Toxic Leadership and Organizational Commitment in Faith-Based Healthcare Organizations

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Abstract

In response to increasing cultural diversity at faith-based healthcare organizations, sincere, responsive, and sensitive leadership is critical to ensuring the organizational commitment of African American employees. Research was lacking on the relationship between toxic leadership and organizational commitment within faith-based healthcare settings. Further, little research existed on the ways toxic leadership affects the organizational commitment of African American workers. The purpose of this quantitative, non-experimental, correlational study was to examine the relationship between toxic leadership and organizational commitment among African American employees of faith-based healthcare organizations. This study's theoretical framework was based on Schmidt's toxic leadership theory and Allen and Meyer's organizational commitment theory. The variables for this study included toxic leadership and organizational commitment, categorized as affective, continuance, or normative commitment. The sample consisted of 84 African American employees of faith-based healthcare organizations working in Central Florida. Data were collected via an online survey consisting of the Organizational Commitment Questionnaire and Schmidt's Toxic Leadership Scale. The analysis consisted of three correlation tests to examine the relationship between (a) toxic leadership and (b) organizational commitment scales (affective, continuance, and normative). Results of the Spearman correlations indicated no statistically significant associations between toxic leadership and affective commitment or normative commitment. There was a significant, inverse association between toxic leadership and continuance commitment. Although more research is needed to understand toxic leadership and organizational commitment in faith-based facilities, the current study provides a foundation for future investigations.

Keywords: Healthcare, Faith-based Healthcare, Organizational Commitment, Toxic Leadership

Introduction/Background

In response to increasing cultural diversity at faith-based healthcare organizations, sincere, responsive, and sensitive leadership is critical to ensuring the organizational commitment of African American employees (Shelton et al., 2017). Business administrators must understand and detect toxic leadership, as it can undermine an organization's mission, practice, and general work culture (Singh et al., 2018). Toxic leaders may employ methods that do not align with the overarching values of faith-based organizations (Billings, 2020; Jones, 2017; Scroggins, 2019), thereby undermining workers' organizational commitment (Kılıç & Günsel, 2019; Yaghi, 2019; Yalçınsoy & Işık, 2018).

Toxic leadership describes leadership behaviors that create unhealthy organizational cultures: intimidation, bullying, refusal to take feedback, and single-minded priorities (Singh et al., 2018). Organizational commitment is an understanding of employees' attachment to their employing organizations (Allen & Meyer, 1990). Faith-based organizations are individuals united by religious or spiritual beliefs (Abara et al., 2015). According to Glowacki-Dudka and Griswold (2016), ineffective, inappropriate, or misaligned leadership can be detrimental to organizational performance (Glowacki-Dudka & Griswold, 2016). The adverse effects of toxic leadership on African American employees can include poor communication, misperceptions, marginalization or stigmatization, perceptions of inequity, low job satisfaction, racial microaggressions, and reduced work performance (Abara et al., 2015). Research indicates that strong leadership and committed employees are essential to creating and managing a diverse workforce within the healthcare industry (Etowa & Debs-Ivall, 2017).

In addition to toxic leadership, the dependent variables for this study included organizational commitment, categorized as affective, continuance, or normative commitment. The sample population for this study was African American employees of faith-based healthcare organizations working in Central Florida. The researcher explored workers' experiences with toxic leadership more fully, as it intersected with race and faith. The researcher collected data via an online survey consisting of demographic questions, the Organizational Commitment Questionnaire (OCQ; Meyer & Allen, 1991) and Schmidt's (2008) Toxic Leadership Scale (TLS). Because toxic leaders who lack cultural sensitivity can create poor organizational climates that undermine relationships with minority staff (Shelton et al., 2017), it is also essential to examine how toxic leadership can influence the organizational commitment of minority employees. Accordingly, the sample consisted of African American employees of faith-based healthcare organizations.

Summary of the Literature

Worker turnover within healthcare settings has significant economic, social, and organizational implications. Healthcare workers' shortage has become an increasing problem worldwide, resulting in high economic costs associated with recruiting and training replacement workers (Manzano-García & Ayala-Calvo, 2014). For example, by 2030, the nursing shortage is expected to reach 9 million (Goodare, 2017). Also, the quality of patient care is significantly undermined by high healthcare worker turnover (Tsai et al., 2017). Because healthcare is one of the fast-growing industries, addressing worker turnover is increasingly pertinent (Magwenzi, 2018). Worker turnover can be significantly impacted by toxic or destructive leadership.

Toxic Leadership

Leadership researchers often examine the construct of leadership through a positive lens, emphasizing the potential benefits of inspiring, motivating, and transformational leaders (Bell, 2017). Leaders are viewed as mentors and role models who can positively transform employees and entire organizations (Magwenzi, 2018). However, a growing body of research points to destructive leadership's potential problems, also known as toxic leadership.

Common traits of toxic leaders include unethical behavior, oppressive management, self-promotion, anger, and egotistical administrative behaviors (Abbas & Saad, 2020). As Hitchcock (2015) explained, "Abusive leaders blame, divide, marginalize, undermine, and intimidate employees" (p. 20). Toxic leaders often possess egotistical attitudes and demonstrate aggressiveness and self-centered orientations (Mehta & Maheshwari, 2013). Toxic leaders are most likely to blame others when things go wrong rather than taking ownership of their mistakes (Hitchcock, 2015). Intimidation, bullying, narcissism, authoritarianism, superiority, and low self-esteem are other common traits of toxic leaders (Güldü & Aksu, 2016). Further, toxic leaders often manipulate followers to take action that advances their personal agendas, regardless of the effects such action may have on followers or organizations (Padilla et al., 2007). Toxic leaders often fail to recognize their leadership's negative effects on subordinates, undermining their abilities to guide, mentor, and train employees (Abbas & Saad, 2020). Celmece and Isiklar (2017) described toxic leaders as "malevolent, maladjusted, malcontent, and harmful" (p. 9), as well as mocking, immoral, unreliable, hypocritical, and greedy individuals who do not recognize their shortcomings because of their arrogance.

