



Toxic Leadership Styles As Predictors Of Psychological Distress Among Civil Servants In Anambra State.

Collins Ifeanacho Nnaebue,¹Nneka Ifedichinma Nwangwu,²Ifenna Damian Ezeanya,³& Emeka Anthony Nwankwo⁴

Department of Psychology, Nnamdi Azikiwe University, Awka, Anambra State.

Corresponding Author: Nnaebue, Collins Ifeanacho

E-mail: ci.nnaebue@unizik.edu.ng

Abstract

The study explored toxic leadership as predictors of psychological distress among civil servants in Anambra State. The participants in the study involved two hundred and seventeen (217) federal civil servants drawn from Ministry of Finance and Nnamdi Azikiwe University, Awka, Awka-South Local Government Area of Anambra State. They comprised of 105 (47.0%) male and 112 (53.0%) female. Their age is between 28 to 55 years with mean age of 41.73 and standard deviation of 7.89. The study utilized simple random sampling and incident sampling techniques to select the organizations and the participants respectively. Two instruments were used: DetectaWeb-Distress Scale, and Toxic Leader Scale. The study adopted correlational design and Multiple Regression statistic served as appropriate statistics for analyses of the data. The study showed that toxic leadership dimensions (self-promotion, unpredictable, narcissism and authoritarian leaders) significantly predicted psychological distress among federal civil servants in Awka, Anambra State. While abusive supervision did not significantly predict psychological distress among federal civil servants in Awka, Anambra State. Based on the findings, the study recommends that there is need for re-evaluation of civil service system; this will help bring change that will reduce dysfunctional work environment that impact psychological distress of civil servants.

Keywords: Leadership Toxicity, Psychological Distress, Civil Servants

Introduction

In recent time, researchers and organizational practitioners are concerned about the mental state of employees as it affects human life. They are of the opinion that growth of any organization is largely dependent on their employee well-being. Job-related demands

like the number of work hours, family crisis, and psychological demands including role overload, client expectations, clerical and administrative tasks, budgetary pressures, role-generated stress (e.g., conflict, ambiguity, overwork) may have contributed to the experience of psychological distress in the workplace (Bartram, et al., 2019; Chang, et al., 2015). Similarly, some civil servants often complained of lack of feedback and support, abusive, unpredictability, narcissism and authoritarian tendency of leaders in their organization, which perhaps is associated with higher levels of psychological distress they experience (Bartram et al., 2019). These may have translated into turnover intentions, absenteeism, job dissatisfaction, sleep disturbances, loss of appetite, mood disturbances, anxiety, short tempers, decreased self-confidence, and inability to concentrate; and health problems like cardiovascular diseases, musculoskeletal disorders, physical injuries, cancers and health/well-being decline witnessed among civil servants (Alves, 2005). This happens as a result of emotional, cognitive, behavioural and physiological reactions that have an adverse and noxious effect on the work content, work organization and work environment and the civil servants' productivity which also in one way or the other may have affected the organizational goals (Lowe, et al., 2018). Based on these above observations, this study explored toxic leadership as predictors of psychological distress among civil servants in Awka city, Anambra State.

Psychological distress is a common mental health problem in the community (Doherty, et al., 2018; Drapeau, et al., 2012; Marchand, et al., 2012; World Health Organization, 2017). Psychological distress is a state of emotional suffering typically characterised by symptoms of depression and anxiety (Drapeau et al., 2012; Ridner, 2014). It is also referred to non-specific symptoms of stress, anxiety and depression. High levels of psychological distress are indicative of impaired mental health and may reflect common mental disorders, like depressive and anxiety disorders (Doran, 2011). These symptoms often coexist with common somatic complaints and a wide range of chronic conditions, as well as with medically unexplained syndromes (Evans, et al., 2015; Fagring et al., 2018).

