

Dysfunctional leadership: investigating employee experiences with dysfunctional leaders

Dysfunctional
leadership

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Abstract

Purpose – The purpose of this paper is to examine the experiences of employees who are exposed to dysfunctional behaviors by their leaders in a healthcare organization.

Design/methodology/approach – This study employed a qualitative methodology drawing on 25 semi-structured interviews with administrative and clinical employees working in a healthcare setting operating in Riyadh, Saudi Arabia.

Findings – This study's findings provide insights into dysfunctional leadership phenomena based on employees' personal experiences with dysfunctional leaders. Dysfunctional leaders have several harmful behaviors, such as behaving in abusive ways, marginalizing others, engaging in favoritism, and degrading employees. This study also demonstrated that the leaders' negative behavior directly influences employees to leave their jobs, contributes to feelings of alienation at work, reduces their commitment, and frequently creates serious psychological and physical problems. This study also discovered that over time the negative effects of a dysfunctional leader do not stop at employees; it also filters through to other areas such as the organizational environment and family life.

Originality/value – Dysfunctional leadership is under-studied within the context of the Middle Eastern region. Therefore, this study's findings provide theoretical and practical implications. It provides information about employee experiences and how dysfunctional behavior influences individuals and, ultimately, organizational life. Furthermore, this study has value to practitioners by offering suggestions for organizational interventions for creating more effective policies and programs to support employees' careers and well-being.

Keywords Dysfunctional, Leadership, Behavior, Effect, Employees, Organization, Career

Paper type Research paper

1. Introduction

Over the past two decades, there has been growing interest in the “bad” or “dark” side of leadership, characterized as *dysfunctional leadership* (Brandebo, 2020; Einarsen *et al.*, 2007; Mackey *et al.*, 2021; Mullen *et al.*, 2018; Schmid *et al.*, 2019; Schyns and Schilling, 2013). The basis of this interest was the failures of organizations, such as Enron, that have provoked discussions about dysfunctional leadership, as it is costly and adversely affects important workplace outcomes that are essential for employee performance and effective organizational functioning (Mullen *et al.*, 2018; Higgs, 2009; Rose *et al.*, 2015).

Scholars have pointed out a range of behaviors associated with dysfunctional leaders, for example, the using authority for personal gains, discouraging initiatives, hostility, public criticism, silencing, undermining, rudeness, inconsiderate actions, humiliating, belittling, and personal demoralization (Burton and Hoobler, 2006; Padilla *et al.*, 2007). Therefore, the concept of dysfunctional leadership behavior has several conceptualizations and numerous



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descriptions that overlap, and it comes in different forms within the literature (Ashforth, 1994; Kellerman, 2004; Padilla *et al.*, 2007; Rose *et al.*, 2015). Schyns and Schilling (2013) and Rose *et al.* (2015) draw our attention to the importance of perception in this context and the notion of intent when defining dysfunctional leadership. Schyns and Schilling (2013, p. 140) argued that “leader behavior can only have an effect when it is perceived by followers as dysfunctional.” Therefore, a dysfunctional leader can be viewed as a person in a position of influence who abuses power systematically and repeatedly in a way that intentionally or unintentionally violates psychological contracts and generally treats employees disrespectfully (Sutton, 2010). It includes using a set of negative behaviors (such as intimidation, threats, and marginalization), which have a significant adverse impact on organizational and employee outcomes (Einarsen *et al.*, 2007).

The consequence of dysfunctional leadership, and ultimately the costs incurred, has received attention currently from a number of scholars (Pelletier *et al.*, 2019; Trépanier *et al.*, 2019; Tepper *et al.*, 2006). These researchers provided evidence that dysfunctional leaders lead to dysfunctional organizations that damage the productivity or work performance of individuals, teams, and organizations (Burton and Hoobler, 2006). For example, the consequences of dysfunctional leaders at the level of the individual may include aggressive employee behavior (e.g. decreased productivity and subversion) as a mechanism for coping with dysfunctional leaders (Burton and Hoobler, 2006); psychological distress, such as emotional exhaustion (Aryee *et al.*, 2008); and greater work–life conflict (Tepper, 2000). Whereas the consequences dysfunctional leaders on the organizational level can be particularly costly and damaging to organization and may include higher employee intentions to leave, turnover, high rates of absenteeism, low performance, increased conflict levels, and decreased employee engagement (Larsson *et al.*, 2012; Trépanier *et al.*, 2019).

The purpose of this study is to examine the perceptions of employees regarding their dysfunctional leaders. Specifically, it examines the lived experiences of employees exposed to dysfunctional leadership or who had prior experience with dysfunctional leadership in a healthcare setting. Thus, to better understand dysfunctional leadership phenomena and their negative consequences, the study draws on the lenses of social exchange theory (Aryee *et al.*, 2008; Xu *et al.*, 2012) and justice theory (Tepper, 2000). The justification for using these theories is that many dysfunctional leadership studies are not well grounded in theory (Mackey *et al.*, 2021; Tepper, 2000). Further, many studies within the management and organizational fields have used these two theories, as they can provide insight into how subordinates perceive their leaders and adverse outcomes. Additional insights are drawn from studies in leadership and management that focus on dysfunctional leadership. As a starting point, Rose *et al.* (2015) argued that the term dysfunctional refers to a specific behavior that damages and harms individuals and organizations, and Sutton (2010, p. 6) defined a *leader* as “a person in authority,” which refers to anyone in power “that has direct and frequent contact with subordinates—and who is responsible for personally directing and evaluating their work.” Hence, *dysfunctional leadership* in this study is defined as behavior that can harm or intends to harm individuals, which generates a severe and enduring influence on employees and the organization and is behavior from someone in a position of power (e.g. a leader, manager, or supervisor).

The current study adds to the literature on leadership, particularly regarding dysfunctional leadership and careers, in three inter-related ways. First, most research on leadership has focused on effective, good, and ethical leaders (e.g. Bass, 1999; Brown *et al.*, 2005; Walumbwa *et al.*, 2008), with little attention paid to dysfunctional leadership. The available studies reported that the costs of having dysfunctional leaders in organizations are high. For example, in the US, dysfunctional leaders affect an estimated 13.6% of US workers at a cost of \$23.8 billion annually for companies (e.g. due to high turnover, high absenteeism, and legal costs) (Tepper, 2007). Also, these studies reported dysfunctional leadership

negatively affects individuals' careers and their well-being (e.g. Mackey *et al.*, 2019; Mullen *et al.*, 2018; Pelletier, 2010). The negative side of leadership underscores the importance of this study. This study adds to the literature on leadership and career development by addressing the lacuna of knowledge and responding to the scholarly calls for further empirical research on the experience of working with a dysfunctional leader (e.g. Mackey *et al.*, 2021; Schyns and Schilling, 2013; Rose *et al.*, 2015). Thus, the findings of this study can provide insight into the ways in which employees' experiences with dysfunctional leadership may influence their overall career development and advancement. Second, studies on dysfunctional leadership have been conducted mainly within Western and Anglo-Saxon contexts (e.g. Mackey *et al.*, 2021; Schmid *et al.*, 2019; Schyns and Schilling, 2013), but there is a lack of empirical studies examining dysfunctional leadership within a healthcare setting in the Middle East, particularly in Saudi Arabia. Understanding dysfunctional leadership in the healthcare field is very important, particularly with the current global COVID-19 pandemic pressures on the working environment. Hence, the study will contribute to the scarce knowledge that currently exists on dysfunctional leadership within the Middle Eastern region and will attempt to unveil employees' perceptions of their leaders' behavior and how these experiences affect their career lives. Thirdly, elucidating employees' experiences working under dysfunctional leaders is important because, from a career development perspective, it is critical to understand the challenges facing employees at work so that interventions can be developed. Therefore, this study has practical implications for career development and organizational interventions aimed at creating more effective policies and programs to support employees' careers and well-being. The recommendations and suggestions this study offers are in line with the current Saudi Arabia (2030) Vision that aims to fundamentally reform the Saudi economy and society (Saudi 2030 Vision, 2021), where organizations cannot misdiagnose dysfunctional leaders who could damage organizational productivity and the Kingdom's sustainable economic future. Overall, this paper makes a valuable contribution to theory and practice by understanding dysfunctional leadership and explaining many of the multiple outcomes associated with dysfunctional leaders. It offers directions for future research and provides evidence-based recommendations for policy and practice into developing preventative actions to meet the challenges of dysfunctional leadership.

