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Master of Arts in Organisational Psychology

University of the Witwatersrand



Toxic leadership, psychological capital and individual outcomes

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A research report submitted in partial fulfilment of the requirements for the degree of Masters of Arts by Coursework and Research Report in the field of Organisational Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg on 17 February 2020.

Plagiarism Declaration

I, Kate Crozet, declare that this research project is my own, unaided work. It has not been submitted before for any other degree or for examination at this or any other university.

Signed: 

Date: 17th February 2020

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Abstract

Many studies have investigated the effects of Toxic Leadership (TL) as a form of job stress and have found TL to negatively impact on an employee's wellbeing. The negative effects of TL can manifest in physiological symptoms such as headaches, increased blood pressure and insomnia, as well as in psychological symptoms such as depression, anxiety, and lowered self-esteem. This study aimed to explore TL and its effects on two individual outcomes: physiological wellbeing and psychological wellbeing. Drawing on Lazarus and Folkman's Transactional Model of Stress and Coping and Hobfoll's Conservation of Resources Model, this study also aimed to explore the buffering effect of Psychological Capital (PsyCap) on the relationships between TL and physiological wellbeing and psychological wellbeing.

Participants accessed the survey online, and completed five questionnaires, namely; a Self-Developed Demographic Questionnaire, Schmidt's Toxic Leadership Scale, the Psychological Capital Questionnaire, the Physical Health Questionnaire, and the Hospital Anxiety and Depression Scale. This resulted in a sample of 140 full-time employees from various industries within South Africa.

Results of the study indicated that TL was significantly correlated with both physiological wellbeing and psychological wellbeing, and simple regression analyses revealed that TL led to poorer physiological wellbeing and psychological wellbeing. These findings were supported by previous literature and empirical studies. While PsyCap was found to have a positive effect on both physiological wellbeing and psychological wellbeing, it did not have a moderating effect on the relationships between TL and physiological wellbeing and psychological wellbeing. In addition to these findings, limitations of this study, recommendations and direction for future research on this topic and practical recommendations were discussed.

Keywords: Toxic Leadership, Psychological Capital, Physiological Wellbeing, Psychological Wellbeing, Coping, Stress.

Research Rationale

Research has indicated that toxic leadership (TL) has severe implications for individual wellbeing and that the internal resource of psychological capital (PsyCap) may serve to moderate the negative impact of TL on individual wellbeing (Avey, Reichard, Luthans & Mhatre, 2011; Reed, 2004). There is little empirical research on the effects of TL within South African organisations, as well as little research on the possible benefits of PsyCap in the TL-wellbeing relationship globally, and thus this research may potentially contribute to the lack of research in South Africa. This research thus intends to examine whether PsyCap acts as a moderator between TL and individual wellbeing within a sample of South African employees. This research is important because it is necessary for both individuals and organisations to be aware of the risks posed by experiencing TL, as the effects can be detrimental not only to individual employees but also to the organisation as a whole. It is also important to understand TL in order to manage it and its possible outcomes effectively. It will be useful for individuals and organisations in South Africa to know more about why PsyCap is an effective tool to help individuals deal with a variety of stressors in the workplace, and also how to build those resources in individuals within an organisation. Internal resources (individual traits such as PsyCap) and external resources (such as organisational support) can assist individuals in coping with TL. Given its scope, this research study will not examine external resources and will focus on examining the internal resource of PsyCap as a coping mechanism in the relationship between TL and individual physiological and psychological wellbeing outcomes.

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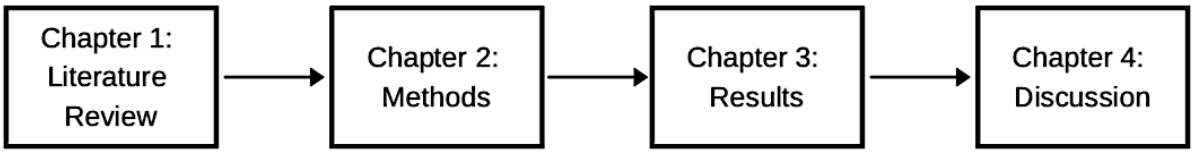
CHAPTER LAYOUT



Chapter 1: Literature Review

This chapter provided an overview of the definitions and theories relating to TL, PsyCap and physiological and psychological wellbeing. The relationships between TL, PsyCap, and physiological and psychological wellbeing were explored through examination of theories and previous research findings. In addition, the negative implications of TL and poor physiological and psychological wellbeing and the positive implications of PsyCap were also discussed.

Chapter 2: Methods

This chapter provided an overview of the methodology employed in this research study. The research aims, questions and hypotheses were formulated. The research design was presented, focusing on the research design type, the sampling frame and the data analyses used. Sample demographics were given. The instruments used, procedure and ethical considerations relating to the present study were described.

Chapter 3: Results

The focus of this chapter was to present the results obtained from the research that was conducted. The descriptive and inferential statistics were outlined in relation to the hypotheses formulated in chapter 2.

Chapter 4: Discussion

Finally, this chapter interpreted the results given in chapter 3. Arguments were presented as to why this study's particular results were obtained, in relation to theories and previous research. Following this, limitations of the study were explored, and recommendations for future research and practice were discussed.

CHAPTER 1: LITERATURE REVIEW

1.1 Introduction

Leadership is one of the most critical elements that contributes to the success of an organisation (Landis, Hill & Harvey, 2014). Leadership can be described as one's ability to use their influence to build and maintain an effective team in order to achieve the goals or vision independently or mutually held by the team, the leader and the organisation (Barker, 1997; Booysen, 2009; Hogan & Hogan, 2001). There is a fundamental difference between leadership and management, although these terms are sometimes used synonymously. Barker (1997) states that this difference lies in leaders' and managers' respective functions within organisations and society. Leaders create change, while managers create stability (Barker, 1997). Booysen (2009) echoes this idea, and states that leaders are the ones who cope with change while managers cope with complexity. Leaders create a vision and inspire their followers to overcome any obstacles in achieving that vision, where managers are tasked with implementing that vision, coordinating people in the organisation and dealing with problems on a daily basis (Booysen, 2009). This distinction is important to differentiate in leadership research.

Leadership within an organisation plays a vital role in helping establish a psychologically healthy workplace. This enables an organisation to be successful, as the interpersonal style of those in leadership positions is a factor that contributes towards the climate and effectiveness of the organisation (Burke, 2017; Reed & Olsen, 2010). However, there can be a dark side to leadership that may lead to the creation of a toxic working environment. Destructive leadership targets the resources and goals of the organisation by unintentionally sabotaging and undermining the effectiveness of the organisation as a whole, as well as the wellbeing and satisfaction of the employees (Einarsen, Aasland & Skogstad, 2007). Toxic Leadership (TL) has been established as a destructive leadership style (Einarsen et al., 2007; Webster, Brough & Daly, 2016).

Various internal resources, such as emotional intelligence and psychological capital (PsyCap) may be utilised by subordinates who experience stress in the workplace as a way of coping in order to ensure that the stress does not have any negative effects on their wellbeing. This literature review thus presented an overview of TL, PsyCap and the individual outcomes of physiological and psychological wellbeing, and utilised Lazarus and Folkman's (1984) Transactional Model of Stress and Coping and Hobfoll's (1989) Conservation of Resources Model as lenses through which the relationships between these different constructs were examined. However, before we can look at how leadership can become toxic, an overview of leadership theories needed to be undertaken, as in order to expand the knowledge on TL, we need to understand and contextualise the study of TL within the broader background of leadership theories in general.

1.2 Background on Leadership Theory

Leadership studies span over more than one hundred years (McClesky, 2014). Earlier leadership theories focused on differentiating between leaders and non-leaders based on their personality characteristics, which led to the generation of trait theories of leadership (Booysen, 2009). These theories were based on the assumption that leaders are born, and sought to establish the different social, personal, physical or intellectual characteristics of an individual that makes them a leader (Landis et al., 2014). Other theorists believed that leaders are made, which led to the emergence of behavioural leadership theories. Studies took place at Ohio State University and the University of Michigan which started examining the behaviours exhibited by those in leadership positions. The Ohio State studies formed two categories that covered majority of leadership behaviours, namely initiating structure and consideration (Booysen, 2009). Initiating structure refers to the extent to which leaders are able to define, structure and organise the roles and tasks of themselves and their employees in order to achieve their goals by emphasising performance standards and meeting deadlines (Booysen, 2009). Consideration refers to the extent to which leaders enjoy cultivating and maintaining relationships with employees at work that are based on mutual trust and respect and a high regard for the feelings of employees (Booysen, 2009). Leaders that were high on consideration were seen as friendly and

approachable, engage with employees on their personal problems and express appreciation for their employees.

Similarly to this, the Michigan University studies also identified two categories of leadership behaviours by relating the various leader behaviours to measures of performance effectiveness (Booysen, 2009). Leaders were seen as being either employee-oriented or production-oriented, however, these studies and further critique of the results suggest that both orientations are important (Booysen, 2009). Leaders who were employee-oriented placed more emphasis on interpersonal relationships, accepted the individual differences within their teams and took an interest in the personal lives of employees, which is similar to the consideration category from the Ohio State studies (Booysen, 2009). Booysen (2009) states that these type of leadership behaviours are associated with a higher level of productivity and job satisfaction for employees. A production orientation sees leaders being more focused on the technical and task aspects of the job with their main concern being that of completing tasks and achieving goals, which is similar to the initiating structure category (Booysen, 2009). Critique of the trait and behavioural theories of leadership state that not only should the focus be on the individual leader, but the situation in which they display leadership behaviours also needs to be taken into consideration (Landis et al., 2014). This led to the emergence of situational and contingency theories of leadership.

Situational theories argue that effective leaders emerge as a result of their interactions with time, circumstance and place (Landis et al., 2014). An example of one of these theories is Hersey and Blanchard's (1969) situational leadership theory. This theory posits that leadership effectiveness and success is achieved by selecting the leadership style that matches the level of readiness of the leader's followers. Follower readiness refers to the extent to which the employees have both the ability and the willingness to complete and succeed in specific tasks (Booysen, 2009). This can also be seen as a contingency theory of leadership, as leader behaviours and effectiveness are dependent on the readiness and maturity of their followers (McClesky, 2012).

Fiedler's (1967) contingency model states that the overall performance of a group depends on the appropriateness of the match between the leadership style and the

extent to which the situation enables the leader to have control (Booysen, 2009). This theory posits that leadership style is fixed, and that once this is established the leader can be matched to the situation. The leadership styles referenced in this theory are task-oriented or relationship-oriented, relating to the categories from the Michigan University studies. These two leadership styles were identified using the least-preferred co-worker (LPC) questionnaire, which asked leaders to describe the co-worker they enjoyed working with the least. If leaders described their LPC in generally favourable and positive terms, then they were classified as relationship-oriented leaders (Booysen, 2009; Fiedler, 1967). Leaders classified as task-oriented described their LPC less favourably. Fiedler's (1967) contingency model also identifies three dimensions upon which leader effectiveness is contingent, namely, the relationships between the leader and team members, the structure of tasks, and the power leaders hold in their position (Booysen, 2009). Since McClesky (2014) states that task-oriented and relationship-oriented leadership styles are dependent and not mutually exclusive, it shows that leaders may display both styles of leadership, which is dependent on the current situation and the alignment of the leader's skills to that situation (Landis et al., 2014). This shows how understandings of leadership were moving away from, but still building on, the traditional trait and behavioural theories towards a more holistic and integrative perspective that accounts for the situation and its impact on leader effectiveness.

The move to examine situational approaches to leadership also led researchers to investigate relationship-based approaches. The Leader-Member Exchange (LMX) theory argues that leaders cultivate special relationships with a select few employees as a result of time-pressures (Graen & Uhl-Bien, 1995). These employees are part of the ingroup and receive more attention from and are trusted by the leader. Employees who are excluded from this form part of the outgroup and they do not get much of the leader's time and their relationship with the leader is mostly based on interactions that are formal. Employees who form part of the ingroup are generally chosen by the leader early on in the group interactions, and are chosen based on characteristics such as personality, attitudes, demographic characteristics or levels of competence (Erdogan & Bauer, 2014). The LMX is induced by rewarding employees in the ingroup and punishing employees in the outgroup, and leaders must invest in the relationships they establish if this exchange it to remain intact (Booysen, 2009). Booysen (2009) states

that employees who form part of the ingroup are more likely to be satisfied with their leader, have higher performance ratings and engage in more positive organisational citizenship behaviours (OCBs). This highlights the benefits of taking a more relationship-based approach to leadership.

Vroom and Yetton's (1973) leader-participation model also emphasised the relationship between a leader and their followers. The model states that the manner in which leaders make decisions is as important as the decision they make, and thus relates leader behaviours and levels of participation to the decision-making process (Booysen, 2009). This model outlines a sequential set of steps that need to be followed when determining how much employees will participate in decision-making and the form of that participation. This lead to five different leadership styles based on seven contingencies that range from the leader being very consultative with employees to the leader being very autocratic in the decision-making process (Vroom & Yetton 1973).

Shortly after the emergence of this theory, leadership started being described as transactional and transformational, moving towards more contemporary theories of leadership. Transactional theories of leadership place emphasis on the exchanges that are made between leaders and employees, which are made to maximise the gains of both the individual and the organisation (McClesky, 2014). The exchanges that take place enable leaders to reach their objectives, complete their tasks and focus on improving the efficiency of the organisation. This, in turn, allows employees to focus on their tasks as they have been given clear objectives, as well as reduces their levels of workplace anxiety and allows them to fulfil their self-interests (McClesky, 2014). Booysen (2009) states that theories like Fiedler's (1967) contingency theory are transactional in nature, as leaders use different leadership styles to direct their employees to goal attainment. While this type of leadership may be effective in achieving organisational goals, it creates short-term relationships between leaders and employees which may not be effective in the long run. Transformational leadership goes one step further than transactional leadership.

Transformational leadership involves leaders displaying four components to varying degrees in order to inspire employees to go above and beyond their own interests for

the good of the organisation (Schlechter, 2009; McClesky, 2014). These four components are idealised influence, inspirational motivation, intellectual stimulation, and individual consideration (Díaz-Sáenz, 2011). Transformational leaders with idealised influence are viewed as role models and are trusted and respected (Díaz-Sáenz, 2011). Transformational leaders have inspirational motivation and are thus able to provide a clear vision for employees and are able to arouse and inspire them to put in extra effort to achieve that vision (Schlechter, 2009; Díaz-Sáenz, 2011). Transformational leaders are also intellectually stimulating, and encourage employees to be enhance their creativity and innovativeness by changing their levels of conscious awareness with respect to the solving of problems (Díaz-Sáenz, 2011; McClesky, 2014). Transformational leaders have a high level of individual consideration, and pay great attention to the needs of employees and help employees develop their strengths and weaknesses (Schlechter, 2009; Díaz-Sáenz, 2011). Díaz-Sáenz (2011) states that transformational leadership has been found to link to manager success and effectiveness, and higher emotional intelligence levels of leaders. The best leaders are both transactional and transformational in style (Schlechter, 2009), as they can ensure that the organisation's goals are being achieved and they can inspire their employees to work hard, grow and gain satisfaction from contributing to that goal achievement.

Other contemporary approaches to leadership include authentic leadership and charismatic leadership theories. Authentic leadership as a phenomenon cannot exist without a leader having authenticity as a leader, which cannot happen if the leader does not have personal authenticity as an individual (Caza & Jackson, 2011). Authenticity refers to both knowing and believing in one's truest self, and acting in accordance with that knowledge and belief (Caza & Jackson, 2011). Authentic leaders are transparent with their employees as they share information and encourage open communication, they foster self-development and a positive ethical workplace climate (Schlechter, 2009; Caza & Jackson, 2011). The outcomes of authentic leadership are positive for both the leader and the employees. Authentic leaders experience improved wellbeing and are more effective in their positions (Caza & Jackson, 2011). Employees led by authentic leaders have a higher level of performance, they work harder and are more satisfied with their jobs (Caza & Jackson, 2011). Avolio, Gardner,

Walumbwa, Luthans and May (2004) state that employees led by authentic leaders have even been found to have higher levels of PsyCap.

The concept of charismatic leadership was first introduced by sociologist Max Weber, and charisma is defined as certain qualities of an individual's personality that attract others, inspire others and set them apart from ordinary people (Conger, 2011; Schlechter, 2009). House's (1977) charismatic leadership theory states that employees observe certain behaviours of charismatic leaders and attribute those behaviours to extraordinary leadership abilities. Charismatic leaders have a strong and appealing vision of the future that inspires employees, are willing to take any risks to attain that vision, are sensitive to the needs of employees, heighten both individual and group senses of self-efficacy, and exhibit unconventional behaviours (Conger, 2011; Schlechter, 2009).

The theorising of the multiple leadership theories previously mentioned, which in general contain positive descriptors, also started to move towards examining the destructive aspects of leadership. For example, however positive charismatic leadership may appear, there is a dark side to this leadership style. The charisma of leaders can very easily become driven by ego, and thus they may not act in the best interests of the organisation in order to further their self-interests for power (Schlechter, 2009). Conger (2011) states that charismatic leaders also may exaggerate their self-descriptions and visions for the future and can thus be misleading. This is a brief example of how leadership can go wrong as charismatic leaders can become toxic.

In conclusion, this section has provided a brief history of leadership theories within organisations describing various leader characteristics, leadership situations and leadership interrelations with their employees. However, as demonstrated through the discussion of the dark side of charismatic leadership, there are instances where leader behaviours can become negative, destructive and problematic. Many of the good traits described above in the different leadership theories are either absent in toxic leaders, or are exacerbated to a pathological level. For example, a toxic leader may not be high on consideration for their employees, they may not be authentic, and their charisma may border on narcissism, showing how a lack of or excess of certain leadership

characteristics and styles can lead to TL. The following sections will define TL and discuss the antecedents to TL, the followers of toxic leaders and the outcomes of TL.

1.3 Defining Toxic Leadership

TL can be defined as the repeated patterns of deliberate, destructive and dysfunctional behaviours expressed by leaders, that lead to employees being mistreated and demeaned over a period of time (Booysen, 2009). Schmidt (2008) gives a working definition of TL that views toxic leaders as those whose emotions and behaviours are unpredictable, have a lack of emotional intelligence, are insensitive towards others, and who make use of negative managerial techniques to influence others. Reed (2004) states that the key elements of a toxic leader include a lack of concern for and neglect of the wellbeing of employees, interpersonal behaviours that are detrimental to the climate of the organisation, and a sense of self-interest that is a main motivator. Toxic leaders will thus work only to promote themselves and their agendas at the expense of their employees, and this is usually done without consideration of the consequences for their employees and the organisation (Steele, 2011). Behaviours of toxic leaders include abusive and foul language, unexplained rages, undermining the work performance of employees, humiliating and criticising employees in front of others, keeping information to themselves, belittling and bullying employees, setting unrealistic work demands and blaming others for their own mistakes (Booysen, 2009; Mathieu, Neumann, Hare & Babiak, 2014; Schmidt, 2008; Steele, 2011). Toxic leaders use fear and intimidation to destroy the morale of individuals, teams and the organisation, as well as destroy the confidence and motivation of employees (Booysen, 2009; Pelletier, 2010).

However, often toxic leaders are not brought to task, as they present two faces to the organisation. Superiors only see an enthusiastic, hardworking, committed and impressive employee that produces results (Reed, 2004). Employees are too scared to broach the subject or complain and view their leader as harsh and destructive in their interactions (Reed, 2004). This results in their toxic effects only becoming evident in the long term, specifically when their employees start to become physiologically or psychologically ill, become increasingly absent, or eventually leave the organisation.

Despite the toxic leader's deplorable behaviours towards employees displayed through a reign of fear and authority, the main aim of toxic leaders is to always get the job done and thus they always look good in the eyes of their superiors. Steele (2011) points out that toxic leaders can sometimes be reinforced within an organisation, as their intense focus on goals and tasks that are attained not through or with, but at the expense of employees, can often lead to an increase in performance. Mehta and Maheshwari (2014) highlight the fact that organisations can become a breeding ground for toxic leaders by providing their own toxins through policies and procedures that are counterproductive, such as goals that are unreasonable and unachievable, blame culture, and an excessive level of competition within the organisation. If an organisation provides the space and opportunity for toxic leaders to behave in toxic ways, and even encourages it, this will then lead the toxic leader to be viewed in a positive light by superiors and they may be promoted to higher levels where they are in a position to negatively affect even more employees.

Toxic leaders have the ability to use and misuse their power to abuse members of the organisation and the organisation itself (Einarsen et al., 2007). Toxic leaders are often accepted and preferred because they are able to produce higher levels of productivity and profits and contribute to an increase in outputs and accelerated growth through their drive for the need for power and self-promotion (Mehta & Maheshwari, 2014). The top management of the organisation encourages these types of leaders because of the excellent outputs they produce. However, these opinions may change later on as the negative effects of the toxic leader's reign start to become evident (Mehta & Maheshwari, 2014). These negative effects include high employee turnover and impacts on the bottom line, which are often only noticed by those in higher management once the damage has been done (Mehta & Maheshwari, 2014).

Padilla, Hogan and Kaiser (2007) and Burke (2017) refer to the toxic triangle of toxic leaders, susceptible followers and an organisational climate that supports TL, all of which need to be present in order for TL to have a negative effect on the employees and the organisation. It is important to understand the essential qualities of a toxic leader, as well as to understand the factors that contribute to TL, so that they can be identified and managed in organisations in order to prevent any negative outcomes for

employees and the organisation. The following section outlines the various facets and clusters of toxic leader behaviours.

1.3.1 Clusters of Toxic Leadership Behaviours

According to Schmidt (2008), TL consists of five main clusters of behaviour; abusive supervision, narcissistic leadership, authoritarian leadership, unpredictability and self-promotion.

1.3.1.1 Abusive Supervision

Abusive supervision has been described as employees' perceptions of the continued expression of both hostile verbal and nonverbal behaviours from leaders that do not go as far as physical contact and are typical of toxic leaders (Bamberger & Bacharach, 2006; Schmidt, 2008; Tepper, 2007). These behaviours are sustained and enduring, and Tepper (2000) states that they are highly likely to continue until the relationship is discontinued by the subordinate or the supervisor, or the supervisor changes their behaviour. Examples of abusive supervisor behaviours include public criticism, angry outbursts, coercion, using employees as scapegoats, belittling employees in order to purposefully hurt their feelings, and the supervisor making use of their authority for personal gain (Bamberger & Bacharach, 2006; Tepper, 2000; Tepper, 2007). Abusive supervision has been found to lead to a decrease in performance, an increase in turnover, an increase in psychological distress (anxiety and diminished self-efficacy) for those experiencing it, a decrease in job satisfaction, increased workplace deviance and has a negative effect on employees' home lives (Mathieu et al., 2014; Schmidt, 2008; Tepper, 2000; Tepper, 2007). Abusive supervision has a stronger impact in organisations that are more mechanistic in nature as the top-down communication and centralised structure allows for more abusive behaviours to go unnoticed and it imbues leaders with greater formal authority which enables them to be abusive if they are so inclined (Martinko, Harvey, Brees & Mackay, 2013).

Martinko et al. (2013) conducted a metareview of abusive supervision research and found that abusive supervision led to an increase in employee aggression and workplace deviance, and led to a decrease in organisational citizenship behaviours

displayed by employees, and a decrease in the performance of employees, showing that abusive supervision can impact the wellbeing of employees and the success of the organisation. A study conducted by Bamberger and Bacharach (2006) found that employees under the management of abusive supervisors were significantly more likely to have drinking problems, showing the extent to which abusive supervision can have a negative effect on employees to the point of substance abuse, which in turn, has negative implications for health and wellbeing.