Schmidt (2008) suggested toxic leadership is composed of five dimensions: abusive leadership, authoritarian leadership, narcissism, self-promotion, and unpredictability. These five dimensions can significantly predict employee outcomes, such as turnover intentions, job satisfaction, and satisfaction with supervisors (Schmidt, 2008). Based on Schmidt's Toxic Leadership Theory, Schmidt's Toxic Leadership Scale (TLS) was created (Schmidt, 2008).

Effects of Toxic Leadership

Toxic leadership can have many negative effects on workers and organizations. For example, toxic leaders' hostile behaviors toward their subordinates can create anxiety among workers and damage organizations' administrative structures (Reyhanoğlu & Akin, 2016). According to Abbas and Saad (2020), toxic leaders can undermine administrative and organizational processes, employees' mental and physical health, and worker efficacy. These destructive leaders can also foster dysfunctional group behaviors, employee absenteeism and tardiness, and turnover and resignation (Abbas & Saad, 2020). Hadadian and Zarei (2016) found toxic leadership was positively correlated with employee stress, poor employee-leader relationships, and decreased organizational performance. Toxic leaders can also contribute to costly employee turnover (Duffield et al., 2015). For every ten leaders and employees who leave an organization because of toxic leadership, organizations' costs can surpass $1,000,000 (March, 2016). Because of the negative effects of toxic leaders throughout entire organizations, organizations must detect and eradicate it. A challenge with addressing toxic leadership is that toxic leaders are often unaware of their behaviors' negative effects on their subordinates and organizations (Roter, 2012).

Toxic Leadership within Healthcare

Little research has been conducted on the effects of toxic leadership within the healthcare sector; however, the few existing studies indicate several negative consequences for healthcare workers, organizations, and patients. Toxic leadership behaviors are increasingly common within stressed and overloaded healthcare systems (Magwenzi, 2018). The growing prevalence of toxic leadership within healthcare may be attributed to many factors, such as persistent shortages in healthcare workers, increased technology costs, and low reimbursement for healthcare costs (Magwenzi, 2018). As Magwenzi (2018) explained, "There is a history of indifference to toxic behaviors in healthcare that has been attributed to organizational tolerance, an unwritten code of silence, and the lack of willingness, initiative, skillset, and organizational structure needed to address toxic behaviors effectively" (p. 2). The consequences of toxic leadership in healthcare, including medical errors, adverse patient outcomes, and worker turnover, make addressing toxic leadership increasingly crucial within healthcare settings (Roter, 2012). According to the Joint Commission (2016), workers who engage in toxic behaviors create the most significant legal liabilities for hospitals in the United States.

Organizational Commitment

Organizational commitment is a multidimensional construct; thus, its predictors, correlations, and outcomes vary across the examined dimensions (Meyer et al., 2002). Meyer and Allen (1991) developed a three-component organizational commitment model, consisting of affective commitment, normative commitment, and continuance commitment. These three components make up Meyer and Allen's (1991) Organizational Commitment Questionnaire (OCQ).Affective commitment describes the degree to which an individual identifies and is involved with their employing organization. Normative commitment describes a worker's feeling of obligation to stay with an organization. Finally, continuance commitment refers to outside factors that keep an employee with an organization, as the cost of leaving is too great. Drawing upon the three-component model, Meyer et al. (2002) proposed that each component had distinct antecedents. The scholars suggested that the antecedents of affective commitment included personal characteristics and work experiences. Antecedents of continuance commitment included individual characteristics, alternatives, and investments. Finally, the antecedents of normative commitment included personal characteristics, socialization, experiences, and organizational investments. The only antecedent to span all three components, according to the scholars, was personal characteristics. Three affective, continuance and normative commitment outcomes included turnover, work-related behaviors (i.e., attendance, performance, and organizational citizenship), and workers' health and well-being.

Effects of Organizational Commitment

The organizational commitment of employees has many positive effects on workers and organizations. As Celmece and Isiklar (2017) explained, "employees who feel committed to their institution believe in the institution's objectives and values, carry out the orders and voluntarily perform what is expected of them" (p. 9). Committed employees also tend to work harder to achieve organizational goals, are more likely to stay with an organization, and are intrinsically motivated (Celmece & Isiklar, 2017). Organizational commitment can positively affect workers' performance and productivity, reduce

absenteeism, and improve work-related quality of life (Celmece & Isiklar, 2017). According to Steers (1977) and Mowday et al. (1982), organizational commitment outcomes include retention, reduced absenteeism, and improved job performance.

Within Healthcare Settings

In response to healthcare workers' challenges and stressors, a growing body of research has emerged on organizational commitment within healthcare settings. For example, Newman et al. (2016) examined organizational commitment concerning organizational support and staffing adequacy perceptions. The scholars found that organizational support partially mediated the relationship between perceptions of staffing adequacy and affective organizational commitment. In contrast, organizational support was a full mediator in the relationship between perceptions of flexible work schedules and affective organizational commitment. Findings from Newman et al.'s research emphasized the multidimensional characteristics of organizational commitment and the multitude of antecedents, mediators, and moderators that influence the construct.