In the sections that follow, previous research on dysfunctional leadership and behavior is reviewed. Next, the methodology used in this study is discussed. Subsequently, the findings and discussion are presented. Finally, theoretical and practical implications are outlined, and directions for future research are provided.

2. Literature review

2.1 *The conceptualization of dysfunctional leadership*

Leadership is considered one of the most important factors influencing the effectiveness and success of organizations (Abbas *et al.*, 2020a; Bass, 1999; Randel *et al.*, 2018; Yukl, 2012). Yet, over the past decade, several scholars drew our attention to the limitations of positive and effective leadership by highlighting the consequences of negative and ineffective leadership (e.g. Hogan and Kaiser, 2005; Lin *et al.*, 2016; Padilla *et al.*, 2007; Tepper, 2000). Ineffective leadership is frequently referred to as dysfunctional leadership (Rotter, 2017). The concept of dysfunctional leadership behavior has several conceptualizations and numerous descriptions that overlap, and it comes in different forms within the literature, such as petty tyranny (Ashforth, 1994) and bad leadership (Kellerman, 2004). For example, Schmid *et al.*, (2019, p. 1404) conceptualized dysfunctional leadership as leaders "with the primary intention to further the leader's self-interest. Such leaders exploit others by (1) acting egoistically, (2) exerting pressure and manipulating followers, (3) overburdening followers, or, on the other

hand, (4) consistently underchallenging followers, allowing no development.” Similarly, Krasikova *et al.* (2013, p. 1310) defined dysfunctional leadership as:

[...] volitional behaviors by a leader that could harm or were intended to harm a leader’s organization and/or followers by (a) encouraging followers to pursue goals that contravene the legitimate interests of the organization and/or (b) employing a leadership style that involves the use of harmful methods of influence with followers, regardless of justifications for such behavior.

Other scholars also have focused on the notion of harmful behavior caused by leaders, such as Rose *et al.* (2015) and Sutton (2010), who pointed out that a dysfunctional leader is anyone in a position of power and who has direct and frequent contact with subordinates. These leaders are responsible for personally directing and evaluating subordinate work so they can overtly exhibit verbal and nonverbal behavior that impairs the operational function of individuals, teams, and organizations. However, Einarsen *et al.* (2007), in their typology of leadership behavior, assumed that a leader’s behavior is either pro- or anti-organization (e.g. undermines goal attainment, unethical, and corrupt) and either pro- or anti-subordinate in a uniform manner (e.g. undermining the employees’ motivation, well-being, or job satisfaction). This means that not all destructive leaders who are anti-subordinate abuse their subordinates in the same way.

All these descriptions of dysfunctional leadership emphasize harmful methods used by leaders that are embedded in the process of leading (Mackey *et al.*, 2021; Krasikova *et al.*, 2013) to influence their followers. These harmful behaviors may range from low dysfunction behaviors that are annoying (e.g. rude behaviors, unrealistically high or unfair expectations, taking undue credit for work, undermining, marginalizing, or withholding information) to highly dysfunctional behavior that causes trauma (e.g. over-working staff, publicly ridiculing, controlling behaviors, showing disrespect, inappropriately assigning blame, demeaning employee capabilities, insults, abusive language, and physical mistreatment) (Rose *et al.*, 2015). Padilla *et al.* (2007) also highlight that dysfunctional behavior occurs in a continuum that extends from ineffective and incompetent leadership to unethical and evil behaviors. Tepper (2000) points out that harmful behavior of bad leaders can involve three related harms, specifically the hostility for personal gain such as mobilizing employees to pursue personal goals unfairly; conformity related to the application of dysfunctional behavior (e.g. aggressive behaviors); and, indifference concerned the insignificant deference that dysfunctional leaders applied to their employees (e.g. speaking offensively and intentionally causing harm and emphasizing self-interest over the interests of others). The harms from dysfunctional leadership can involve acts of physical force (e.g. throwing objects or slamming a fist on a desk) and passive acts (e.g. failing to protect the subordinates’ welfare or failing to provide a subordinate with important information or feedback) (Einarsen *et al.*, 2007). Dysfunctional leadership is, therefore, a complex phenomenon, and leadership behaviors may be influenced directly or indirectly by several interconnected factors, including personality traits (Hoffman *et al.*, 2011), organizational factors (e.g. size, culture, structure, strength, processes, systems, strategic direction, communication strategies, decision-making, and interpersonal relationships) (Giorgi *et al.*, 2015), and the environmental context that envelops leaders, followers, and their interactions (Padilla *et al.*, 2007).

2.2 Outcomes of dysfunctional leadership

Existing research has shown that dysfunctional leadership adversely affects individuals and their organizations (e.g. Mackey *et al.*, 2019; Krasikova *et al.*, 2013). Several theories and frameworks have informed this literature, for example, social psychological (Mackey *et al.*, 2019) and resource-based theories (McAllister *et al.*, 2018), social exchange theory (Xu *et al.*,

2012), and justice theory (Tepper, 2000). Within management and organizational research, social exchange theory and justice theory have proven especially insightful in studies on the effect of dysfunctional leaders on their subordinates. Social exchange theory explains the relationship between a leader and followers (leader–member exchange) and its adverse effects on the quality of relationships between the two (Othman *et al.*, 2010). It encompasses a series of mutual interactions between leaders and their followers (leader–member exchange) that create a pattern of reciprocal obligation (Cropanzano and Mitchell, 2005; Xu *et al.*, 2012). Over time, the reciprocal relationship generates high-quality relationships such as trust, loyalty, respect, and mutual commitments. Employees who enjoy a higher quality leader–member exchange tend to get more support, access more opportunities, and have better job assignments (Othman *et al.*, 2010; Xu *et al.*, 2012). On the other hand, those employees who are characterized as being in low-quality leader–member exchanges tend to have unpleasant job assignments and have less access to organizational opportunities. Such subordinates usually perceive leaders in low-quality exchange relationships as dysfunctional, as the leader behaves in an abusive way, such as demonstrating unfairness in the treatment of the subordinate (Xu *et al.*, 2012). Hence, social exchange is about weighing up the possible advantages and dangers by subordinates that arise from their relationships with leaders, and when the dangers outweigh the advantages, employees may stop or leave the relationship (Abbas *et al.*, 2020b). When considering justice theory, the individual perceptions of fairness are based on three types: *distributive justice* (perceived fairness of an allocation), *procedural justice* (fairness of the decision-making process), and *interactional justice* (fairness of interpersonal treatment) (Cropanzano and Molina, 2015). These three types of fairness interact dynamically, but interactional justice is more likely related to reactions to the leader, while procedural and distributive justice are more likely related to reactions to the organization (Masterson *et al.*, 2000). For example, when employees are treated fairly, then positive work-related attitudes and behaviors increase (e.g. job satisfaction and commitment); however, when they are mistreated, there are increases in absenteeism, turnover, stress, and retaliatory intentions (Tepper *et al.*, 2006).