1.3.1.2 Narcissistic Leadership

Narcissistic leadership is another important dimension of TL. Narcissism is a personality trait that is characterised by a high sense of entitlement, self-absorption and arrogance (Rosenthal & Pittinsky, 2006). Narcissistic leaders are primarily motivated by their own interests and needs for admiration and power and are selfish in their endeavours (Rosenthal & Pittinsky, 2006; Schmidt, 2008). They often have a high need for superiority in order to overcome an underlying feeling of inferiority, and thus ignore suggestions and input of others, blame employees for their own mistakes or shortcomings, and take more credit for their achievements than are due (Rosenthal & Pittinsky, 2006; Schmidt, 2014). The behaviours of narcissistic leaders may also stem from their lack of true self-love and low self-esteem (Lubit, 2004). Rosenthal and Pittinsky (2006) and Lubit (2004) state that a lack of empathy is a key characteristic of a narcissistic leader, as they are guided by their arrogance and self-absorption and do not take the needs and interests of their employees into account. Yet in spite of this, narcissistic individuals have more of a tendency to emerge as leaders, on the one hand because they are charismatic and make very good first impressions. On the other hand, narcissistic individuals emerge as leaders as they are excessively driven to manage others which in turn serves to promote their own image (Ong, Roberts, Arthur, Woodman & Akehurst, 2016). It is vital to note that toxic leaders are blind to their own weaknesses, and are rather inspired by their inflated sense of self-belief and thus feel entitled to treat employees disrespectfully. Although research suggests that toxic leaders may have underlying psychological issues (Mehta & Maheshwari, 2014), due to their positional power within organisations they come across as all-powerful to

employees, who are then too scared or unable to resist them, and can thus be successful leaders in the short-term.

Narcissistic leaders may not necessarily be toxic, as they can also be charismatic, socially skilled, have grand vision, and can be confident, dominant and likeable. This can lead them to being productive and effective leaders, as well as being able to inspire a large number of employees (Ong et al., 2016; Rosenthal & Pittinsky, 2006). However, these positive effects may only be temporary. Ong et al. (2016) conducted a longitudinal study exploring the emergence of narcissistic leaders, and found that even though narcissistic leaders were perceived as favourable and effective when they first emerge, these perceptions changed and even disappeared over time. The narcissistic leader's true colours show after employees and others in the organisation become acquainted with them, and they are perceived as arrogant and boastful (Ong et al., 2016). This study showed that while some narcissistic employees are suitable for emergence as a leader, it does not necessarily mean that they will become effective leaders in the long term.

1.3.1.3 Authoritarian Leadership

Toxic leaders typically adopt an authoritarian leadership style. Leader behaviours that assert authority in order to control followers and demand subordinate obedience and compliance in an unquestioning manner can be viewed as authoritarian leadership styles (Schaubroeck, Shen & Chong, 2017; Schmidt, 2008). If these leader behaviours are linked back to the Ohio State and Michigan University studies, authoritarian leaders would be classified as leaders who are more production-oriented and high on the need for structure and are very low on consideration for their employees. This indicates how TL can manifest as a lack of the good leadership behaviours and traits previously described. Authoritarian leaders dictate procedures, rules, structures and goals to employees, micromanage tasks, and share very little information with employees, all in an effort to exercise control (Kiazad, Restubog, Zagencyk, Kiewitz & Tang, 2010; Schaubroeck et al., 2017; Schmidt, 2008). Authoritarian leaders will also promise employees rewards for complying with the rules and procedures, as well as threatening employees with punishment if they do not obey to the demands of the

leader (Kiazad et al., 2010). An authoritarian leader likes the world to be controlled, and thus fears being out of control, which leads them to take control and become excessively rigid in their behaviours to calm their own fears (Lubit, 2004). Although a toxic leader displays authoritarian leadership behaviours, this is clearly used as a guise for their own subconscious fears and weaknesses. As discussed above relating to narcissistic leadership, in the short-term, toxic leaders are still successful they use control to enforce compliance in employees, thus performing in the eyes of superiors while employees feel the pain. This discussion highlights how authoritarian leadership can be seen as a destructive leadership style, and is thus an important dimension of TL.

1.3.1.4 Unpredictability

Unpredictability in a leader can be seen when they fluctuate between different and many types of behaviours (Schmidt, 2014). Unpredictable negative behaviour can exacerbate the effects of other destructive leadership behaviours, and employees often state that they would rather work for a consistent leader that displayed toxic behaviours than an inconsistent leader who may not be as toxic (Schmidt, 2008). The unpredictable and inconsistent behaviour displayed by leaders can lead to employees feeling angry, fearful, uncertain and resentful (Ashforth, 1994). Hoel, Glasø, Hetland, Cooper and Einarsen (2010) link unpredictable leadership to non-contingent punishment, which is punishment that is given out to employees that is independent of their actions and behaviours, but rather depends on the leader's own whims. This further leads to the establishment of an unpredictable environment in the workplace, which can cause employees to feel stressed, frustrated and helpless (Hoel et al., 2010).

Bernstein (1992) notes that the predictability of the circumstance in which a stressor may occur can also decrease or increase the extent to which the potential stressor is experienced as stressful for an individual. Thus, stress that is more unpredictable (as expressed by the toxic leader's behaviours) can have more of a damaging effect on the individual experiencing it. The predictability of and the amount of control an employee has over the stressor can also affect the individual's perception of whether

they can control the impact of that stressor. In terms of TL, toxic leaders may display a sudden outburst of behaviour that employees did not see coming. Since this behaviour is unpredictable, employees will feel like they are not able to control the stressful impact of that behaviour, which will thus have a negative and damaging impact on the employee.

1.3.1.5 Self-Promotion

Self-promotion refers to the behaviours of leaders that are displayed in order to promote their own interests and maintain a certain positive image to their supervisors, usually at the cost of the interests of their employees (Schmidt, 2008). Self-promotion is used by leaders to either achieve their internal goals, such as an increase in confidence or self-esteem, or their external goals, such as a promotion or improved prestige (Giacalone, 1985). Self-promoting behaviours are displayed by leaders to try and draw attention to their performance and achievements in order to enhance their image, most likely in order to attain a promotion (Dyke, 1991). Giacalone (1985) states that self-promotion is a form of impression management, as those who self-promote are usually looking to gain liking from others. However, Giacalone (1985) goes on to state that this can lead to a form of self-destruction, as the leader's sense of entitlement and constant self-promoting behaviour may actually have the opposite effect and decrease the positive perceptions of that leader.

Self-promotion is linked to narcissistic leadership, as narcissistic leaders will promote themselves in order to gain an advantage over everyone else (Maxwell, 2015). Schmidt (2008) also states that many of the behaviours displayed by abusive supervisors, authoritarian leaders and narcissistic leaders are used by leaders with the intention to promote and maintain their image to their own managers. An example of self-promoting behaviour includes taking credit for employees' work (Schmidt, 2014), which has been identified as a behaviour of a toxic leader (Gallus, Walsh, van Driel, Gouge & Antolic, 2013), and therefore emphasises self-promotion as a key element of TL. Furthermore, Hinds and Steele (2012) explicitly states that toxic leaders are self-promoting, again showing that it is a key element of TL.

1.4 Origins and Antecedents of Toxic Leadership

Toxic leaders do not become toxic overnight. A TL style evolves and emerges over a significant period of time (Mehta & Maheshwari, 2014). There are many factors that can explain from where toxic behaviours originate and how they arise in different contexts. The sections below will outline the individual and the organisational antecedents of TL.

1.4.1 Individual Antecedents

As mentioned, narcissism and self-promotion are driving antecedent individualistic factors that can drive leaders to become toxic. In addition, some leaders have an inherent sense of vulnerability, and any threats to their power or status that they may face can elicit behaviour that is toxic (Mehta & Maheshwari, 2014). As leaders may rise in prominence in their role in an organisation, they may feel a significant amount of pressure to perform and produce excellent results, which may lead them to feel even more vulnerable as their mistakes and errors will also be more prominent (Mehta & Maheshwari, 2014). This can also trigger TL behaviours. Mehta and Maheshwari (2014) state that toxic leaders may become addicted to satisfying the need to have power and authority over others in the workplace, which will only drive them to display more toxic behaviours. Martinko et al. (2013) attribute a lack of emotional intelligence and a history of being undermined in their family life to the emergence of TL behaviours.

1.4.2 Organisational Antecedents

Steele (2011, p.24) states that “toxic people can only thrive in toxic systems”. Certain environmental conditions will more easily facilitate TL, such as an unstable work environment in which the leaders feel threatened or a poor organisational culture (Steele, 2011). The culture of the organisation can serve to promote TL behaviours. For example, the US Army is based on bureaucratic and authoritarian organisational structures which emphasise centralised communication and decision-making, reward employee compliance to policies and procedures, and rely on those procedures

instead of using the innovation of their employees (Aubrey, 2012). Martinko et al. (2013) reviewed the research conducted on abusive supervision and identified that abusive supervision had a stronger impact in organisations with a more mechanistic structure involving centralised communication and hierarchy, as opposed to more organically structured organisations.

The need to perform and succeed can also be powered by a masculine and competitive organisational culture. Matos, O'Neill and Lei (2018) examined the relationship between TL and a 'masculinity contest culture', which refers to an organisational culture that emphasises physical strength and social dominance, avoids weakness and places a disproportionate amount of importance of work over other aspects of life. In work environments dominated by a masculine and competitive culture, mistakes are viewed as irreparable, emotional vulnerability must not be displayed and strength and stamina are required in order to succeed (Matos et al., 2018). Matos et al. (2018) drew upon a sample of 1000 employed Americans and found that a masculine and competitive organisational culture creates an environment where TL can thrive and escalate. This study illustrates how endorsing a culture where employees need to maintain their status at all costs can be an organisational antecedent factor that can lead to the emergence of TL.

In addition to this, leaders who were exposed to higher levels of abusive and toxic behaviours from their own managers are more likely to behave in the same way towards their employees, as the behaviour is promoted by the higher-level managers (Martinko et al., 2013). Leaders are also more prone to displaying toxic behaviours if they experience a high level of stress and conflict in the workplace (Martinko et al., 2013). This again shows how the culture and climate of an organisation has the possibility of breeding toxicity and thus producing toxic leaders. It is thus important to understand from where toxic behaviours originate in order to gain some insight into why toxic leaders manifest. The behaviours of toxic leaders may also stem from their followers (Aubrey, 2012; Steele, 2011).

1.5 Followers of Toxic Leaders

As previously mentioned, one of the three factors that need to exist in order for TL to have a negative impact is that of susceptible followers (Burke, 2017). Reed and Olsen (2010) state that followers of toxic leaders may actually help enable the behaviours displayed by toxic leaders, which will in turn lead the organisation to tolerate, produce and sustain them. Even though followers may enable toxic leaders, they also suffer from the negative consequences of TL (Milosevic, Maric & Loncar, 2019). When employees are working under a toxic leader, they are usually punished for disagreeing with the leader and rewarded for complying and agreeing with the leader (Özer, Ugurluoglu, Kahraman & Avci, 2017). Many employees are able to recognise toxic leaders, and may end up accepting, adulating and possibly supporting them (Mehta & Maheshwari, 2014). Followers of toxic leaders are attracted to the charisma and energy the leader displays (Mehta & Maheshwari, 2014). This can lead to groups or teams within the workplace to be categorised into ingroups and outgroups. According to Tajfel and Turner's (1979; 1986) Social Identity Theory, an ingroup is a social group with which an individual psychologically identifies, while an outgroup is one with which an individual does not identify. Followers of toxic leaders are seen as the ingroup, and may thus be shown favouritism from the toxic leader. Employees who do not follow or support the toxic leader cannot identify with those who do, and thus become the outgroup. Outgroup derogation happens in response to ingroup favouritism (Tajfel & Turner, 1979; 1986), which leads employees in the outgroup to suffer and be victimised at the hands of the toxic leader and their followers, which will make them even more powerless in standing up to the toxic leader.

Lipman-Blumen (2005) states that there are a number of reasons why employees choose to follow toxic leaders. Firstly, an employee may have a strong unconscious psychological need for an authority figure that can provide comfort and safety. Toxic leaders may be viewed as authority figures by employees to replace their parents, and thus can satisfy these deepest longings (Lipman-Blumen, 2005; Mehta & Maheshwari, 2014). Secondly, employees may have an existential search for meaning in their lives which can create anxiety within themselves and leave the employee vulnerable to toxic leaders, as the toxic leader promises to make employees feel safe and give them a sense of significance in their work lives (Lipman-Blumen, 2005). Lastly, employees

can also feel attracted to toxic leaders who can provide order, predictability and control in the uncertain and turbulent world (Lipman-Blumen, 2005; Mehta & Maheshwari, 2014). Toxic leaders may clearly order their followers to rigidly follow the goal path they set out, which may be preferable for those followers who need certainty and who like to be given instructions. Some employees may be fearful of making their own decisions when it comes to their work, and thus will follow a toxic leader who takes control and gives the employee no autonomy. Toxic leaders thus usually exploit their followers by tapping into their followers' needs so that the they can control their followers' behaviours (Özer et al., 2017).

Thomas, Gentzler and Salvatorelli (2017) outline five categories of followers of toxic leaders based on Kelley's (1988) work. The authors posit that these different types of followers have the potential to become toxic themselves as a result of being led by a toxic leader, and refers to this as toxic followership. The first kind of follower mentioned by Thomas et al. (2017) is the effective follower. These types of followers are not prone to TL as they are able to solve problems, manage themselves and be proactive in their work, they are courageous and have a positive energy, which leads them to be able to succeed without a strong leader (Thomas et al., 2017). The next kind of follower is the survivor, who is able to withstand changes and can effectively scan their environment to anticipate change and adapt, but has the potential to influence the leader to act in destructive ways, thus becoming toxic themselves (Thomas et al., 2017). The third kind of follower described by Thomas et al. (2017) is the alienated follower, which refers to the follower who is able to work independently, but has no faith in their leaders and often quietly follow the leader's guidance. Alienated followers are negative and actively search for an audience in order to make sure the leader's work and efforts are undermined. Thomas et al. (2017) refers to the next kind of followers as sheep. Sheep do not like to take responsibility for their work or actions and they are highly dependent on the leader. Followers who are sheep can turn into toxic followers when they act in destructive ways but refuse to take responsibility for their behaviours, and thus demonstrate a lack of concern for those around them (Thomas et al., 2017). The last kind of followers are the yes-men, which are particularly dangerous to an organisation. These followers unquestioningly and blindly follow their toxic leaders and emulate the behaviour, thus becoming toxic themselves. These followers can also see TL behaviours as a means to get ahead in the organisation,

particularly if the behaviour of their toxic leaders is rewarded and encouraged by the organisation itself (Thomas et al., 2017).

In conclusion, while some reasons have been offered above describing why some individuals may prefer to follow the dictates of a toxic leader, often employees have no choice but to follow the toxic leader, as they do not have the strength to stand up to and confront them, and they cannot risk their careers as they believe that the toxic leader will use their force to make the employees colleagues turn against them or to have them outright fired from the organisation (Lipman-Blumen, 2005). The discussion of the followers of toxic leaders has shown how pervasive and influential a toxic leader's actions can be, as they not only prey on the vulnerabilities of their employees, but can actually create and breed toxicity in their followers. This again highlights how important it is to recognise and try to limit the negative effects toxic leaders can have in order to ensure that these behaviours do not transfer onto the other followers and employees within the organisation, who may themselves in the future become leaders and thereby perpetuate the same negative behaviours in a continuing cycle.

1.6 Outcomes of Toxic Leadership

TL can have a number of damaging outcomes for both individuals experiencing it and organisations in which it takes place. The following sections give a brief overview of the detrimental effects of TL.

1.6.1 Individual Outcomes

Regular contact with a toxic leader over a long period of time has been found to cause strain, stress and a lowered wellbeing for those who experience it, as perceptions of mistreatment can lead to negative psychological consequences (Bhandarker & Rai, 2019; Hobman, Restubog & Bordia, 2009). This is especially so for those employees who do not subscribe to the leader's destructive style, as they do not feel able to resist the toxic leader or fight back and thus may be consigned to the toxic leader's outgroup. Schmidt (2008) and Booysen (2009) suggest TL can lead to many negative outcomes for individuals, including decreased employee health, increased employee withdrawal,

absenteeism and turnover, poor performance, and depression and anxiety. Toxic leaders can attack a subordinate's self-esteem, which will lower their confidence in themselves and their levels of self-efficacy and lead to a decrease in their performance (Mehta & Maheshwari, 2014). Bhandarker and Rai (2019) also found that TL can lead to a lowered self-efficacy in individuals, as well as a lowered sense of self-worth.

Destructive leadership styles, which TL is classified as, have been found to positively correlate to negative affectivity, and negatively correlate to positive affectivity (Schyns & Schilling, 2013). The more an individual experiences toxic leadership, the more negative their emotions and feelings become, and the absence of TL experiences results in the absence of those negative emotions. Abusive supervision has been found to be linked to individual outcomes such as a decrease in both life and job satisfaction and psychological distress (Pelletier, 2010). The effects of TL on individual wellbeing are plentiful, and these outcomes will further be discussed in detail in section 1.11.

1.6.2 Organisational Outcomes

Many of the individual outcomes of TL will in turn have a negative effect on the organisation. Poor health and wellbeing of employees in the workplace can lead to a variety of detrimental outcomes, such as increased absenteeism and turnover and a reduction in employee productivity (Danna & Griffin, 1999). TL has been found to negatively impact both job satisfaction and organisational commitment (Mehta & Maheshwari, 2013). Martinko et al. (2013) found that the result of the emotional exhaustion caused by perceptions of abuse from leaders was negatively related to the work performance of those who had experienced the abuse. TL has been found to lead to a decrease in job satisfaction and organisational commitment, and a lack of motivation, as well as an increase in stress levels for employees (Mehta & Maheshwari, 2014). As a result of the lowered self-confidence and self-efficacy of employees caused by TL, employee performance will decrease (Mehta & Maheshwari, 2014). Steele (2011) discusses some outcomes of abusive supervision to be the erosion of trust between leaders and employees, disruption in the communication channels of the organisation, and an overall reduced sense of employee commitment

and retention and organisational effectiveness. Pelletier (2010) found that increased levels of abusive supervision leads to an increase in workplace deviance on the part of employees and an increase in turnover intentions.

Based on the above review in which TL and its outcomes have been described, the present study specifically sought to examine the relationship between TL and individual health outcomes, as well as examine the potential of coping mechanisms for individuals exposed to TL. Although as mentioned there are both individual and organisational outcomes, given the scope of the present study, only individual health outcomes were examined. The theoretical framework and the relationships and variables to be studied within the present study are elaborated upon below.

1.7 Theoretical Framework for the Present Research

This research study adopted the Transactional Model of Stress and Coping proposed by Lazarus and Folkman (1984) and the Conservation of Resources Model by Hobfoll (1989) in order to study the phenomenon of TL. These theories are described below.

1.7.1 The Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping states that when individuals are exposed to a specific stressor, they will engage in an assessment of that stressor, called cognitive appraisal (Lazarus & Folkman, 1984). Cognitive appraisal refers to the evaluative process whereby an individual assesses a situation or event and its different components, with respect to its importance to the individual's wellbeing (Lazarus & Folkman, 1984). Cognitive appraisal involves a primary appraisal and a secondary appraisal. In the primary appraisal stage, an individual can either evaluate the so-called stressor as irrelevant, benign-positive, or stressful, that is, threatening to one's wellbeing. If an event is considered to be irrelevant, an individual views it as having no implications for their wellbeing (Lazarus & Folkman, 1984). A benign-positive outcome is one where an individual appraises the event as preserving or enhancing their wellbeing (Lazarus & Folkman, 1984). Events that are deemed to be stressful include harm or loss to the individual. The stressful event also includes threat, which refer to anticipated harm or loss, and challenge, which refers to the potential for

growth that one can derive when faced with and overcoming or managing a stressor (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) posit that when individuals are faced with threat or challenge, they start to mobilise their coping resources in order to deal with the threat or challenge.

Once a primary appraisal of the situation has been carried out, a secondary appraisal takes place, where individuals evaluate what coping strategies they have available to them and the likelihood that the chosen coping strategy will work as it is supposed to and be effective (Lazarus & Folkman, 1984). It is the interaction of these two stages of appraisal that dictate the degree of stress an individual will experience, as well as the strength of their reactions (Lazarus & Folkman, 1984). In this research study and within the context of this model, the perceived stressor was the experience of TL and the coping mechanism was PsyCap. If an employee perceived TL to be stressful, it was proposed that they may have engaged in coping using PsyCap, which could have had a buffering effect on the employee's physiological and psychological wellbeing.

As the model notes, when individuals are faced with stressors they mobilise coping resources that assist them in coping with the stressor. Coping refers to "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). Coping at the highest level is an adaptive process or response that 'steps in' between the perceived stressor and its physiological or psychological outcomes, and coping at the lowest level refers to the small actions that individuals undertake in order to deal with the perceived stressor (Webster et al., 2016). Internal resources and external resources can assist individuals in coping. Internal resources refer to those that are inherent within an individual, such as personality traits, PsyCap and self-efficacy (Lu & Chen, 1996; van den Heuvel, Demerouti & Bakker, 2014). External resources are those that are available to an individual for them to make use of, such as leader support, social support and organisational support (Lu & Chen, 1996; van den Heuvel et al., 2014). In relation to Lazarus and Folkman's model, Long (1998) states that an individual's physiological and psychological wellbeing will be influenced by the coping resources they make use of when faced with a stressor. In the context of this study, it was hypothesised that a

specific coping resource, that is PsyCap, could be used to deal with TL in order to protect individual physiological and psychological wellbeing.

1.7.2 The Conservation of Resources Model

Conservation of Resources (COR) theory was first introduced by Hobfoll (1989). The basic tenet of COR theory is that individuals "strive to retain, protect, and build resources and that what is threatening to them is the potential or actual loss of those resources" (Hobfoll, 1989, p. 516). According to this model, stress occurs when there is a threat of resource loss, when resources are actually lost, and when resources cannot be gained following considerable effort (Hobfoll, 1989; Hobfoll, Halbesleben, Neveu & Westman, 2018). Based on this, individuals use their resources to firstly respond to stress, but to also build a reservoir of resources that they can employ in the future (Bakker & Derks, 2010). In this case, resources can be tangible objects, personality characteristics, certain conditions, or concepts such as time and knowledge (Hobfoll, 1989). Resources can also be aspects obtained from the external environment, such as support from family, friends and colleagues and the organisation in which one works. Hobfoll (1989) states that there are circumstances in an individual's environment that can threaten or cause a depletion of their resources, and as a result of this individuals employ the resources they may have available to them in order to offset resource loss or to gain resources.

There are four principles under COR theory (Hobfoll et al., 2018). The first principle, primacy of loss, states that the losing of resources is much more noticeable than the gaining of resources. Resource investment is the second principle, and it states that individuals must invest and use their resources in order to prevent resource loss, to recover from any losses that may occur, and to gain resources. The third principle is called the gain paradox, which states that the gaining of resources becomes more important and more noticeable in the context of resource loss. The last principle, desperation principle, states that individuals enter a defensive, aggressive or irrational mode when their resources are exhausted in order to preserve themselves. These principles are key components of COR theory, as they describe the intricacies of resource loss and resource gain. Hobfoll et al. (2018) go on to explain the concept of a resource caravan. These authors explain that resources do not exist on their own,

but rather work together and travel in packs. These resource caravans also require passageways in order to travel, as resources exist in certain environmental conditions that can either foster or inhibit the creation and sustenance of resources (Hobfoll et al., 2018).