Race, Organizational Commitment, and Toxic Leadership

While researchers have explored how toxic leadership affects employees and organizations, less is known about its relationship with organizational commitment (Yaghi, 2019). However, findings from available research indicate toxic leadership undermines workers' organizational commitment, resulting in increased worker turnover. As Hitchcock (2015) explained, the behaviors of toxic leaders "create an environment that builds walls, and crushes creativity and loyalty" (p. 20). For example, findings from Yaghi's (2019) interviews with seven senior executives from various industries revealed that toxic leadership within organizations significantly impacted turnover decisions. Six participants had recently left their organizations because of toxic leadership, indicating that toxic leadership's adverse effects can span an organization's levels. As Yaghi explained, holding senior-level positions within a firm does not guarantee organizational commitment, nor does it make workers impervious to toxic leaders' effects. Accordingly, toxic leadership should be considered a problem affecting workers of all professional levels – from entry-level workers to senior executives. Reyhanoğlu and Akın (2016) also found toxic leaders had adverse effects on organizational climates, reducing workers' job satisfaction, organizational commitment, and intention to stay with an organization. Similar findings have been reported by Balli and Cakici (2016) and Yalçınsoy and Işık (2018). However, research lacks on how the effects of toxic leadership on organizational commitment may vary by race. An extensive review of the literature revealed a dearth of investigation on the relationships between these constructs. Some scholars have studied the effects of toxic leadership on different groups, but not in the context of healthcare or with the intent of examining effects on organizational commitment. For example, Scroggins (2019) studied how toxic and transformational leadership affected mentorship in African American Pentecostal churches. Findings revealed that toxic leadership was negatively associated with mentorship effectiveness, while the relationship between transformational leadership and effective mentorship was positive.

Toxic Leadership within Faith-Based Organizations

Little research exists on the presence and effect of toxic leadership in faith-based organizations. However, findings from available studies reveal that faith-based organizations are not immune to toxic leadership's negative effects. For example, Billings (2020) examined toxic leadership among pastors of mega-churches using a case study approach. A review of case studies of three mega-churches (Mars Hill, Willow Creek, and Harvest Bible) revealed occurrences of toxic leadership. It provided an important reminder that churches – or any other type of faith-based organization – are not immune to toxic leadership. Toxic leadership in faith-based organizations may go unchecked when traditional hierarchal organizational structures are not present or under the assumption that leaders of faith-based organizations will not behave in destructive or toxic ways. Further, as Rainer (2014) explained, toxic leaders in faith-based organizations can get away with their behaviors because of charming and charismatic personalities. Billings' research emphasized the importance of examining toxic leadership in faith-based organizations and elucidating the gap addressed in the current investigation.

Methods

Based on the background and literature review, the problem for this study is a lack of information regarding the relationship between toxic leadership and organizational commitment among African American workers in faith-based healthcare organizations. A quantitative, non-experimental, correlational approach was selected to examine relationships between study variables among African American workers in faith-based healthcare organizations. The variables of toxic leadership and organizational commitment were assessed via pre-validated numerical scales.

Research Questions and Hypotheses

RQ1. What is the relationship between toxic leadership and affective, continuance, and normative organizational commitment among African American members of faith-based healthcare organizations?

H1o: There is no relationship between toxic leadership and affective, continuance, and normative organizational commitment among African American members of faith-based healthcare organizations.

H1a: There is a relationship between toxic leadership and affective, continuance, and normative organizational commitment among African American members of faith-based healthcare organizations.

Data Collection

Participants were recruited from groups on Facebook and LinkedIn. The researcher searched for groups aimed at healthcare workers employed at both secular and faith-based organizations not to limit the search's scope. Also, groups primarily targeted at African American healthcare workers were sought. After identifying the groups, the researcher contacted group moderators via email, explaining the study's

intent and seeking permission to post an email invitation to the group. After written permission was obtained from moderators, study invitations were posted to the group boards. The invitation contained a link to the informed consent form, which had to be completed before individuals could access the study survey. Screening questions were asked at the start of the survey to ensure all respondents met the stated eligibility criteria. Individuals who did not provide informed consent or were deemed ineligible through the screening questions were exited from the survey and redirected to a screen thanking them for their interest and time.

Eligible individuals entered the online survey, which they completed from their location of choice. The survey was comprised of demographic questions as well as Likert-scale questions from Allen and Meyer's (1991) Organizational Commitment Questionnaire (OCQ, 23 items) and Schmidt's (2008) Toxic Leadership Scale (TLS, 20 items). The survey took less than 10 minutes to complete, on average. Data were collected through SurveyMonkey, which was the survey platform selected for this study. Upon completion of the survey, participants were redirected to a screen thanking them for their time. After cleaning the data for incomplete surveys, the analysis began using SPSS. No follow-up procedures were employed; anonymous interaction with participants only involved the study survey's one-time completion.

Data Analysis

Following the data collection, survey data were extracted from SurveyMonkey and uploaded into SPSS version 27.0. Data were first examined for non-responses; surveys from participants who did not respond to most of the questionnaire (> 50%) were removed from the analysis. Composite scores were developed for toxic leadership and the three organizational commitment categories (affective, continuance, and normative) through an average of the respective items comprising each scale. Potential outliers were identified through the standardization of the composite scores around the mean. Tabachnick and Fidell (2013) suggested that standardized values exceeding the ± 3.29 standard deviations from the mean should be considered outlying values and removed or corrected. Correction for this study involved changing the existing outlying score to the average of all the other scores for that item.

