to the jury's corrective recommendations. The reliability of the tools was assessed by giving 36 healthcare providers the data collecting tool, representing ten percent of the total subjects. Then, two weeks later, the researcher gave the same staff members the exact copy of the questionnaires. The tool's reliability was assessed using Cronbach's alpha test; for the first tool, it was 0.84, and the reliability of the second tool was 0.81, which demonstrates good reliability for both tools. The co-researchers introduced themselves and the nature and purpose of the study for healthcare providers.

Consent was obtained from the participants before sending out the questionnaire. The co-researchers distributed the questionnaire format and started collecting data from healthcare providers at their workplace, in the researcher's presence, for clarification. The co-researchers visited the hospitals, covering all the shifts three days per week. The incomplete responses of healthcare providers were deleted. The data collected was tabulated, and statistical analysis was carried out using Statistical Package for the Social Sciences (IBM SPSS Statistics version 23). Data was presented using mean, standard deviation, mean percent, and rank to describe toxic leaders and employee engagement. An ANOVA test was used to compare different healthcare providers. The correlation between variables was evaluated using Spearman's coefficient test. Significance was adopted at  $p < 0.05$  to interpret the results' significance.

## Ethical considerations

Ethical approval was obtained from The Standing Committee of Bioethics Research (SCBR) at Prince Sattam Bin Abdulaziz University (Project code 041/2023) in March 2023. Before data collection, all subjects provided written and verbal consent. The goal of the study was clarified clearly. The data collected was considered confidential and was not used for purposes other than this study. All subjects consented to participate and had the right to withdraw from the study at any time without explanation.

## Results

Physicians have the highest mean (SD) score regarding toxic leaders' behaviors, 92.44 (12.61). In contrast, pharmacists have the lowest mean score regarding toxic

leaders' behaviors, 73.51 (11.80). The self-promotion behaviors dimension had the highest mean percentage among physicians (57.36) and pharmacists (46.53). Abusive supervision behavior was the highest dimension within the nursing staff (50.21). There is a statistically significant difference between all healthcare providers regarding the dimensions of toxic leaders' behaviors ( $p \leq 0.001$ ) [Table 1].

There is a statistically significant difference between different healthcare providers regarding dimensions of employee engagement ( $p \leq 0.001$ ). Pharmacists have the highest mean score regarding employee engagement, 145.10 (17.52), while physicians have the lowest mean score, 122.80 (14.91). The behavioral engagement dimension was the highest mean percent among physicians (53.66) and pharmacists (65.11). Knowledge engagement was the highest dimension within the nursing staff (56.67). Also, emotional engagement was the lowest dimension among physicians (51.51) and pharmacists (59.87), while behavioral engagement was the lowest among nursing staff (55.40) [Table 2]. A significant negative correlation is seen between toxic leaders' behaviours and employee engagement within the nursing staff ( $r = -0.68$  and  $p = 0.001$ ) [Table 3].

## Discussion

Among the toxic leaders' behaviours, the results indicated that abusive supervision was the highest-ranked dimension, whereas authoritarian leadership behaviours were the lowest-ranked dimension. Abusive supervision behaviours are often more visible and easily recognizable compared to subtle forms of toxic leadership. The overt nature of

abusive supervision may contribute to its higher ranking as it is more likely to be noticed and reported. Along the same line, the study reported that abusive supervision and authoritarian leadership are the most common toxic leader behaviors. Also, among dimensions of toxic leadership, abusive supervision shows the most negative impact.<sup>[17]</sup> Some argue that authoritarian leadership can be efficient when quick decision-making is essential, such as in a crisis. However, it has potential downsides, including a lack of collaboration, reduced employee morale, and stifled creativity. Toxicity in leadership is often associated with behaviours that harm the work environment, relationships, and overall well-being of individuals within an organization.<sup>[18]</sup>

Consistent with the results mentioned above, toxic leaders' behaviours included examples of potentially destructive behaviours. The common behaviours found included bullying, pitting subordinates, and regularly becoming abusive supervisors. While the majority of participants reported experiencing between one and four toxic leadership behaviours from their manager, others reported five or more toxic behaviours that were consistent with the criteria outlined for both organizational and corporate psychopaths.<sup>[19]</sup> A study conducted in Turkey was contrary to our results and reported a high perception of employees about toxic leaders' behaviors; employees' negative feelings toward the toxic manager also increased. Similarly, employees are compelled to support leaders' actions and keep quiet to defend their interests, their colleagues, or the company.<sup>[20]</sup>