In addition to these principles, this theory also explains important corollaries. The first one is that individuals who hold more resources are not as vulnerable to losing those resources, and have a higher ability to gain more resources, while individuals with fewer resources are more vulnerable to resource loss and may not be very capable of gaining resources (Hobfoll et al., 2018). The second is that since resource loss is more salient than resource gain and resource loss leads to stress, when individuals are exposed to stress on a frequent basis they will have fewer resources to offset any losses, and these spirals of loss gain in momentum and magnitude (Bakker & Derks, 2010; Hobfoll et al., 2018). On the converse, the third corollary states that resource gain spirals may also occur, but they will be weak and slow since resource gain is smaller in magnitude and slower than resource loss. These highlight the processes individuals go through when they are trying to cope with stressful events.

It is also important to note that in times of stress, individuals mobilise and use their available resources in order to cope with the stress. Furthermore, it is important to note that if the stressor is particularly difficult and goes on for a long period of time (that is it becomes a chronic as opposed to a short-term acute stressor) then an individual, having to continually be in a state of mobilisation and utilisation of resources, may find that their resources become depleted overtime without them having a chance to gain resources to supplement their resource loss.

In the context of this study, the components of PsyCap are viewed as a resource caravan that employees can use to combat and cope with TL. The following section will offer general definitions of stress followed by a discussion of TL as a stressor within the context of the Lazarus and Folkman's Transactional Model of Stress and Coping. Thereafter, coping will be discussed with special emphasis on PsyCap as a coping resource within the models. Thereafter, outcomes of exposure to TL of physiological and psychological wellbeing will be discussed.

1.8 Toxic Leadership as a Stressor

1.8.1 Defining Stress

Stress is defined by Parumasur and Barkhuizen (2009) as an individual's response to difficult and challenging events, where the event places a demand on the individual. Stress can be seen as a characteristic of the environment that places a demand upon and poses a threat to the individual, and the individual realises that they are not adequately able to cope with this demand. Colligan and Higgins (2006) define stress as the outcome of the interaction between an individual and a demand that is placed on them. Moreover, it is a condition that may arise when an individual encounters a demand, and the demand exceeds the individual's abilities (perceived or actual) to cope with that demand, which ultimately results in their psychological equilibrium being disturbed. Lazarus and Folkman (1984) state that stress can only be experienced by an individual when the situation requires a response that an individual is not able to give because it exceeds the individual's resources. It is evident from these definitions that stress arises when individuals feel they cannot cope with their demands because they are not capable, that is they are lacking in the skills, capabilities or resources that would facilitate or enable their coping.

While, stress can be positive, as it can enable individuals to push through challenging situations and achieve their goals, usually it is perceived of as negative and places a significant burden on an individual (Colligan & Higgins, 2005). Stress can be acute and short-term, where demands and expectations suddenly place pressure on an individual, which leads to their level of arousal being placed above their ability to adapt (Colligan & Higgins, 2005). Acute stress can result in physical symptoms such as back pain, fatigue and an inability to concentrate. Chronic stress is the build-up of acute stress over a longer period of time which becomes persistent, and puts individuals at risk for more serious health implications, such as heart disease and hypertension (Colligan & Higgins, 2005).

Stressors are certain environmental variables that can be perceived as stress inducing (Parumasur & Barkhuizen, 2009). Lazarus and Folkman (1984) distinguish between

three different types of stressors. First are stressors identified as cataclysmic phenomena, which are major changes that affect a large group of people and that are out of anyone's control, such as a natural disaster (Lazarus & Folkman, 1984). Next are stressors that are major changes, but only affect a small group of people. These stressors are out of an individual's control, and include events such as death of a loved one and being laid off from work (Lazarus & Folkman, 1984). These types of stressors are often referred to as life event stressors. Lastly, are stressors called daily hassles. These are the small events that cause irritation and distress within an individual, such as an argument with a spouse or colleague (Lazarus & Folkman, 1984). DeLongis, Lazarus and Folkman (1988) found that an increase in daily hassles tended to be related to a decrease in health and overall mood, while cataclysmic stressors can lead to outcomes that are far more serious such as post-traumatic stress disorder (PTSD), and life events can also lead to more serious outcomes such as physiological illness and more serious psychological suffering such as anxiety and depression.

1.8.2 Workplace Stress and Toxic Leadership

While the previous sections have looked at defining stress in general the following section will look at workplace stress in order to contextualise the variable of interest that is TL within the workplace. Research has indicated that TL is a severe form of stress at work for employees and can have serious implications for individual wellbeing (Gallus et al., 2013; Reed, 2004). Stressors in the workplace are antecedent conditions inherent within a job or organisation that require employees to adapt and respond (Jex & Beehr, 1991). Parumasur and Barkhuizen (2009) note that organisational leadership can be a potential source of stress for individuals, and thus TL can be viewed as a stressor in the workplace. Workplace and job stress has been established as a risk factor for burnout, depression and a lack of wellbeing (Wang et al., 2017; Zagross & Jamileh, 2016). Zagross and Jamileh (2016) conducted a study examining the relationship between TL and job stress in knowledge workers, and found that TL and job stress were significantly positively related, meaning that as levels of TL increased, so did levels of job stress in participants. The study also revealed that the TL behaviours of abusive supervision, authoritarian leadership and unpredictability significantly predicted job stress (Zagross & Jamileh, 2016). This illustrates how TL can be viewed as a stressor in the workplace.

1.9 Coping with Toxic Leadership

In line with Lazarus and Folkman's (1984) definition of coping described above, coping refers to an individual's response that is aimed at reducing the psychological and physical strain associated with stressful life events (Snyder & Dinoff, 1999). Bhandarker and Rai (2019) refer to coping strategies as behaving in a specific way to increase one's efforts in mastering, tolerating, reducing and minimising stressful situations. Snyder and Dinoff (1999) states that a coping strategy's effectiveness depends on whether it is able to reduce distress immediately, as well as whether it can contribute to more positive long-term outcomes such as psychological wellbeing. There are many different ways employees try and cope with TL.

Krischer, Penny and Hunter (2010) identified three different coping styles in relation to TL. Firstly, assertive coping involves direct action whereby employees report their toxic leaders to those in higher positions in the organisation. Secondly, avoidance coping refers to how employees avoid and try to minimise their interactions with their toxic leader, which is done to balance the perceptions of unfairness as a result of TL behaviours. Thirdly, adaptive coping is used by employees when they adapt to the toxic leader or choose to remain silent and ignore the toxic leader's behaviours. Employees often adapt to TL when they fear retaliation and further consequences from the toxic leader (Krischer et al., 2010). Bhandarker and Rai (2019) found that majority of employees employed adaptive coping strategies as they viewed TL as a bad phase which will eventually pass. This was followed by avoidance coping strategies.

Certain characteristics and behaviours might help employees cope with the stress of experiencing TL. In a study conducted on nurses by Li et al. (2017), positive coping strategies utilised by nurses, such as seeking social support, buffered the negative effects of the job stress they experienced at work, while negative coping strategies such as procrastinating contributed to an increase in the negative effects. Webster et al. (2016) state that the ways of coping with TL that were the most frequently given were seeking support from social circles, leaving the organisation, increasing absenteeism by taking leave, engaging in deep thought about the toxic leader, and challenging the toxic leader. Martinko et al. (2013) state that emotional intelligence acted as a buffer between perceptions of abusive supervision and the likelihood that

individuals reacted negatively, and that those with higher levels of emotional intelligence showed lower levels of perceived abusive supervision. This shows that internal resources may be able to combat the destructive effects of TL behaviours. The present study aimed to examine whether PsyCap could be utilised by employees to cope with TL.

1.10 Defining Psychological Capital

There is some research that examines the link between PsyCap and positive aspects of leadership, but there is a dearth of research on the relationship between PsyCap and TL, both internationally and in South Africa. PsyCap has also been identified as an extremely important internal coping resource. PsyCap refers to the positive psychological state of an individual's development that is typified by self-efficacy, hope, optimism and resilience (Luthans, Youssef & Avolio, 2007). PsyCap is a core, higher-order construct which represents the similarities between the four components (Luthans, Norman, Avolio & Avey, 2008).

Avey, Reichard, Luthans and Mhatre (2011) state that these four aspects of PsyCap are "psychological resources" (p. 128), which shows that PsyCap could be useful in helping employees cope with stressors in the workplace. PsyCap has also been found to positively correlate with the psychological wellbeing of employees, again indicating that it may effectively be used to buffer the effects of stressors in the workplace (Avey et al., 2011; Roberts, Scherer & Bowyer, 2011). Having higher levels of PsyCap allow individuals to have more confidence, to have the ability to persevere in their efforts to achieve success and complete their goals and tasks, and to continue working after facing setbacks (Wang et al., 2017). Given that research has indicated that PsyCap may be a successful form of a coping resource for individuals experiencing stress, PsyCap was explored as a potential buffer between TL and wellbeing outcomes within the context of this research. The following sections will discuss the various components of PsyCap, its development and the manner in which it is used as an internal coping resource.

1.10.1 Components of Psychological Capital

Psychological capital consists of a number of components, each of which are outlined and discussed below.

1.10.1.1 Self-efficacy

Self-efficacy is an individual's confidence in their abilities, including their ability to put in the effort to reach their goals and succeed (Luthans et al., 2007). Bandura (1997) posits that individuals who believe they are capable view difficult tasks as challenges instead of threats. Self-efficacy has been linked to various positive individual outcomes, which shows its benefit as a psychological construct. Individuals who possess high levels of self-efficacy are more likely to complete their tasks, as they have an increased sense of effort and perseverance when approaching their goals and tasks (Axtell & Parker, 2003). Stajkovic and Luthans (1998) conducted a meta-analysis and found that there was a significant positive correlation between levels of self-efficacy and job-related performance across 114 studies, showing that an increased sense of self-efficacy leads to an increase in performance. Lee and Ashforth (1990) demonstrated that higher levels of self-efficacy led to lower levels of job burnout. A longitudinal study carried out by Saks (1995) investigated the relationship between training and newcomer adjustment and tested for any moderating and mediating effects of self-efficacy on this relationship. Saks (1995) found that new employees' levels of self-efficacy at the time of entering the organisation predicted their self-rated ability to cope with their jobs a year later. This discussion illustrates the benefits of self-efficacy, and may suggest its worth as a coping resource.

1.10.1.2 Hope

Hope is defined as a positive emotional state which is based on a synergistic sense of success in directing energy towards goals and planning to meet those goals (Snyder, Irving & Anderson, 1991). If an individual has hope, they are able to persevere in the face of challenges and can redirect their actions to achieve their goals (Luthans et al., 2007). In line with the above definition, Luthans, Avey, Avolio and Peterson (2010) refer to hope as involving agency and pathways. Agency refers to the ability and

motivation within an individual to begin work on accomplishing their goals as well as continuing that work, and pathways are the routes to goal accomplishment created by individuals (Luthans et al., 2010).

An individual who is high on hope will continually try and generate pathways in order to accomplish their goals, and will be less likely to perceive any blockages in those pathways as stressful (Luthans et al., 2010; Thomas, 2014). High levels of hope can have a number of positive outcomes for individuals. According to Kwon (2002), individuals with higher levels of hope see an improvement in their physical health, lowers levels of depression, and an improved ability to adjust both psychologically and socially. Peterson and Byron (2008) state that hope scores can be predictive of future job performance, as employees with high levels of hope are more likely to perform well in their jobs. This shows the benefit of hope, and may illustrate why PsyCap can be used as an internal coping resource.

1.10.1.3 Optimism

Luthans et al. (2007) state that optimism reflects an individual's ability to be positive about their success, both in the present and in the future. Individuals who have a high level of optimism use attribution processes to make internal attributions of positive events and external attributions of negative events, and always expect good things to happen (Luthans et al., 2010; Thomas, 2014).

Optimism is also linked to a number of positive individual outcomes. Those higher in optimism experience an enhancement of their physical health and their psychological wellbeing, as well as an increase in positive moods and morale (Peterson, 2000; Scheier & Carver, 1992; Seligman, 2006). When compared to individuals who are less optimistic, individuals who have a high level of optimism are more likely to sustain higher levels of overall wellbeing during stressful times. In a study conducted by Chang, Rand and Strunk (2000), it was found that higher levels of optimism were linked to decreased levels of perceived job stress, as well as a reduction in the risk for experiencing job burnout. Individuals with a high level of PsyCap will have a high level of optimism, and thus this discussion of the outcomes of optimism may suggest that

PsyCap is a useful resource for individuals to drawn upon in order to cope during stressful times.

1.10.1.4 Resilience

Resilience refers to the ability of an individual to both withstand adversity and stress, and to positively adapt and bounce back in a quick and effective manner when faced with problems and challenges, and moving beyond that adversity to achieve success (Luthans et al., 2007; Luthans et al., 2010; Masten & Reed, 2009; Thomas, 2014). Resilient individuals are usually very skillful in solving problems, have a sense of purpose, and are competent and autonomous (Luthans, Luthans & Luthans, 2004). Thomas (2014) points out that it is essential for individuals to be faced with stress and adversity if they are to display or build resilience, and thus it is suggested that resilience is a reactive construct, while self-efficacy, hope and optimism are proactive constructs.

Despite its importance in high stress workplaces, research on resilience and its outcomes in the organisational context has been limited and fragmented (Sutcliffe & Vogus, 2003). However, there is some research available that illustrates the positive outcomes of resilience. Avey, Luthans and Jensen (2009) state that there is a positive link between resilience and levels of organisational commitment, employee performance and job satisfaction. If employees are more resilient, then they are more likely to be committed to their organisation, to perform well and to be satisfied with their jobs. Kumpfer (1999) states that individuals with higher levels of resilience are more optimistic thinkers. Higher levels of resilience also lead to a decrease in levels of psychological distress experienced by individuals, as well as an increase in positive attitudes towards work (Utsey, Giesbrecht, Hook & Stanard, 2008; Youssef & Luthans, 2007). Jackson, Firtko and Edenborough (2007) conducted a review of the literature exploring the use of resilience by nurses as a strategy to cope with adversity in the workplace. They found that resilience may enable nurses to cope with interpersonal problems, resource scarcities and other workplace adversities. Jackson et al. (2007) also suggest that resilience has the potential to lower nurses' vulnerability to adversity in the workplace and improve their wellbeing. Wanberg and Banas (2000) conducted

a longitudinal study examining predictors of employee openness to change within the workplace, and found that resilience lead to a higher level of change acceptance amongst employees. Shin, Taylor and Seo (2012) also examined resilience in relation to workplace change, and found support for the value of resilience as an effective coping resource.

1.10.2 Development of Psychological Capital

There is much debate on the distinction between states and traits in the field of psychology (Allen & Potkay, 1981). States relate to feelings and emotions that are experienced at particular moments in time and are changeable (Allen & Potkay, 1981; Luthans et al., 2010). Traits are constructs such as intelligence, which are rigid, crystallised and not likely to change (Allen & Potkay, 1981; Luthans et al., 2010). Luthans et al. (2010) argue that states and traits fall on a continuum, with the more easily developable states on one extreme and the harder to develop traits on the other extreme. In between these two extremes comes the state like constructs that are more open to development, such as the four components of PsyCap, and then the trait like constructs that are more difficult to change, such as personality (Luthans et al., 2010). While few researchers view PsyCap as a trait that is innate to an individual, most argue that PsyCap is state like in that can it be learned and developed, as it falls in between pure states and trait like constructs on the continuum (Luthans et al., 2010; Thomas, 2014). Luthans et al. (2010) view PsyCap as open to development as it is state like, thereby showing that it can be learnt and built up by employees in order to help them deal with stress. Along with being developable, PsyCap can also be managed and invested in (Luthans et al., 2004).

Luthans, Avey, Avolio, Norman and Combs (2006) created a Psychological Capital Intervention (PCI) to help develop PsyCap, and this intervention has shown preliminary evidence that it is able to increase levels of PsyCap within individuals. Self-efficacy can be improved through task mastery, vicarious modelling, verbal persuasion and arousal. An individual will be able to master a task when they gain experience with that specific task (Bandura, 1997; Odendaal & Roodt, 2009). Being able to persevere through a complex task and succeeding creates a lasting feeling of confidence within

the individual, and thus mastery experiences are powerful approaches used to build confidence (Luthans et al., 2004). Vicarious modelling allows individuals to observe someone else completing the task, which leads the individual to become more confident in that task (Bandura, 1997; Odendaal & Roodt, 2009). Vicarious modelling presents a very practical way of developing PsyCap. If individuals see others who are similar to themselves become successful in what they are doing as a result of putting effort in over time, those individuals are more likely to believe that they too can succeed (Luthans et al., 2004). When an individual is convinced by someone else who is competent, respected and confident that they are capable of being successful, it will lead that individual to feel more confident in their abilities, which refers to verbal persuasion (Luthans et al., 2004; Odendaal & Roodt, 2009). This will also increase the likelihood that greater effort will be sustained in order to complete tasks. Lastly, Odendaal and Roodt (2009) and Bandura (1997) state that arousal leads to an energised state within an individual, which further leads to the individual being driven to complete their tasks. Luthans et al. (2004) argue that having an excellent physical and mental state, which refers to the absence of illness, fatigue, depression and stress, can contribute to an increase in confidence.

The willpower (agency) and the way power (pathways) of the hope dimension of PsyCap can also be developed. The PCI presents three ways to build hope: the designing of goals, the generation of pathways, and the overcoming of any obstacles that may arise (Luthans et al., 2006). Firstly, individuals need to identify goals that are personal, valuable, challenging, specific and concrete, and that once identified, the goals need to be broken down into smaller goals so that the individual can measure their progress and celebrate the small wins (Luthans et al., 2004; Luthans et al., 2006). Secondly, multiple pathways to the goal and the resources needed to reach the goal need to be thought of, even if they seem impractical (Luthans et al., 2006). Lastly, the individual needs to try and consider any potential obstacles or problems that may arise that will block the goal pathway (Luthans et al., 2006). Developing these skills of setting goals and finding ways to achieve them will allow individuals to take ownership of their goals and thus, they will be more hopeful in trying to achieve them. This may also led to a development in self-efficacy levels (Luthans et al., 2006).

Luthans et al. (2004) state that optimism can be developed by identifying beliefs that are self-defeating in nature, evaluating whether or not those beliefs are accurate, and discarding any beliefs that may be dysfunctional and replacing them with more accurate and constructive beliefs. Optimism can also be developed through developing self-efficacy and hope, as having the confidence to foresee and work around negative events through identifying different pathways to success will make individuals more optimistic about their ability to deal with these kinds of situations (Luthans et al., 2006).

Lastly, resilience can be built by identifying setbacks at work, then identifying the reactions to those setbacks, and assessing the setback in terms of what control the individual had over the setback and what options they had for taking action (Luthans et al., 2006). This will allow individuals to avoid any negative thinking traps when they are faced with a setback, as well as to remain calm and focused when faced with stressful situations that can easily become overwhelming (Luthans et al., 2004). Having developed the four dimensions of PsyCap through a variety of different ways, individuals may be able to use PsyCap as an internal resource that can help them cope with stressors in the workplace.

1.10.3 Psychological Capital as an Internal Coping Resource

The above discussion of the components of PsyCap have alluded to the point that PsyCap can be utilised by individuals as an internal coping resource. Avey et al. (2009) suggest that PsyCap may be regarded as one of the critical resources needed for employees to cope with and minimise stress in the workplace, as outlined in Lazarus and Folkman's (1984) model. Avey et al. (2009) investigated whether PsyCap may provide a better understanding of the variation of stress symptoms between employees by collecting data from a large sample of employees across various industries. Avey et al. (2009) found a significant negative relationship between the levels of PsyCap of employees and their perceived symptoms of job stress, meaning that if an employee has higher levels of PsyCap then they will perceive their job to be less stressful, and vice versa. This shows that PsyCap may be a positive resource that is drawn upon to help employees cope with and combat the negative effects of stress.

Along with this, many research studies have demonstrated that PsyCap has effectively been used to buffer the negative effects of various stressors, and can thus be seen as an internal coping resource (Avey et al., 2011; Wang et al., 2017). In a study conducted by Roberts et al. (2011), PsyCap was found to have a buffering effect in the relationship between job stress and incivility, as possessing PsyCap as a coping resource reduced the tendency for individuals to respond to stressful events or circumstances in a manner that is uncivil. Wang et al. (2017) found that manufacturing workers who utilised PsyCap as a positive resource at work had an increase in job performance and satisfaction, and overall wellbeing, as well as allowed the manufacturing workers to decrease their levels of stress and burnout. This study concluded that PsyCap is a positive resource that can be utilised to combat burnout, showing the benefits of PsyCap as an internal coping resource.

In relation to COR theory, Hobfoll et al. (2018) state that resources such as optimism and self-efficacy are highly correlated with each other, and therefore can constitute a resource caravan. Siu (2013) states that if PsyCap is preserved, it will lead to an increase in work-life balance over time. On the other hand, the depletion of PsyCap as a resource led to individuals feeling more vulnerable and distressed when exposed to abusive supervision (Li, Wang, Yang & Liu, 2016). This indicates that PsyCap may be a positive resource for employees experiencing TL.

This research thus posits that employees with a higher level of PsyCap will be better able to cope with the stress of TL as they have larger stores of resources and resource caravans available to them to utilise to resist the stressor, as opposed to those with lower levels of PsyCap. This study therefore aimed to investigate whether PsyCap can be used as an internal coping resource that can buffer the effects of toxic leadership on individual wellbeing, with the latter being conceived as individual outcomes in the form of physiological wellbeing and psychological wellbeing.

1.11 Defining Health and Individual Outcomes

The World Health Organisation (WHO) defines health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

(WHO, 2018). Hallberg and Strandmark (2006) posit that health and ill-health can only be understood when taking a biopsychosocial perspective and looking at the interactions between biological, psychological and social components of health. Health is viewed as a positive resource for everyday life (Hallberg & Strandmark, 2006). Danna and Griffin (1999) describe wellbeing as comprising of the non-work satisfactions, such as family and social life, and work satisfactions, such as pay and the job itself, and the general health of individual. Health is seen as a subcomponent of wellbeing, and relates to the combination of psychological indicators, such as anxiety, and the physiological indicators, such as heart conditions (Danna & Griffin, 1999). Parumasur and Barkhuizen (2009) state that there are both physiological and psychological health consequences of stress. Danna and Griffin (1999) state that workplace aggression and dysfunctional behaviours pose a threat to employee health and wellbeing. The nature of working relationships between leaders and their employees can be seen as a stressor and can thus also affect employee health and wellbeing (Danna & Griffin, 1999).

As mentioned in section 1.6 of TL outcomes, TL can have a number of negative health outcomes for both the individual and the organisation and signs and symptoms of job stress can manifest both physiologically and psychologically. Given the limited scope of the current research, the focus on health outcomes will be restricted to individual outcomes namely: physiological wellbeing and psychological wellbeing.

1.11.1 Physiological Wellbeing

Physiological wellbeing is another term used in literature to denote physical health. Physical health refers to the condition of an individual's body, taking into consideration contributors such as fitness level and the absence of disease (European Patients' Union, 2015). Physiological wellbeing can be influenced by lifestyle, genetics and the environment. Physiological consequences of stress, for example, include headaches and increased blood pressure in the short-term and heart disease in the long-term (Parumasur & Barkhuizen, 2009).