Based on leader–member exchange in social exchange theory and justice theory, low-quality leader–member relationships and unfair treatment have negative effects on individuals that could lead to more negative organizational consequences. These outcomes of the dysfunctional leader–member exchange on individuals have been previously identified. For example, Mullen *et al.* (2018) studied the psychological impact of dysfunctional leadership and adopted a quantitative research approach to explore the relationship between bad supervision and employee health and safety outcomes. They concluded that there is a direct negative relationship between dysfunctional leadership and employee psychological health. Dysfunctional leadership has been found to influence employee self-esteem, self-confidence, and feelings of helplessness that could lead to low job satisfaction (Kusy and Holloway, 2009). Pelletier's (2010) study, which examined behavior and rhetoric of leaders, found that 46% of participants reported that bad leaders' behaviors attacked their self-esteem and made them feel devalued or marginalized. Of the total participants, 36% cited their leaders' behaviors as including public humiliation or ridicule. The leader–member exchange theory explained this relationship, demonstrating that employees are more likely to reciprocate negatively to restore the balance if they do not feel valued and or when their self-esteem is attacked by their supervisor (Rafferty and Restubog, 2011; Xu *et al.*, 2012).

Furthermore, dysfunctional leadership contributes to increasing psychological distress in employees, reducing organizational commitment, and increasing tendencies to display revengeful behaviors (Rose *et al.*, 2015). Furthermore, studies have shown there is a link between dysfunctional leadership and anxiety and emotional exhaustion levels. For example, Aryee *et al.* (2008) pointed out that being emotionally exhausted could lead to work burnout.

Hence, emotional exhaustion decreases job satisfaction and performance (Aryee *et al.*, 2008); decreased citizenship behaviors and increased counterproductive work behaviors (Zhang *et al.*, 2019); and increased work–life conflict (Tepper, 2000).

The influence of dysfunctional leadership runs counter to an organization's interests, and ultimately the cost that this incurs has received considerable attention from some scholars over the past decade (e.g. Abalkhail, 2021; Larsson *et al.*, 2012; Pelletier *et al.*, 2019; Trépanier *et al.*, 2019). For example, many studies have found that dysfunctional leadership adversely affects employees' performance and productivity, which is considered an essential element to organizational effectiveness (e.g. Mackey *et al.*, 2019; Tepper *et al.*, 2011). Reducing productivity and lowering performance levels are linked to employees responding to their dysfunctional leaders indirectly by shifting their behavior toward the organizations or other units such as teams (Burton and Hoobler, 2006). Furthermore, studies have shown a direct relation between dysfunctional leadership and employee turnover (Ashforth, 1994; Larsson *et al.*, 2012). Dysfunctional leaders have a severely negative impact on employees' career and health, leading to increased turnover rates, absenteeism, and legal actions (Brandebø *et al.*, 2016), which, as Tepper *et al.* (2006) underscored, could lead to high financial costs for organizations.

Additionally, the literature supports the notion that dysfunctional leadership behaviors damage organizational culture. For example, Starratt and Grandy (2010), in their qualitative study focusing on young workers employed in the service industry in Canada, concluded that bad leadership creates a dysfunctional organizational culture that may include an increasing climate of distrust, disloyalty, low morale among employees, self-interest, and distance. Other studies pointed to similar results where dysfunctional leadership created bad behavior, such as a lack of collaboration, low constructive conflict, providing inaccurate information, leading to an inability to attract qualified and ethical candidates, as well as less employee engagement (Einarsen *et al.*, 2007; Tepper *et al.*, 2017).

Clearly, dysfunctional leadership has a negative effect on employees, which could severely affect an organization's productivity and overall structure. Therefore, based on leader–member exchange theory, there is a direct connection between subordinates' perceptions of dysfunctional leadership and its adverse effects on the quality of relationships between leaders and their employees (Xu *et al.*, 2012). As Padilla *et al.* (2007) highlight, these adverse effects of dysfunctional leadership are not felt or noticed in the short term, but the outcomes are observed over longer timeframes.

3. Methodology

The review of the literature has shown that there is limited qualitative research focusing on the topic of dysfunctional leadership. Therefore, the aim of this study focuses on the lived experiences of an employee exposed to dysfunctional leadership in a healthcare setting in Saudi Arabia.

3.1 The sample

Participants of this study were employees working at healthcare organizations operating in the province of Riyadh in Saudi Arabia. The rationale behind choosing a healthcare organization is that such organizations are facing extreme challenges due to the complexity of modern healthcare (such as rapid changes in technology, shortages in staff, a grown population, risks of having ineffective leaders, and a lack of leadership training) along with the demands from the government agencies to meet changing work requirements (Wramsten *et al.*, 2014). Also, the challenges of the COVID-19 pandemic put the healthcare sector globally in an exceptional situation due to the need to make quick decisions along with working under

extreme pressure (World Bank, 2020). These challenges within healthcare organizations place more pressure on individuals to do more work with fewer resources (Delmatoff and Lazarus, 2014).

As recognized in the management literature, it is difficult to collect data from people who are especially knowledgeable about an area that is sensitive or potentially traumatic (Bernacki and Waldorf, 1981). Therefore, participants were employees working at hospitals operating in the province of Riyadh in Saudi Arabia, and a purpose sample was used to determine the participants. If potential candidates were interested in the study, they were invited to an online instrument for pre-screening. They were asked two questions: (1) Are you able to share your experiences with your leader/manager who displayed dysfunctional/negative/bad behaviors via interviews? If yes, please go to the next question; if no, you may opt out. (2) Are you willing to be interviewed face-to-face, or via Zoom/Skype, or by phone? Sixty-seven participants completed the instrument. Forty-two participants out of the 67 indicated that they had experienced negative behavior from their managers, but they were not interested in participating in the interviews; 25 participants indicated they were experiencing dysfunctional behaviors from their leader and were interested in participating in the interview phase of the study. These participants were working at three hospitals and were contacted for the interviews.

3.2 Data collection

A qualitative research design (Saunders *et al.*, 2019) was adopted to explore and understand the lived experiences of employees who are and have been subject to dysfunctional leadership. Given the purpose of the study, semi-structured, in-depth interviews were used to collect data (Abalkhail, 2017; Kim, 2013). Each interview opened with the primary research question: “What have been the experiences of employees who have been working under dysfunctional leaders?” Then, follow-up questions were asked to explore the direct experience with a harmful leader or prior experiences with the issue of dysfunctional leadership in their hospital, for example:

- (1) Can you describe your experience with your leader at work? How does s/he treat you?
- (2) Have you experienced a leader that displayed negative or dysfunctional behaviors?
- (3) What are behaviors associated with dysfunctional leadership?
- (4) How did the experience of having a dysfunctional leader affect you?
- (5) How did you cope with this experience?

The interviews were conducted with 25 participants either face-to-face at a location outside of the participant’s primary place of employment (based on their preference), or by phone as requested. All participants were ensured of confidentiality, and they were assigned and referred to by numbers to secure their privacy. All interviews were conducted in Arabic or English according to the interviewee’s preference. All interviews were audio-recorded and written notes were taken during interviews, when necessary. Interviews lasted approximately 50–75 min, due to the busy work schedules of the participants. The sample characteristics and demographic details are shown in Table 1.