Risk factors for psychological distress include stress-related and socio-demographic factors and inadequate inner and external resources (Drapeau *et al.*, 2012). Distress has been found to be related to depression, anxiety and burnout (Marchand, et al., 2015). Work-related factors, such as high demands, poor support, and lack of control, contribute to psychological distress (Marchand, et al., 2015). Although considerable research has explored the symptomology and epidemiology of psychological distress, few studies have described patients' actual experiences of living with this condition. Ridner (2014) identified five defining characteristics of workers living with PD and they include perceived inability to cope, changes in emotional status, discomfort, communication of discomfort and harm. Masse (2018) found that experiences of living with psychological distress can be expressed in six general idioms: demoralisation and pessimism towards the future, anguish and stress, self-depreciation, social withdrawal and isolation, somatisation, and withdrawal

into oneself. Leadership affects the dyadic, team, and personal relationships within the organization and impact on psychological well-being (Fagring et al., 2018). According to Drapeau, et al., (2012), psychological distress has been recognized as a result of toxic leadership.

Toxic leadership refers to leaders who berate, belittle, and bully their subordinates, who hold subordinates responsible for things beyond their control or tasks beyond their job descriptions, and who cause their subordinates to work harder and sacrifice more than is reasonable (Frost, 2004; Wilson-Starks, 2003). That is, they micromanaging to the point where subordinates are cowered and stifled. Ambrose (1992) described this as “stifling constructive criticism and teaching supporters (sometimes by threats and authoritarianism) to comply with, rather than to question, the leader’s judgment, and actions. Wilson-Starks (2003) wrote “in a toxic leadership environment, ‘yes’ people are rewarded and promoted to leadership roles, while people who more fully engage their mental resources, critical thinking, and questioning skills are shut out from decision-making and positions of influence”. This shows that toxic leaders demand obedience and are commandeering by extension are narcissistic in nature. They have a need to be viewed in a positive light by others coupled with a desire to enhance their own self-image. Toxic leaders were often described as being self-interested, lacking empathy or sensitivity for others, and having inflated opinions of their own importance, because they exhibit an underlying neglect for the well-being of their subordinates, and may even be harmful or abusive (Flynn, 1999; Wilson-Starks, 2003).

Toxic leadership affects performance at the organizational and individual levels (Dyck, 2001; Flynn, 1999; Macklem, 2005; Wilson-Starks, 2003) “. In a horrific situation, individuals can have an overactive emotional response to their leader's toxicity and bring this negative feeling into their everyday lives. Thus, employees who undergo behaviour patterns of toxic leaders suffer detrimental outcomes, such as psychological distress (Dearlove, 2003). According to Schmidt (2008), toxic leadership has five dimensions, narcissistic leadership, self-promotion, authoritarian leadership, abusive supervision, and unpredictability.

Scholars considered narcissistic leadership to be a distinct leadership style, yet others conceptualized narcissistic leadership as overlapping with well-established leadership constructs, such as charismatic leadership (Deluga, 1997; Kets de Vries, 1999a; Rosenthal & Pittinsky, 2006; Sankowsky, 1995). Narcissism is an important component of toxic leadership, because they suffer from grandiose self-importance and display narcissistic traits (Whicker, 1996). Narcissism focuses on self-oriented actions designed to primarily enhance the self. This self-promoting theme is a related but still conceptually distinct element of toxic leadership that has not been covered by previous theories. Indeed, many of the abusive, authoritarian, and narcissistic behaviours used by toxic leaders are performed

with the intention of promoting and maintaining the image of the leaders to senior level supervisors. One of the items in the abusive supervision scale is “My boss blames me to save himself/herself from embarrassment,” which clearly includes a self-promoting explanation for a toxic leadership behaviour (Schmidt, 2008).

Authoritarian leadership is defined as “leader’s behaviour that asserts absolute authority and control over subordinates and demands unquestionable obedience from subordinates” (Cheng, et al., 2004), “Authoritarian Leadership” is another underdeveloped construct that seems to relate to toxic leadership. Authoritarian leadership does, however, capture some important elements of toxic leadership, such as task micromanagement and acting in a commandeering fashion. Although this construct is beginning to capture the attention by some theorists (Aryee, et al., 2007), it has largely been ignored by Western and African researchers.