1.11.2 Psychological Wellbeing

Psychological wellbeing denotes mental health. Mental health can be defined as a dynamic state of wellbeing where individuals can realise their abilities, cope with life stresses and adverse events, maintain productivity and contribute to society (Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015). Ryff and Singer (2008) note that there are six dimensions of psychological wellbeing; purpose in life, environmental mastery, positive relationships, personal growth, autonomy, and self-acceptance. Psychological consequences of stress include anger and feelings of not being able to cope with the stress, as well as more serious effects such as anxiety disorders, depression, and PTSD (Parumasur & Barkhuizen, 2009).

1.11.3 Toxic Leadership and Physiological Wellbeing

Physiological wellbeing is one of the most examined outcomes of TL (Schyns & Schilling, 2013). A dysfunctional leader can make employees sick by causing them unnecessary stress by engaging in toxic leadership behaviours (Danna & Griffin, 1999), showing that being led by a toxic leader may affect an employee's physiological wellbeing. Colligan and Higgins (2005) state that employees who experience chronic work stress have been found to develop hypertension, diabetes, and increased cholesterol levels thus showing the effects on physiological wellbeing.

In a study investigating the relationship between job stress and TL conducted by Zagross and Jamileh (2016), job stress manifested in physiological symptoms. Physiological symptoms included headache, a rise in blood pressure and an increased risk for heart disease (Zagross & Jamileh, 2016). Webster et al. (2016) investigated followers' common responses to TL and found that many physical health issues were reported as consequences of experiencing TL that impacted on wellbeing. The physiological symptoms reported were hair loss, headaches and insomnia. This shows the drastic and detrimental effects experiencing TL can have on an individual, and highlights the importance of trying to manage TL in order to reduce its negative outcomes.

1.11.4 Toxic Leadership and Psychological Wellbeing

Psychological wellbeing is another of the most examined outcomes of TL (Schyns & Schilling, 2013). Abusive supervisory behaviours were found to have a severe impact of the wellbeing of employees who experienced abusive supervision. Employees who viewed themselves as victims of abuse experienced stress and emotional exhaustion, and employees who reported higher levels of abusive supervision also reported higher levels of burnout (Martinko et al., 2013). Other detrimental psychological outcomes of abusive supervision include an emotional labour burden and detachment from work. Zagross and Jamileh (2016) found that psychological consequences of job stress included problems with emotion and cognition, depression and anxiety, and isolation. Since job stress was positively related to TL (Zagross & Jamileh, 2016), it can be said that TL may also result in similar outcomes.

Examination of research has shown that many behaviours that are identified as workplace bullying are also identified as behaviours of TL. Hallberg and Strandmark (2006) found that workplace bullying, which is a form of counterproductive workplace behaviour, increased the ill-health of employees, as they experienced both psychosomatic and psychological stress symptoms, such as PTSD and anxiety. This study also found that experiencing workplace bullying left the victims feeling shameful and marked for life, which lowered their levels of self-esteem (Hallberg & Strandmark, 2006).

Webster et al. (2016) investigated followers' common responses to TL and found that many instances of psychological distress were reported as a consequence of experiencing TL that impacted on wellbeing. Psychological distress refers to an emotional condition that causes individuals to have negative perceptions of themselves, others and their environment (Bhandarker & Rai, 2019). Experiencing psychological distress led individuals to feel tense, worthless and irritable and caused them to be withdrawn from their job and the organisation. This further led to feelings of depression and anxiety, and individuals started to feel detached from themselves (Bhandarker & Rai, 2019). Other psychological effects included high levels of stress, lack of trust, and feelings of fear and self-doubt (Webster et al., 2016). These negative consequences led to individuals being very vulnerable which lowers their level of

emotional hardiness and they thus cannot cope with stressors as effectively, according to Bhandarker and Rai (2019).

1.12 Conclusion

It is very clear that job stress in general and the specific job stress of TL can have extremely detrimental effects on those who experience it, with depression and anxiety, and headaches and increased blood pressure being the most prevalent psychological and physiological responses respectively. It is therefore crucial that the effects of toxic leadership are understood and managed for the sake of employees' wellbeing and organisations' wellbeing as a whole.

Based on the review of the literature, it appears that TL can have severe detrimental effects for organisations, but more importantly for individuals in the form of poor physiological and psychological wellbeing. The research also indicates that PsyCap can be used as an internal coping resource that may help individuals deal with and mitigate the effects of stressors like TL. Following this literature review, this present research intends to examine whether TL has a negative impact on physiological and psychological wellbeing, and if PsyCap can buffer this impact, while utilising Lazarus and Folkman's (1984) Transactional Model and Stress and Coping and Hobfoll's (1989) Conservation of Resources Model as theoretical frameworks. The following chapters outline the research questions, hypotheses, research design, research paradigm and research methods that were utilised to examine the variables and their relationships as outlined in the present chapter.

CHAPTER 2: METHODS

2.1 Introduction

This chapter gives an overview of the methodology used for this research study. Firstly, the research aims, questions and hypotheses are outlined. Next, the research design, research paradigm and sample and sampling frame are discussed. This is followed by an overview of the instruments used, the procedure that was followed and the data analysis techniques that were utilised in order to answer the research questions. The chapter concludes with a discussion of the ethical considerations pertaining to this study.

2.2 Research Aims

This research aimed to explore the effects of TL on individual physiological and psychological wellbeing, and to establish whether PsyCap can act as a positive resource that buffers the negative effects of toxic leadership on individual wellbeing. The research questions and hypotheses are outlined below.

2.3 Research Questions

1) Is there a relationship between TL and physiological wellbeing?

2) Is there a relationship between TL and psychological wellbeing?

3) Does PsyCap moderate the relationship between TL and physiological wellbeing?

4) Does PsyCap moderate the relationship between TL and psychological wellbeing?

2.4 Research Hypotheses

1) Employees who experience greater degrees of TL will have poorer physiological wellbeing.

2) Employees who experience greater degrees of TL will have poorer psychological wellbeing.

3) PsyCap will buffer the relationship between TL and physiological wellbeing.

4) PsyCap will buffer the relationship between TL and psychological wellbeing.

2.5 Research Design

The research design of this study was classified as non-experimental, correlational and cross-sectional in nature. It was classified as non-experimental as there was no manipulation of the independent variables, there was no control group and there was no random assignment, which means causal relationships could not be investigated (Salkind, 2012). Although a non-experimental design limits the ability for causal inferences to be made, it was deemed appropriate as it is most commonly used to determine the existence and nature of relationships between variables (Tredoux & Smith, 2006). Correlational research is also used to establish the existence and nature of the relationship between variables and does so without attempting to control or manipulate the variables in the study and was thus deemed appropriate in this case. (Gravetter & Forzano, 2018). This study was also a cross-sectional study, as data were collected at a single point in time. This study was further described as an ex-post facto design, as employees' experiences of TL were already existing within the sample, as well as a between-subjects design, as participants were compared to one another.

2.6 Research Paradigm

The research paradigms followed in this study were positivist and explanatory paradigms. A positivist paradigm adopts a quantitative and deductive approach and focuses on empirical observation and measurement, hypothesis testing and objectivity (Rehman & Alharthi, 2016; Wahyuni, 2012). An explanatory research framework is used when there is little research on a topic and involves using various theories from the available literature to derive and test hypotheses (White & Roth, 2009). There has been a dearth of research on TL in general in South Africa, as well as TL in relation to PsyCap and physiological and psychological wellbeing, and thus positivist and exploratory paradigms were deemed appropriate.

2.7 Sample and Sampling

The proposed sample of this study was made up of individuals employed on a full-time basis in South African organisations, and the sample was drawn from a pool of participants within various organisations and the WitsPlus Centre for Part-Time studies. WitsPlus students were full-time employees in South African organisations.

This present study made use of a non-probability, purposive, convenience, volunteer and snowball sampling strategy to recruit participants (Laher & Botha, 2012). This study used a non-probability and purposive sampling strategy because not everyone in the population had an equal opportunity to participate in the study as the study required that the sample had specific characteristics. Examples of these characteristics included being employed in a South African organisation on a full-time basis and being between the ages of 18 and 65. Participants needed to have access to a computer and the internet in order to be able to complete the questionnaires. The sampling strategy was also convenience and volunteer in nature as the sample was based on those willing and able to participate. In addition to this, an online snowball sampling strategy through social media and online networks was utilised, as those who participated were asked to pass the survey on to other people that they knew would fit the sample characteristics. Further details pertaining to how the sample was gained is outlined in the procedure section below on page 60.

The sample consisted of 140 full-time employees from various organisations in South Africa. Majority of the sample was between the ages of 21 and 30 (57.1%), followed by employees aged 31 to 40 (24.3%), aged 41 to 50 (9.3%), aged 51 to 60 (6.4%) and above 60 years old (2.1%). The sample consisted of 72.1% females and 27.9% males. It is important to note that the option of non-binary was given for gender, but this option was not selected by any participant. Most of the employees in the sample were White (59.3%), followed by Black employees (22.1%), Indian employees (9.3), Coloured employees (7.1%), and employees who classified their ethnicity as other (2.1%). In terms of home language, majority of the sample spoke English (67.9%), which is unsurprising given that the dominant ethnic group was White. Other home languages included Afrikaans (10.7%), isiZulu (7.9%), Sesotho (4.3%), Setswana (4.3%), isiXhosa (2.1%), Xitsonga (1.4%), Sepedi (0.7%) and other (0.7%).

Most employees within the sample had a masters degree (37.1%), followed by 20.% with an honours degree, 12.9% with an undergraduate degree, 14.3% with a diploma, 13.6% with a matric, and 1.4% with a doctoral degree. In terms of job level, 27.1% of employees were at an intermediate level. This was followed by entry level (22.1%), junior management (16.4%), middle management (15.%), executive level (7.1%), and upper management (2.9%). 8.6% of the sample described their job level as other. Majority of employees in the sample had been working in their current organisation between 1 and 5 years (58.4%). 16.8% of employees had a job tenure of less than one year, followed by 10.2% with between 6 and 10 years. The rest of the sample had been working in their organisation between 11 and 15 years (5.8%), between 16 and 20 years (5.8%), between 21 and 25 years (1.5%) and for 26 years and over (1.5%).

The sample of 140 employees was drawn from a wide range of industries. 17.1% of employees worked in consulting, 7.9% in insurance, 7.9% in tourism, 7.1% in banking and 7.1% in education. Since some industries were only represented by one participant or only a few participants, these industries were grouped under other (52.9%). Examples of these included industries such as accounting, construction, finance, human resources, IT, marketing, manufacturing, real estate and retail, among others. Sample descriptive information has been included in the table below.

Table 2.1 Demographic information for sample

Variable	***Category***	***Frequency***	***%***
Age	21-30 years old	80	57.1
	31-40 years old	34	24.3
	41-50 years old	13	9.3
	51-60 years old	9	6.4
	60+ years old	3	2.1
	Missing	1	0.7
Gender	Female	101	72.1
	Male	39	27.9
Ethnicity	Black	31	22.1
	White	83	59.3
	Coloured	10	7.1
	Indian	13	9.3
	Other	3	2.1
Home Language	English	95	67.9
	Afrikaans	15	10.7
	isiZulu	11	7.9
	isiXhosa	3	2.1
	Sesotho	6	4.3
	Sepedi	1	0.7
	Setswana	6	4.3
	Xitsonga	2	1.4
	Other	1	0.7
Level of Education	Matric	19	13.6
	Diploma	20	14.3
	Undergraduate degree	18	12.9
	Honours degree	28	20.0
	Masters degree	52	37.1
	Doctoral degree	2	1.4
	Missing	1	0.7
Job Level	Entry level	31	22.1
	Intermediate	38	27.1
	Junior management	23	16.4
	Middle management	21	15.0
	Upper management	4	2.9
	Executive	10	7.1
	Other	12	8.6
	Missing	1	0.7
Job Tenure	Less than 1 year	23	16.8
	1-5 years	80	58.4
	6-10 years	14	10.2
	11-15 years	8	5.8
	16-20 years	8	5.8
	21-25 years	2	1.5
	26+ years	2	1.5
	Missing	3	2.1
Job Industry	Banking	10	7.1
	Consulting	24	17.1
	Education	10	7.1
	Insurance	11	7.9
	Tourism	11	7.9
	Other	74	52.9

2.8 Instruments

Data were collected through means of a questionnaire, which was administered to all participants. A self-developed demographic questionnaire was used to collect demographic information from the sample, and four different instruments were utilised to measure the independent, moderator and dependent variables in this study.

2.8.1 Self-developed Demographic Questionnaire

A self-developed biographical questionnaire (Appendices A and B) was used to collect demographic information about the sample. The demographic variables were age, gender, ethnicity, home language, level of education, tenure, job level and job industry, as well as student numbers for first year Psychology WitsPlus students only.

2.8.2 Schmidt's Toxic Leadership Scale (2008)

Toxic leadership was measured using Schmidt's (2008) Toxic Leadership Scale (Appendix C). The scale had five dimensions: Self-Promotion, Abusive Supervision, Unpredictability, Narcissism and Authoritarian Leadership. This scale included 30 items on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). High scores indicated that the participant is experiencing high levels of toxic leadership, while low scores indicated that the participant is experiencing low levels of toxic leadership. The minimum total score a participant could report was 30, while the maximum total score a participant could report was 210.

Each subscale had a different number of items: Self-Promotion had 5 items; Abusive Supervision had 7 items; Unpredictability had 7 items; Narcissism had 5 items; and Authoritarian Leadership had 6 items. Example of items included statements such as "has a sense of personal entitlement" for Narcissism and "invades the privacy of subordinates" for Authoritarian Leadership. Some of the wording and phrasing of the original scale was revised in consultation with subject matter experts in order to be applicable to the South African context. For example, the word "unit" was changed to the words "team/department", and the word "subordinates" was changed to

“employees”, which reflected the terminology understood by the majority of South African employees.

The previously reported reliability coefficients of the subscales all indicated a high level of reliability (Self-Promotion: α = 0.91, Abusive Supervision: α = 0.93, Unpredictability: α = 0.92, Narcissism: α = 0.88, Authoritarian Leadership: α = 0.89) (Schmidt, 2008). The TL scale has not been widely used in South Africa, however Middleton (2018) found a high level of reliability for the scale as a whole (α = 0.98).

2.8.3 Psychological Capital Questionnaire

Psychological capital was measured using the Psychological Capital Questionnaire (PCQ-24R) (Appendix D) developed by Luthans, Avolio, Avey and Norman (2007). The PCQ-24 was a 24-item questionnaire and items were measured on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Overall levels of psychological capital were calculated by summing the total points for each item. Higher scores indicated a higher level of psychological capital. The minimum total score a participant could report was 24, while the maximum total score a participant could report was 144.

The PCQ-24 was comprised of four subscales, namely; self-efficacy, hope, resilience and optimism, with each subscale containing 6 items. Subscale items were selected or adapted from pre-existing published instruments. The self-efficacy subscale included items adapted from Parker’s (1998) scale. The hope subscale was selected and adapted from the State Hope Scale by Snyder et al. (1996). Wagnild and Young’s (1993) Resilience Scale was drawn on for the resilience subscale. Items in the optimism subscale were adapted from Scheier and Carver’s (1985) Life Orientation Test. Items were chosen and modified from these various existing instruments based on the extent to which they were relevant to the workplace.

Görgens-Ekermans and Herbert (2013) validated this instrument in a South African context, finding a good overall level of internal reliability (α = 0.85). Permission to use this instrument for the purpose of this research was obtained by submitting an online

application to Mind Garden, which is the organisation that owns the rights for the use and distribution of the PCQ-24.

2.8.4 Physical Health Questionnaire

Physiological wellbeing was measured using the Physical Health Questionnaire (PHQ-15) (Appendix E) developed by Kroenke, Spitzer and Williams (2002). The PHQ-15 asked participants to report on physical symptoms experienced over the last four weeks across 15 different somatic symptoms for females and 14 different somatic symptoms for males. 14 out of the 15 items in the questionnaire were common items for both males and females. The questionnaire consisted of a rating scale ranging from 0 (Not bothered at all) to 2 (Bothered a lot). Examples of an item or somatic symptom included “Chest pain” or “trouble sleeping”. Minimal symptomology was indicated by overall scores from 0 to 4, scores of 5 and above indicated low somatic symptomology, scores of 10 or above indicated medium somatic symptomology and high somatic symptomology was indicated by scores of 15 or above (Kroenke et al., 2002). The minimum total score a participant could report was 0, while the maximum total score a participant could report was 30.

Research studies have shown that this instrument illustrated acceptable Cronbach’s Alpha values of 0.80, 0.79, and 0.80 (Interian, Allen, Gara, Escobar & Díaz-Martínez, 2006; Kroenke et al., 2002; van Ravesteijn et al., 2009). A Cronbach’s Alpha of 0.78 was found in a South African study, showing the scale had a good level of internal consistency reliability in the South African context (Fjeldheim et al., 2014).

2.8.5 Hospital Anxiety and Depression Scale

The Hospital Anxiety and Depression Scale (HADS) (Appendix F) measured psychological wellbeing, and was developed by Zigmond and Snaith (1983). The HADS assessed general mental health outcomes such depression and anxiety. It consisted of 14 items, 6 of which were positively and 8 of which were negatively worded, that asked participants to rate themselves from 0 to 3, with 0 indicating more favourable behaviour and 3 indicating less favourable behaviour in relation to one of

two subscales namely anxiety (HADS-A) and depression (HADS-D). The minimum total score a participant could report was 0, while the maximum total score a participant could report was 42.

Each of these subscales consisted of 7 items each. An example of an item in the HADS-A subscale was “I get sudden feelings of panic”. An example of an item in the HADS-D subscale was “I look forward with enjoyment to things”. Each subscale was totalled, with scores ranging from 0 to 21. Scores from 0 to 7 indicated normal functioning. Scores from 8 to 10 indicated borderline abnormal functioning and therefore a possible case of anxiety or depression. Scores from 11 to 21 indicated abnormal functioning and thus a case of anxiety or depression.

The internal consistency of the instrument was shown to range between 0.78 - 0.93 for anxiety and between 0.82 - 0.90 for depression (Mykletun, Stordahl & Dahl, 2001), demonstrating a good level of internal consistency reliability. Wouters, Booysen, Ponnet and Van Loon (2012) used this instrument in a study conducted on HIV/AIDS patients on antiretroviral treatment in South Africa and found a Cronbach’s Alpha coefficient of 0.63 for the two factor structure of the scale. This internal consistency reliability coefficient is lower than usual, but this is probably a result of the instrument being translated from English into Sesotho. The English version was utilised in this study.

2.9 Procedure

This study was conducted with the permission and cooperation of organisations and the WitsPlus Centre for Part-time Studies. HR managers in organisations and the faculty registrar and relevant course-coordinators at WitsPlus were approached to gain access to the samples. This questionnaire was conducted over a two to three week period. Employees and students were sent an email that invited them to participate in the study (Appendices L and M). The email to students was posted on the university’s online communication platform, which sent an announcement to their student email addresses, while the email to employees was sent out by the organisations’ HR managers. This email introduced the purpose of the research,

attached the participant information sheet, and provided an encrypted link to the questionnaire. The HR managers and course coordinators received specifically targeted access letters (Appendices I and J), and employee and student participants each received specifically targeted participant information sheets (Appendices G and H).

In addition to this, the encrypted link to the questionnaire, along with the invitation and participant information sheet directed to the organisational sample, were posted on social media platforms and online networks, such as Facebook and LinkedIn. Potential participants recruited through social media had to be employed in a South African organisation on a full-time basis in order to participate. Participants could be employed for any type of organisation in order to access a diverse range of organisations and industries.

The participant information sheet informed participants of the aims of the study and explained the responsibilities participants have in completing the questionnaire, as well as how the data was used and how their anonymity and confidentiality was ensured. The questionnaire was hosted through a website called SurveyMonkey, which collected the quantitative responses. The questionnaires took the participants approximately twenty to thirty minutes to complete, and each participant was only able to complete the questionnaire once. Before participants commenced with the online questionnaire, there was a consent form that required participants to tick box their consent as either “yes” or “no” (Appendix K). At the end of the two to three week period, the link to the questionnaire was closed, all IP addresses were deleted, and responses were kept in a password protected file until they were ready for data analysis.

2.10 Data Analysis

Data were entered into a spreadsheet, were cleaned and checked for errors and were analysed using the Statistical Package for the Social Sciences (SPSS) version 25. Mean substitutions were conducted to replace any missing data. Descriptive statistics and Internal Consistency Reliability Coefficients were conducted for all scales. An

Exploratory Factor Analysis was carried out for the Toxic Leadership Scale. Pearson's Correlation Coefficients and a Hierarchical Multiple Regression were carried out to test the hypotheses of the study.

2.10.1 Descriptive Statistics

Frequencies were calculated for all demographic variables, namely age, gender, race, home language, level of education, tenure, job level and job industry. These frequencies were calculated purely in order to describe the sample, and were not used in any further statistical analyses.

Means, standard deviations, and minimum and maximum values were calculated for item and scale totals for all ratio variables, namely the Toxic Leadership Scale, the PCQ-24R, the PHQ-15, and the HADS, to describe the scores obtained on each scale. In addition to this, skewness and kurtosis and Kolmogorov-Smirnov coefficients were calculated to determine the normality of the data in order to check that the statistical tests complied with parametric assumptions. Skewness and kurtosis values should lie between -1 and 1 in order for the data to be considered normal (Ho & Yu, 2015). Kolmogorov-Smirnov values should lie between -3 and 3 in order to demonstrate a normal distribution (Garson, 2012; Ho & Yu, 2015). Normality was also assessed through the use of histograms.

2.10.2 Exploratory Factor Analysis

An Exploratory Factor Analysis (EFA) was used to determine the underlying factor structure of the Toxic Leadership Scale before the relationships between variables could be analysed. An EFA is a technique used to identify and explore the underlying factor structure of a group of variables but does so without imposing a predetermined structure on the result, and also examines the construct validity of an instrument (Suhr, 2006; Williams, Onsman & Brown, 2010). Conducting an EFA was considered necessary as this scale had not been widely used in South Africa. An EFA was conducted for the purpose of this research to determine whether the same constructs that were proposed by Schmidt (2008) (Abusive Supervision, Authoritarian

Leadership, Narcissistic Leadership, Self-Promotion, and Unpredictability) remained evident in the current sample.

Before the EFA could be conducted, there were various assumptions that needed to be met (Field, 2009; Suhr, 2006):

i) Variables must be measured at least on an interval scale.
ii) Data must be normally distributed.
iii) There must be random, independent sampling.
iv) There must be no outliers in the data.
v) The sample size must be larger than 200.
vi) There must be sphericity within the data.
vii) There must be a correlation of at least 0.3 between variables.
viii) There must be homogeneity/homoscedasticity.

The adequacy of the sample size was tested using the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy. Values from this test range between 0 and 1, where values above 0.5 are considered suitable in terms of sample size (Williams et al., 2010). Sphericity was tested using Bartlett's Test of Sphericity, which checks if there are redundancies between variables. The value from this test should be significant in order to be considered as suitable to running and EFA (Williams et al., 2010).

The number of factors used to describe TL were chosen through analysis of eigenvalues and Cattell's scree plot. Any items that had an eigenvalue greater than one were retained, as they represent common factors (Field, 2009; Suhr, 2006). Cattell's scree plot consists of a plot of the eigenvalues obtained. This plot has a "sharp descent in the curve followed by a tailing off" and the cut-off point for the selection of factors to retain lies at the "point of inflexion" of the curve (Field, 2009, p.639).