3.3 Data analysis

Three layers of analysis were undertaken in this study. First, I transcribed the interviews into text as the initial step of data analysis that helps to capture verbal and non-verbal communication such as the volume of speech, emphasis, speed, tone of voice, pauses, interruptions, and intonation (Willig, 2008). The second layer of analysis was translating the

Table 1.
Sample characteristics

| Participant | Age | Gender | Education | Years of experience | Job title/function | Nationality |
|-------------|-----|--------|-----------|---------------------|-------------------------|-------------|
| 1. | 28 | Male | BA | 3 | Coordinator | Jordanian |
| 2. | 44 | Female | MA | 5 | Assistant administrator | Saudi |
| 3. | 39 | Male | MA | 3 | Analyst | Egyptian |
| 4. | 53 | Male | MBBS | 7 | Doctor | Saudi |
| 5. | 44 | Male | MBBS | 6 | Doctor | Egyptian |
| 6. | 43 | Male | MA | 5 | Analyst | Saudi |
| 7. | 29 | Male | BA | 3 | Coordinator | Saudi |
| 8. | 28 | Male | BA | 3 | Office assistant | Jordanian |
| 9. | 39 | Female | MBBS | 3 | Doctor | Egyptian |
| 10. | 37 | Male | MBBS | 4 | Doctor | Saudi |
| 11. | 49 | Male | MBBS | 5 | Doctor | Syrian |
| 12. | 33 | Female | MBBS | 4 | Doctor | Egyptian |
| 13. | 35 | Male | MA | 4 | Analyst | Saudi |
| 14. | 28 | Male | BA | 3 | Office assistant | Egyptian |
| 15. | 42 | Male | BA | 5 | Coordinator | Saudi |
| 16. | 51 | Male | BA | 8 | Assistant administrator | Saudi |
| 17. | 36 | Female | BA | 4 | Assistant administrator | Saudi |
| 18. | 30 | Female | MA | 3 | Analyst | Egyptian |
| 19. | 28 | Male | BA | 3 | Coordinator | Jordanian |
| 20. | 31 | Male | BA | 4 | Assistant administrator | Saudi |
| 21. | 43 | Male | MBBS | 6 | Doctor | Saudi |
| 22. | 54 | Male | MBBS | 8 | Doctor | Saudi |
| 23. | 48 | Female | MA | 9 | Consultant | Saudi |
| 24. | 36 | Female | MA | 3 | Coordinator | Sudanese |
| 25. | 34 | Female | BA | 4 | Assistant administrator | Saudi |

transcribed text from Arabic to English because translation forms part of the process of knowledge production (Abalkhail, 2018). Next, I back-translated transcripts from English to Arabic to establish an equivalence between the two versions (Bryman and Bell, 2007), and this procedure helped me to understand the embedded meaning of the interviewees' perspectives (Abalkhail, 2018). The third layer of analysis was to make sense of the huge amounts of textual data and understand the participants' perceptions by looking at certain themes (King, 2004). To do this, I adopted the data analysis framework developed by Miles and Huberman (1994). It involved three levels of analysis: data reduction, data display, and conclusion drawing and verification. In the first level of analysis, I read and reread each transcript to become familiar with the study data and to develop a general sense of the information. This was done by reducing, organizing, selecting, simplifying, abstracting, and transforming the data that appeared in written field notes or transcriptions (Miles and Huberman, 1994). This process involved interrogating the data for relevant sources that described what participants said about their lived experiences with their dysfunctional leaders. In the second level of analysis, I focused on the systematic patterns, interrelationships, categories, or themes that emerge from the data that did not appear during the initial process of data reduction.

Coding is part of this stage of analysis, in which data is organized and retrieved. It required a system for categorization to mark words or phrases representing similar topics or information with the same label (Miles and Huberman, 1994). For example, words related to dysfunctional behavior (such as *abuse, harm, damage, belittle, degrade, corrupt, hypocritical, controlling, hostile, inadequacy, untrustworthy, aggressive, intimidating, threatening, exclusion, and avoidance*), which I first grouped under the main theme of leaders' *behavior*. After that, I organized the codes into categories and subcodes. For example, themes with similar

meanings such as *harm, damage, aggressive, intimidating, threatening*, and *belittling* were grouped under the subtheme of *abusive* behavior. In other words, the purpose of this stage of coding was to break down information into smaller and more meaningful components (Willig, 2008). The remaining themes were then coded using the same procedures, and a summary table of themes was produced (Tables 2 and 3). In the third level of data analysis, I draw conclusions and verification that involved providing meaning to the analyzed data and assessing their implications and revisiting the data as many times as necessary to cross-check or verify these emergent conclusions (Miles and Huberman, 1994).

To ensure reliable and valid data, this study adopted Guba's and Lincoln's (1994) criteria to ensure reliability and validity using several techniques, including recording, field notes, peer debriefing, back-translation, and consulting a native and bilingual linguist. Detailed interview notes supported the comprehension of the study's context (Abalkhail, 2018). The procedures and decisions made at all steps of the data analysis were systematically documented. In addition, both during the interviews and analysis, care was taken to ensure the focus was on understanding the participants' perspectives (Willig, 2008).

4. Findings

This study's findings consist of two major themes that emerged from the analysis: (1) the behaviors of dysfunctional leaders; and (2) the consequences of dysfunctional leaders' behavior on employees' lives and careers. These results are summarized in Tables 2 and 3. It is important to recognize that the themes and sub-themes presented may at some point overlap, and they are interrelated due to the complexity of the topic. Also, it is interesting to note that although respondents talk about their experiences with their dysfunctional leaders and the negative impact of their behavior, they did not make any reference to any specific factors that may contribute to the development of dysfunctional behavior. This could mean that respondents may find it difficult to pinpoint the causes of such negative behavior due to the complex nature of the dysfunctional leadership phenomenon.

4.1 Dysfunctional leadership behaviors

Participants in this study revealed that their leaders have drivers of dysfunctional behavior that range from general annoyances to more serious actions. However, the four primary dysfunctional behavioral categories were most pronounced in the participants' experiences. These categories are described in Table 2.

4.1.1 Abusive. Respondents stated that they experienced bad supervisors, which created some anxiety and fear at work. Nine respondents reported that their supervisor used abusive language at work. It was evident during the interviews that some respondents felt passionate about their answers, and perhaps even some discomfort in discussing this delicate issue, and this was noted by a heightened emphasis in the respondent's voice expression or adjusting of his or her body language. One participant expressed this view:

Last year, I had a new supervisor who was so keen at the start to have high productivity in the department and to get more work done; however, he always lost his temper and yelled at employees aggressively for any small mistakes [. . .]. For example, not finishing on time or being a little bit late. One day, I was working late on a very difficult project that needed to be finished by 2:00 p.m. the next day. He called me in the morning and started yelling and accusing me of being useless and careless, and I told him that I had finished the work and had worked all night on it [. . .]. He told me it was going be as bad as before and blamed me for his mistake. (Participant 6)

Another respondent declared that her supervisor was taking credit for others' work, and in an abusive and aggressive language, he had said:

Table 2.
Dysfunctional leader's
behaviors

| Theme 1 | Sub-theme | Description |
|--------------------------------------|--------------|--|
| The dysfunctional leader's behaviors | Abusive | <ul style="list-style-type: none">• The use of abusive language• Blames others for their own mistakes• Takes credit for others' work• Public ridicule |
| | Marginalized | <ul style="list-style-type: none">• Exclusion from activities and events relevant to employees' assignments |
| | Favoritism | <ul style="list-style-type: none">• Constantly ignores and downgrades ideas or comments during meetings• Opportunities in the workplace tend to go to the leader's closest or favored employees• The use of words such as and them are part of the leader's language |
| | | <ul style="list-style-type: none">• Leaders promoting another (less-deserving) employee• Leaders act unethically• Rules can be broken through subjective judgment• Discriminated against |
| | Degrading | <ul style="list-style-type: none">• Attacks self-esteem• Devalues work efforts and contributions• Belittles or demeans individuals• Damages employees' self-respect• Ignores employee's personal life |
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In the beginning of my job at the [hospital] about two years ago, my boss appeared to be merely evaluating everything, processes, procedures, and employee performance, but later, I realized that he began to criticize me openly about my performance, knowledge, and sometimes made bad comments about my voice and the way that I speak [...] yet he used my ideas and work as his in a meeting with the board members, and he put his name on my presentation. (Participant 2)

The comments acknowledged that leaders with abusive behaviors who lacked integrity (i.e. blaming others for their own mistakes and taking credit for an employee's work) were recognized by employees as exhibiting harmful behaviors, which impacted their work experiences.