Abusive Supervision according to Tepper (2000) improved upon the deficiencies in the petty tyranny construct and came even closer to toxic leadership when the scholar introduced the concept of “abusive supervision,” defined as “sustained display of hostile verbal and nonverbal behaviours, excluding physical contact” (Tepper, 2000). Abusive supervision is more closely related to toxic leadership because it includes nonverbal and intentional destructive behaviours.

The majority of the toxic leadership literature focuses on providing support or suggestions about how to handle a toxic leader (e.g., Dyck, 2001; Taylor, 2007). Implicit in this literature is that toxicity is a stable trait. Similarly, the academic leadership literature also implicitly assumes that the negative traits of leaders, such as abusive, petty tyranny, and authoritarianism, are consistent aspects of a leader’s behaviour. In fact, the very definition of abusive supervision is that the leader hostility be sustained (Tepper, 2007).

Theoretical Framework

Employee emotional, mental health is ultimately caused by inadequate organizational support, specifically for employees’ well-being (Dyck, 2001). According to Aryee, et al., (2007), the failure of an organizational support dimension in which the leaders behave might lead to actions that can be understood. This highlights the fact that any discussion of the influence of toxic leadership style on employee psychological distress cannot be separated from consideration of the organizational support for these toxic leaders’ actions. Therefore, in this research, the Organization Support Theory is used as the underlying theory to analyze perceived organizational support. Perceived organizational support is derived from the Organizational Support Theory (Rosenthal & Pittinsky, 2006; Sankowsky,

1995). It was suggested that employees establish a general understanding of the degree to which they value their efforts and care for their wellbeing.

Hypothesis

This hypothesis guided this study.

Toxic leadership dimensions (narcissistic leadership, self-promotion, authoritarian leadership, abusive supervision, and unpredictability) will significantly predict psychological distress among civil servants in Anambra State.

Method

Participants

The participants in the study involved two hundred and seventeen (217) federal civil servants drawn from Ministry of Finance and Nnamdi Azikiwe University, Awka, Awka-South Local Government Area of Anambra State. They comprised of 105 (47.0%) male and 112(53.0%) female. Their age is between 28 to 55 years with mean age of 41.73 and standard deviation of 7.89. In the study, 82(44.4%) have Bachelor of Science Degree and above, 66(30.8%) have Higher National Diploma, 49(16.2%) have Ordinary National Diploma and 20 (8.5%) have Senior Secondary School Examination Certificate. The study also indicated that 125(72.6%) were married, 37(14.5%) were single, 30(8.5%) were divorce, and 25(4.3%) were separated. Their employment status showed that 32(10.3%) were administrative staff, 82(46.2%) were management staff, 54(24.8%) were technical staff, and 49(18.8%) were clerical staff. Their years of employment showed that 79 (37.6%) were in service for one to ten years, 87 (44.4%) were in service for eleven to twenty years, and 51(17.9%) have been in service for twenty-one to thirty years. In the study, simple random sampling technique was used to select the organizations used in the study, whereas incident sampling technique was used to select the participants because their selection is based availability, accessibility and willingness to participate.

Instruments

Two instruments were used: DetectaWeb-Distress Scale by Piqueras *et al.*, (2021), and Toxic Leader Scale by Schmidt (2008).

DetectaWeb-Distress Scale by Piqueras *et al.*, (2021)

It consists of 30 items (3 items per subscale) that assess anxiety disorders, such as separation anxiety disorder (SAD), generalized anxiety disorder (GAD), specific phobia (SP), panic disorder/agoraphobia (Pd/Ag), and social phobia (SoPh); some of the main anxiety-related disorders, such as post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD); mood disorders, such as major depression (MD) and dysthymic disorder (DD); and suicidality (S—suicidal ideation, plans, and attempts); and a total score indicating global distress or emotional symptomatology. It is rated on a Likert-

