

**Toxic directions and their impacts on health organizations**  
**Direções tóxicas e seus impactos nas organizações de saúde**  
**Direcciones tóxicas y sus impactos en las organizaciones de salud**

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**Abstract**

This article intends to open space for future research on the development of more effective leaders in Health Organizations, in the sense that when the health professional realizes that the actions of their leader are abusive, they can signal and even protect themselves from the effects that such actions can affect your performance and organizational well-being. Private health organizations (HO), like all profitable organizations, need to survive in the business world, not only offering quality services, but guaranteeing profits for the functioning of their activities. And in this scenario of great competition, modern questions arise about the possible styles or types of leadership that would be more appropriate to make health organizations achieve their goals, that is, it would be necessary to make organizations achieve their goals that the directions of the Health Organizations apply abusive supervision, because what has been observed, today, is that in the eagerness to earn profits, or to reach their goals, some HO leaders are very inclined to exercise abusive leadership. Therefore, the key point of the research will be to analyze the impacts of an abusive coordination on the performance of health professionals at work with a focus on “service provision”; such a study is of great relevance to the organizational world and, mainly, to health organizations (HO), as these are the main responsible for “excellence in the provision of health services to society”.

**Keywords:** Toxic directions; Health organizations; Health professionals; Quality services.

**Resumo**

Este artigo pretende abrir espaço para futuras pesquisas sobre o desenvolvimento de lideranças mais efetivas nas Organizações de Saúde, no sentido de que quando o profissional de saúde percebe que as ações de seu líder são abusivas pode sinalizar e até mesmo se

proteger dos efeitos que tais ações podem causar no seu desempenho e bem-estar organizacional. As Organizações de saúde (OS) privadas como todas as organizações lucrativas, precisam sobreviver no mundo empresarial, não só oferecendo serviços de qualidade, mas garantindo lucros para o funcionamento de suas atividades. E nesse cenário das grandes concorrências que surgem os questionamentos modernos sobre os possíveis estilos ou tipos de liderança que seriam mais adequados para fazer com que as organizações de saúde atinjam seus objetivos, ou seja, seria necessário para fazer com que as organizações atinjam os seus objetivos que as direções das Organizações de saúde apliquem supervisões abusivas, pois o que se tem observado, atualmente, é que no afã de se auferir lucros, ou atingir suas metas, alguns líderes de OS estão muito tendentes a exercer lideranças abusivas. Sendo assim, o ponto nevrálgico da pesquisa será analisar os impactos de uma coordenação abusiva sobre o desempenho dos profissionais de saúde no trabalho com foco na “prestação de serviço”; tal estudo é de grande relevância para o mundo organizacional e, principalmente, para as organizações de saúde(OS), pois são essas as principais responsáveis pela “excelência da prestação de serviços de saúde para a sociedade”.

**Palavras-chave:** Direções tóxicas; Organizações de saúde; Profissionais de saúde; Serviços de qualidade.

### **Resumen**

Este artículo pretende abrir espacio para futuras investigaciones sobre el desarrollo de líderes más efectivos en las Organizaciones de Salud, en el sentido de que cuando el profesional de la salud se da cuenta de que las acciones de su líder son abusivas, pueden señalar e incluso protegerse de los efectos que tales acciones pueden afectar su desempeño y bienestar organizacional. Las organizaciones privadas de salud (OS), como todas las organizaciones rentables, necesitan sobrevivir en el mundo empresarial, no solo ofreciendo servicios de calidad, sino garantizando ganancias para el funcionamiento de sus actividades. Y en este escenario de gran competencia, surgen interrogantes modernas sobre los posibles estilos o tipos de liderazgo que serían más adecuados para que las organizaciones de salud logren sus metas, es decir, sería necesario hacer que las organizaciones logren sus metas que las direcciones de las Organizaciones de Salud aplican una supervisión abusiva, porque lo que se ha observado, hoy, es que en el afán de obtener ganancias, o alcanzar sus metas, algunos líderes de OS se inclinan mucho a ejercer un liderazgo abusivo. Por tanto, el punto clave de la investigación será analizar los impactos de una coordinación abusiva en el desempeño de los profesionales de la salud en el trabajo con un enfoque de “prestación de servicios”; tal estudio

es de gran relevancia para el mundo organizacional y, principalmente, para las organizaciones de salud (OS), ya que estas son las principales responsables de la “excelencia en la prestación de servicios de salud a la sociedad”.

**Palabras clave:** Direcciones tóxicas; Organizaciones de salud; Profesionales de la salud; Servicios de calidad.

## 1. Introduction

This study will be carried out in a health organization, which is considered a referral hospital. The health organization ranks among the country's private health organizations and like all organizations, it needs to survive in the business world, not only offering quality health services, but guaranteeing profits for the functioning of its activities.

It needs to ensure the proper application of its resources in order to attract patients / users and survive in a capitalist world in which the search for capital is more and more frantic, regardless of the means that must be applied to conquer it, that is, in Machiavelli's words: “The ends justify the means”. And in this scenario of great competition, modern questions arise about the possible styles or types of leadership that would be more appropriate to make organizations reach their goals, that is, it would be necessary to make organizations reach their goals than the directions of hospitals or coordinations apply abusive supervision, because what has been observed today is that in the eagerness to earn profits or achieve their goals, some directors of these organizations have been working on lines of action that tend to exercise abusive leadership.