4.1.2 Marginalization. Twelve respondents out of 25 revealed that their leader excluded them from meetings, activities, or events relevant to their work or position in the hospital. One respondent gave an example of this type of social exclusion and said:

My leader at [the hospital] tended to exclude me from attending certain meetings that were very relevant to my assignment. Three months ago, the [hospital] had an event with another organization, and I found out later that my supervisor only invited his "close" employees who are his friends but did not invite me, even though the event was closely related to my work. (Participant 24.)

Another respondent, who had a broad work experience (eight years), and was 51 years of age, expressed his feeling of being excluded. He felt purposely ignored by his boss. This man provided a good example of a leader's bad behavior and revealed:

[...] Being constantly ignored and having my comments downgraded by my boss during meetings with clients or with [colleagues] is so painful, particularly with my long work experience and knowledge of my area [...]. I am shut out from consideration. (Participant 16.)

It is clear from this account that work-related exclusion at work is characterized by participants as harmful behavior by the managers, wherein the managers intentionally excluded and marginalized subordinated employees, and this feeling of being socially excluded causes physical pain.

4.1.3 Favoritism. Almost a quarter of participants confirmed that their supervisors exhibited favoritism when accessing opportunities and resources, such as training, mentoring, promotion, and selections. In the words of one participant:

My supervisor blocked me from getting a promotion as she claimed that other employees performed better than me [...] although she knew very well that these promoted colleagues were taking credit for my ideas and did not work as hard as I do. It is also because these promoted colleagues do whatever the supervisor asks them to do, even if it involves bending or breaking the rules, either to meet hospital objectives, to increase productivity, or for any other reason, without arguing or asking, like me. (Participant 22.)

Similarly, one female consultant, who had an MA degree and four years of work experience at the hospital, noted feeling that she was being discriminated against by her leader, who tended to use the phrase "us and them," by stating:

I work on a project with a team consisting of eight colleagues and I am the only female on the team, and at the end of project, my boss gave me a bad evaluation. When I asked him why, he said: "You have an attitude and you argue so much, which wasted our time to deliver the project on time" [...] and because of this evaluation, I was bypassed for a position [...] due perhaps to my gender or may be to another hidden reason. (Participant 25.)

It is clear from the above comments that leaders discriminated by promoting other, less deserving employees or by using deception to further the leader's agenda. They were unethical and broke the rules through subjective judgment rather than being objective about evaluations, selection, and other issues.

4.1.4 Degradation of employees. This study revealed that eighteen participants experienced harmful behaviors from their leaders degrading to them and attacking their

self-esteem. In other words, employees were feeling a sense of reduced self-worth or feeling less valued. For example, one of the interviewees remarked:

My boss said to me, "You make me so upset with your 'stupid' ideas that will never work." He keeps counting my very small mistakes, such as not using the format of writing he likes or being three minutes late for the meeting [...] and uses them to criticize me in front of others who are not as committed or not efficient or who are simply bad employees. (Participant 18.)

Another participant flagged comments related to how her leader had humiliated and belittled her in front of others:

Yes, my experience was a really tough one, both physically and mentally. A manager that I've worked with for more than three years humiliated me in front of my colleagues by saying over and over, "Is this the best you can do?" This made me think that I was not good for the job [...] he lacks a sense of respect for my personal boundaries, asking me to work longer hours without any consideration for my private life [...] above all, he completely lacks all the traits that define a leader. (Participant 34.)

Dysfunctional leaders damage the self-esteem of employees when they devalue employees' work efforts or contributions or demean them personally. This is because attacking employees' self-esteem can destroy their self-confidence and sense of self-efficacy and damage their careers.

4.2 Effects of dysfunctional leader behaviors on subordinate employees

These study findings revealed that the consequences of dysfunctional leader behaviors on subordinate employees are substantial. Thus, participants provided four interrelated negative consequences of their dysfunctional leaders (the sub-themes in [Table 3](#)).

4.2.1 Intention to leave job. Respondents who experience dysfunctional behavior by their leaders are more likely to think of leaving their work. Indeed, such an experience was expressed by one of the interviewees, who said:

I am thinking of leaving my job and looking for a new job outside [of the hospital]. I do not really feel engaged in the work as I am experiencing an intolerable supervisor who drives me to the edge [...]. He asks me to do tasks, which are outside my area and that I sometimes do not understand, and when I ask him to explain the task, he gets angry and calls me names. (Participant 9.)

Ten participants in this study stated that they experienced anxiety when talking about their dysfunctional leaders. Dysfunctional leaders contribute to the feeling of burnout, as employees face considerable difficulties in performing their duties at the desired levels and achieving their work objectives. Such negative impact was articulated by one participant who stated:

I have worked in the [hospital] for about four years now, but I am leaving my work next month as I can no longer tolerate my supervisor's bad behavior [...]. He was crossing the line. He works around the clock and expects everyone to do the same, and if we don't work 12 or more hours or do not respond to his late messages at night or to his emails during the weekend, he gets very angry and shouts at us in very bad ways [...]. humiliation, ridiculed in front of others [...]. Three of my colleagues already quit working for this [hospital] because of this supervisor. It is a tough situation, working 24-7 without any consideration for our capability or health. (Participant 12.)

In unfavorable organizational conditions, such as having a dysfunctional supervisor, employees' energy tends to become drained, leading them to seek another job. Although some respondents believed they could handle demanding tasks, when faced with humiliation, public ridicule, and being undermined by their leader, they became unhappy and considered leaving their employment.

| Theme 2 | Sub-theme | Description |
|---|---|--|
| Effects of dysfunctional leader behavior on subordinate employees | Intention to leave job | Due to dysfunctional leader behavior, anxiety increases, difficulties in performing duties increase, and energy decreases, which all may lead to leaving the workplace |
| | | • Incapable |
| | | • Worthless |
| | | • Isolated |
| | Reducing commitment psychological and physical well-being | • Difficult to leave job |
| | | • Fear of being laid off |
| | | • Developed a relationship with some influential individuals to access resources |
| | | • Worked with client secretly to seek recognition and gain self-worth |
| | | • High anxiety |
| | | • Fear of speaking |
| | | • Hard to balance life and career |
| | | • Doubting the ability to perform well |
| | | • Illness |
| | | • Lack of sleep |
| | | • Family-work conflict (e.g. less time spent with family, increased anger, and increased arguments) |

Table 3.
Effects of
dysfunctional leaders'
behaviors on
subordinate employees

4.2.2 Work alienation. Another negative outcome of dysfunctional leaders' behavior is that it creates a state of work alienation. Several participants were planning to give up and leave their hospital employment. However, finding another job is not always easy and can be challenging. Therefore, ten of the participants decide to remain in the unhealthy work environment, with little belief in their ongoing ability to contribute to the hospital's goals. One participant provided a good example of the state of powerlessness, by revealing:

Finding a job can be hard [. . .]. Unfortunately, because of this, I have decided to stay and ignore my boss' abusiveness as much as possible and not do any extra work. I do not like it, as I see myself as an active person. I feel bad about myself to be doing the bare minimum and not engaging much [. . .]. It's not comfortable, and yet I fear that my boss will lay me off, as he keeps threatening me. (Participant 21.)