type response format 0–3. The measure had good internal consistency for the Global Distress Scale ($\alpha = 0.87$). Specifically, sensitivity and specificity values of DetectaWeb-Distress total score for anxiety, depression, emotional (any anxiety or depression), and internalizing (any of them, including anxiety, depression, OCD, or PTSD) diagnosed disorders were 0.75/0.76, 0.81/0.72, 0.73/0.77, and 0.73/0.78, respectively. Concerning the specific subscales, the sensitivity and specificity estimates were as follows: 0.86/0.68 (SAD), 0.62/0.77 (GAD), 0.83/0.84 (SP), 0.75/0.63 (Pd/Ag), 0.62/0.82 (SoPh), 1.00/0.81 (OCD), 0.67/0.89 (PTSD), 0.75/0.96 (MD), 0.64/0.84 (DD), and 0.50/0.99 (S). Using 78 participants of the study, the researcher was able to establish the following Cronbach alpha 0.94 for the overall scale, while the following was reported for the subscales: Major depression 0.57, dysthymic disorder (DD) 0.61, suicidality 0.61, separation anxiety 0.76, social phobia (SoPh) 0.67, specific phobia (SP) 0.75, panic disorder/agoraphobia (PD/AGPH) 0.74, general anxiety disorder 0.66, obsessive-compulsive disorder (OCD) 0.68, and post-traumatic stress disorder (PTSD) 0.70.

Toxic Leader Scale by Schmidt (2008)

The scale contained 30 items developed to measure abusive, unpredictably, narcissism, authoritarian and self-promote leaders who engage in destructive behaviours and who exhibit certain dysfunctional personal characteristics. The instrument is assessed with a five-point Likert style, with 1= Strongly Disagree, 2= Disagree, 3=Slightly Disagree, 4= Slightly Agree, 5= Agree, and 6= Strongly Agree, for each item. This instrument is reliable, each of the five scales has high reliability (Abusive Supervision: $\alpha=0.93$, Authoritarian Leadership: $\alpha =0.89$, Narcissism: $\alpha =0.88$, Self-Promotion: $\alpha =0.91$, Unpredictable Leadership: $\alpha =0.92$). The researcher reported Cronbach alpha of 0.91 for the general scale. The subscales have Cronbach alphas of 0.78 =Self-Promotion, 0.79=Abusive Supervision, 0.72= Unpredictable Leadership, 0.57=Narcissism and 0.89= Authoritarian Leadership.

Procedure

The researchers obtained the permission from the management of the organization used, after which the researchers then worked with the two staff from each of the concerned organizations to reach the individual workers. The two staff assisting the researcher was debriefed about the rudiments of the study and how to administer the questionnaire. Written instructions on how to respond to each of the items in the questionnaire were clearly explained for the participants. Meanwhile, the participants that were involved in the study are those that met the inclusion criteria, they must willingly accept to participate in the study, and must have worked in that organization for minimum of one year, while the exclusion criteria for not participating in the study was on the premise of unwilling to participate. Ethically, before completing the questionnaire, the purpose of the study was explained to the participants. First, the informed consent was established and therefore they were assured of confidentiality, anonymity and privacy. At consent stage, written

consent was obtained prior to issuing of questionnaires and the participants were well-informed about opportunity and right to withdraw from the study at any time. While at confidentiality stage, they were assured that whatever they responded to must be maintained confidential at all times and each participant in the study was assigned anonymity in order to maintain privacy. On the whole, total of 230 copies of the questionnaire were distributed out of which 220 were returned but 217 were properly completed. The process took the researchers two weeks to complete.

Design and Statistics

The study adopted correlational design because the study was geared towards gaining insight on the possible relationships between the study variables. However, correlations are not enough to establish causalities, but they offer a good baseline to continue analysis with a linear regression model. Hence, Hierarchical Multiple-Linear Regression statistics served as appropriate statistics for analyses of the data. This technique allows analyzing the relationship of multiple predictor variables in regard to the criterion variable and consequently builds a model of the relationship between variables.

Result

Table of Multiple Linear Regressions Statistics of Toxic Leadership on Psychological Distress

Sources	R	R ²	Adj. R ²	Std. E.E.	F	df	β	t	Sig.
Model	.849 ^b	.721	.694	7.63	10.95	5			
self-promotion							.05	.29	.020
Abusive Supervision							-.04	-.67	.420
unpredictable							.04	.25	.050
Narcissism							.05	.71	.030
Authoritarian							.40	6.11	.010

N=217.