2.10.3 Internal Consistency Reliabilities

Cronbach's Alpha coefficients were analysed to determine internal consistency reliability of the scales mentioned. Internal consistency reliability refers to the extent to which all items in a scale or subscale measure the same variable or construct (Tavokol & Dennik, 2011), and the internal consistency coefficient (Cronbach's Alpha) gives an indication of how close a respondent's score comes to the "true" score of the scale, if the scale was a perfect instrument (Ponterotto & Ruckdeschel, 2007).

An alpha value of 0.7 is generally regarded as an acceptable level of internal consistency reliability in the social sciences, and anything below this value is not acceptable as it demonstrates lower levels of reliability (Ponterotto & Ruckdeschel, 2007; Tavokol & Dennik, 2011). A test or measure displays greater internal consistency reliability the closer the alpha value gets to one (Gliem & Gliem, 2003). An acceptable alpha level of 0.7 was adopted for this research, and any scales or subscales that reported a Cronbach's Alpha coefficient of less than this level was excluded from any further analyses.

2.10.4 Pearson's Correlation Coefficients

Pearson's correlation measured the strength, direction and significance of the relationship between variables, and was represented by a correlation coefficient (Howell, 2013). Pearson's correlation coefficients were calculated to test for a relationship between all variables, namely TL, PsyCap, physiological wellbeing and psychological wellbeing. The values obtained will fall between -1 and 1, with numbers closer to 0 showing a weaker correlation and numbers closer to the extremes of -1 and 1 showing stronger correlations (Howell, 2013). Coefficients with a negative value illustrate a negative relationship, and positive values show a positive relationship.

The data needed to meet various assumptions before it could be analysed (Laerd Statistics, 2018):

i) The dependent variable must be measured at least on an interval scale.

ii) Data must be normally distributed.
iii) There must be random, independent sampling.
iv) There must be no outliers in the data.
v) There must be a linear relationship between variables.
vi) There must be homogeneity of variance.
vii) The sample size must be adequate.

2.10.5 Hierarchical Moderated Multiple Regression

A moderator variable is one that interacts with other predictor variables to explain the change in an outcome variable (Aquinis & Stone-Romero, 1997). Hierarchical moderated multiple regression (HMMR) is used to predict the value of a specific variable based on the value of multiple predictors, as well as assess the impact of a moderator and the interaction between the predictors and outcomes (Field, 2009). HMMR is a superior technique in identifying moderator effects (Dawson & Richter, 2006), as it provides information that tests of correlation coefficients cannot provide (Aquinis & Stone-Romero, 1997).

HMMR analysis was carried out in this study to test for the buffering effects of psychological capital in the relationship between toxic leadership and individual wellbeing outcomes. If a moderator is said to have a buffering effect, it means that the moderator weakens the effect of the predictor on the specific outcome (Frazier, Tix & Barron, 2004).

There are a number of assumptions that needed to be met before an HMMR could be conducted (Field, 2009):

i) The dependent variable must be measured at least on an interval scale.
ii) There must be two or more independent variables measured at a continuous level.
iii) Data must be normally distributed.
iv) There must be random, independent sampling.
v) There must be no outliers in the data.

vi) There must be an independence of observations.

vii) There must be a linear relationship between the independent and dependent variables for each group of the moderator variable.

viii) There must be homoscedasticity.

ix) There must be an absence of multicollinearity.

2.11 Ethical Considerations

Ethics approval was obtained from the Human Research Ethics Committee (Non-Medical) at the University of the Witwatersrand, and permission was obtained from the participating organisations. Participants in this study were not regarded as vulnerable or at risk, and thus no harm was posed to participants. Any employee or WitsPlus student who wished to participate in the study by completing the questionnaire did so voluntarily. Employees who did not wish to complete the questionnaire faced no consequences, and employees who did wish to complete the questionnaire received no benefits. WitsPlus students who did not wish to complete the questionnaire faced no consequences, and WitsPlus students who did wish to complete the questionnaire received no benefits. However, Wits Plus students who were registered for the first year Psychology course who did wish to complete the questionnaire received an extra 1% toward their grade, as completing the questionnaire counted as research participation. This only applied to first year Psychology WitsPlus students.

The participant information sheet was attached to the questionnaire and ensured the confidentiality and anonymity of participants' responses. Anonymity in the organisational sample was ensured as no identifying information such as identification numbers, staff numbers or names were collected from participants. In the WitsPlus sample, no names or identification numbers were collected, but student numbers were collected in order to reward participating first year Psychology students with an extra 1% towards their grade. Once these student numbers had been noted and given to the relevant course-coordinator, they were deleted from the data set, thus ensuring the anonymity of the WitsPlus sample. Any IP addresses collected through the SurveyMonkey platform were deleted, again insuring anonymity in both samples. Confidentiality was necessary to ensure that open and honest responses were

provided by participants, and it was ensured by only reporting group data and general trends in summary form for this study, thus no individual participant's responses could have been identified. Responses to the questionnaire were kept in a password protected file for safekeeping and only the researcher and her supervisor had access to the data, thus also ensuring confidentiality. The research report will be placed in the University's online repository (WIReDSpace) and summarised findings may be used for future research publications or conference proceedings. Once the research report was completed, the data was stored in a password protected computer for future secondary analyses, and only the researcher and her supervisor had access to the data. However, as mentioned, findings were only reported as general trends and therefore individual responses remained completely anonymous, and participants were informed of this.

Any participant had the right to withdraw from the study until they had submitted their questionnaire. If participants selected "yes" on the consent form that preceded the online questionnaire, this acted as informed consent for their responses to be used in this research. As the questionnaires were submitted anonymously, it was not possible to remove an individual response once it had been submitted. Contact details of the researcher were provided to participants should they have had any questions regarding their participation. Summarised results of the study were made available to participants via email once the study was completed upon request.

CHAPTER 3: RESULTS

3.1 Introduction

This chapter presents an overview of the results obtained from the statistical analyses conducted on the data from this current research study. Firstly, descriptive statistics will be presented; means, standard deviations, normality, exploratory factor analysis and internal consistency reliabilities. Lastly, inferential statistical results will be presented; Pearson's correlation coefficients and hierarchical moderated multiple regression. The chapter will conclude with a summary of the results.

3.2 Descriptive Statistics

Descriptive statistics were calculated to obtain the means and standard deviations and to assess the normality of all scales.

3.2.1 Means and Standard Deviations

Table 3.1 Means, Standard Deviations, Skewness and Kurtosis

Variable	***N***	***Mean***	***Std. Dev.***	***Min***	***Max***	***Skewness***	***Kurtosis***
TL	140	110.94	46.397	30	208	0.123	-0.993
PsyCap	140	108.57	14.364	71	144	-0.145	-0.195
Physiological Wellbeing	140	9.74	6.188	0	25	0.403	-0.700
Psychological Wellbeing	140	14.79	7.872	1	31	0.136	-0.919

Levels of all variables in the sample were compared with the possible minimum and maximum scores for each scale outlined in section 2.8 in order to determine whether they were low, moderate or high. As seen in Table 3.1, levels of TL in the sample appeared to be moderately high (M = 110.94; SD = 46.397), with a few employees reporting very low and very high levels of TL. Levels of PsyCap were very high (M = 108.57; SD = 14.364), and most employees reported either having a moderate or a high level of PsyCap.

In terms of physiological wellbeing, employees in the sample reported low to medium somatic symptomology (M = 9.74; SD = 6.188). These scores ranged from no somatic symptomology to medium somatic symptomology experienced by employees. Psychological wellbeing levels were relatively high (M = 14.79; SD = 7.872), which indicates towards a more abnormal functioning. A few employees reported having normal functioning. Frequency histograms (Appendix S) were also compared to the possible minimum and maximum scores for each scale, and thus support these levels.

3.2.2 Normality

Skewness and kurtosis values were used to assess the normality of the data. As seen in Table 3.1 above, TL (SK = 0.123; K = -0.993), PsyCap (SK = -0.145; K = -0.195), Physiological Wellbeing (SK = 0.403; K = -0.700) and Psychological Wellbeing (SK = 0.136; K = -0.919), thus indicating that the data was normally distributed. All skewness coefficients fell in between -1 and 1, which indicates a normal distribution (Ho & Yu, 2015). All kurtosis coefficients fell between -3 and 3, thus also demonstrating a normal distribution (Garson, 2012; Ho & Yu, 2015).

In addition to skewness and kurtosis coefficients, histograms were used to establish a normal distribution of the data. As seen in Appendix S, the histograms also supported the normal distribution of the data. Thus, the data were suitable for parametric analyses.

3.3 Exploratory Factor Analysis

An EFA was conducted to determine the underlying factor structure of the TL Scale. Principal component analysis and varimax rotation were used as extraction techniques, as these are the most common methods within an EFA (Field, 2009). Before an EFA could be carried out, a few assumptions needed to be met.

3.3.1 Testing for assumptions

A few assumptions needed to be met before an EFA could be conducted. This includes testing for outliers, sphericity, and homoscedasticity. Normality of the data was established above in section 3.2.2. TL was measured on an interval scale and there was random and independent sampling. Correlations between all items on the TL were greater than 0.3, and thus this assumption was met.

3.3.1.1 Outliers

While there were a few extreme cases present in the data, it is important to note that no outliers were found in the dataset. This was established by using Tukey's (1977) method of determining outliers. The lower bound values represent the lowest possible values and the upper bound values represent the highest possible values. If any cases fall outside of the lower or upper bound values, they were classified as outliers.

The formula used is as follows:
$IQR = Q_3 - Q_1$
$g = IQR \times 1.5$
For the lower bound values: $Q_1 - g$
For the upper bound values: $Q_3 + g$

Table 3.2 Lower and Upper Bound Limits

	Q_1	Q_3	*IQR*	*g*	*Lower*	*Upper*
TL	72.50	148.75	76	114	-41.5	262.75
PsyCap	99.00	119.50	21	31.5	67.5	151
Physiological Wellbeing	5.00	15.00	10	15	-10	30
Psychological Wellbeing	8.00	21.00	13	19.5	-11.5	40.5

For TL, the lowest value was case 31, which had a total score of 38. The highest was case 117, with a score of 208. The lower bound limit was -41.5 and the upper bound limit was 262.75. Thus, no outliers were observed (38 > -41.5 and 208 < 262.75). For PsyCap, the lowest value was case 79, which had a total score of 80. The highest was

case 78, with a score of 144. The lower bound limit was 67.5 and the upper bound limit was 151. No outliers were observed in the dataset (80 > 67.5 and 144 < 151).

In terms of physiological wellbeing, the lowest value was case 26 with a score of 0 and the highest was case 16 with a score of 25. The lower bound limit was -10 and the upper bound limit was 30. This shows that there were no outliers were observed in the dataset (0 > -10 and 25 < 30). For psychological wellbeing, the lowest value was case 98 with a score of 2. The highest was case 16 with a score of 31. The lower bound limit was -11.5 and the upper bound limit was 40.5. Again, no outliers were found in the dataset (2 > -11.5 and 31 < 40.5).

3.3.1.2 Sphericity

Bartlett's Test of Sphericity was conducted to establish sphericity within the data. The result from this test was significant (χ^2 (435) = 4395.88, $p < 0.05$), meaning that there was sphericity within the data. Therefore, this assumption was met.

3.3.1.3 Homoscedasticity

One way to determine whether homoscedasticity is present in the data set is to calculate Durbin-Watson statistics. The results of this test need to lie between 0 and 4 (Field, 2009). For the data, p = 2.206 (with physiological wellbeing as the dependent variable) and p = 2.013 (with psychological wellbeing as the dependent variable), therefore showing that this assumption was met.

3.3.1.4 Sample Size

The sample size of 140 did not meet the assumption set out in the methodology chapter. However, there are many "rules of thumb" for sample size requirements for an EFA. Field (2009) reviewed these different rules of thumb and concluded that most theorists suggest as least ten participants per variable. Since there were four variables in this study, the minimum sample size would have been 40, and thus the sample of 140 in the current study was more than adequate. The Kaiser-Meyer-Olkin (KMO)

measure of sampling adequacy is an alternative approach. The KMO statistic for the present study was 0.954. This result was above 0.5, and thus the sample size was deemed suitable (Kaiser, 1970; Williams et al., 2010). Since the above assumptions had all been met, the EFA could be conducted on the TL Scale.

3.3.2 Exploratory Factor Analysis on Toxic Leadership Scale

Since Schmidt's (2008) TL Scale has not been widely used in South Africa, it was necessary to conduct an EFA to establish whether Schmidt's (2008) five factor structure of TL (Abusive Supervision, Authoritarian Leadership, Narcissistic Leadership, Self-Promotion, and Unpredictability) was evident within the current sample.

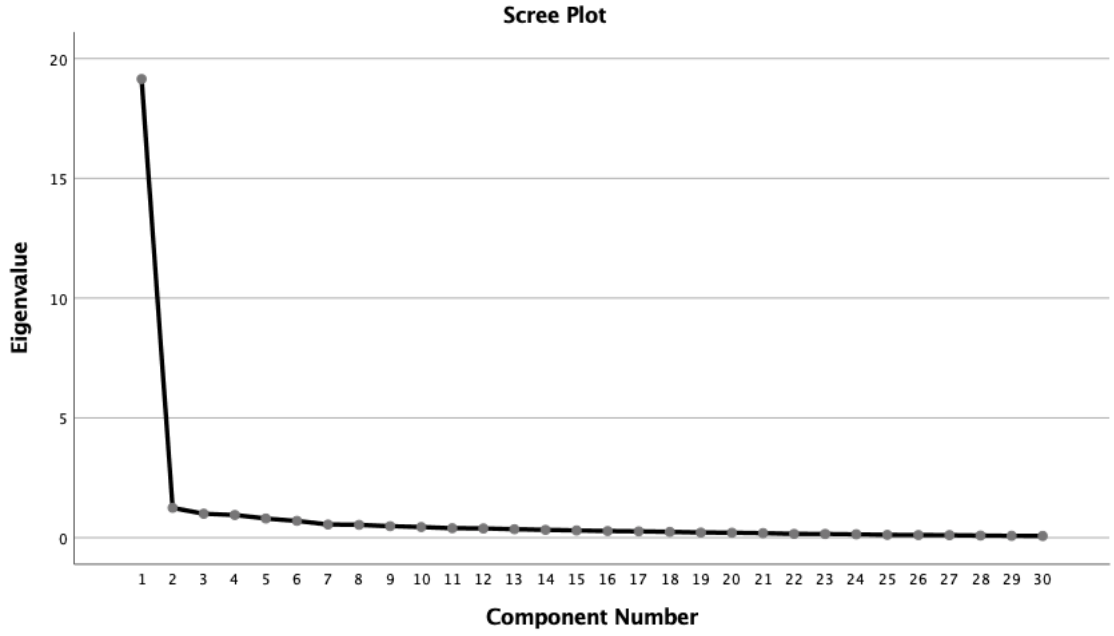


Figure 3.1 Exploratory Factor Analysis Scree Plot

Table 3.3 Eigenvalues and Proportion of Variance

	Eigenvalues	***Proportion of Variance***
TL factor 1	19.146	63.821
TL factor 2	1.244	4.146

According to Table 3.3, there were only two eigenvalues that were greater than one. This is supported by the Scree Plot (Figure 3.1). The first factor of the TL scale accounted for 63.821% of the variance in the scale, followed by the second factor with 4.146%. Since one factor alone explained 63.821% of the total variance, and the second factor's proportion of variance of 4.146% was substantially lower than that of the first factor, it seems that the EFA supports a one factor structure of the TL scale. Thus, based on the scree plot, eigenvalues and proportion of variance, one factor was extracted. The scale's developer, Schmidt (2008), has also used the scale as a single item, and thus this conclusion is supported by the literature (Middleton, 2018).

3.4 Internal Consistency Reliabilities

In order to establish internal consistency reliability**,** Cronbach Alpha coefficients were calculated for each of the four scales.

Table 3.4 Reliability Coefficients

Scale	***No. of Items***	***Cronbach's Alpha***
TL	30	0.980
PsyCap	24	0.870
Physiological Wellbeing	15	0.872
Psychological Wellbeing	14	0.889

The reliability coefficients for all the scales demonstrated a very high degree of internal consistency reliability. All Cronbach's Alpha coefficients were above the acceptable level (α=0.7) as outlined in the methods chapter, and thus none of the scales or any items within the scales were excluded from further analysis.

3.5 Pearson's Correlation Coefficients

Pearson's correlation coefficients were calculated to establish whether there was a relationship between TL and Physiological wellbeing, Psychological wellbeing and PsyCap, and to establish the nature of these relationships. Before the data was analysed, a few assumptions were checked.

3.5.1 Testing for assumptions

All assumptions of Pearson's correlation coefficients were met. As stated above in section 3.2.2, the data were normally distributed. There were also no significant outliers, as shown in section 3.3.1.1. All variables were measured on an interval scale and there was random and independent sampling. The assumptions of a linear relationship between variables and homogeneity of variance were also met. The sample size was adequate in order to conduct this test.

3.5.2 Correlation Coefficients

Table 3.5 Pearson's Correlation Coefficients

	TL	***Physiological Wellbeing***	***Psychological Wellbeing***	***PsyCap***
Independent Variable				
1. TL	---	0.344**	0.422**	-0.171*
Dependent Variables				
1. Physiological Wellbeing	0.344**	---	0.666**	-0.201*
2. Psychological Wellbeing	0.422**	0.666**	---	-0.372**
Moderator Variable				
1. PsyCap	-0.171*	-0.201*	-0.372**	---

*. Correlation is significant at the 0.05 level

**. Correlation is significant at the 0.01 level

As outlined in sections 2.8.4 and 2.8.5 in the methodology chapter, both high scores on the PHQ-15 and the HADS indicate poorer physiological wellbeing and psychological wellbeing respectively. Thus, higher scores of TL may lead to higher scores of physiological wellbeing and psychological wellbeing, thus indicating poorer wellbeing. As seen above in Table 3.5, physiological wellbeing ($r = 0.344$; $p < 0.01$) was significantly, positively and moderately related to TL. This indicates that higher levels of TL may be related to poorer physiological wellbeing. Psychological wellbeing ($r = 0.422$; $p < 0.01$) was also significantly, positively and moderately related to TL. This suggests that an increase in exposure to TL may lead to a decline in an individual's psychological wellbeing. The results showed that PsyCap ($r = -0.171$; $p <$

0.05) was significantly and negatively related to TL, however the strength of the relationship is negligible. This implies that higher levels of TL may lead to decreased levels of PsyCap, however the effect will be minimal. Inversely, it may imply that higher levels of PsyCap lead to lower levels of experiencing TL.

In terms of PsyCap and the individual outcome variables, PsyCap ($r = -0.201$; $p < 0.05$) was significantly negatively related to physiological wellbeing. PsyCap was also significantly negatively related to psychological wellbeing ($r = -0.372$; $p < 0.05$). As levels of PsyCap increase, levels of physiological wellbeing and psychological wellbeing will decrease, meaning that individuals will have an improved wellbeing. The impact of PsyCap on these variables will further be explored in the following regression analyses.

3.6 Hierarchical Moderated Multiple Regression

3.6.1 Testing for assumptions

In order to run an HMMR, a few statistical assumptions needed to be met. Normality of the data, outliers and homoscedasticity have already been tested for above. All variables were measured on an interval scale and there were at least two independent variables measured on an interval scale. There was random and independent sampling and an independence of observations. The assumptions of a linear relationship between variables based on the moderator variable was also met. Thus, only multicollinearity needed to be tested for.

3.6.1.1 Multicollinearity

Predictor variables, in this case TL and PsyCap, should not be too highly correlated with each other (Field, 2009). Multicollinearity is problematic in multiple regression analyses as it becomes harder to identify specific estimates of the regression coefficients when predictor variables are highly correlated (Field, 2009). The first was to assess multicollinearity is to look at the correlation coefficients between predictors. As seen above in section 3.5.2, PsyCap ($r = -0.171$; $p < 0.05$) was significantly and

negatively related to TL. Correlations of above 0.7 indicate multicollinearity (Field, 2009), and since r < 0.7, there is an absence of multicollinearity here.

Table 3.6 Tolerance and VIF values

	Tolerance	***VIF***
TL	0.932	1.073
PsyCap	0.885	1.129

Secondly, tolerance and VIF values were checked to assess multicollinearity. Tolerance levels should not be below 0.1 and 0.2 (Field, 2009). Bowerman and O'Connell (1990) state that VIF values should not be substantially greater than 1. If VIF values are substantially greater than 1, it could indicate that the regression may be biased. Since the tolerance values are not below 0.2 and VIF values are substantially greater than 1, there is no multicollinearity between the predictor variables, and thus the assumption of multicollinearity has been met. Regression analyses could thus be conducted.

3.6.2 Main effects of Toxic Leadership

Simple linear regressions were carried out in order to determine the main effects of TL on physiological wellbeing, psychological wellbeing and PsyCap.

3.6.2.1 Toxic Leadership and Physiological Wellbeing

Table 3.7 Regression table between TL and Physiological Wellbeing

R	***R^2***	***df***	***F***	***Sig.***
0.344	0.118	1 138	18.494	0.000

R in Table 3.7 above shows the correlation between TL and physiological wellbeing, and R = 0.344 indicates a moderate correlation. R^2 = 0.118, which shows that 11.8% of the change in physiological wellbeing can be explained by TL. F (1, 138) = 18.494, p = 0.000 shows that this model is statistically significant (p < 0.05). Thus, this model

statistically significantly predicts the outcome variable and is a good fit for the data. We can conclude that TL predicts levels of physiological wellbeing.

Table 3.8 Regression table between TL and Physiological Wellbeing

	Beta	***Standardised Beta***	***t-value***	***Sig.***
(Constant)	4.708		3.710	0.000
TL	0.045	0.344	4.300	0.000

Based on the above, we can use a regression equation to predict employees' levels of physiological wellbeing based on TL. The regression equation is as follows: Physiological wellbeing = 4.708 + 0.045(TL).

3.6.2.2 Toxic Leadership and Psychological Wellbeing

Table 3.9 Regression table between TL and Psychological Wellbeing

R	***R^2***	***df***	***F***	***Sig.***
0.422	0.178	1	29.869	0.000
		138		

Table 3.9 above shows the correlation between TL and psychological wellbeing, and R = 0.422 indicates a moderate correlation. R^2 = 0.178, which shows that 17.8% of the change in psychological wellbeing can be explained by TL. F (1, 138) = 29.869, p = 0.000 shows that this model is statistically significant ($p < 0.05$). Thus, this model statistically significantly predicts the outcome variable and is a good fit for the data. We can conclude that TL predicts levels of psychological wellbeing.

Table 3.10 Regression table between TL and Psychological Wellbeing

	Beta	***Standardised Beta***	***t-value***	***Sig.***
(Constant)	6.938		4.452	0.000
TL	0.071	0.422	5.465	0.000

Based on the above, we can use a regression equation to predict employees' levels of psychological wellbeing based on TL. The regression equation is as follows: Psychological wellbeing = 6.938 + 0.071(TL).

