

What constitutes toxic leadership?

Thus far in this series, we have examined various leadership styles and their implications for individual leaders, teams and, perhaps most importantly, patient outcomes. Previous articles have explored the challenges leaders face when dealing with staff members who are difficult to manage, and strategies for addressing these issues.

To date, we have not explored the issues which arise when the leader is the problem in their team. What are the warning signs, and can it be remedied? These and other questions surrounding toxic leadership in health and social care will be addressed throughout the forthcoming articles in this series.

We will also explore why toxic leadership seems to be increasingly prevalent, how health and social care leaders can avoid developing toxic traits, and in turn, how to reverse any drift towards toxicity in their leadership practice. Later, we will examine what team members can do if they suspect they are working with a toxic leader or a leader who is at risk of becoming toxic.

What constitutes toxic leadership?

Definitions of toxic leadership are numerous and varied, reflecting the diverse nature of toxic leaders themselves. Like challenging staff, toxic leaders exhibit different behaviours and traits, or similar traits to differing degrees.

Fundamentally, toxic leadership is marked by destructive and disruptive behaviours that negatively affect team members and the wider organisation (Schyns and Schilling, 2013; Cleary et al, 2023). Such leaders wield their authority in a self-serving, narcissistic manner, prioritising personal interests over collective wellbeing and indeed over the wellbeing of patients. This narcissism typically suppresses staff development and stifles team and service growth. Notably, toxic leaders are characteristically ineffective, and their presence is often detrimental to organisations and its expressed outcomes (Padilla et al, 2007; Labrague, 2021).

Milosevic et al (2019) define toxic leadership as inherently destructive, where leaders exert downward influence which compromises staff effectiveness and upward influence to evade accountability. Critically, the most damaging environments arise when the leader is both toxic and incompetent (Milosevic et al, 2019). This may be compounded where the leader's immediate line manager is also toxic, creating a toxic organisation.

However, toxicity represents only one facet of a leader's character that can be injurious to health and social care teams, services, or wider organisations.

Why recognising toxic leadership is vital

For health and social care professionals, the ability to identify toxic leadership is essential, the reasons for this include to:

- Identify it in and intervene early with new leaders.
- Understand why a leader's behaviour is impacting staff, including oneself.
- Inform decisions about joining a team.
- Inform decisions about leaving a team.
- Enable managers to address toxic behaviours in direct reports, i.e. people in leadership positions.
- Be able to recognise toxicity in oneself and to learn to address it.

Indicators of toxic leadership

Classically, toxic leaders are often said to hold unrealistic and fluctuating expectations, insisting on outcomes regardless of contradictory evidence, and frequently changing their stance. Such inconsistency often manifests in claims that staff are failing to meet expectations within prescribed timeframes, even when this is untrue. This can result in bullying behaviour by both the leader and those who imitate their approach (Kurtulmuş, 2020).

Toxic leaders demonstrate little interest in others' views and lack empathy. They reject constructive feedback, hindering their own growth and development. This is linked to a belief in their own infallibility, even when evidence suggests otherwise (Einarsen et al, 2018). As such, they are difficult to manage and can cause a lot of disruption to a team or service in a very short space of time.

Hierarchy is central to toxic leaders, particularly because they sit, or they like to think they sit, at its apex. They use hierarchy to exert control, suppress challenges and ensure only loyal supporters ascend within the structure (von Ungern-Sternberg and Becke-Jakob, 2025). Such leaders favour staff who mirror their attitudes or provide unwavering support and are rarely inclusive of other people. They often target those perceived as different or those who question their authority or the decisions they make. If they are managing team members who are not supporters of the way

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in which they work, they will frequently resort to micromanagement and will use inconsistency to confound and confuse the staff member about what is expected of them and when.

By displaying favouritism and micromanaging others, toxic leaders foster divisions, creating an 'in group' of supporters and an 'out group' labelled as incompetent or adversarial. This dynamic can become entrenched, with the vilification of perceived enemies becoming commonplace. Toxic leadership can spread rapidly through teams and organisations and become part of the accepted culture (Walton, 2023; Coker et al, 2025).

Conversely, those who comply with the leader are rewarded with protection and advancement, but only while they remain loyal. Over time, this loyalty can foster dependency and serves to reinforce the staff member's belief in the toxic leader (Mergen and Ozbilgin, 2021). This creates its own vicious cycle of reinforcement of the behaviours of the toxic leader who both learns to need to be toxic and whose followers learn to thrive as a result of their toxic behaviours.

Importantly, toxic leaders often lack competence, concealing their shortcomings by deflecting blame, ridicule, changing their minds frequently, and criticising others, non-supporters, for minor failings. They use these tactics to assert that others are the source of incompetence (Octavian, 2023). In many cases, toxic managers lack self-confidence, with their behaviours serving as overcompensation for personal inadequacies and as a means of diverting scrutiny away from themselves – sometimes unwittingly. Again, this can be compounded where their line manager reinforces or fails to challenge toxic behaviours. And so, the toxicity within a workplace is perpetuated.

Ultimately, toxic leaders are driven by self-interest, personal advancement, and self-promotion. They are often adept at masking these motives, sometimes appearing, as Arif (2019) notes, like a wolf in sheep's clothing. It is not uncommon for toxic leaders to be witty and charming and to appear to others as self-effacing and even humble.

It is important to note that toxic leaders can display both positive and negative attributes simultaneously (Einarsen et al, 2018). For instance, a leader may articulate a compelling vision for service development, yet employ

harmful methods to pursue it – hence the wolf in sheep's clothing analogy.

Conclusion

This paper has defined toxic leadership and identified its hallmarks. Toxic leaders display behaviours contrary to those of effective leaders, who nurture, develop, and include their teams in service development.

In the next article, we will consider the effects of toxic leadership on health and social care teams and patient outcomes. Later papers will discuss how leaders can assess if their own behaviour is toxic and start to make positive changes, as well as how teams can respond to toxic leadership as a whole. ●

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