According to healthcare providers' engagement, the findings clarify that the highest-ranked dimension was behavioral engagement, while the lowest-ranked dimension

**Table 1: Differences between toxic leaders' behaviors according to healthcare provider's perception**

Dimensions	Nursing staff (216)			Physicians (82)			Pharmacists (57)			ANOVA	p
	Mean (SD)	Mean percent	Rank	Mean (SD)	Mean percent	Rank	Mean (SD)	Mean percent	Rank		
Self-Promotion	14.06 (4.32)	46.86	4	17.21 (3.13)	57.36	1	13.96 (3.33)	46.53	1	20.452	<0.001*
Abusive Supervision	21.09 (5.71)	50.21	1	22.38 (4.51)	53.28	2	17.09 (4.12)	40.69	2	18.059	<0.001*
Unpredictability	20.91 (6.12)	49.78	2	20.35 (6.32)	48.45	4	16.96 (5.42)	40.38	3	9.658	<0.001*
Narcissism	14.54 (4.21)	48.46	3	14.28 (4.22)	47.6	5	11.95 (2.93)	39.83	4	9.588	<0.001*
Authoritarian Leadership	16.72 (6.22)	46.52	5	18.22 (5.30)	50.61	3	13.51 (2.91)	37.52	5	12.16	<0.001*
Total	87.30 (19.61)			92.44 (12.61)			73.51 (11.80)			21.65	<0.001*

\*Significant ( $p < 0.05$ ).

**Table 2: Differences between employee engagement responses according to healthcare provider's perception**

Dimensions	Nursing staff (216)			Physicians (82)			Pharmacists (57)			ANOVA	p
	Mean (SD)	Mean percent	Rank	Mean (SD)	Mean percent	Rank	Mean (SD)	Mean percent	Rank		
Knowledge Engagement	39.67 (9.21)	56.67	1	36.10 (4.71)	51.57	2	42.07 (7.41)	60.10	2	9.792	<0.001*
Emotional Engagement	47.54 (9.41)	55.90	2	43.78 (10.91)	51.51	3	50.89 (7.92)	59.87	3	9.613	<0.001*
Behavioral Engagement	44.32 (8.42)	55.40	3	42.93 (8.92)	53.66	1	52.09 (8.11)	65.11	1	23.459	<0.001*
Total	131.30 (22.81)			122.80 (14.91)			145.10 (17.52)			19.911	<0.001*

\*Significant ( $p < 0.05$ )

**Table 3: Correlation between toxic leaders' behaviors and employee engagement among healthcare providers'**

	Employee Engagement		
	Nursing staff (216)	Physicians (82)	Pharmacists (57)
Toxic leaders' behaviors	$R=-0.683-$ $p<0.001^{**}$	$R=0.007$ $p=0.950$	$R=-0.172-$ $p=0.200$

**\*\***High significant correlated at  $p\leq 0.01$   $r$ : Spearman's coefficient

was emotional engagement. Also, Pharmacists were seen to have the highest mean score regarding employee engagement. In contrast, physicians have the lowest mean score regarding employee engagement. Finally, there is a statistically significant difference between healthcare providers regarding all dimensions of employee engagement, which could be attributed to healthcare professionals' critical role in saving lives and improving health outcomes. The significance of their work may lead to a higher level of commitment and behavioural engagement in their duties since the healthcare sector is known for its challenging and dynamic nature. Healthcare workers may find the complexity and variety of their tasks to be engaging, leading to higher behavioural involvement.

Similarly, employee engagement was high. When employees are engaged, they become emotionally involved during the assigned work duties, with a strong desire to confirm the organization's achievement by their effort, and are thus willing to go beyond the occupation contract arrangement.<sup>[21]</sup> In addition, employee performance is impacted by disengagement. It is thought that employees are less inclined to participate actively in the process if they are unhappy, disagree, or are unaware of recent developments.<sup>[22]</sup> The study found a higher level of employee engagement, stating that engagement creates a clear link between employee and organizational performance and a better understanding of organizational goals.<sup>[23]</sup>