3.6.2.3 Toxic Leadership and Psychological Capital

Table 3.11 Regression table between TL and PsyCap

R	***R^2***	***df***	***F***	***Sig.***
0.171	0.029	1 138	4.156	0.043

Table 3.11 above shows the correlation between TL and PsyCap, and R = 0.171 indicates a low correlation. R^2 = 0.029, which shows that 2.9% of the change in PsyCap can be explained by TL. F (1, 138) = 4.156, p = 0.043 shows that this model is statistically significant ($p < 0.05$). Thus, this model statistically significantly predicts the outcome variable and is a good fit for the data. We can conclude that TL predicts levels of PsyCap.

Table 3.12 Regression table between TL and PsyCap

	Beta	***Standardised Beta***	***t-value***	***Sig.***
(Constant)	114.376		37.013	0.000
TL	-0.052	-0.171	-2.039	0.043

Based on the above, we can use a regression equation to predict employees' levels of PsyCap based on TL. The regression equation is as follows: PsyCap= 114.376 + -0.052(TL).

3.6.3 Main effects of Psychological Capital

Simple linear regressions were carried out in order to determine the main effects of PsyCap on physiological wellbeing and psychological wellbeing.

3.6.3.1 Psychological Capital and Physiological Wellbeing

Table 3.13 Regression table between PsyCap and Physiological Wellbeing

R	***R^2***	***df***	***F***	***Sig.***
0.201	0.041	1 138	5.836	0.017

Table 3.13 above shows the correlation between PsyCap and physiological wellbeing, and R = 0.201 indicates a low correlation. R^2 = 0.041, which shows that 4.1% of the change in physiological wellbeing can be explained by PsyCap. F (1, 138) = 5.836, p = 0.017 shows that this model is statistically significant ($p < 0.05$). Thus, this model statistically significantly predicts the outcome variable and is a good fit for the data. We can conclude that PsyCap predicts levels of physiological wellbeing.

Table 3.14 Regression table between PsyCap and Physiological Wellbeing

	Beta	***Standardised Beta***	***t-value***	***Sig.***
(Constant)	19.157		4.870	0.000
PsyCap	-0.087	-0.201	-2.416	0.017

Based on the above, we can use a regression equation to predict employees' levels of physiological wellbeing based on PsyCap. The regression equation is as follows: Physiological wellbeing = 19.157 + -0.087(PsyCap).

3.6.3.2 Psychological Capital and Psychological Wellbeing

Table 3.15 Regression table between PsyCap and Psychological Wellbeing

R	***R^2***	***df***	***F***	***Sig.***
0.372	0.139	1 138	22.225	0.000

Table 3.15 above shows the correlation between PsyCap and psychological wellbeing, and R = 0.372 indicates a moderate correlation. R^2 = 0.139, which shows that 13.9% of the change in psychological wellbeing can be explained by PsyCap. F (1, 138) =

22.225, p = 0.000 shows that this model is statistically significant (p < 0.05). Thus, this model statistically significantly predicts the outcome variable and is a good fit for the data. We can conclude that PsyCap predicts levels of psychological wellbeing.

Table 3.16 Regression table between PsyCap and Psychological Wellbeing

	Beta	***Standardised Beta***	***t-value***	***Sig.***
(Constant)	36.946		7.792	0.000
PsyCap	-0.204	-0.372	-4.714	0.000

Based on the above, we can use a regression equation to predict employees' levels of psychological wellbeing based on PsyCap. The regression equation is as follows: Psychological wellbeing = 36.946 + -0.204(PsyCap).

3.6.4 Combined Effects of Toxic Leadership and Psychological Capital

Hierarchical multiple regression analyses were carried out to test for the moderating effects of PsyCap on the relationship between TL and physiological wellbeing and psychological wellbeing.

3.6.4.1 Toxic Leadership, Physiological Wellbeing and Psychological Capital

An HMMR was conducted to determine whether the relationship between TL and physiological wellbeing were moderated by PsyCap. Results are presented below.

Table 3.17 Regression table between TL, PsyCap and Physiological Wellbeing

Variable	***B***	***Std. Error***	***Std. Beta***	***t***	***Sig.***	***R***	***R^2***	***ΔR^2***	**ΔSig.**
(Constant)	11.040	4.426		2.494	0.014	0.344	0.118	0.118	0.000
TL	0.043	0.011	0.329	3.994	0.000				
PsyCap	-0.057	0.036	-0.132	-1.559	0.121				
TL x PsyCap	-0.272	0.444	-0.051	-0.611	0.542	0.376	0.141	0.002	0.542

In this model, the first step was significant F (1, 138) = 18.494, p = 0.000 and the second step was significant F (2, 137) = 11.072, p = 0.000 (p < 0.05). This shows that TL and PsyCap have separate main effects on physiological wellbeing, which supports the findings from the linear regressions in sections 3.6.2 and 3.6.3. As shown above in table 3.17, the change between the two equations was not significant (ΔR^2 = 0.002, p = 0.542), and the interaction term was not a significant predictor of physiological wellbeing (t = -0.611, p = 0.542). This indicates that PsyCap did not moderate the relationship between TL and physiological wellbeing.

The regression equation is as follows:
Physiological wellbeing = 11.040 + (0.043 x TL) + (-0.057 x PsyCap) + (-0.272 x (TL x PsyCap)).

3.6.4.2 Toxic Leadership, Psychological Wellbeing and Psychological Capital

An HMMR was conducted to determine whether the relationship between TL and psychological wellbeing were moderated by PsyCap. Results are presented below.

Table 3.18 Regression table between TL, PsyCap and Psychological Wellbeing

Variable	***B***	***Std. Error***	***Std. Beta***	***t***	***Sig.***	***R***	***R^2***	***ΔR^2***	**ΔSig.**
(Constant)	27.520	4.426		0.359	0.000	0.422	0.178	0.172	0.000
TL	0.060	0.011	0.359	-0.325	0.000				
PsyCap	-0.178	0.036	-0.325	0.053	0.000				
TL x PsyCap	0.356	0.444	0.053	0.359	0.495	0.523	0.273	0.273	0.495

In this model, the first step was significant F (1, 138) = 29.869, p = 0.000 and the second step was significant F (2, 137) = 25.444, p = 0.000 (p < 0.05). This shows that TL and PsyCap have separate main effects on psychological wellbeing, which supports the findings from the linear regressions in sections 3.6.2 and 3.6.3. As shown above in table 3.18, the change between the two equations was not significant (ΔR^2 = 0.273, p = 0.495), and the interaction term was not a significant predictor of

psychological wellbeing (t = 0.359, p = 0.495). This indicates that PsyCap did not moderate the relationship between TL and psychological wellbeing.

The regression equation is as follows:
Psychological wellbeing = 27.520 + (0.060 x TL) + (-0.178 x PsyCap) + (0.356x (TL x PsyCap)).

3.7 Summary of Results

1) TL had a moderately strong relationship with physiological wellbeing and psychological wellbeing.

2) TL had an inverse relationship with PsyCap. This resulted in levels of PsyCap being lower in the presence of TL.

3) PsyCap did not have a moderating effect on the relationship between TL and physiological wellbeing.

4) PsyCap did not have a moderating effect on the relationship between TL and psychological wellbeing.

CHAPTER 4: DISCUSSION

4.1 Introduction

The present study aimed to aid both theorists and practitioners in gaining a deeper understanding of the relationships between TL, physiological wellbeing, psychological wellbeing and PsyCap in order to contribute to the limited body of research on TL in South Africa. The results from this study yielded some significant findings that are worth exploring: TL led to poorer physiological and psychological wellbeing, and PsyCap did not moderate the relationships between TL and individual wellbeing outcomes. This chapter will attempt to discuss the implications of the findings indicated by the data analyses in the previous chapter and their implications for research and practice. In addition, this chapter will discuss the limitations of this research study, recommendations and directions for future research on this topic, and practical recommendations for individuals and organisations.

4.2 Toxic Leadership and Physiological Wellbeing

The present study's findings indicated that TL significantly leads to poorer physiological wellbeing of employees. This is in line with the argument presented in the literature review. It was argued that TL is a severe form of job stress which negatively impacts upon employee's physiological wellbeing (Webster et al., 2016; Zagross & Jamileh, 2016). The findings suggest that South African employees experience similar consequences as a result of being exposed to TL. This is an important finding, as it is, to the researcher's knowledge, one of the first studies to examine the relationship between TL and physiological wellbeing in South Africa.

Zagross and Jamileh (2016) argue that employees experienced physiological symptoms such as headaches and high blood pressure when they experienced job stress as a result of TL. The findings of this research align with this argument, as employees reported a poorer overall physiological wellbeing when they were faced with higher levels of the stressor of TL. This was also supported by Webster et al. (2016), who found that employees who were exposed to TL responded to that stressor

in ways that negatively affected their physiological wellbeing as they were experiencing headaches and had trouble sleeping. Thus, employees felt that TL negatively impacted their physiological wellbeing. This lowered physiological wellbeing has implications for the organisation as it does not only impact upon the individual but could further impact the organisations in which they work. For example, research has shown that poorer physiological wellbeing of employees can lead to higher rates of absenteeism within an organisation (Booysen, 2009; Danna & Griffin, 1999; Schmidt, 2008). This leads to decreased productivity levels and negatively impacts the organisation's bottom line. On the other hand, if employees are experiencing poorer physiological wellbeing but are still going to work, their levels of performance may be compromised as a result of experiencing negative physiological symptoms. This will also affect the productivity and bottom line of the organisation, as employees will not be working to their maximum capabilities. Since it has been found that TL can negatively impact on employee physiological wellbeing which can further negatively impact the organisation, organisations need to try and combat the effects of TL by creating strategies that enable employees to deal with or buffer the effects of TL as a stressor. TL also had an effect on the psychological wellbeing of employees.

4.3 Toxic Leadership and Psychological Wellbeing

The findings from the present study indicated that TL significantly leads to poorer psychological wellbeing, and that TL within this study has more of a negative effect on psychological wellbeing compared to physiological wellbeing, as shown in a stronger correlation and a higher proportion of variance explained. These findings are aligned with the arguments presented in the literature review. It was argued that TL could lead to psychological distress, emotional exhaustion, burnout, anxiety and depression (Martinko et al., 2013; Pelletier, 2010; Zagross & Jamileh, 2016). Thus, the findings indicate that South African employees also experience similar psychological symptoms when they are exposed to TL. These are important findings as they contribute to the dearth of research examining these relationships in South African employees.

Bhandarker and Rai (2019) found that TL increased employees' levels of psychological distress, and that this led to them experience depression and anxiety. This is in line with the findings of this study, as employees reported poorer psychological wellbeing (increased levels of depression and anxiety) when exposed to TL. This is further supported by Booysen (2009), Schmidt (2008), and Zagross and Jamileh (2016), as discussed in the literature review of the present study. As with physiological wellbeing, impaired psychological wellbeing has negative implications for organisational functioning. Poor psychological wellbeing can have a negative impact on the organisation. Both Bhandarker and Rai (2019) and Zagross and Jamileh (2016) found that as a result of the emotional exhaustion, burnout, anxiety and depression experienced by employees exposed to TL, employees were more likely to isolate themselves at work, become detached from their work and withdraw from their work and the organisation. Pelletier (2010) found that employees experienced a decrease in job satisfaction as a result of TL. Employees with poor psychological wellbeing are also more likely to have a decline in their organisational commitment (Steele, 2011). All of these outcomes will result in a reduction in performance and productivity levels, which will negatively impact the bottom line and profitability of the organisation. This highlights the importance of ensuring that employees maintain a high level of psychological wellbeing, as the effects of poor psychological wellbeing filter through employees and impact the organisation.

Poor psychological wellbeing, coupled with poor physiological wellbeing, may exacerbate the negative effects that poor employee wellbeing can have on an organisation. Not only have employees mentally withdrawn from their work, but they may be physically absent from work as well, thus, having a double impact on productivity and performance. Since TL has been found to have a negative effect on both physiological and psychological wellbeing, it is crucial that organisations find ways to identify and reduce toxic leadership and develop strategies to make sure their employees are able to cope with the stress of TL. The literature review argued that PsyCap may be utilised by employees to cope with TL. The role of PsyCap in the context of this research study will be discussed next.

4.4 The Role of Psychological Capital

In the literature review, PsyCap was argued to be a positive coping resource for employees in dealing with TL. PsyCap's effects on physiological wellbeing and psychological wellbeing and its role in the relationships between TL and the individual outcomes are discussed below.

4.4.1 Effects of Psychological Capital on Individual Outcomes

PsyCap was found to have a main effect on and an inverse relationship with both physiological wellbeing and psychological wellbeing, bearing in mind that low scores on both the PHQ-15 and the HADS indicated better wellbeing. This shows that PsyCap is clearly associated with determining employee physiological and psychological wellbeing. This also shows that employees in the sample with higher levels of PsyCap experienced higher physiological wellbeing and psychological wellbeing when compared to those with lower levels of PsyCap, which is supported by Avey et al.'s (2011) finding that higher levels of PsyCap is associated with higher levels of psychological wellbeing.

These findings are also in line with previous literature on the positive outcomes of the different components of PsyCap. Higher levels of self-efficacy have been found to lead to lower levels of burnout in employees who experience job stress (Lee & Ashforth, 1990). Improvements in physical health and lowered levels of depression can be evident when employees have higher levels of hope (Kwon, 2002). Chang et al. (2000) found that higher levels of optimism led employees to perceive their jobs as less stressful, and Peterson (2000) found that optimism enhanced employees' physical health and psychological wellbeing. Lastly, Utsey et al. (2008) and Harker, Pidgeon, Klaasen and King (2016) found that employees who were more resilient experienced less psychological distress.

These positive outcomes of PsyCap are clearly evident in the sample. Employees reported having higher overall levels of PsyCap, which may indicate that they have high levels of self-efficacy, hope, optimism and resilience. The findings of this study

suggest that employees' higher levels of PsyCap are associated with higher levels of physiological wellbeing and their psychological wellbeing, thus equipping them with more confidence to push through setbacks and achieve their goals in order to sustain higher levels of physiological wellbeing and psychological wellbeing during stressful periods. The role of PsyCap as a moderator in this research study's stressor-strain relationships will be discussed next.

4.4.2 Role of Psychological Capital in the Relationships between Toxic Leadership and Individual Outcomes

Many previous research studies have found a moderating effect of PsyCap on various stressor-strain relationships. Examples of stressors included authoritarian leadership, job stress, lack of perceived organisational support, and work-family conflict, and examples of outcomes included job satisfaction, turnover intentions, incivility, poor psychological wellbeing, and burnout. However, there are a few studies where a moderating effect of PsyCap was *not* found. For example, Setar, Buitendach and Kanengoni (2015) examined the role of PsyCap in the relationship between job stress and incivility in South African call centre employees and did not find support for a moderation hypothesis. Bateman (2015) also did not find support for the moderating role of PsyCap in the relationship between job stress and incivility in South Africa. Aybas and Acar (2017) examined PsyCap in relation to the effects of HR practices on employee engagement and did not find any moderating effects of PsyCap in their study.

The present study hypothesised that PsyCap would act as a moderator between TL and the individual outcomes of physiological wellbeing and psychological wellbeing. However, this hypothesis was not supported by the findings. There could be many plausible reasons why a moderating effect of PsyCap was not found, and these reasons will be discussed below.

Firstly, the present study was cross-sectional in nature, thus capturing participants' responses at a single point in time. These particular timing effects of a cross-sectional research study such as the present study could offer an explanation as to why a

moderating effect of PsyCap was not observed. According to Bernstein (1992), in order to observe a moderating effect, participants need to be observed or measured at the exact time when they are utilising a coping process. In this present study, it is plausible that employees were not observed at the exact time when they were experiencing TL *and* making use of their internal resource of PsyCap to cope with TL. If the sample was captured after they had used the resource of PsyCap, although employees accurately and retrospectively recorded the level of TL experienced at that time, at the current point in time all that may have been evidenced is the after effect of moderation, with relatively higher levels of PsyCap and relatively higher levels of wellbeing. It can be argued that employees' previous recollections of TL have not softened over time because TL may leave a psychological scar on employees. Branch, Ramsey and Barker (2013) note that the experiencing of workplace bullying, and by extension, TL, can be so severe and damaging to an employee that they take months or even years to recover from it. Hallberg and Strandmark (2006) states that victims of workplace bullying are marked for life. This could thus extend to TL, and thus employees in this sample would have been able to accurately recollect their experiences of TL as they were scarred from their experiences and have not forgotten how a toxic leader made them feel.

In this present study, employees may thus have accurate retrospective perceptions of the levels of stress they experienced in relation to TL, with PsyCap already have been utilised (in the past) as a coping resource, consequently evidencing in employees feeling well in the present. Thus, the actual time when PsyCap was working (being mobilised and utilised) to reduce the effects of TL may not have been captured. Thus, by not capturing the sample at the exact point at which the interaction occurred, only the post-interaction levels of the construct's effect with an accurate recall of TL levels would have been recorded. This timing effect could thus be offered as an explanation as to why only main effects of PsyCap (higher levels of PsyCap led to better physiological wellbeing and better psychological wellbeing) were found and why there was a lack of observation of moderating effects. See Figure 4.1 below.

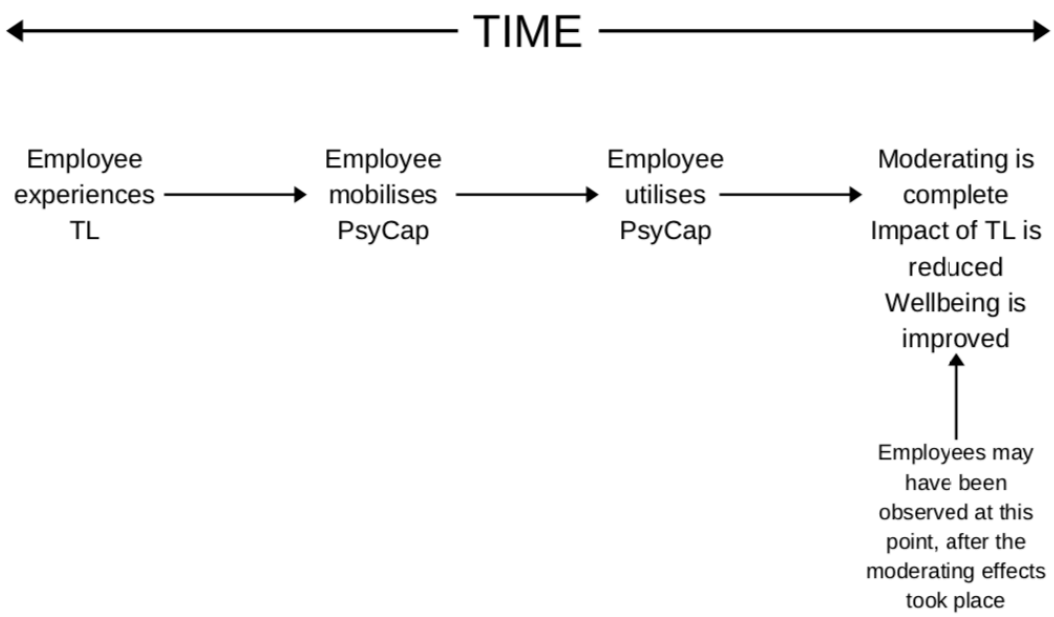
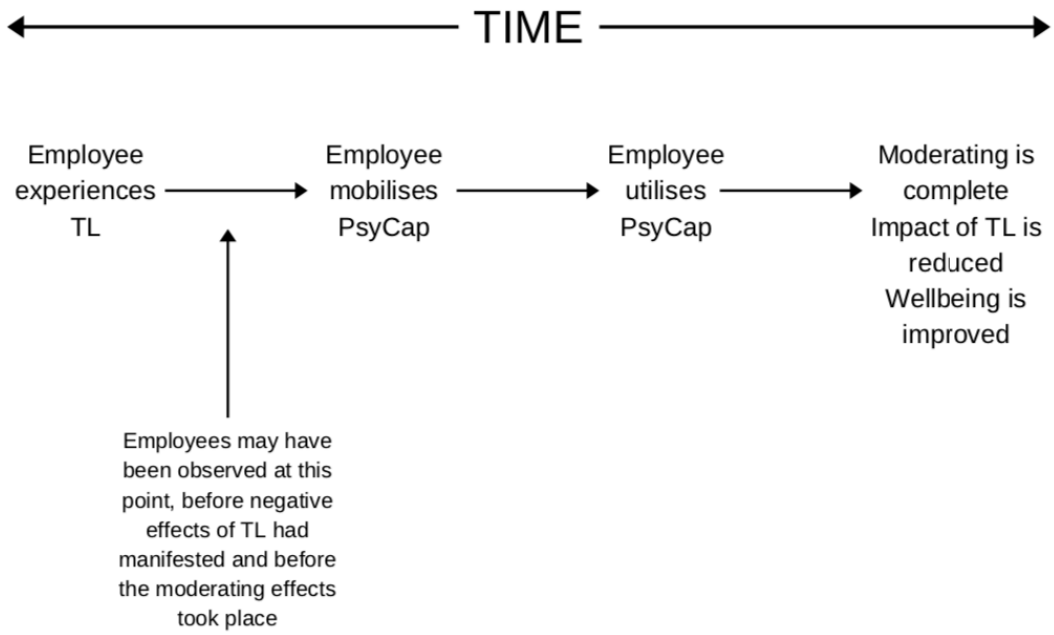


Figure 4.1 The moderating process

Secondly, a slightly alternative and to some extent a counter-argument is that proposed by Ford et al. (2014), who conducted a meta-analysis of longitudinal studies examining the role of time in stressor-strain relationships. They identified synchronous effects and lagged effects of stressors. Synchronous effects are present when higher levels of the stressor occur at the same time as higher levels of the strain and are more cross-sectional in nature (Ford et al., 2014). Lagged effects refer to when the stressor takes time to develop and thus there is a delayed development of the strain and are longitudinal in nature (Ford et al., 2014). In the context of this research, impacts of TL on physiological wellbeing and psychological wellbeing could have been understood, to some extent, as lagged effects. It takes longer to develop physical strains as they require a build-up of wear and tear on the body (Ford et al., 2014). Psychological distress such as anxiety may develop more immediately, but depression may take several months to develop. Thus, while employees may have been experiencing TL at the exact point in time when they were participating in this research, the effects of that TL on their physiological wellbeing or psychological wellbeing are still to come. Thus, even if employees had higher levels of PsyCap which they could use in trying to deal with TL, the interaction or moderating effects might not be observable as the stressor has not yet resulted in the negative effects on the individual outcomes and employees have not actively enacted their PsyCap to deal with TL.

Therefore, experiences of TL and employees' current physiological and psychological state were recorded *preceding* the interaction. See Figure 4.2 below.

Figure 4.2 Lagged effects in the moderating process



Thirdly, another possible explanation could lie in the cognitive appraisal process outlined in Lazarus and Folkman's (1984) Transactional Model of Stress and Coping. Employees may have engaged in a primary appraisal of their toxic leader, and if they had high levels of PsyCap at that point in time, they may have appraised TL as less relevant or threatening straight away, instead of as stressful. While employees can identify a toxic leader, they may feel that the effects of TL are not overly bothersome and therefore do not overly impact upon them, and thus they do not engage in a secondary appraisal of their toxic leader. This may have been a possibility in this study as a large majority of sample in this study had high levels of PsyCap and were above the mean. In other words, employees may have recognised a toxic leader and rated them high on toxic behaviours, but they are not overly bothered by the display of toxic behaviours because they feel, up front and in that moment, that they can cope with it. This could suggest that employees may have noticed TL and reported the leader's negative behaviour (possibly in an objective manner) but did not identify the TL as overly stressful as a result of having high PsyCap. This could explain why main effects emerged from the results, as well as why an interaction effect was not observable.