Thus, the lack of control on the part of the leaders of organizations in the sense of knowing how to tread the path of managing people with a certain ethics, or to be more exact with a certain positive leadership, needs to be investigated.

This lack of tact and skill has led company employees downhill, that is, the abusive behavior of organizational leaders has led to many employees who, pressured by their dependence on work, develop low productivity problems and even serious health-related illnesses. job.

Health organizations to achieve their goals have demanded a lot from their leaders to bring their teams to maximum efficiency and the leadership that is exercised by these leaders does not apply, sometimes in the best ways.

In fact, the abusive leader uses various means to get the subordinate to do what he wants, many even use cheating to reach their targets, use a mask every day, their styles and

behaviors are so flexible that they look like actors in a big theater of operations. For both collaborators, the followers of these leaders need to be aware, as they can be manipulated to the point of reaching their exhaustion. Employees need to be attentive to possible traces of manipulation on the part of the boss, even when they present themselves showing signs of pure naivety, as the background of this can be a bed full of thorns, that is, a big trap. Leaders who highly value their qualities and excel in exacerbated ethics may be just wanting to gain the trust of their followers so that, do what they want and this is what this study is based on, that is, the world of big competitors will always be a great theater in which leaders will use their skills to make their followers reach their established goals, organizations they will always seek this and health organizations are not left out of this scenario, in this case, the health professional is the main agent in this process and that is why he is the main asset within the company (Chiavenato, 1999), as part of it is the task to ensure that health is reestablished with quality and keeps the patient satisfied.

In this sense, they need to be well in their workplace to produce more and better, that is, they need to work with a feeling of satisfaction at work and, also, be careful that they do not suffer from the directions or coordinations of the shift they are on. subordinate. The health professional who currently works in the 21st century, that is, who has the opportunity to witness terrorist attacks, pandemics, natural disasters on a large scale through the media, cannot afford to live in naivete.

The health professional cannot be inattentive to the system in which he is inserted, and especially the leadership that commands him, because the world itself shows him that he must be attentive to everything and everyone. We could mention here several events that punctuated this 21st century, but what can be deduced from all this is that health professionals cannot fail to understand what is happening around them, and leaders cannot fail to hear, because in this way many disastrous events in the workplace can be avoided or detailed.

The perception of health professionals about a private 'OS' about leadership that is abusive can reduce a multitude of problems that may occur within hospitals, such as absenteeism, problems with patient complaints, reduced quality of services provided, other factors more. The holistic perception of the scenario in which the health professional finds himself in the context of which the leadership is submitted to can yield him a lot in terms of protecting his well-being and performance in his workplace, in addition to providing the organization health, also, a better performance among competitors.

In this sense, psychological capital is related to a series of variables related to actions and behaviors linked to work that encompass various forms of performance (Avey, Luthans,

Smith & Palmer, 2010). Further deepening our discussion, more specifically, for health organizations and health professionals, we can conclude that we live in a competitive world where organizations to survive in the market need to earn stratospheric profits and to do so they need to demand more and more of its collaborators so that they reach their objectives. Therefore, private health organizations also need to survive in the market and in the current situation they need to capture more and more financial resources to maintain their activities and to raise financial resources need to serve their patients / clients well, whether due to the low price, the quality of health offered and other variables.

It is at this critical point that the importance of this work arises, because when we discuss performance with a focus on the production of health services, it takes us directly to the main agent acting within this context, which is the health professional, be it doctor or nurse. Thus, as the health professional is one of the main agents in the provision of the service, if the health organization expects this professional to provide a quality service, that is, to perform his / her healing health tasks well, then he / she should feel good in the place of work, it must fit into a satisfactory state of individual psychological capital and must not be oppressed by the management or rather by the leaderships to which it is subordinated.

If the health professional does well in his role and manages to perform his job with well-being, this can generate the competitive differential necessary for health organizations to serve more patients / clients in the market and increase their revenues by generating knowledge with offering humanized care, but for that, hospital directors and shift coordinators / supervisors, that is, leaders need to be well prepared, trained to generate this necessary stimulus so that professionals feel involved in this process of continuous improvement, that is, the health professional needs to realize that his leadership is focused on his well-being so that he develops the necessary motivation to act in caring for patients with competence, that is, improve their performance.

Leadership must be a key factor in the balance of the individual's organization and behavior. However, what is perceived today is that many institutions of health organizations demand from the health professional a certain standard of quality and do not promote the necessary structure so that the professional can develop his work in outpatient models that support him to meet this required level of performance, and this is where our study comes in once more, in order to obtain more prestige in the market, health organizations demand from their leaders, be it the direction of hospitals or coordinators / supervisors postures more rigid and even less inflexible when it comes to improving performance, achieving goals imposed by the market.

In light of this, the direction of hospitals or coordinators / supervisors are beginning to develop ways to make their staff, their team achieve these goals and within these means many of these leaders are lost, that is, they start to move towards what we call Abusive leadership.