Another participant with an MA degree and four years' experience at the hospital stated that he had been withdrawn from many activities and events due to his manager's harmful behavior. He commented:

Over the last two years or so, my enthusiasm towards my work has decreased [. . .], lost my passion to go to work, as I have become disappointed about my work. I really do not feel like putting my best efforts forward at work. I choose not to be around my manager while working to avoid his bad comments about me or my work, and do not attend any activities with my managers [. . .] sometimes I feel as stranger and wanted to be alone [. . .] do not have the power to take action to change the conditions. (Participant 20.)

What emerges from these accounts is that working under dysfunctional leaders is more difficult for those who find it challenging to leave their hospital employment and look for another job, in addition to not engaging well with work activities and fearing being laid off. This situation creates work alienation in terms of powerlessness, loneliness, and estrangement among respondents. This, in turn, decreases performance and negatively impacts an employee's psychological health (i.e. they feel guilty, develop feelings of low self-worth, estrangement, or disengagement). Indeed, work alienation affects overall happiness and job performance.

4.2.3 Reducing commitment. This study revealed that dysfunctional behavior by supervisors has a negative effect on employees, and this reduces their work commitment. Eight of the participants discussed how they managed to develop separate relationships with influential individuals in other organizations to shield themselves from the dysfunctional influence, get support, and gain access to activities that would develop their skills and make them feel valued and noticed. For example, one respondent described this situation by stating:

I felt marginalized and demotivated by my supervisor for some time, which unfortunately had affected not only the quality of my work but also on reducing attachment to my work [. . .] then I had a chance to have a direct conversation with influential individuals in other organizations and started to build relationships with them to gain knowledge and to engage in activities that could enhance my skill [. . .] of course this was done without my supervisor knowing about it [. . .] I needed to be noticed as a valuable person, [. . .] but I am not sure if this will create a problem for me in the long run [. . .] (Participant 15.)

Similarly, another respondent with nine years' work experience reported her experiences with a dysfunctional leader, where she, as a female, was treated in an unprofessional manner like some others at work and even more than her male colleagues. This behavior by her supervisor created a sense of insecurity, which has affected her commitment to do the work. She said:

[...] Yes, for the last three years, our [hospital] culture has not been very effective due to our negative behavior of my manager, who is, in my view, ineffective, incompetent, and acts unprofessionally. He keeps downgrading my skills and abilities as a female consultant, and he thinks I am not good enough to fill this role like my male colleagues. He was so powerful, and I was not able to stand up to him. His bad personality and constant bad behavior have, unfortunately, made me put less effort and time into my work and work with one of the hospital's clients without him knowing [...]. I do this to prove to myself that my work is valuable or perhaps to exact revenge in my own way? At one point, you just need to do something, but I know it is not the right thing to do. (Participant 23.)

These quotes suggest that when employees are marginalized by their supervisor, have little access to organizational resources, and their needs are not met (e.g. their contributions are not valued), they tend to reduce their organizational commitment by seeking outside resources, even if this is not the proper way to obtain resources or recognition. Interestingly, as noted in the second comment, female employees seem to be more vulnerable as they are mistreated by their supervisor, which affects their self-worth and commitment to work. Nevertheless, women manage to find a way to cope with dysfunctional leaders by working covertly outside their organization to enhance their feelings of self-worth.

4.2.4 Psychological and physical harm. Respondents demonstrated how being marginalized, devalued, belittled, and controlled by their leaders had negatively affected their psychological and physical well-being. Fifteen respondents reported that their supervisors' overemphasis on insignificant and unnecessary details regarding their assignment and treating them negatively had created more distress and exhaustion. One participant commented on this by saying:

As a result of working under a bad supervisor who always threatened and undermined my ability and skills to deliver a good job in the last three years, I was not able to transfer to another department or another location. I was left with high anxiety, depression, a fear of speaking out to provide opinions on any subject, fear of voicing my concerns, and I began doubting my ability to perform well and I feel emotionally exhausted. (Participant 8.)

In the same line, another participant revealed:

As it got too much and was being totally burned out, with no sleep and after my doctor recommended that I distance myself from my bad boss and from the working environment, I eventually took a three months' sick leave [...] after I gained my health back and have realized how much my supervisor behavior affected me, I started to resist my situation by standing up to my boss and refusing to take any additional assignment, and I have learned how to reach out to officials if I needed to complain. (Participant 6.)

From the above comments, it was evident that these employees were experiencing heightened stress due to working long hours, and being undermined and threatened, which created a fear of the supervisors. This can damage the psychological or physical well-being of employees in the long run. However, some employees argued that a person should not be passive in their organizations and further stated that they should actively resist and challenge their situations by standing up for their leaders and reporting the problems to the officials when needed.

What is more worrying is that emotional exhaustion may lead to burnout and damage an employee's family life. Consequentially, this can cause further damage to the employee's psychological and physical health. About a third of the respondents reported that the impact from their dysfunctional leader's negative behaviors did not stop at the workplace but rather moved to their family life to cause more damage. One respondent described this situation by stating:

Being micromanaged and frightened by my supervisor repeatedly had a huge impact on me, which required seeing a therapist for the last six months [...]. Given that my well-being was negatively affected; the extent of this bad experience also impacted on my family life badly [...] for example, I spend more time at work [at the hospital] and not with my family, I get [angered] very easily with my kids, I argue with my wife often [...] and this, in fact, have resulted in serious problems. (Participant 22.)

It is clear from the comments how the effect of the dysfunctional leaders spills over to family life. The family–work conflict increases due to working under a dysfunctional leader because, as coping mechanisms, individuals may involve in inappropriate anger toward family members such as children and spouses. Consequentially, family members also suffer from dysfunctional leadership behaviors.

5. Discussion

The findings of this study show that dysfunctional leadership is a complex phenomenon, where leaders display a number of harmful behaviors that directly or indirectly have serious adverse effects on employees that filters through other areas such as the organizational environment and family life. Dysfunctional behavior by leaders within the healthcare setting involves abuse, marginalization, playing favorites, and degrading others. The abusive behaviors suggest a lack of integrity (e.g. blaming subordinate employees for his or her own mistakes, taking credit for an employee's work, or public ridicule) as well as using abusive language (e.g. yelling, accusing loudly of being useless and careless, or commenting negatively on the way a person talks). These abusive behaviors can be direct or indirect, are considered harmful, and have a more significant impact on employee well-being and career development. This finding is well supported by the studies by [Tepper \(2000\)](#), [Einarsen *et al.* \(2007\)](#), and [Schmid *et al.* \(2019\)](#). Another behavior displayed by dysfunctional leaders is marginalization, in which leaders deliberately ignores and excludes subordinate employees from certain meetings (formal or informal), activities, opportunities, or events relevant to their role at the workplace, which causes a psychological problem such as low self-esteem. This result is consistent with [Pelletier \(2010\)](#).