Frequencies and percentage distributions were examined for the nominal-level data. Means and standard deviations were examined for continuous-level data. A Cronbach's alpha test of reliability was conducted on each of the four scales. The strength of the alpha values was assessed via thresholds described by George and Mallery (2016) in which $\alpha \geq .9$ Excellent, $\alpha \geq .8$ Good, $\alpha \geq .7$ Acceptable, $\alpha \geq .6$ Questionable, $\alpha \geq .5$ Poor, $\alpha < .5$ Unacceptable. Regarding internal consistency, Meyer and Allen (1991) reported the scales range from .74 to .89 for Affective Commitment, .69 to .84 for Continuance Commitment, and .69 to .79 for Normative Commitment. Schmidt (2008) reported scores for the Toxic Leadership Scale that range from .88 to .93.

Before data analysis, the assumptions of linearity and normality were also tested. Linearity was tested with a series of scatterplots between toxic leadership and organizational commitment scales (affective, continuance, and normative). The assumption of normality was tested using two methods. First, histograms were created, and none appeared to be bell-shaped. Second, a Kolmogorov-Smirnov test was used for each variable. Significance on the Kolmogorov-Smirnov test ($p < .05$) indicates that the

assumption of normality is not supported. All four Kolmogorov-Smirnov tests for the scales were statistically significant, indicating that the assumption of normality was not supported for the data.

Accordingly, a Spearman correlation analysis was conducted to examine the relationship between (a) toxic leadership and (b) the organizational commitment scales (affective, continuance, and normative). To interpret the correlation coefficients' strength, Cohen's (1988) standard was applied, whereby coefficients between .10 and .29 represented a small association; coefficients between .30 and .49 represented a medium, and coefficients above .50 represented a significant association.

Results

A total of 91 participants responded to the survey. Among these individuals, seven participants did not respond to any portion of the survey after consenting and were subsequently removed from further analysis. The final sample consisted of 84 participants.

Descriptive Statistics

Frequencies and percentages for the demographic variables are presented in Table 1. Most of the participants (n = 30) worked in nursing. Nineteen participants worked in management or supervisory positions. In terms of education, all participants had completed high school. Most participants (n = 36) had obtained high school diplomas or equivalent. Eight participants earned graduate degrees. Twelve participants had obtained undergraduate degrees, and another 12 had obtained associate degrees or certificates. Most respondents were employed full-time (n = 65), and religious affiliation was well-distributed throughout the sample.

Table 1

Frequencies and Percentages for Demographic Variables

Variable	*n*	*%*
What is your role?		
Management	8	9.5
Supervisory	11	13.1
Facilities	6	7.1
Nursing	30	35.7
Housekeeping	6	7.1
Dietary	2	2.4
Other	21	25.0
What is your educational level?		
Did not complete high school	0	0.0
High school graduate or equivalent	36	42.9
Some college	16	19.0
Certificate or associate's degree	12	14.3
Undergraduate degree	12	14.3
Graduate degree	8	9.5
What is your religion?		
Baptist	24	28.6
Christian	14	16.7
Pentecostal	11	13.1
Catholic	10	11.9
Seventh Day Adventist	10	11.9
Other	15	17.9
What is your employment status?		
Full-time	65	77.4
Part-time	15	17.9
PRN- as needed	2	2.4
Temporary	2	2.4

Note. Due to rounding errors, percentages may not equal 100%.

Composite scores were calculated for the OCQ and TLS through an average of the respective items comprising the scales. The OCQ measures affective, continuance, and normative commitment, while the TLS measures toxic leadership. Cronbach's alpha was used to test the internal consistency of the scales. The strength of the alpha values was assessed through use of thresholds described by George and Mallery (2016) in which $\alpha \geq .9$ Excellent, $\alpha \geq .8$ Good, $\alpha \geq .7$ Acceptable, $\alpha \geq .6$ Questionable, $\alpha \geq .5$ Poor, $\alpha < .5$ Unacceptable. The reliability for continuance commitment ($\alpha = .75$), normality commitment ($\alpha = .80$), and toxic leadership ($\alpha = .99$) met the acceptable threshold for internal consistency. The reliability for affective commitment ($\alpha = .61$) had questionable internal consistency. Therefore, caution should be applied when interpreting descriptive and inferential statistics for the affective commitment scale. Cronbach's alphas for the scales are presented in Table 2.

Table 2

Cronbach Alpha for the Scales

Variable	Number of items	*α*
Affective commitment	6	.61
Continuance commitment	6	.75
Normative commitment	6	.80
Toxic leadership	30	.99

Affective commitment participant scores ranged from 2.50 to 5.00, with $M = 4.37$ and $SD = 0.62$. Continuance commitment scores ranged from 2.00 to 5.00, with $M = 3.88$ and $SD = 0.79$. Normative commitment scores ranged from 2.83 to 5.00, with $M = 4.23$ and $SD = 0.61$. Toxic leadership scores ranged from 1.00 to 4.60, with $M = 2.18$ and $SD = 1.14$. Descriptive statistics for the scales are presented in Table 3.