The result from that table above revealed that the overall toxic leadership dimensions (self-promotion, abusive supervision, unpredictable, narcissism and authoritarian leaders) accounted for 72.1% of the psychological distress at $R = .849$, $R^2 = .721$, Adjusted $R^2 = .694$, $F(5, 211) = 10.95$, $p < .05$. More so, self-promotion dimension of toxic leadership significantly predicted psychological distress at $F(5, 211)$, $\beta = .05$, $t = .29$, $p < .05$. Abusive supervision dimension of toxic leadership did not significantly predict psychological distress at $F(5, 211)$, $\beta = -.04$, $t = -.69$, $p > .05$. Unpredictable dimension of toxic leadership significantly predicted psychological distress at $F(5, 211)$, $\beta = .04$, $t = .25$, $p < .05$. Narcissism dimension of

toxic leadership significantly predicted psychological distress at $F(5, 211), \beta=.05, t=.71, p<.05$. Authoritarian leaders' dimension of toxic leadership significantly predicted psychological distress at $F(5, 211), \beta=.40, t=6.11, p<.05$.

Discussion

This study proposed and examined the outcome of toxic leadership on the psychological distress among civil servants in Anambra State. The result showed that toxic leadership dimensions (self-promotion, unpredictable, narcissism and authoritarian leaders) significantly predicted psychological distress whereas abusive supervision did not significantly predict psychological distress. This finding agrees with Bhandarker and Rai (2019) and Majeed and Fatima (2020), who revealed that workers who had experience with toxic leaders might suffer psychological distress over a certain period. These results provide further support for the hypothesis that toxic leadership has an adverse outcome on the subordinates' psychological well-being (Henrich & Gil-White, 2001). This indicated that negative affectivity and exploitative leadership impacted psychological distress and psychological detachment from work as it strengthens loss of self-worth, withdrawal and agitation and also affects the coping strategies to deal with toxic leaders like assertive coping, avoidance coping and adaptive coping (Omar & Ahmad, 2020). It also implies that when the leaders are implementing the fear tactics and giving a message that the staff will replaceable, it adversely impacts employees' psychological distress.

From a theoretical perspective, this research's positive relationship demonstrated that leaders who engage with malicious behaviour could cause psychological harm to their followers. One possible explanation was that employee psychological distress issues required a coping strategy for employees to deal with the emotional situation. The study agreed that hierarchical societies, usually the dominant position is socially recognized through the formalization of an official position or leadership role, and it is this role of leaders that often give birth to negative emotions on other individuals, such as fear, stress and anxiety (Henrich & Gil-White, 2001). Hence, one could easily conclude that toxic leaders are mainly dominant-status holders, as they will usually become obsessed with power and superiority, being ready to overestimate their personal value, to feel entitled to enjoy special privileges, to break conventional rules and exploit others in order to get what they assume they deserve (Goldman, 2009).

The findings of this study have several important implications for future practice in preventing toxic leadership in organizations. The organizations can educate the employees by promoting leadership style that will help toxic leaders developed a positive working relationship with their subordinate without losing control. This should include giving employees the ability to do a specific action related to a toxic leader's oppression.

Providing a wide variety of activities such as build trust in the workers, grant the employees the right in terms of workplace discrimination, and provide tools for reporting misconduct behaviour by the leaders. There are also some strategies for breaking employees' psychological distress because of toxic leaders' behaviours. Organizations may adopt whistleblower policy as a mechanism for preventing unethical behaviour in the workplace. This policy could be beneficial for the victims of any destructive behaviour in the workplace. Indirectly, the victims feel protected when they disclosed the information and may reduce the emotional burden. The organization should also create a social support environment among workers, such as companionship support. Social support can be done by implementing effective employee relations by encouraging them to access the more extensive social network and have friends within organizations. Social support will help increased psychological well-being in the workplace by lowering problems related to individual mental health.