Furthermore, a behavior displayed by dysfunctional leaders is favoritism, in which leaders promote some employees and not others and by being unethical and breaking the rules through subjective judgment rather than being objective concerning evaluations, selection, and accessing opportunities and resources. Favoritism by leaders and the resultant effect on employees' career development and advancement appears to be findings not widely reported in previous studies. One possible explanation for this situation stems from social exchange theory: leaders are more likely to favor certain employees who are aligned and confirm their views and exclude those who disagree with the leader's view. In other words, employees who have a low-quality leader–member exchange (i.e. the out-group or “them”) tend to have less access to organizational opportunity; whereas those who enjoy a higher quality leader–member exchange (the in-group or “us”) tend to get more access to organizational opportunities and get more support ([Othman *et al.*, 2010](#); [Xu *et al.*, 2012](#)). Hence, from the justice theory perspective, when employees feel that they are treated with injustice in the workplace, they tend to react negatively ([Cropanzano and Molina, 2015](#); [Tepper *et al.*, 2006](#)).

Additionally, leaders display degradation behavior where they devalue employees' work efforts and contributions, which damages the self-esteem of those employees. Attacking the self-esteem of employees may lead to other sub-layers of negative impact, for example, destroying self-confidence and decreasing the sense of self-efficacy, as well as damaging their careers. This finding is in alignment with [Padilla *et al.* \(2007\)](#) and [Rotter \(2017\)](#).

These four dysfunctional behaviors displayed by leaders are interconnected and may at some point often overlap, and the causes of such dysfunctional behavior are diverse (Hoffman *et al.*, 2011; Giorgi *et al.*, 2015; Padilla *et al.*, 2007). However, in this study, the process of developing these dysfunctional behaviors was not clear, yet the exhibited dysfunctional leadership is a complex behavioral phenomenon where the experience of an individual's perception of specific behavior defines the dysfunctional leadership.

In addition, this study provides evidence dysfunctional behaviors of leaders have negative impacts on employees' careers that trickle down to other aspects of their lives. One of these negative effects is that employees consider leaving their jobs once they feel threatened, unsatisfied with their work, and fail to cope with their dysfunctional leader. This situation could have potentially detrimental consequences for healthcare institutions due to low productivity and high turnover rates (showing the loss of workforce talent over time). Several studies support this finding (e.g. McAllister *et al.*, 2018; Pelletier, 2010), yet it does not address the issue that some employees can cope with their dysfunctional leader along with handling and focusing on complex tasks even when faced with humiliation, public ridicule, and being undermined by their leaders. It is only over time that they consider leaving their jobs, after their energy is drained and their self-regulation decreases.

Another effect of dysfunctional leadership behavior on employees is *work alienation*, the detachment from work activities resulting from feeling less secure, less in-control, less capable, and isolated. Dysfunctional leaders frequently use abusive language such as threats and warnings to get things done or else be dismissed from the job; this leaves employees powerless and insecure as they have no other choice other than to follow their leader's order even if the leader is mistaken. The situation can be more challenging for those who find it difficult to leave their hospital employment due to economic or logistic considerations. Consequentially, they must continue to work under a dysfunctional leader who makes their job undesirable and their organization an unwanted place to work, along with not engaging well with work activities and their fear of being laid off. This situation, in turn, decreases employees' involvement in work activities, increases absenteeism, and negatively impacts psychological health (e.g. feeling guilty, feeling low self-worth, self-estranged, disengaged, burnout, or decreasing productivity). This idea echoes justice theory, which points out that individuals experience interactional injustice when their leaders fail to treat them with respect, dignity, and sensitivity reading their personal needs (Tepper, 2000). Indeed, work alienation affects overall organizations as they may suffer a loss of resources due to work alienation among employees, as well as losing their productive performance. The literature on dysfunctional leadership highlights how leaders excluded employees from certain work activities, particularly those who disagree with the leader's view, which causes physical pain (e.g. Lipman-Blumen, 2005; Pelletier, 2010); however, it does not discuss the issues of work alienation as a result of working under dysfunction leader. This finding is, therefore, unique and extends our understanding in this area.

An additional effect of dysfunctional leadership behaviors on employees is reduced commitment. This study reported that when employees experienced dysfunctional behavior by their leader (e.g. excluding, devaluing, and blocking information or resources), they tended to seek help from outside their organization, drawing on other resources such as their personal network to gain knowledge, skills and feel valued. In other words, the effects of a dysfunctional leader have some spillover effect into the employee's life, as they are trying to exact revenge in their own ways through purposefully reducing their commitment and performance in response to dysfunctional leadership. Hence, when relationships between the leader and employees are not in place, and employees are experiencing injustice, they are motivated to retaliate to restore justice perceptions and to reduce undesirable conditions (Tepper, 2000). This result is in accordance with the study by Masterson *et al.* (2000) and Tepper *et al.* (2006). Interestingly, this study found that female employees are more

vulnerable to bullying by male leaders. This can have an adverse effect not only on women's self-worth but also their organizational commitment, citizenship, culture, and productivity. However, it can be argued that abusive behavior is not limited to male leaders toward female employees; it has been reported that some women in senior management do engage in negative behavior toward other females once they feel threatened or intimidated by other successful female subordinates (Abalkhail, 2020). Also, this study reported that women find ways to cope with dysfunctional leaders by working covertly outside their organization to regain their self-worth and be valued. Therefore, this finding is unique to this study.

The final effect of dysfunctional behavior is that leaders impose serious psychological or physical harm on their subordinates due to marginalizing, undervaluing, demeaning, threatening, and controlling them. Examples of these types of harm are lack of sleep, fatigue, loss of concentration, stress, anxiety (e.g. need of security), and being emotionally exhausted. This result suggests that the psychological or physical harm caused by the leader is considered a form of unjust interpersonal treatment that leads to other negative consequences. For example, decreased job satisfaction and increased job withdrawal may eventually lead employees to leave their jobs and negatively impact organizations (e.g. counterproductive work behavior or retaliatory behavior) (Zhang *et al.*, 2019). Another example is that the high level of stress, tension, or exhaustion caused by leaders at work has a cascading effect on employees' families, such as inappropriate anger toward family members (e.g. children and spouses). This means that family members also suffer from the consequences of dysfunctional leadership behavior. This result is consistent with findings reported in the literature and supports the direct negative relationship between dysfunctional leader behavior and employee psychological and physical well-being (Aryee *et al.*, 2008; Pelletier, 2010; Zhang *et al.*, 2019). However, this study provides evidence that when employees cannot deal or cope with their leader and lack emotional management skills, their situations worsen. One explanation is that the negative effect is not limited to the workplace but rather spills over into other aspects of employees' lives. Therefore, this study reported that employees need to actively resist and challenge their leaders' abusive behavior by seeking help from different sources, such as the human resources department.

It is clear that dysfunctional leadership is a complex issue described as having certain behaviors, including abuse, marginalization, playing favorites, and degrading others. A range of adverse effects as a result of this dysfunctional leadership behavior have been described, particularly at the individual employee level, including leaving the job, work alienation (e.g. powerless, disengagement, and insecure), reducing commitment (e.g. reducing productivity and decrease organizational citizenship), and psychological and physical harm (e.g. reduced self-esteem, anxiety, depression, burnout, emotional exhaustion and physical health problems, work-family conflict). These negative consequences tend to transfer into other work areas and domains of individual influence, such as the organization and family. Social exchange theory explains how when there is an unbalanced relationship between employees and leaders, and when reciprocal exchanges are not met, there will be a negative relationship. Where individuals tend to respond to the treatment they continue to receive with similar treatment (Xu *et al.*, 2012). Justice theory confirms that when employees are experiencing injustice by their leader, they tend to retaliate in their own ways (Tepper, 2000). Therefore, failure to detect and address dysfunctional managers, or simply allow dysfunctional to exist, be tolerated, overlooked, or avoided because of convenient returns, may have a long-term effect on both the individual as well as the organization. Goldman (2009) reported that organizations with the characteristics of dysfunctional leadership styles tend to be dysfunctional organizations. Clearly, fixing dysfunctional organizations requires targeting dysfunctional leadership behaviors because such behaviors can be very costly and damaging to organizations and employees.