Table 3

Descriptive Statistics for the Scales

Variable	*n*	*Min*	*Max*	*M*	*SD*
Affective commitment	84	2.50	5.00	4.37	0.62
Continuance commitment	84	2.00	5.00	3.88	0.79
Normative commitment	84	2.83	5.00	4.23	0.61
Toxic leadership	84	1.00	4.60	2.18	1.14

Results

For this study, the following hypothesis was tested:

> H1o: There is no relationship between toxic leadership and affective, continuance, and normative organizational commitment among African American members of faith-based healthcare organizations

A Spearman correlation test was conducted between toxic leadership and the three organizational commitment scales. Cohen's (1988) standard was applied to interpret the strength of the correlation coefficients, whereby coefficients between .10 and .29 represent a small association, coefficients between .30 and .49 represent a medium, and coefficients above .50 represent a large association. There were no statistically significant associations between toxic leadership and affective commitment (r_s = -.21, p = .054) or normative commitment (r_s = -.12, p = .269). Both correlation coefficients indicated small associations between the variables of interest. There was a statistically significant association between toxic leadership and continuance commitment (r = -.43, p < .001). The correlation coefficient was negative, indicating a medium inverse association between toxic leadership and continuance commitment. These statistics indicate that as toxic leadership increases, each type of commitment decreases, but only continuance commitment was statistically significant. Affective commitment was only barely not significant. Due to one of the three correlations indicating significance, the null hypothesis (H1o) for the research question was partially rejected. Table 4 presents the findings of the Spearman correlations.

Discussion

Again, there were no statistically significant associations between toxic leadership and affective commitment or normative commitment. Both correlation coefficients indicated small associations between the variables of interest. There was a statistically significant association between toxic leadership and continuance commitment. The correlation coefficient was negative, indicating a medium inverse association between toxic leadership and continuance commitment. Due to one of the three correlations indicating significance, the null hypothesis (H1) for the research question was partially rejected. Each of the types of commitment are discussed in more depth below.

Affective Commitment

Affective commitment describes employees' emotional attachment to organizations (Yousef, 2016). Workers with high affective commitment stay with an organization because they want to, not because they feel obligated to do so. Among participants in the current study, affective commitment scores ranged from 2.50 to 5.00, with M = 4.37 and SD = 0.62. Based on these descriptive statistics, the average levels of affective commitment were relatively high within the sample. Of the three types of commitment assessed, affective commitment was highest among study participants. Overall, participants had a strong desire to remain with their organizations. Analysis revealed toxic leadership was not significantly associated with affective commitment, suggesting that even in the presence of toxic leaders, employees may maintain strong emotional attachments to their organizations.

Findings regarding the relationship between affective commitment and toxic leadership were unexpected, as previous researchers have reported the deleterious effects of toxic leadership on this type of commitment. For example, Ramadan and Eid's (2020) study on the effects of toxic leadership on the organizational commitment of nursing staff revealed a significant negative correlation between these two variables. Mehta and Maheshwari (2013) found toxic leadership were negatively associated with all facets of organizational commitment, including affective commitment.

Normative Commitment

Normative commitment describes employees' sense of obligation to an employing organization (Yousef, 2016). Workers with high normative commitment remain with an organization because they believe it is the right thing. Among participants in the current study, normative commitment scores ranged from 2.83 to 5.00, with $M = 4.23$ and $SD = 0.61$. Based on these descriptive statistics, the average levels of normative commitment were quite high within the sample. Overall, study participants had a strong sense of obligation to their organization and believed maintaining employment was "the right thing to do." Analysis revealed toxic leadership was not significantly associated with normative commitment, suggesting that even in the presence of toxic leaders, employees may maintain a sense of obligation to remain with their employing organizations.

Like findings regarding the affective commitment variable, the lack of a significant relationship between affective commitment and toxic leadership was unexpected. Previous research on the deleterious effects of toxic leadership on organizational commitment expected that toxic leadership would be negatively associated with affective commitment. However, no significant relationship existed. This finding contradicted those from previous investigations. For example, Ramadan and Eid (2020) reported a significant negative correlation between affective commitment and toxic leadership. Weaver and Yancey (2010) reported that destructive leadership was negatively related to employees' affective commitment. The toxic leadership components (abusive supervision, authoritarian leadership, self-promotion, and unpredictability) were negatively associated with affective commitment in manufacturing employees in Paltu and Brouwers' (2020) study.

Continuance Commitment

Continuance commitment describes employees' awareness of the costs they would face if they left an organization (Yousef, 2016). Employees with strong continuance commitment may stay because the social or financial costs of leaving are too high, even if they are not incredibly happy with the organization. In the current study, participants' continuance commitment scores ranged from 2.00 to 5.00, with $M = 3.88$ and $SD = 0.79$. Although participants' continuance commitment levels were lower than affective and normative commitment levels, continuance commitment was still moderate. Of the three types of commitment assessed, continuance commitment was the only type correlated with toxic leadership. Analysis revealed a medium inverse association between toxic leadership and continuance commitment; as toxic leadership increased, moderate decreases in continuance commitment were observed. Thus, toxic leadership was associated with lower employee awareness of the costs of leaving an organization.

More broadly, these findings align with those from previous researchers who reported on the negative relationship between toxic leadership and organizational commitment. Interestingly, only two previous studies could be located where continuance commitment was specifically tested concerning toxic leadership. Pelletier (2010) found abusive leadership was significantly and negatively associated with continuance commitment. In contrast, Paltu and Brouwers (2020) studied toxic leadership and organizational commitment among manufacturing employees. They discovered a significant positive association between continuance commitment and two factors of toxic leadership (authoritarian and unpredictable leadership).