Conclusively, the most prominent finding to emerge from this study is examining the predictive effect of toxic leadership on psychological distress civil servants in Anambra State. Realizing that the influence of toxic leadership is essential, the study suggested way through which toxic leadership should addressed so as to curb potential effects of psychological distress on employees. Several essential contribution points have identified from this research if for organisation managers to understand the hazard effect toxic leadership has on employees, their job performance and organisational productivity. This will challenge them to evolve policies that are geared towards promoting mental health of organisations employees.

References

- Ambrose, S. E. (1992). *Band of brothers: E company 506th regiment, 101st airborne from normandy to Hitler's eagle nest*. Simon & Schuster.
- Alves, S. (2005). A study of occupational stress, scope of practice and collaboration in nurse anaesthetists practicing in anaesthesia care team settings. *Ana Journal*, 73(6), 443- 452.
- Aryee, S., Sun, L., Chen, Z. X., & Debrah, Y. A. (2007). Antecedents and outcomes of abusive supervision: test of a trickle-down model. *Journal of Applied Psychology*, 92, 191-201.
- Bartram, D.J., Yadegarfar, G., & Baldwin, D.S. (2019). Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occupational Medicine*, 59(5), 334–341.

- Bhandarker, A., & Rai, S. (2019). Toxic leadership: emotional distress and coping strategy. *International Journal of Organization Theory and Behavior* 22(1), 1-13.
- Chang, S.J., Koh, S.B., Kang, M.G., & Cha, B.S. (2015). Epidemiology of psychosocial distress in Korean employees. *Journal of Preview Medicine and Public Health* 38(1), 25-37.
- Cheng, B. Chou, L., Wu, T., Huang, M., & Farh, J. (2004). Paternalistic leadership and subordinate responses: establishing a leadership model in Chinese organizations. *Asian Journal of Social Psychology*, 7, 89-117.
- Dearlove, D. (2003). Interview: Manfred Kets de Vries: The dark side of leadership. *Business Strategy Review*, 14, 25-28.
- Deluga, R.J. (1997). Relationship among American presidential charismatic leadership, narcissism, and rated performance. *The Leadership Quarterly*, 8, 49-65.
- Doherty, D.M., Moran, R., & Kartalova-O'Doherty, Y. (2018). *Psychological distress, mental health problems and use of health services in Ireland*. HRB research series 5, Dublin: Health Research Board.
- Doran, D.M. (2011). *Psychological distress as a nurse-sensitive outcome*. In nursing outcomes the state of the art, (2nd ed.), Jones & Bartlett learning.
- Drapeau, A., Marchand, A., & Beaulieu-Pre'vost, D. (2012). *Epidemiology of psychological distress*. In mental illness—understanding, prediction and control, (LAbate PL ed.), InTech, Rijeka, 155-34.
- Dyck, D. (2001). The toxic workplace. *Benefits Canada*, 25, 52-57.
- Evans, D.L., Charney, D.S., Lewis, L., Golden, R.N., Gorman, J.M., Krishnan, K.R., Nemeroff, C.B., Bremner, J.D., Carney, R.M., Coyne, J.C., Delong, M.R., Frasure-Smith, N., Glassman, A.H., Gold, P.W., Grant, I., Gwyther, L., Ironson, G., Johnson, R.L., Kanner, A.M., Katon, W.J., Kaufmann, P.G., Keefe, F.J., Ketter, T., Laughren, T.P., Leserman, J., Lyketsos, C.G., McDonald, W.M., McEwen, B.S., Miller, A.H., Musselman, D., O'Connor, C., Petitto, J.M., Pollock, B.G., Robinson, R.G., Roose, S.P., Rowland, J., Sheline, Y., Sheps, D.S., Simon, G., Spiegel, D., Stun-kard, A., Sunderland, T., Tibbits, P. Jr, & Valvo, W.J. (2015). Mood disorders in the medically ill: Scientific review and recommendations. *Biological Psychiatry*, 1(2), 175-89.