Fourthly, this above explanation can possibly be interlinked with the timing effects argument as well. Thus, if this is linked back to the timing effects of TL and PsyCap, if an employee has high levels of PsyCap but they used it retrospectively to appraise and thereby cope with TL and now their toxic leader is concurrently perceived to be not too much of a bother, they may have thus already engaged in the appraisal process and have used PsyCap to limit the impact of TL on their physiological wellbeing and their psychological wellbeing. PsyCap would have already been employed as an "appraisal" coping mechanism, which explains why PsyCap has a main effect on the individual outcomes and may offer an explanation as to why moderation effects are not seen. Although TL's negative behaviours are still recorded accurately or concurrently, they are no longer seen as a threat. Additionally, an employee may have perceived a leader as toxic as a result of the primary and secondary appraisal process in the past, but now upon reappraisal sometime down the line, the employee has re-evaluated the stressor as not having as much of an impact upon them and their wellbeing. Thus, although an employee may have evaluated their leader as toxic in the past and rated them high on TL, since employees are not currently perceiving TL as particularly threatening or stressful (at the time of completing the questionnaire), they would not have needed to use PsyCap to cope with the stressor. This may also suggest why there was an absence of the moderating effect of PsyCap in this present study.

To conclude on the above explanations, there are a number of possible timing effects along with various appraisals and re-appraisals of threat which may have affected whether the process of enactment of a coping resource and its possible moderating effects were actually evident and recorded. A further explanation that can be offered is that of Conservation of Resources theory and the described resource caravan noted by Hobfoll (1989).

PsyCap may act as an internal resource caravan for employees (Avey et al., 2009; Hobfoll et al., 2018), and thus COR theory may be used as a fifth explanation as to why the moderating effects of PsyCap were not found. In line with COR theory, Aybas and Acar (2017) state the employees with higher levels of internal resources have a greater degree of mastery, which helps them cope with stressful or demanding situations and prevents negative outcomes. Since resource loss is more salient than

resource gain (Hobfoll, 1989), in the present study employees' higher levels of PsyCap may be equal to or even stronger than their moderately high experiences of TL, and thus it can be suggested that the effect of this transaction in terms of the cognitive appraisal process comes to a possible "zero" as they cancel one another out, instead of a net loss or a net gain. In other words, although employees may have accurately appraised their toxic leader as being moderately high on negative behaviors, their accurate appraisal of their having a high level of capability (PsyCap) to cope with the TL may have neutralized their perceived level of threat and thereby any future negative impact on their wellbeing. Employees high in PsyCap can be seen as being high in self-efficacy, and TL has been found to lead to lowered self-efficacy (Bhandarker & Rai, 2019; Mehta & Maheshwari, 2014). Thus, moderate levels of TL will be offset by high levels of self-efficacy. In line with the argument put forward by Aybas and Acar (2017), since a large majority of the sample had higher levels of PsyCap, even if TL's effects on physiological wellbeing and psychological wellbeing were moderately low, PsyCap still had a higher effect on those individual outcomes. Thus, it can be suggested that a moderating effect of PsyCap was not found because the "resources" of PsyCap and TL acted to cancel each other out.

A sixth argument could be that of experience and mastery in dealing with stressors in the workplace. A high sense of mastery in dealing with workplace stressors may affect the extent to which employees utilised PsyCap (Bernstein, 1992; Hobfoll, 1985). If an employee has had experience in dealing with a particular stressor in the past, they may have found a successful way to cope with that stressor. At the time that employees' perceptions of TL were captured, employees may have already learnt how to deal with TL based on their past experiences, and thus all that emerges from the cross-sectional timing of sampling are employees who have successfully managed TL in the past. Thus, employees do not view their toxic leader as overly threatening at that point in time, and more importantly over time has been able to build and develop their resource caravan which has resulted in higher levels of concurrent PsyCap. This may explain why a moderating effect of PsyCap was not evident in the present study.

Lastly, many other extraneous variables may have come into play in the relationships between the variables in this study and thus may have masked the moderating effects of PsyCap. Given the limited scope of this research study, it was not plausible to

measure every possible variable. Other coping mechanisms may have been utilised by participants to deal with TL instead of PsyCap, which may explain why moderating effects of PsyCap were not found. In her study examining the moderating effect of PsyCap between stress and workplace incivility, Bateman (2015) proposed that participants may have used minimisation in order to cope with stress that resulted from a negative appraisal of a toxic work environment instead of PsyCap. Minimisation was a cognitive approach adopted by employees whereby they attempt to reduce incivility in the workplace by minimising the severity of their experience of uncivil work behaviours (Bateman, 2015). Minimisation could have been utilised by employees in the present study, as they may have attempted to cope with TL by downplaying how harmful their experiences of TL had been. Other variables often discussed in the literature surrounding coping with TL are the use of social support, confronting the toxic leader or completely avoiding the toxic leader (Webster et al., 2016). Employees in this present study may have drawn upon other psychological resources such as the support from their colleagues or friends in order to cope with TL. Employees may have confronted the toxic leader, and while they would have experienced TL prior to the confrontation, maybe after the confrontation the toxic leader changed their behaviour and thus did no longer have a negative impact on employees. Employees may have limited their exposure to a toxic leader and would have been less affected by their toxic behaviours.

Personality variables may also play a significant role. There are a vast range of personality variables that can affect an individual's capability to cope with stress. Individuals who are high on assertiveness for example, are better able to cope with stress as they view stress as challenging instead of as threatening (Tomaka et al., 1999). Individuals high on extraversion and conscientiousness used more problem-solving approaches to dealing with stress, and thus are more effective copers (Connor-Smith & Flachsbart, 2007; DeLongis & Holtzman, 2006). Consequently, other resources such as personality type may have in fact been utilised to cope with TL and as the measurement of this vast range of variables was beyond the scope of this study, it is possible that they may have been present and moderating and thereby reduced or even eliminated the use of the PsyCap for moderation. Thus, the myriad of extraneous variables that may have impacted an employee's ability to cope with TL

may explain why a moderating effect of PsyCap was not found, as employees may not have utilised PsyCap to help them cope with TL.

4.5 Conclusion

It is evident from the above discussion that TL has severe consequences for individual outcomes in the form of poorer physiological wellbeing and poorer psychological wellbeing. However, it appeared that PsyCap played no role in moderating the stressor-strain relationship between TL and the individual outcomes. Even though many other research studies have identified the buffering effects of PsyCap in different stressor-strain relationships, the interaction was not identified in this study, possibly due to the various explanations offered above.

While the moderating role of PsyCap in the relationship between TL and individual outcomes was not supported, this research study still provides valuable contributions to the body of knowledge on TL in South Africa. Given its limited scope and timeframe, this research study focused on a limited number of variables and a limited time frame, and thus more research needs to be conducted examining a wider range of different outcome variables and potential moderating variables in relation to TL as well as to examine the phenomenon of TL longitudinally. This will add to the knowledge of TL in South Africa, and these findings along with future findings will enable individuals and organisations to identify, manage and prevent toxic leaders and their negative impact.

4.6 Limitations of the Present Study

While this study yielded some important findings that have contributed to the body of research on TL in South Africa, it had some limitations. The limitations include: the use of self-report questionnaires; the data collection methods; the unrepresentative nature of the demographics of the sample; the sample size; and the cross-sectional design. In addition, the scope of the study precluded the researcher from measuring the vast range of extraneous variables that could have played a role in the relationships under study.

The use of self-report questionnaires to gather responses does not come without criticism. Self-report questionnaires can lead participants to respond in socially desirable ways. This social desirability bias may have led participants to give socially approved answers in order to make their situation appear better or worse than it actually was (Grimm, 2010), and thus they might have reported levels of TL that were falsely inflated or deflated. This may have been particularly true if the participants were completing the questionnaire at their workplace where their leaders or managers were present. The researcher tried to control for this by ensuring that participants were aware that their responses were completely anonymous and confidential, and that their leaders would not have access to their responses.

The methods of data collection required participants to have access to a computer and the internet and this may have hindered some individuals from participating. This poses a problem in South Africa as not everyone in the population has equal access to technology. However, since all potential participants had to be employed on a full-time basis and the survey was shared via email and social media platforms, it was assumed that all participants had access to technology in order to complete the survey.

The demographic information obtained from the sample shows that the sample was not representative of the greater South African population. Women made up 72.1% of the sample, while women make up 51% of the South African population (StatsSA, 2019), and thus the sample is not indicative of the distribution of genders. In terms of ethnicity, the majority of participants were White (59.3%), which is not representative of the estimated 58.7 million people living in South Africa as of 2019. 38.5% of the sample were made up of Black, Coloured and Indian participants, and these ethnic groups make up 91.1% of the population in South Africa. Black South Africans alone make up around 80% of the population (StatsSA, 2019). Majority of the sample spoke English as their first language (67.9%). Out of the eleven official languages, isiZulu is spoken as a first language by 22.7% of South Africans, while English is only spoken as a first language by 13.5% of the population. The fact that the sample is not representative of the South African population makes it difficult to generalise the findings of this study.

The sample size of this study was relatively small with 140 participants. While it was sufficient enough to conduct the relevant statistical analyses, it would have been more beneficial for the sample size to be larger so that it may be more representative of the South African population. The bigger the sample size, the more power the results from the statistical analyses hold (Anderson, Kelley & Maxwell, 2017).

The design of this study was cross-sectional in nature, and thus data were only collected at one point in time from participants. Relating to the timing effects discussed in relation to the utilisation of PsyCap, collecting data at one specific point in time may have impacted the results. This is because the researcher cannot be sure if participants were being exposed to TL during the same time at which they completed the survey, or even whether they experienced TL and coped with it successfully before completing the survey, which, as discussed, would have affected concurrent experienced levels of threat and/or obscured any evidence of interaction effects. Participants may have been able to accurately record threat levels of TL in the past, but because they have drawn on resources to deal with that threat, they experience TL as a lesser threat at the time their experiences were measured. The cross-sectional design also limited the level of causality that can be inferred from the results of this study.

4.7 Recommendations and Directions for Future Research

This study is one of few of its kind and while it has contributed to the dearth of research on TL in South Africa, there are many possible recommendations and directions for future research.

Firstly, it is recommended that future research on this topic in South Africa makes use of larger sample sizes. This will ensure that the results from the statistical techniques will hold greater statistical power. It may also ensure that the samples are more representative of the greater South African population in terms of demographic variables such as gender, ethnicity and home language.

Longitudinal research of the constructs is also a very important recommendation. A longitudinal study was not possible given the scope and timeline of this study however, it would be beneficial to conduct longitudinal research on the effects of TL. Since some of the effects of TL on physiological wellbeing and psychological wellbeing may not appear immediately after TL has been experienced by employees, it will be useful to look at these effects over a long period of time in order to establish the severity of the impact of TL. A longitudinal study of TL may also demonstrate employees' patterns of coping and thus may provide some insight into how employees deal with TL. Longitudinal studies also have greater power in inferring causality (Salkind, 2012), and thus using longitudinal research designs in examining TL may allow for cause-and-effect relationships to be established.

A third recommendation is for qualitative methodology to be undertaken when examining TL and its effects. Qualitative research can allow for a more in-depth and rigorous exploration (Silverman, 2004) and thus employees' experiences with toxic leaders and the resultant impact on their physiological and psychological wellbeing can be examine in greater detail. This may also offset the problem of poor response rates involved in using questionnaires in quantitative research studies.

While this research study has brought awareness to the detrimental impact TL can have and the use of Schmidt's (2008) Toxic Leadership Scale can help organisations detect toxic leaders in their workplace, there is still much to be done relating to TL research in South Africa. There needs to be more research conducted on how to deal with and cope with TL, both from an organisational and an individual perspective. In addition to this, there needs to be more research conducted on the impact of TL on other individual outcome variables as well as organisational outcome variables in order to understand the full scope of the negative effects of TL.

While there is an abundance of research studies describing the four components of PsyCap and investigating how PsyCap can be developed, there is virtually no research, to the researcher's knowledge, on how the positive resources of self-efficacy, hope, optimism and resilience are actually used and mobilised by individuals. For example, how would employees be hopeful and optimistic? Examining the "how"

of PsyCap will provide more insight into how it acts as a positive resource that individuals may use to cope with stress.

4.8 Practical Recommendations

The present study has clearly demonstrated that TL does have an impact on wellbeing and that PsyCap is also implicated in wellbeing. In addition, there is a significant body of research suggesting that TL and poorer wellbeing can impact organisational outcomes. Therefore, it is in organisations' best interest that they introduce practical interventions to foster PsyCap, reduce TL and improve employee wellbeing.

An example of a practical intervention is the PCI developed by Luthans et al. (2006) as described in the literature review, which could be introduced in organisations in order to help employees foster PsyCap and utilise it as a positive resource. Development programmes should be implemented in organisation to allow employees to develop the self-efficacy, hope, optimism and resilience components of PsyCap. These programmes should be aimed at providing opportunities for employees to be mentored or coached by other or more senior employees in the organisation in order for them to gain experience and be guided through a specific aspect in their work to increase their levels of self-efficacy. Workshops relating to goal creation and achievement can be introduced for employees to be guided through the process of developing their agency and pathways and thus increasing their sense of hope. Programmes can be implemented to bring awareness to employees' levels of optimism and resilience and may focus on giving employees effective tools for them to develop, improve and increase their optimism and resilience, all in the objective of developing PsyCap so that employees can utilise it as a positive resource when dealing with a range of different stressors in the workplace.

Interventions also need to be aimed at reducing and eliminating TL within organisations. Both primary and secondary interventions need to be aimed at culture and leadership in order to reduce TL, and should be promoted by the top level of the organisation and filtered down through all employees (Bernstein & Trimm, 2016; Matos et al., 2018). Primary interventions need to focus on the organisational policies

and procedures that are put in place to help managers and employees reduce the occurrence of TL behaviours. Workplace policies need to emphasise a zero tolerance position on toxic behaviours displayed by leaders in the organisation, and proper procedures need to be implemented for employees to anonymously report a toxic leader. Secondary interventions, such as training programmes, need to be provide employees with a clear definition of toxic leader behaviours so that they can identify a toxic leader more easily and also ensure that they do not display behaviours that could be regarded as toxic. Organisations must emphasise that constructive and positive leader behaviours are far more effective ways of reaching the organisation's mission and need to prioritise the creation of a culture where employees feel safe and supported in order to reduce or eliminate TL and its negative effects on both employees and organisations.

Lastly there is a strong need to empower Human Resources (HR) to manage and resolve the problems of dealing with TL. Much research has noted that HR practitioners serve two constituencies – managers and employees. HR practitioners often act as a liaison between managers and employees and are a vital link in the relationships between these two constituencies (Cowan, 2012; Makgolo & Barnard, 2019). HR practitioners thus face challenges in championing employees against toxic leaders who are often in the higher echelons of the organisation and therefore are the management constituency that HR practitioners are also expected to serve. This may present a conflict of roles (Fox & Cowan, 2015), especially if the management constituency is toxic itself. Maxwell (2015) states that HR practitioners are expected to intervene in TL situations and find solutions to the problems that arise when a toxic leader is employed. They thus must be able to recognise and identify TL, measure TL, and be prepared to deal with the negative consequences that arise from TL (Maxwell, 2015). If HR practitioners are equipped to deal with TL in the necessary ways, they may be able to reduce TL levels in organisations and help prevent the harmful effects that TL may have on employees and organisations.

In conclusion, this research study has highlighted the severity of the damaging effects of TL on individual physiological and psychological wellbeing, as well as on various organisational outcomes. While the moderating effects of PsyCap were not found in this current study, this research has indicated that PsyCap may be useful as a coping

resource for employees, and encourages further exploration on the utilisation and development of PsyCap and other coping resources as effective mechanisms that can be used by employees to cope with TL. This research has also highlighted the need for interventions to reduce TL so that organisations can create and foster healthy workplaces, which will lead to the success of both employees and the organisation itself.

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Appendices

Appendix A – Organisational Demographic Questionnaire

1. Please indicate your age
    - ☐ Under 20 years old
    - ☐ 21-30 years old
    - ☐ 31-40 years old
    - ☐ 41-50 years old
    - ☐ 51-60 years old
    - ☐ 60+ years old
2. Please indicate your gender
    - ☐ Female
    - ☐ Male
    - ☐ Non-binary
    - ☐ Other, please specify _____
3. Please indicate your race
    - ☐ Black
    - ☐ White
    - ☐ Coloured
    - ☐ Indian
    - ☐ Asian
    - ☐ Other, please specify _____
4. Please indicate your home language
    - ☐ English
    - ☐ Afrikaans
    - ☐ isiZulu
    - ☐ isiXhosa
    - ☐ isiNdebele
    - ☐ Sesotho
    - ☐ Sepedi
    - ☐ Setswana
    - ☐ siSwati

- Tshivenda
- Xitsonga
- Other, please specify _____

5. Please indicate your level of education
   - Less than grade 10
   - Grade 10
   - Matric
   - Diploma
   - Undergraduate degree
   - Honours degree
   - Masters degree
   - Doctoral degree
6. Please indicate job level
   - Entry level
   - Intermediate
   - Junior management
   - Middle management
   - Upper management
   - Executive
   - Other, please specify _____
7. Please indicate your tenure (how long you have been in the organisation)

   _____
8. Please indicate job industry (i.e. insurance, banking, marketing etc.)

   _____

Appendix B – Wits Plus Demographic Questionnaire

1. Please indicate your age
    - ☐ Under 20 years old
    - ☐ 21-30 years old
    - ☐ 31-40 years old
    - ☐ 41-50 years old
    - ☐ 51-60 years old
    - ☐ 60+ years old
2. Please indicate your gender
    - ☐ Female
    - ☐ Male
    - ☐ Non-binary
    - ☐ Other, please specify _____
3. Please indicate your race
    - ☐ Black
    - ☐ White
    - ☐ Coloured
    - ☐ Indian
    - ☐ Asian
    - ☐ Other, please specify _____
4. Please indicate your home language
    - ☐ English
    - ☐ Afrikaans
    - ☐ isiZulu
    - ☐ isiXhosa
    - ☐ isiNdebele
    - ☐ Sesotho
    - ☐ Sepedi
    - ☐ Setswana
    - ☐ siSwati
    - ☐ Tshivenda
    - ☐ Xitsonga

- Other, please specify _____

5. Please indicate your level of education
   - Less than grade 10
   - Grade 10
   - Matric
   - Diploma
   - Undergraduate degree
   - Honours degree
   - Masters degree
   - Doctoral degree
6. Please indicate job level
   - Entry level
   - Intermediate
   - Junior management
   - Middle management
   - Upper management
   - Executive
   - Other, please specify _____
7. Please indicate your tenure (how long you have been in the organisation)

   _____
8. Please indicate job industry (i.e. insurance, banking, marketing etc.)

   _____
9. The following question only applies to WitsPlus first year psychology students. Providing your student number is completely optional and only needs to be completed if you wish to receive 1% towards your research participation mark. Your student number will be deleted once it has been provided to the course-coordinator, which ensures that your responses are completely anonymous. Please fill in your student number

   _____

Appendix C – Schmidt's (2008) Toxic Leadership Scale

Please complete the following questions regarding your personal experiences of Toxic Leadership by selecting the appropriate option. The following questions measure the extent to which you have experienced Toxic Leadership in your work environment.

Please select Strongly disagree (SD), Moderately disagree (MD), Slightly disagree (D), Neither agree nor disagree (N), Slightly agree (A), Moderately agree (MA) and Strongly agree (SA) to the relevant phrases.

1. Abusive Supervision							
My leader…	SD	MD	D	N	A	MA	SA
Ridicules subordinates							
Holds subordinates responsible for things outside of their job description							
Is not considerate about subordinates' commitments outside of work							
Speaks poorly about subordinates to other people in the workplace							
Publicly belittles subordinates							
Reminds subordinates of their past mistakes and failures							
Tells subordinates they are incompetent							
2. Authoritarian Leadership							
My leader…	SD	MD	D	N	A	MA	SA
Controls how subordinates complete their tasks							
Invades the privacy of subordinates							
Does not permit subordinates to approach goals in new ways							
Will ignore ideas that are contrary to his/her own							
Is inflexible when it comes to organisational policies, even in special circumstances							
Determines all decisions in the unit whether they are important or not							
3. Narcissistic Leadership							
My leader…	SD	MD	D	N	A	MA	SA
Has a sense of personal entitlement							
Assumes that he/she is destined to enter the highest ranks of my organisation							
Thinks he/she is more capable than others							
Believes that he/she is an extraordinary person							
Thrives on compliments and personal accolades							
4. Self-Promotion							
My leader…	SD	MD	D	N	A	MA	SA
Drastically changes his/her demeanor when his/her supoervisor is present							
Denies responsibility for mistakes made by his/her unit							
Will only offer assistance to people who can help him/her get ahead							
Accepts credit for successes that do not belong to him/her							
Acts only in the best interest of his/her next promotion							
5. Unpredictability							
My leader…	SD	MD	D	N	A	MA	SA
Has explosive outbursts							
Allows his/her current mood to define the climate of the workplace							
Expresses anger at subordinates for unknown reasons							
Allows his/her mood to affect his/her vocal tone and volume							
Varies in his/her degree of approachability							
Causes subordinates to try and "read" his/her mood							
Affects the emotions of subordinates when impassioned							

Appendix D – Psychological Capital Questionnaire

Self-rater version (sample questions only provided given instrument is copyrighted)

Instructions: Below are statements that describe how you may think about yourself right now. Use the following scale to indicate your level of agreement of disagreement with each statement.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5	6

Example of efficacy scale:

Q1	I feel confident analysing a long-term problem to find a solution	1	2	3	4	5	6

Example of Hope scale:

Q11	I can think of many ways to reach my current work goals	1	2	3	4	5	6

Example of Resiliency scale:

Q16	I usually take stressful things at work in stride	1	2	3	4	5	6

Example of Optimism scale:

Q19	When things are uncertain for me at work, I usually expect the best	1	2	3	4	5	6

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Appendix E – Physical Health Questionnaire

PHYSICAL SYMPTOMS (PHQ-15)

During the <u>past 4 weeks</u>, how much have you been bothered by any of the following problems?

	Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)
a. Stomach pain	☐	☐	☐
b. Back pain	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc.)	☐	☐	☐
d. Menstrual cramps or other problems with your periods ***WOMEN ONLY***	☐	☐	☐
e. Headaches	☐	☐	☐
f. Chest pain	☐	☐	☐
g. Dizziness	☐	☐	☐
h. Fainting spells	☐	☐	☐
i. Feeling your heart pound or race	☐	☐	☐
j. Shortness of breath	☐	☐	☐
k. Pain or problems during sexual intercourse	☐	☐	☐
l. Constipation, loose bowels, or diarrhea	☐	☐	☐
m. Nausea, gas, or indigestion	☐	☐	☐
n. Feeling tired or having low energy	☐	☐	☐
o. Trouble sleeping	☐	☐	☐

(For office coding: Total Score T_____ = _____ + _____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Appendix F – Hospital Anxiety and Depression Scale

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:
Total score: Depression (D) _____ Anxiety (A) _____
0-7 = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)

Appendix G – Participant Information Sheet (Organisational Sample)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Dear Participant

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. I am required to complete a research report as part of my Masters degree. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the negative effects of toxic leadership on individual wellbeing. I would like to invite you to participate in this study.