Paltu and Brouwers' finding regarding the positive relation between continuance commitment and toxic leadership qualities reveals that the current study was not the first to demonstrate that toxic leadership may not be negatively associated with all facets of organizational commitment the literature may lead one to conclude. Unexpected findings may also suggest the presence of factors that counteract the effects of toxic leaders on employees. For example, because the current study only examined toxic leadership within faith-based organizations, many of the employees likely have religious or spiritual foundations that may help to strengthen them in the presence of negative situations.

It is also important to note that the presence of toxic leadership was relatively low among participants. Toxic leadership scores ranged from 1.00 to 4.60, with $M = 2.18$ and $SD = 1.14$. On a scale of 1 to 5 (with 5 indicating high levels of toxic leadership), the average toxic leadership score was just 2.18. Thus, the lack of statistical significance for affective and normative commitment may have been affected by generally low levels of perceived toxic leadership. With that said, the relatively low presence of toxic leadership is encouraging and suggests toxic leaders may be rare at the organizations included in this investigation.

Theoretical Implications

The theoretical framework for this study was based on toxic leadership theory (Padilla et al., 2007; Schmidt, 2008) and organizational commitment theory (Meyer & Allen, 1991). Schmidt (2008) suggested toxic leadership is composed of five dimensions: abusive leadership, authoritarian leadership, narcissism, self-promotion, and unpredictability. These five dimensions can significantly predict employee outcomes, such as turnover intentions, job satisfaction, and satisfaction with supervisors (Schmidt, 2008). When considering organizational commitment, findings from the current study highlight the importance of considering the prevalence of toxic leadership at an organization and protective factors among employees. Arguably, any toxic leader has the potential to affect an organization negatively. Still, it is also possible that the destructive actions of one or two toxic leaders may be diluted by an overwhelming presence of positive, strong leadership within an organization. Further, protective factors or traits among individual employees, such as resilience, spirituality, and a sense of purpose, may help reduce the negative effects of toxic leadership on facets of organizational commitment – especially when the presence of destructive leaders is low. Accordingly, future researchers should examine individual and organizational factors when assessing the potential effects of toxic leadership.

Organizational commitment describes the degree to which individuals identify with and commit to an organization. Organizational commitment components include affective commitment, continuance commitment, and normative commitment (Meyer & Allen, 1991). Affective commitment describes

employees' emotional attachment to organizations; continuance commitment describes employees' awareness of the costs they would face if they left an organization; and normative commitment describes employees' sense of obligation to an employing organization (Yousef, 2016). In the current study, normative and affective commitment were not significantly associated with toxic leadership; a medium inverse association existed between toxic leadership and continuance commitment. Thus, the only significant relationship to emerge indicated that a decline in awareness of costs associated with leaving an organization was associated with an increase in toxic leadership.

Findings from this study emphasize the differences in the three elements of organizational commitment and how outside factors may influence them in different ways. Results also suggest the need for future research to understand better how toxic leadership may relate to each element of organizational commitment, depending on outside factors.

Implications for Professional Practice

Although findings from only one of the tests conducted in this study were statistically significant, professional implications may be gleaned from the results. Overall, findings revealed that organizational commitment was high among employees, and toxic leadership was low. Without controlling for outside variables or conducting more objective assessments of toxic leadership, it is impossible to know if participants' high commitment caused them to perceive less toxic leadership or if toxic leadership was very low at the study sites. Regardless, these findings were positive and suggested that the workplace environments at the study site facilities are likely positive settings that foster employee satisfaction and commitment. The high levels of organizational commitment and low levels of toxic leadership may also reflect the faith-based nature of the study sites; however, further research would be required to make such claims.

Employees' organizational commitment is vital to worker satisfaction, the care provided to patients, and the overall health of an organization. Organizational leaders interested in improving the commitment of all workers while improving patient outcomes and reducing expenditures should routinely check in with leaders and employees to make sure the leader/follower dynamics are healthy and conducive to success. In addition, leadership training may be a valuable tool for improving positive leadership traits and skills among organizational leaders.

Limitations

It can reasonably be assumed that culture and geographic area of residence and work may affect conceptions of leadership and toxicity. The study was further limited by the definition of toxic leadership, as participants' understandings of toxic leadership practices may differ from the researchers. Because data were gathered through a convenience sample of African American workers employed at faith-based healthcare organizations, findings are not generalizable to other populations and contexts. The study survey's anonymous and online nature presented another limitation. The researcher had no way of knowing who took the survey and trusted that only those who met the stated inclusion criteria completed it.

Future Research

Results from this investigation revealed several opportunities for future research. First, the sample for this study was relatively small, which created limitations and required cautious interpretation of findings. Future researchers could replicate the current study with a larger sample by increasing the number of organizations included and broadening the geographic scope. Because the current study only leveraged study sites in a small geographic region, the research could also be conducted with a broader geographic scope. With a broader, more diverse, and nationally representative sample, findings may be more reliable.

This research could also be replicated with other types of faith-based organizations. For example, researchers could examine relationships between organizational commitment and toxic leadership at other types of faith-based organizations, such as schools, churches, or nonprofit organizations, rather than limit the sample to employees at healthcare facilities. Additionally, scholars may assess differences in employees' organizational commitment and perceptions of toxic leadership based on whether an organization is faith-based.