- Fagring, A.J., Kjellgren, K.I., Rosengren, A., Lissner, L., Manhem, K., & Welin, C. (2018). Depression, anxiety, stress, social interaction and health-related quality of life in men and women with unexplained chest pain. *BMC Public Health, 8*(3), 165-176.
- Flynn, G. (1999). Stop toxic leaders before they stop you! *Workforce, August*, 44-46. See online at <www.workforce.com/archive/feature/22/22/12/223888/php>accessed 25 July 2022.
- Frost, P.J. (2004). Handling toxic emotions: new challenges for leaders and their organization. *Organizational Dynamics, 33*, 111-127.
- Goldman, A. (2009). *Destructive leaders and dysfunctional organizations: a therapeutic approach*. Cambridge University Press.
- Henrich, J., & Gil-White, F.J. (2001). The evolution of prestige: freely conferred deference as a mechanism for enhancing the benefits of cultural transmission. *Evolution and Human Behaviour, 22*(3), 165-196.
- Kets de Vries, M. F. (1999a). What's playing in the organizational theatre? Collusive relationships in management. *Human Relations, 5*(1), 745-773.
- Lowe, B., Spitzer, R.L., Williams, J.B., Mussell, M., Schellberg, D., & Kroenke, K. (2018). Depression, anxiety and somatisation in primary care: syndrome overlap and functional impairment. *General Hospital Psychiatry, 30*(1), 191-9.
- Macklem, K. (2005). The toxic workplace. *Macleans, 118*, 34-35.
- Majeed, M., & Fatima, T., (2020). Impact of exploitative leadership on psychological distress: a study of nurses. *Journal of Nursing Management, 28*(7), 1-11.
- Marchand, A., Drapeau, A., & Beaulieu-Prevost, D. (2012). Psychological distress in Canada: the role of employment and reasons of non-employment. *International Journal of Social Psychiatry, 8*(2), 596-604.
- Marchand, A., Demers, A., & Durand, P. (2015). Do occupation and work conditions really matter? A longitudinal analysis of psychological distress experiences among Canadian workers. *Sociological Health Illness, 2*(7), 602-627

- Masse, R. (2018). Qualitative and quantitative analyses of psychological distress: methodological complementarity and ontological incommensurability. *Quality Health Research, 10*(2), 411–423.
- Omar, A.T., & Ahmad, U.N.U. (2020). The role of toxic leadership and perceived organizational support on academic staff's psychological distress. *International Journal of Academic Research in Business and Social Sciences, 2*(3), 958-980.
- Piqueras, J.A., Garcia-Olcina, M., Rivera-Riquelme, M., Martinez-Gonzalez, A.E. & Cuijpers, P. (2021). Detectaweb-distress scale: a global and multidimensional web-based screener for emotional disorder symptoms in children and adolescents. *Frontier Psychology, 1*(2), 627-644.
- Ridner, S.H. (2014). Psychological distress: concept analysis. *Journal of Advancing Nursing, 4*(5), 536–45.
- Rosenthal, S.A. & Pittinsky, T.L. (2006). Narcissistic leadership. *The Leadership Quarterly, 1*(7), 617-633.
- Sankowsky, D. (1995). The charismatic leader as narcissist: understanding the abuse of power. *Organizational Dynamics, 23*, 57-71.
- Schmidt, A.A. (2008). *Development and Validation of the Toxic Leadership Scale*. University of Maryland, College Park.
- Taylor, R. (2007). Tackling toxic leaders. *Director, May, 27th*.
- Tepper, B. J. (2000). Consequences of abusive supervision. *Academy of Management Journal, 43*, 178-190.
- Tepper, B. J. (2007). Abusive supervision in work organizations: review, synthesis, and research agenda. *Journal of Management, 33*, 261-289.
- Tepper, B.J., Hoobler, J., Duffy, M.K., & Ensley, M.D. (2004). Moderators of the relationships between coworkers' organizational citizenship behavior and fellow employees' attitudes. *Journal of Applied Psychology, 89*, 455-465.
- Whicker, M. L. (1996). *Toxic leaders: when organizations go bad*. Westport, CT. Quorum Books.

Wilson-Starks, K. Y. (2003). Toxic leadership. *Transleadership, Inc.* See online at www.transleadership.com> accessed 25 July 2022.www.toxicboss.com.

World Health Organization (2017). *The world health report 2017: mental health and new understanding, new hope.* Geneva.