This abusive leadership when applied in the hospital environment can be perceived by the health professional in a somewhat late way and when this happens it can generate physical and emotional impacts on the professional, leading him to reduce his working capacity and perhaps at a more punctual end to the development of Bournout Syndrome and, as already mentioned, it can also have disastrous effects for OS, for the health professional and for patients.

According to the International Labor Organization (ILO) and the World Health Organization (WHO), only in the twentieth century, there were several occurrences of repetitive strain injuries, the 21st century is presented by the 8 manifestations of diseases linked to stress, depression, panic, psychological torture and other psychological problems that are intertwined with the new management policies in the work organization (Yokoyama, 2005).

Within a global scenario, it is necessary to emphasize that new leadership criteria have emerged and depending on the type of leadership exercised, it can attract or annihilate any spectrum of success that health organizations may have. There are leaders of all kinds, but toxic and abusive leaders can be one of the most pernicious.

## **2. Methodology**

According to Vergara (2011), this study was “classified as exploratory, as it aims to know the topic through a theoretical survey, the methods used were qualitative and based on bibliographic research, which according to the same author this modality allows the survey of the entire bibliography published, in the form of books, magazines, separate publications and in the written press, concerned with describing the facts.

When developing research work with a focus on leadership, it is necessary to make the objectives clear and well defined and, therefore, issues related to the methodological path to be followed must also be addressed, always with the concern of using methods that make it possible to explore the themes of way that reality is approached as close to reliability. Thus, the results will characterize, mainly, in this type of study, the evaluation of the perception of health professionals, actors in a scenario of provision of health services, about the leaderships

established in their workplaces. It seeks to understand whether this type of leadership, because it is toxic, impacts on its health service provision activities.

According to the proposed objective, this study is characterized by being descriptive. Thus, an exploratory research, according to Marconi & Lakatos (2003), consists essentially of discovering ideas and intuitions, using flexible research methods, which allows the consideration of several aspects of the same phenomenon. In the view of Kerlinger (1980), descriptive research aims to present the characteristics of a situation and verify a hypothesis of a causal relationship between the variables.

### **3. Result and Discussion**

There are several definitions of leadership and even today the definition of the concept is still discussed. In general, Leadership has been one of the most researched subjects within the field of social sciences today (Day & Antonakis, 2012).

According to Jesuino (1999), there are a multitude of definitions about leadership. For Greenberg and Baron (1993) it means the process by which the leader influences the group from the perspective of achieving organizational or group results, that is, the leader with his ability leads his followers to achieve the results of the organization which belong and also makes the group achieve its priorities. For Tannenbaum (1968), leadership is the process through which the leader exercises his interpersonal influence in a given situation and directs through the communication process to the achievement of one or several specific objectives. In this perspective, there must be a great influence and interaction between the leader and his follower.

For Bennis (1996), Leadership is linked to the formal power of a leader under his subordinates, thus not taking into account the existing informal organization. For Livermore (1967), leadership is based on the theory and research of Cultural Intelligence. Cultural intelligence leads us to the domain of different cultures so that we can develop the ideal leadership, or better, effective

Most of the time, what is researched in leadership focuses on aspects of positive and effective leadership and, in this sense, what many call the dark side of leadership or toxic leadership is discarded, which is simply portrayed by lack of leadership (Ashforth, 1994). On the other hand, what is observed is that when studying toxic or destructive leadership, it is possible to determine actions that go beyond the limits, only, of its absence (Tepper, 2000). Research shows that toxic leadership exists in most organizations, and that it is part of the

daily lives of a small portion of workers and that it also indicates that a large part of these abuses are exercised by leaders (Ashforth, 1994).

Modern organizations have grown, evolved in terms of technology, management systems, have become complex, but some have not forgotten their profit philosophies at any price and continue to print management models that use abusive leaders. (Alves, 2017).

In the organizational game, although you are a collaborator, you are also an internal customer who deserves to be treated with dignity (Alves,2004).

Therefore, it is understood that health professionals must be aware of any abusive action by managers responsible for the direction of health organizations and not be oppressed, thus catalyzing problems that can extend beyond the limits of work and one of the first theirs is health.

#### **4. Final Considerations**

In the present research in question, private health organizations in Brazil were selected to carry out the research, and the health professionals indicated are from the staff, in order to promote some significant contributions to the academic area, as they seek create an opening for the discussion about “toxic leadership” in health organizations and, thus, expose to stakeholders the positive and negative factors of toxic leadership exercised by leaders or coordinators / supervisors of health organizations. who will be able to identify whether they are under the leadership of toxic leaders and who can somehow cause serious damage to their health.

This article opens space to contribute to future research and proposals for improvements to the work environment in health organizations and, also, to HO (Health Organizations), which from this study, can be oriented towards the development of policies and programs that aim to develop a more effective leadership and that lead it to reach its market objectives and for managers and coordinators, who can, from this study, seek to meet, in a certain way, the expectations of their health professionals and understand how they are perceived by them and, finally, by all health organizations that seek sustainable development with social justice.



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