The current study focused on African American employees, so findings preclude understanding racial or ethnic differences in employees' organizational commitment or perceptions of toxic leadership. Accordingly, an investigation into ways employees' demographic characteristics (such as race, age, and gender) may influence these factors may address a shortcoming of the current study and contribute new knowledge to the literature. Besides toxic leadership, it is also essential to acknowledge that several factors could affect employees' organizational commitment. Thus, future researchers could assess for moderating factors in the relationships between organizational commitment and toxic leadership.

Conclusion

The purpose of the current study was to examine the relationship between toxic leadership and organizational commitment among African American employees of faith-based healthcare organizations. To date, this investigation is among the very few that have considered toxic leadership in faith-based organizations. In addition, the handful of existing studies on toxic leadership in faith-based organizations substantiated the existence of toxic leaders in faith-based organizations. Still, more research was needed to understand its presence and potential effects.

Analysis for this study revealed no statistically significant associations between toxic leadership and affective commitment or normative commitment. However, a statistically significant negative association existed between toxic leadership and continuance commitment. Due to one of the three correlations indicating significance, the null hypothesis (H1o) for the research question was partially rejected. Overall, although the statistical significance of the results was modest, the findings are encouraging. Participants' relatively high levels of organizational commitment and low perceptions of toxic leadership suggest healthy workplace environments at the faith-based healthcare facilities that served as study sites. Although more research is needed to understand toxic leadership and organizational commitment in faith-based facilities, the current study provides future investigations. Healthy workplace environments characterized by committed employees and positive leadership are

essential for any organization type. However, in healthcare settings, the implications extend beyond the viability and profitability of an organization to include patient outcomes.

References

Abara, W., Coleman, J. D., Fairchild, A., Gaddist, B., & White, J. (2015). A faith-based community partnership to address HIV/AIDS in the Southern United States: Implementation, challenges, and lessons learned. *Journal of Religion and Health*, *54*(1), 122-133. https://doi.org/10.1007/s10943-013-9789-8

Abbas, M., & Saad, G. B. (2020). An empirical investigation of toxic leadership traits impacts on workplace climate and harassment. *Talent Development & Excellence, 12*(3), 2317-2333. https://www.scimagojr.com/journalsearch.php?q=21100208309&tip=sid&clean=0

Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance, and normative commitment to the organization. *Journal of Occupational Psychology, 63*(1), 1–18. https://doi.org/10.1111/j.2044-8325.1990.tb00506.x

Balli, E., & Cakici, A. (2016). The impact of organizational commitment on organizational silence in hotel businesses. *Çukurova University Journal of FEAS, 20*(2), 79-98. https://dergipark.org.tr/en/pub/cuefd

Bell, R. M. (2017). *The dysfunction junction: The impact of toxic leadership on follower effectiveness* (UMI No. 10260880). ProQuest Dissertations & Theses Global. (1881834074). https://search.proquest.com/docview/1881834074?accountid=45424

Billings, B. (2020). *Mega-churches can have mega problems – Insights from toxic leadership in modern mega-churches.* (Honors Thesis). https://repository.belmont.edu/honors_theses/7

Celmece, N., & Isiklar, A. (2017). Impact of the perception of toxic leadership of healthcare professionals on organizational commitment and quality of work life. *International Journal of Humanities, 3*(2), 7-20. https://doi.org/10.30546/2523-4331.2019.3.2.7

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). St. Paul, MN: West Publishing Company.

Duffield, C., Roche, M., Dimitrelis, S., & Frew, B. (2015). Leadership skills for nursing unit managers to decrease intention to leave. *Nursing: Research and Reviews, 57*. https://doi.org/10.2147/nrr. s46155

Etowa, J., & Debs-Ivall, S. (2017). Leadership and organizational commitment to ethnocultural diversity in healthcare. *Journal of Ethnographic & Qualitative Research, 11,* 277-292. http://www.jeqr.org/

George, D., & Mallery, P. (2016). *SPSS for Windows step by step: a simple guide and reference, 11.0 update* (14th ed.). Boston, MA: Allyn and Bacon.

Glowacki-Dudka, M., & Griswold, W. (2016). Embodying authentic leadership through popular education at Highlander Research and Education Center: A qualitative case study. *Adult Learning*, *27*, 105-112. https://doi.org/10.1177%2F1045159516651610

Goodare, P. (2017). Literature review: Why do we continue to lose our nurses? *Australian Journal of Advanced Nursing, 34*(4), 50-56. http://www.ajan.com.au/Vol34/Issue4/6Goodare.pdf

Güldü, Ö., & Aksu, N. E. (2016). Between destructive leadership perception and professional burnout negative emotion in the relationship—The mediating role of the situation. *Journal of Labor Relations, 31*(4), 676-694. https://www.springer.com/journal/12122

Hadadian, Z., & Zarei, J. (2016). Relationship between toxic leadership and job stress of knowledge workers. *Studies in Business and Economics, 11*(3), 84–89. https://doi.org/10.1515/sbe-2016-0037

Hitchcock, M. J. (2015). *The relationship between toxic leadership, organizational citizenship, and turnover behaviors among San Diego non-profit paid staff*. University of San Diego Doctoral Thesis. San Diego Joint Commission. (2016). *Bullying has no place in health care.* https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_24_June_2016.pdf

Jones, Y. (2017). *Toxic leadership: A curriculum to identify and prevent toxic leaders in church ministry in Southwest Dallas, Texas.* (Doctoral dissertation). ProQuest Dissertations and Theses. (UMI No. 10272677).