According to the correlation between toxic leaders' behaviors and employee engagement among healthcare providers, there is a significant negative correlation between toxic leaders' behaviors and employee engagement within the nursing staff. This could be attributed to toxic leaders often exhibiting micromanagement tendencies, closely controlling and scrutinizing the work of their healthcare staff. Especially among the nurses, this lack of autonomy can lead to frustration and disengagement, with feelings of undervalue and untrustedness. Also, toxic leaders may use fear-based tactics, intimidation, and aggressive management styles, creating an environment of anxiety and stress. High stress levels can negatively impact morale and engagement, as nurses may feel unsafe or threatened. In this context, toxic leadership has a massive negative impact on employee satisfaction and decreases quality; toxic leaders' behaviour also lowers worker engagement. Furthermore, it results in

some employees resigning, hoping for peace and freedom of mind.<sup>[24]</sup>

Furthermore, consistent with the current study results, it was discovered that toxic leadership has a significant negative relationship with employee engagement, suggesting that when supervisors exhibit toxic characteristics, workers are less likely to engage in work.<sup>[25]</sup> Moreover, toxic leaders have an undesirable influence on employee engagement in healthcare institutions. Other results demonstrated a harmful effect on the dimensions of toxic leadership, such as abusive supervision, authoritarian leadership, and narcissistic leadership.<sup>[26]</sup>

Leaders are crucial in creating an atmosphere where their followers are excited and engaged.<sup>[27]</sup> Conversely, subordinates who work with toxic leaders have a low level of engagement because such leaders work as stressors, causing negative feelings and making it difficult for workers to engage.<sup>[28]</sup> Other studies have found a positive correlation between transformational leadership and employees' job engagement, and there is a statistically significant negative relationship between toxic leadership and job satisfaction. Also, all the toxic leadership dimensions regarding turnover intention are statistically positive and practically significant.<sup>[29]</sup> Therefore, to achieve higher employee engagement, hospitals must consider employee comments about the conduct of their existing superiors, as this could assist in spotting toxic leaders. Secondly, the management can initiate face-to-face interviews with employees who are not engaged well with their jobs to identify the actual cause of such problems.<sup>[30]</sup>

There were some limitations to this study, such as the study's population was limited to one governorate in Egypt, which had only one sector, which limited the generalizability of the study to other sectors. Second, compared to probability samples, convenience samples are less clearly generalizable. Third, the study has a quantitative research design, and the researcher encountered reluctance from subjects to fill out the questionnaire about their supervisors during data collection. As a result, future studies could include individual interviews using qualitative research design with subjects, potentially leading to a better understanding of the constructs.

## Conclusion

This study found a significant negative correlation between toxic leaders' behaviors and employee engagement within the nursing staff. There is a statistically significant difference among all healthcare providers regarding employee engagement and toxic leadership behaviors.

The clinical implications that may be concluded from this study are that toxic leadership might lead to decreased employee engagement among nurses, negatively affecting behavioral, emotional, and knowledge engagement. Lower engagement levels may result in compromised patient



care. Addressing toxic leadership is crucial for promoting the well-being of healthcare professionals and ensuring they can provide quality care to patients. A positive and supportive leadership style can contribute to a healthier work environment, enhance the organizational culture, and, in turn, positively affect patient safety and overall healthcare quality.

### Acknowledgments

This study is supported via funding from Prince Sattam Bin Abdulaziz University, (PSAU/2024/R/1445), AlKharj, Saudi Arabia.

### Financial support and sponsorship

Prince Sattam Bin Abdulaziz University

### Conflicts of interest

Nothing to declare.