6. Implications

This research advances knowledge about dysfunctional leader behaviors and offers several important theoretical and practical contributions. On a theoretical level, this study adds to the existing literature on dysfunctional leadership by providing knowledge about different types of behavior dysfunctional leaders demonstrate, including abusive, marginalization, and degrading behaviors. These dysfunctional behaviors have previously been reported (Schmid *et al.*, 2019; Einarsen *et al.*, 2007; Mullen *et al.*, 2018). However, the current study extends previous research by shedding some light on favoritism, where leaders are more likely to favor some individuals over others. Therefore, this specific finding adds to the social-exchange theory where the fundamental premise is that human behavior is an exchange of rewards between a leader and followers (leader–member exchange) (Othman *et al.*, 2010). Employees who have low-quality exchange relationships with leaders and are not in agreement with leader tend to be unfavored and excluded from the leader’s group, and as a result get penalized by not accessing organizational opportunities (e.g. training for career advancement) or informational and emotional support. Also, the finding on favoritism by leaders can further contribute to justice theory, where the individual perceptions of fairness are based on distributive justice, procedural justice, and interactional justice (Cropanzano and Molina, 2015). Therefore, when subordinate employees feel that they are not favored, they often perceive leaders as being discriminative and unjust. The implications of favoritist behaviours by leaders, managers or supervisors have multiple consequences. For example, unfavored employees may react negatively towards their work and their organization (Cropanzano and Molina, 2015; Tepper *et al.*, 2006). The feeling of being unfavored can also create deeper problems such as feelings of low value, emotional exhaustion, less commitment to organizations, and stronger intentions to leave the job. It also promotes mistrust and insecurity within the organizational culture. In this sense, organizations may be at risk when leaders showcase favoritism, as they can lose talents that have been of great asset to organizational development and growth, in addition to a reputational risk for the organization. This finding also contributes to the career literature by highlighting the negative impacts of playing favorites by leaders, supervisors, or managers on the career development of individuals, and as such, suggests that organizations need to ensure that employees are treated fairly.

Another theoretical contribution this study provides is that it adds knowledge about dysfunctional leadership behavior on employees’ well-being and careers. These results are consistent with previous research suggesting that dysfunctional leadership contributed to a severely damaging effect on employees’ professional and personal life (e.g. Einarsen *et al.*, 2007; Mackey *et al.*, 2021; Mullen *et al.*, 2018; Krasikova *et al.*, 2013; Schmid *et al.*, 2019). However, the current study extends the previous research by demonstrating how dysfunctional leaders contribute to work alienation by creating feelings of being insecure, powerless, and self-estranged. Also, this study enhances the findings that over time, dysfunctional leadership effects trickle through to other areas in the employees’ life such as in the organization (e.g. team, organizational culture, loyalty, citizenship, performance, or productivity) and family (e.g. conflict with a spouse or angry at children) who may suffer adverse consequences.

Additionally, the study findings advances our theoretical understanding of how employees who are subject to dysfunctional leadership make sense of and cope with their circumstances. For example, subordinates employees who are affected negatively by their dysfunctional leader but have self-regulation skills and more personal resources (e.g. strong networks) are not passive as they develop a coping mechanism to resist their situations in various ways; such as working covertly outside their organization to regain their self-value and attending professional activities to enhance their career. However, eventually when

employees' energy is drained and self-regulation skills are decreased, they choose to exit their organizations.

On the practical level, this study has practical implications for organizations, leaders, and employees' careers. First, since the most prominent finding is the negative impact of dysfunctional leader behavior on employees' personal and professional life (Mackey *et al.*, 2021; Krasikova *et al.*, 2013; Tepper, 2000; Rose *et al.*, 2015), employees are not always able to confront or counter dysfunctional leadership behavior on their own, and so organizations must take steps to deal with dysfunctional leaders and provide some interventional measures. Lin, Ma, and Johnson (2016) reported that organizations need to be aware of any potential costs of their leaders' negative behavior. Therefore, organizations need to adopt some strategies to reduce leaders' dysfunctional behaviors. These may include the use of a human resources (HR) system and human resources development (HRD) to provide mechanisms for dealing with dysfunctional leaders, to ensure a high level of organizational procedural justice and to ensuring that individuals are protected from any dysfunctional behaviors. For example, HR departments should play an essential role in establishing objective job selection criteria; they can provide mentoring and training to leaders on different skills, including interpersonal relationship skills; they evaluate leaders on a regular basis to ensure that employees are treated well; and they ensure fairness is applied in all decision making (O'Neil *et al.*, 2018).

Also, there is a need for interventions that aim to create a healthy work environment by implementing codes of conduct that clearly explain what dysfunctional behavior means and what the costs of such behavior are on an organization's effectiveness and reputation, employees well-being, as well as the impact it can have on other stakeholders. In other words, it is crucially important that organizations emphasize the effectiveness of positive leadership styles (Abbas *et al.*, 2020b), as this has an impact on employees' career development and career longevity in general. Also, individual employees need to use a range of strategies to deal with dysfunctional leaders. For example, they need to prepare themselves mentally and professionally to take serious measures such as empowering the self and being confident to stand up to leaders and hold them accountable, seeking support from the HR department or leaving the organization, as a last option.

7. Limitations and future research directions

This study fills the gap in the knowledge on dysfunctional leadership within the under-researched area of healthcare sector in the Middle Eastern context. However, despite the contributions, there are some limitations in this study. This study was conducted in three hospitals within a single country which limits the possibility of wider conclusion to other organizational contexts even though the sample was diverse in terms of participant age, gender, education, years of work experiences, position, and nationality. Therefore, and since employees' experience with dysfunctional leadership varies from one setting to another, future research should extend to other institutions in different countries within the Middle Eastern context or other contexts through empirically evaluating the organizational conditions and the consequences of dysfunctional leadership behaviors, not only on the individuals or organizations level but also on the societal level.

As this is a qualitative paper, it will need to be followed by a combination of interviews and surveys using mixed coding approach. These methods can be used to explore in more depth the dysfunctional leadership behaviors. One interesting line of research could be about how both leaders and favored subordinates perceive the notions of favoritism behaviors. However, it can be challenging for leaders, as many of those who engage in favoritism may not view it as unjust. Furthermore, those who engage in such behaviors may simply not be aware of it. Yet, studying the favored employees' perception of

favoritism behaviors can be a valuable future study. Exploring the effects of favoritism on favored employees, and how they feel when their colleagues at work exclude them from their group and networks as a result of being “in-group” and how this exclusion can create higher levels of emotional distress, as well as how they feel when another leader is appointed and they are no longer favored or become an “out-group”, are all areas that will enrich future research.

Another limitation is connected to the scope of the present study, as it did not include strategies for dealing with dysfunctional leadership. Generally, it is not easy to deal with dysfunctional leaders alone without drawing on organizational resources, especially when dealing with powerful leaders whose methods include instilling fear and attempting to weaken others (Kusy and Holloway, 2009; Padilla *et al.*, 2007). Therefore, future research on dysfunctional leaders should focus on creating prevention programs and HR systems to reduce leaders’ damaging impact and support employee well-being. More research is required that examines perceptions as well as exercises based on equity and equality to offer more insights on the procedures of recruitment and career development.

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