Kılıç, M., & Günsel, A. (2019). The dark side of the leadership: The effects of toxic leaders on employees. *European Journal of Social Sciences, 2*(2), 51. https://doi.org/10.26417/ejss-2019.v2i2-64

Magwenzi, B. V. (2018). *The toxic triangle: Exploring toxic leadership in nursing administration – A phenomenological study.* (Doctoral dissertation). ProQuest Dissertations and Theses. (ProQuest No. 13428007).

Manzano-García, G., & Ayala-Calvo, J. C. (2014). An overview of nursing in Europe: A SWOT analysis. *Nursing Inquiry, 21*, 358– 367. https://doi.org/10.1111/nin.12069

March, R. I. (2016). *Toxic leadership and voluntary employee turnover: A critical incident study*. https://search.proquest.com/docview/1668380970?accountid=31255

Mehta, S., & Maheshwari, G. C. (2013). Consequence of toxic leadership on employee job satisfaction and organizational commitment. *Journal of Contemporary Management Research, 8*(2), 1-23. https://www.cmr-journal.org/

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review, 1*(1), 61–89. https://doi.org/10.1016/1053-4822(91)90011-z

Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnytsky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior, 61*(1), 20–52. https://doi.org/10.1006/jvbe.2001.1842

Mowday, R., Porter, L. W., & Steers, R. M. (1982). *Employee-organization linkage*. New York, NY: Academic Press.

Newman, A., Nielsen, I. L., & Smyth, R. (2016). The influence of individual and organizational variables on organizational commitment among nurses. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.2742938

Padilla, A., Hogan, R., & Kaiser, R. B. (2007). The toxic triangle: Destructive leaders, susceptible followers, and conducive environments. *The Leadership Quarterly, 18*(3), 176–194. https://doi.org/10.1016/j.leaqua.2007.03.001

Paltu, A., & Brouwers, M. (2020). Toxic leadership: Effects on job satisfaction, commitment, turnover intention and organisational culture within the South African manufacturing industry. *SA Journal of Human Resource Management, 18.*https://doi.org/10.4102/sajhrm. v18i0.1338

Pelletier, K. L. (2010). Leader toxicity: An empirical investigation of toxic behavior and rhetoric. *Leadership, 6*(4), 373–389. https://doi.org/10.1177/1742715010379308

Rainer, T. S. (2014). *Fourteen symptoms of toxic church leaders.* http://thomrainer.com/2014/10/fourteen-symptoms-toxic-church-leaders

Ramadan, A. H. A., & Eid, W. M. (2020). Toxic leadership: Conflict management style and organizational commitment among intensive care nursing staff. *Evidence-Based Nursing Research, 2*(4), 46-59. https://doi.org/10.47104/ebnrojs3.v2i4.160

Reyhanoğlu, M., & Akın, Ö. (2016). Does toxic leadership trigger organizational health negatively? *Journal of the Human and Social Science Researches, 5*(3), 442-459.

Roter, A. B. (2012). The lived experiences of registered nurses exposed to toxic leadership behaviors. (Doctoral dissertation). https://www.semanticscholar.org/paper/The-lived-experiences-of-registered-nurses-exposed-Roter/d0c19835cab64903831f248f45c6f4c3cd4bbee5

Schmidt, A. A. (2008). *Development and validation of the toxic leadership scale.* ProQuest Digital Theses. (UMI No. 1453699).

Scroggins, S. (2019). *The impact of toxic and transformational leadership on mentorship in the African American Pentecostal church.* (Doctoral dissertation). ProQuest Dissertations and Theses. (UMI No. 22589568).

Shelton, R. C., Charles, T., Dunston, S. K., Jandrof, L., & Erwin, D. O. (2017). *Advancing understanding of the sustainability of lay health advisor (LHA) programs for African American women in community settings*. https://doi.org/10.1007/s13142-017-0491-3

Singh, N., Sengupta, S., & Dev, S. (2018). Toxic leadership: The most menacing form of leadership. *Dark Sides of Organizational Behavior and Leadership*. https://doi.org/10.5772/intechopen.75462

Steers, R. M. (1977). Antecedents and outcomes of organizational commitment. *Administrative Science Quarterly,*22, 46-56. https://doi.org/10.2307/2391745

Tabachnick, B. G., & Fidell, L. S. (2013). *Using Multivariate Statistics, 6th ed.* Boston: Allyn and Bacon.

Tsai, Y., Wu, S., & Szu-Chieh, C. (2017). Assessing the risk of turnover intention among hospital workers. *International Journal of Management, Economics and Social Sciences (IJMESS) 6*, 244-258. http://www.ijmess.com/

Weaver, S. G., & Yancey, G. B. (2010). The impact of dark leadership on organizational commitment and turnover. *Leadership Review, 10*, 104-124. https://www.kravisleadershipinstitute.org/

Yaghi, M. (2019). Toxic leadership and the organizational commitment of senior-level corporate executives. *Journal of Leadership, Accountability and Ethics, 16*(4). https://doi.org/10.33423/jlae.v16i4.2375

Yalçınsoy, A., & Işık, M. (2018). A study on the relationship of toxic leadership with organizational commitment and intention to leave work. *Gaziantep University Journal of Social Sciences, 17*(3), 1016-1025. https://doi.org/10.21547/jss.373835

Yousef, D. A. (2016). Organizational commitment, job satisfaction, and attitudes toward organizational change: A study in the local government. *International Journal of Public Administration, 40*(1), 77–88. https://doi.org/10.1080/01900692.2015.1072217

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