### References

- Hong L, Yang Z, Alison W. Job satisfaction among hospital nurses: A literature review. *Int J Nurs Stud* 2019;94:21-31.
- Labrague LJ, Loric J, Nwafor CE, van Bogaert P, Cummings GG. Development and psychometric testing of the toxic leadership behaviors of nurse managers scale. *J Nurs Manag* 2020;28:840-50.
- Yaghi M. Toxic leadership and the organizational commitment of senior-level corporate executives. *J Leadersh Account Ethics* 2019;16:138-52.
- Tezcan-Uysal H. The mediation role of toxic leadership in the effect of job stress on job satisfaction. *Int J Bus* 2019;24:55-73.
- Hight SK, Gajjar T, Okumus F. Managers from 'Hell' in the hospitality industry: How do hospitality employees profile bad managers? *Int J Hosp Manag* 2019;77:97-107.
- Canavesi A, Minelli E. Servant leadership and employee engagement: A qualitative study. *Empl Responsib Rights J* 2022;34:413-35.
- Song BQ, Wang B, Yang M, Zhai A. Are you hiding from your boss? Leader's destructive personality and employee silence. *Soc Behav Pers* 2017;45:1167-74.
- Carter KF, Bogue RJ. Application of the model of leadership influence for health professional wellbeing during COVID-19. *Nurs Outlook* 2022;70:458-64.
- Menon AS, Priyadarshini RG. A study on the effect of workplace negativity factors on employee engagement mediated by emotional exhaustion. *The 3<sup>rd</sup> International Conference on Materials and Manufacturing Engineering*, 2018.
- Nafei WA. The impact of toxic leadership on job attitudes a study on teaching hospitals in Egypt. *Case Stud J* 2019;8:45-58.
- Manaa YH. The effect of toxic leadership on counter-productive work behaviors and intention to leave: An empirical study. *Int Bus Res* 2022;15:1. doi:10.5539/ibr.v15n11p1.
- Jena LK, Pradhan S, Panigrahy NP. Pursuit of organizational trust: Role of employee engagement, psychological well-being and transformational leadership. *Asia Pac Manag Rev* 2018;23:227-34.
- Amoako-Asiedu E, Obuobisa-Darko T. Leadership, employee engagement and employee performance in the public sector of Ghana. *J Bus Manag Sci* 2017;5. doi: 10.12691/jbms-5-2-1.
- Jabeen R, Rahim N. Exploring the effects of despotic leadership on employee engagement, employee trust and task performance. *Manag Sci Lett* 2021;11:223-32.
- Schmidt AA. Development and validation of the toxic leadership scale. Master Theses. Faculty of the Graduate School of the University of Maryland; 2008. Available from: <https://drum.lib.umd.edu/handle/1903/8176>.
- Laguda E. Toxic leadership: Managing its poisonous effects on employees and organizational outcomes, in Dhiman. *The Palgrave Handbook of Workplace Well-Being*. Cham: Palgrave Macmillan. p. 1-31. doi: 10.1007/978-3-030-02470-3\_71-1.
- Paltu A, Brouwers M. Toxic leadership: Effects on job satisfaction, commitment, turnover intention and organizational culture within the South African manufacturing industry. *J Hum Resour Manag* 2020;18:a1338. doi.org: 10.4102/sajhrm.v18i0.1338.
- Lee MCC, Sim BYH, Tuckey MR. Comparing effects of toxic leadership and team social support on job insecurity, role ambiguity, work engagement, and job performance: A multilevel mediational perspective. *Asia Pacific Manag Rev* 2024;29:115-26.
- Shokoh Z, Nikpour A. Investigating the impact of toxic leadership on work engagement in governmental organizations. *Arch SID* 2019;1:133-53.
- Reyhanoğlu M, Akin O. Impact of toxic leadership on the intention to leave: A research on permanent and contracted hospital employees. *J Econ Administrative Sci* 2022;38:156-77.
- Zaki AK, Elsaia HS. Toxic leadership and its relation to nurses' absenteeism and their deviant behaviors. *Egypt J Health Care* 2021;12:1304-22.
- Laukka E, Researcher D. Leadership in the context of digital health services: A concept analysis. *J Nurs Manag* 2022;1-18. doi: 10.1111/jonm.13763.
- Wibawa WMS, Takahashi Y. The effect of ethical leadership on work engagement and workaholism: Examining self-efficacy as a moderator. *Administrative Sci* 2021;11:50. doi: 10.3390/admsci11020050.
- Baloyi GT. Toxicity of leadership and its impact on employees: Exploring the dynamics of leadership in an academic setting. *HTS Teologiese Stud Theological Stud* 2020;76:a5949. doi: 10.4102/hts.v76i2.5949.
- Robijn W, Euwema MC, Schaufeli MW, Deprez J. Leaders, teams and work engagement: A basic needs perspective. *Career Dev Int J* 2020;25:373-88.
- Naeem F, Khurram S. Influence of toxic leadership on turnover intention: The mediating role of psychological wellbeing and employee engagement. *Pak J Commerce Soc Sci* 2020;14:682-713.
- Atalla AD, Mostafa WH. Relationship between toxic leadership and work outcomes: A cross-sectional study. *Egypt J Health Care* 2023;14:199-211.
- Lyu Y, Zhu H, Zhong HJ, Hu L. Abusive supervision and customer-oriented organizational citizenship behavior: The roles of hostile attribution bias and work engagement. *Int J Hosp Manag* 2016;53:69-80.
- Weberg DR, Fuller RM. Toxic leadership: Three lessons from complexity science to identify and stop toxic teams. *Nurse Leader* 2019;17:22-6.
- Khan MR, Khan H, Jan SA, Javad A, Khattak AU. Mediating effects of employee commitment in relationship between toxic leadership and employees' performance. *Humanit Soc Sci Rev* 2021;9:56-64.