Participation in this study includes the completion of an online questionnaire, by clicking the link at the bottom of this page. Completion of the questionnaire will take approximately 20-30 minutes. Please ensure that your completed questionnaire is submitted online within 2-3 weeks. Participation is completely voluntary, and there are no risks or benefits associated with your participation. You will have the right to withdraw from the study at any point up until you have submitted the online questionnaire.

Responses will remain strictly confidential and anonymous at all times, as no identifying information such as your name, staff number or ID number will be collected in the questionnaire. The name of the organisation for which you work will not be asked for, and your organisation will not be identified by name at any point. Responses to the questionnaire will only been seen by myself and my supervisor. IP addresses will not be recorded. Since the questionnaire is anonymous, there is no possibility of linking an individual to their questionnaire, therefore no individual feedback can be

given and the results will only focus on group trends. This further ensures that your individual set of responses cannot be identified.

We will be able to provide you with a summary of the findings after the study is completed if requested. Completion and return of the consent form and questionnaire will be taken as informed consent of your participation and for the use of your responses to be used for statistical analysis and research purposes only. Data will be kept in a password protected computer during the research process, and only the researcher and the supervisor will have access to this data. Once the research report has been completed, the data will be stored in a password protected computer for future secondary analyses, and only the researcher and her supervisor will have access to the data. The research report will be placed in the University's online repository (WIReDSpace) and findings may be used for future research publications or conference proceedings. However, as mentioned, findings are only reported as general trends and therefore your responses will remain completely anonymous.

If you have any further questions or would like feedback on the results of this study, please feel free to contact me or my supervisor. Contact details are provided below. Thank you for considering to take part in this research. Your participation would be greatly appreciated.

Kind regards,

Kate Crozet

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Dr Colleen Bernstein (Supervisor)

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+27 (11) 717 4538

For any information regarding the ethics of this study you may contact Shaun Schoeman from the University's Ethics Committee (HREC).

shaun.schoeman@wits.ac.za

+27 (11) 717 1408

Appendix H – Participant Information Sheet (Wits Plus Sample)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Dear Participant

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. I am required to complete a research report as part of my Masters degree. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the negative effects of toxic leadership on individual wellbeing. I would like to invite you to participate in this study. Please note that in order to take part in this research, you need to be currently employed on a full-time basis in a South African organisation.

Participation in this study includes the completion of an online questionnaire, by clicking the link at the bottom of this page. Completion of the questionnaire will take approximately 20-30 minutes. Please ensure that your completed questionnaire is submitted online within 2-3 weeks. Participation is completely voluntary, and there are no risks or benefits associated with your participation. However, if you are currently registered for the first year Psychology course, you will receive 1% towards your research participation mark. This only applies to first year Psychology Wits Plus students. You will have the right to withdraw from the study at any point up until you have submitted the online questionnaire.

Responses will remain strictly confidential and anonymous at all times, as no identifying information such as your name or ID number will be collected in the questionnaire. However, your student number will be recorded in order to give you credit for research participation. Once your student number has been noted and given to the course-coordinator, it will be deleted so there will be no way in which your responses can be aligned to your student number. The name of the organisation for which you work will also not be asked for, and your organisation will not be identified by name at any point. Responses to the questionnaire will only been seen by myself and my supervisor. IP addresses will not be recorded. Since the

questionnaire is anonymous, there is no possibility of linking an individual to their questionnaire, therefore no individual feedback can be given and the results will only focus on group trends. This further ensures that your individual set of responses cannot be identified.

We will be able to provide you with a summary of the findings after the study is completed if requested. Completion and return of the consent form and questionnaire will be taken as informed consent of your participation and for the use of your responses to be used for statistical analysis and research purposes only. Data will be kept in a password protected computer during the research process, and only the researcher and the supervisor will have access to this data. Once the research report has been completed, the data will be stored in a password protected computer for future secondary analyses, and only the researcher and her supervisor will have access to the data. The research report will be placed in the University's online repository (WIReDSpace) and findings may be used for future research publications or conference proceedings. However, as mentioned, findings are only reported as general trends and therefore your responses will remain completely anonymous.

If you have any further questions or would like feedback on the results of this study, please feel free to contact me or my supervisor. Contact details are provided below. Thank you for considering to take part in this research. Your participation would be greatly appreciated.

Kind regards,

Kate Crozet

katiecrozet@icloud.com

+27 (83) 600 0503

Dr Colleen Bernstein (Supervisor)

colleen.bernstein@wits.ac.za

+27 (11) 717 4538

For any information regarding the ethics of this study you may contact Shaun Schoeman from the University's Ethics Committee (HREC).

shaun.schoeman@wits.ac.za

+27 (11) 717 1408

Appendix I – Organisational Access Letter

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Good day

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. I am required to complete a research report as part of my Masters degree. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the negative effects of toxic leadership on individual wellbeing. I am requesting permission to access employees at [insert name of organisation] in order to carry out my research.

Participation in this will involve employees completing an online questionnaire, which will take approximately 20-30 minutes to complete, which must be submitted within 2-3 weeks. Participation in this study is completely voluntary, and employees will not be advantaged if they choose to participate, nor will they be disadvantaged if they choose not to participate. No foreseeable risks or benefits are associated with participation.

No identifying information such as employee names, staff numbers or ID numbers will be collected, thus ensuring that participants remain anonymous. The data collected from your employees will therefore not be linked to an individual employee in any way, and only group results will be reported. Furthermore, participants will not be asked to provide the name of the organisation, the name of the organisation will not be reported, and only myself and my supervisor will know the name of your organisation. Thus, the anonymity and confidentiality of both your employees and the organisation will be preserved.

If employees choose to participate in this research, they will be requested to complete an online questionnaire, either at work in their free time or at home. Employees will be able to complete the online questionnaire through distribution of the electronic link to your employees' email addresses, and no IP addresses will be recorded. Completion and submission of the consent form and questionnaire will act as informed consent to participate in this research. The overall research findings of this study will be summarised and sent to participants and your organisation upon request. The research report will be placed in the University's online repository (WIReDSpace) and findings may be used for future research publications or conference proceedings. However, as mentioned, findings are only reported as general trends and therefore employees' responses will remain completely anonymous.

There has been no research in South Africa on this specific topic, and thus this research may provide valuable contributions. It would be greatly appreciated if permission was granted to access the employees in your organisation to conduct this research. If you have any questions or concerns, please do not hesitate to contact me or my supervisor.

Kind regards,

Kate Crozet

katiecrozet@icloud.com

+27 (83) 600 0503

Dr Colleen Bernstein (Supervisor)

colleen.bernstein@wits.ac.za

+27 (11) 717 4538

For any information regarding the ethics of this study you may contact Shaun Schoeman from the University's Ethics Committee (HREC).

shaun.schoeman@wits.ac.za

+27 (11) 717 1408

Appendix J – Wits Plus Access Letter (to course coordinator and registrar)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Good day

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. I am required to complete a research report as part of my Masters degree. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the negative effects of toxic leadership on individual wellbeing. I am requesting permission to access students at the Wits Plus Centre of Part-time Studies in order to carry out my research. In order for students to participate in this research, they need to be currently employed on a full-time basis in a South African organisation.

Participation in this will involve students completing an online questionnaire, which will take approximately 20-30 minutes to complete, which must be submitted within 2-3 weeks. Participation in this study is completely voluntary, and students will not be disadvantaged if they choose not to participate. However, students who are currently registered for the first year Psychology course who do choose to participate in this research will receive 1% towards their grade as a form of research participation. This will only apply to first year Psychology wits Plus students. No foreseeable risks or benefits are associated with participation.

No identifying information such as student names or ID numbers will be collected, thus ensuring that participants remain anonymous. However, student numbers will be collected in order to credit students for research participation. Once these student numbers have been recorded and given to the course-coordinator, they will be deleted. The data collected from students will therefore not be linked to an individual student in any way, and only group results will be reported. Furthermore, participants will not be asked to provide the name of the organisation in which they work, the names of the organisations will not be reported, and only

myself and my supervisor will know the names of the organisations. Thus, the anonymity and confidentiality of both students and organisations will be preserved.

If students choose to participate in this research, they will be requested to complete an online questionnaire. Students will be able to complete the online questionnaire through distribution of the electronic link to student email addresses, and no IP addresses will be recorded. Completion and submission of the consent form and questionnaire will act as informed consent to participate in this research. The overall research findings of this study will be summarised and sent to participants upon request. The research report will be placed in the University's online repository (WIReDSpace) and findings may be used for future research publications or conference proceedings. However, as mentioned, findings are only reported as general trends and therefore students' responses will remain completely anonymous.

There has been no research in South Africa on this specific topic, and thus this research may provide valuable contributions. It would be greatly appreciated if permission was granted to access the students at Wits Plus to conduct this research. If you have any questions or concerns, please do not hesitate to contact me or my supervisor.

Kind regards,

Kate Crozet

katiecrozet@icloud.com

+27 (83) 600 0503

Dr Colleen Bernstein (Supervisor)

colleen.bernstein@wits.ac.za

+27 (11) 717 4538

For any information regarding the ethics of this study you may contact Shaun Schoeman from the University's Ethics Committee (HREC).

shaun.schoeman@wits.ac.za

+27 (11) 717 1408

Appendix K – Consent Form for online questionnaire

CONSENT TO PARTICIPATE IN THIS STUDY

I voluntarily agree to participate in this research study and have read and fully understand all the points outlined below.

- ☐ Yes
- ☐ No

- I understand that my participation is voluntary and that even if I agree to participate now, I can withdraw at any time before submitting the final questionnaire.
- I have had the purpose and nature of the study explained to me in writing and I do have the opportunity to ask questions about the study.
- I understand that participation involves the completion of questions pertaining to some personal information as well as my experiences and perspective pertaining to various events in the workplace.
- I understand that I will not benefit directly from participating in this research.
- I understand that all the information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by not recording any personal information that could be utilised to identify any one individual or organisation.
- I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential as all findings are reported as general trends and therefore my single responses cannot be identified in any way.
- I am aware that findings from this research will be published in the Wits online research repository and may be used for publication and conference proceedings. All findings stored and utilised in this manner will remain completely anonymous.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Appendix L – Email invitation to employees

Good day

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the effects of toxic leadership on individual wellbeing. I would like to invite you to participate in this study.

Participation involves completing an online questionnaire. You will be asked questions about your background, as well as about your experiences of toxic leadership, your levels of psychological capital and your physiological and psychological wellbeing.

Participation in this part of the study is completely voluntary. The survey should take approximately 20-30 minutes to complete. You will be not advantaged or disadvantaged for choosing to participate or not. The participant information sheet and a link to the online questionnaire have been included in this email should you choose to participate.

Thank you for considering this invitation. Your participation would be greatly appreciated.

Kind regards,

Kate Crozet

katiecrozet@icloud.com

+27 (83) 600 0503

Dr Colleen Bernstein (Supervisor)

colleen.bernstein@wits.ac.za

+27 (11) 717 4538

Appendix M – Email invitation to students

Good day

My name is Kate Crozet and I am conducting research for the purpose of obtaining a Masters degree in Organisational Psychology at the University of the Witwatersrand. The aim of my research is to explore the effects of toxic leadership on individual physiological and psychological wellbeing, and whether psychological capital can act as a resource that buffers the effects of toxic leadership on individual wellbeing. I would like to invite you to participate in this study. Please note that in order to participate, you need to be currently employed in a South African organisation.

Participation involves completing an online questionnaire. You will be asked questions about your background, as well as about your experiences of toxic leadership, your levels of psychological capital and your physiological and psychological wellbeing.

Participation in this part of the study is completely voluntary. The survey should take approximately 20-30 minutes to complete. You will be not advantaged for choosing to participate, nor will you be disadvantaged for choosing not to participate. However, if you are currently registered for the first year Psychology course, you will receive 1% towards your research participation mark. This only applies to first year Psychology Wits Plus students. The participant information sheet and a link to the online questionnaire have been included in this email should you choose to participate.

Thank you for considering this invitation. Your participation would be greatly appreciated.

Kind regards,

Kate Crozet

katiecrozet@icloud.com

+27 (83) 600 0503

Dr Colleen Bernstein (Supervisor)

colleen.bernstein@wits.ac.za

+27 (11) 717 4538

Appendix O – Ethical Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MORG/19/002 IH**
PROJECT TITLE:	Toxic leadership, psychological capital and individual outcomes
INVESTIGATORS	Crozet Kate
DEPARTMENT	Psychology
DATE CONSIDERED	01/07/19
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 01 July 2019

CHAIRPERSON
(Dr Colleen Bernstein)

cc Supervisor: Dr Colleen Bernstein
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2021

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix P – Permission Letter from the Faculty Registrar

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

29 August 2019

Kate Crozet
Student number 1093478
MA Organisational Psychology
School of Human and Community Development

TO WHOM IT MAY CONCERN

"Toxic leadership, psychological capital and individual outcomes"

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

Ethical clearance has been obtained. (Protocol Number: MORG/19/002 IH)

Carol Crosley
University Registrar

Private Bag 3, Wits, 2050, South Africa | T +27 11 717 1204/8 | F +27 86 553 2271 | www.wits.ac.za

Appendix Q – Permission Letter from the Course-Coordinator

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

U218B Umthombo Building
East Campus
University of the Witwatersrand
Private Bag 3
Wits
2050

Phone +27 11 717 4521

2019-09-01

To whom it may concern

"Toxic leadership, psychological capital and individual outcomes"

This letter serves to confirm that relative to the above mentioned project (ethical clearance protocol number MORG/19/002/IH), Kate Crozet (Student number: 1093478), a registered student on the MA Organisational Psychology programme, has received permission to approach first year Psychology students at the Wits Plus Centre for Part-Time Studies to invite their participation to contribute to the data collection.

Should you require any further information, please do not hesitate to contact me either electronically Enid.Schutte@wits.ac.za or telephonically on 0117174521.

Regards



Enid Schutte

B.A.Hons (Psychology), M.Ed.

Lecturer : Department of Psychology

WitsPlus Under-graduate Psychology Course Coordinator

University of the Witwatersrand

16. STATEMENT OF PRINCIPLES FOR POSTGRADUATE SUPERVISION

IN A CONTEXT OF ACADEMIC FREEDOM AND WITHIN A FRAMEWORK OF INDIVIDUAL AUTONOMY AND THE PURSUIT OF KNOWLEDGE THIS AGREEMENT IS WRITTEN IN THE BELIEF THAT THERE IS A RECIPROCAL RELATIONSHIP AND MUTUAL ACCOUNTABILITY BETWEEN SUPERVISOR AND STUDENT.

THE SUPERVISOR AND THE STUDENT:

1. Will establish agreed roles and clear processes to be maintained by both parties. In the case of joint supervision everyone's role needs to be clarified.
2. Will meet regularly and as frequently as is reasonable to ensure steady progress towards the completion of the proposal, research report, or dissertation or thesis. This time varies but the normal minimum requirement for face-to- face contact, spread across each year of registration is: 10 contact hours for an Honours project, 15 contact hours for a Masters by research report and 24 contact hours for a Masters by dissertation and a PhD.
3. Will keep appointments, be punctual and respond timeously to messages.
4. Will keep one another informed of any planned vacations or absences as well as changes in his or her personal circumstances that might impact on the work schedule. Unplanned absences or delays should be discussed as soon as possible and arrangements should be made to catch up lost time.
5. Will ensure that research on animal or human subjects is conducted according to the procedures and the requirements of the relevant University Ethics committee.
6. Will together complete progress reports on the research project, as requested by each Faculty Graduate Studies Committee.

THE SUPERVISOR:

1. Undertakes to provide guidance for the student's research project in relation to the design and scope of the project, the relevant literature and information sources, research methods and techniques and methods of data analysis.
2. Has a responsibility to be accessible to the student.
3. Will be prepared for meetings with the student. This includes being up-to-date on the latest work in his/her area of expertise.
4. Will expect written work as jointly agreed, and will return that work with constructive criticism within a timeframe (a suggestion of 2-4 weeks) jointly agreed at the outset of the research.
5. Will provide advice that can help the student to improve his/her writing. This may include referrals for language training and academic writing. The supervisor will provide guidance on technical aspects of writing such as referencing as well as on discipline specific requirements. Detailed correction of drafts and instruction in aspects of language and style are not the responsibility of the supervisor.
6. Will support the student in the production of a research report, dissertation or thesis. Provision should be allowed for adequate, mutually respectful, discussion around recommendations made.
7. Will assist with the construction of a written time schedule which outlines the expected completion dates of successive stages of the work.
8. Will ensure the student has the opportunity to present work at postgraduate/ staff seminars/national/international conferences as appropriate.
9. Will assist with the publication of research articles as appropriate.
10. Will discuss the ownership of research conducted by the student in accordance with the University guidelines and rules on intellectual property, co-authorship and copyright.
11. Will ensure that the research is conducted in accordance with the University's policy on plagiarism.
12. Will ensure that the student is made aware in writing of the inadequacy of progress and/or of any work where the standard is below par. Acceptability will be according to criteria previously supplied to the student.
13. Has a duty to refuse to allow the submission of sub-standard work for examination, regardless of the circumstances. If the student chooses to submit without the consent of the supervisor, then this should be clearly recorded and the appropriate procedures followed.

THE STUDENT:

1. Undertakes to work independently under the guidance of the supervisor. This includes reading widely to ensure that the literature pertinent to his/her chosen topic has been identified and consulted.
2. Is obliged to make appointments to see the supervisor and will arrange meeting times well in advance.
3. Will think carefully about how to derive maximum benefit from these contact sessions by planning what he/she wants in these sessions.
4. Should submit written work for discussion with the supervisor well in advance of a scheduled meeting. The kind and frequency of written work should be agreed with the supervisor at the outset of the research.
5. Undertakes to submit written work that is relatively free of basic spelling mistakes, incorrect punctuation and grammatical errors. Responsibility for the accuracy of language, the overall structure and coherence of the final research report, dissertation or thesis rests with the student.
6. Undertakes to heed the advice given by the supervisor and to engage in discussion around suggestions made. Ultimately the student has to take responsibility for the quality and presentation of the work.
7. Should strive, within reasonable bounds, to maintain a focus on his/her research area and to work within the agreed time schedule.
8. Will prepare material for presentations at seminars and conferences.
9. Undertakes to submit papers for publication.
10. Agrees to honour agreements about ownership of the research and in accordance with the University's guidelines and rules in relation to co-authorship, copyright and intellectual property.
11. Will ensure that the work contains no instances of plagiarism and that all citations are properly referenced and that the list of references is accurate, complete and consistent.
12. Agrees to work in accordance with the criteria of acceptability as supplied by the supervisor.
13. Undertakes not to place the supervisor under undue pressure to submit work for examination until the supervisor is satisfied that it has reached an acceptable level of quality.

I confirm that I have read and understood this statement and agree to be guided by its principles

Name of student : Kate Crozet

Student's signature : 

Name of Supervisor : Dr Colleen Bernstein

Supervisor's signature : 

Name of Co-Supervisor : N/A

Co-Supervisor's signature : N/A

The broad area of study is: Organisational Psychology

Provisional submission date is: 7th May 2019

Degree : Master of Arts

School : Human and Community Development

Faculty : Humanities

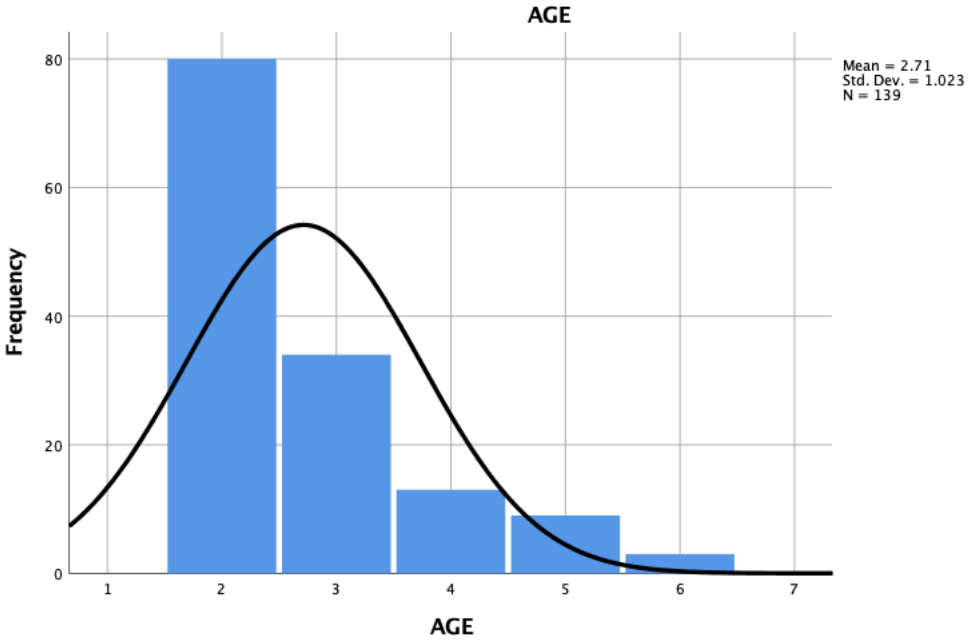
Date : 5th February 2019

Specific agreements pertaining to: ownership and joint publication, funding, etc. may be attached and signed.

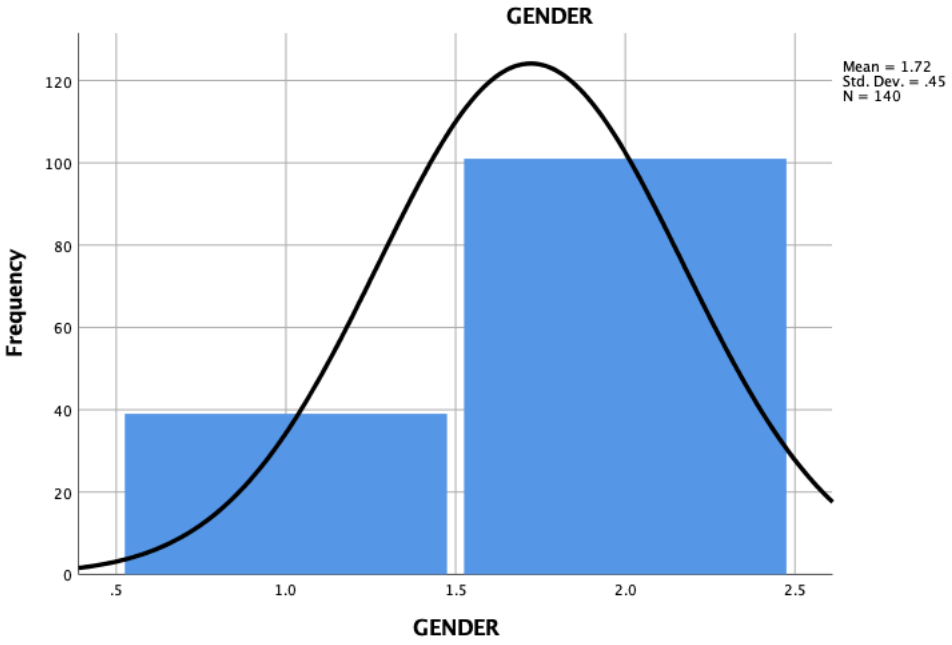
GRIEVANCE PROCEDURES. It should be acknowledged that during the course of the research, both students and supervisors can feel aggrieved. In this event, matters should be dealt with as swiftly as possible by the parties involved and, if necessary, the appropriate Postgraduate Coordinators and Committees. There is, in addition, a University Grievance Policy to help guide deliberations. It is available on www.wits.ac.za/prospective/postgraduate.

Appendix S – Demographic Information Histograms

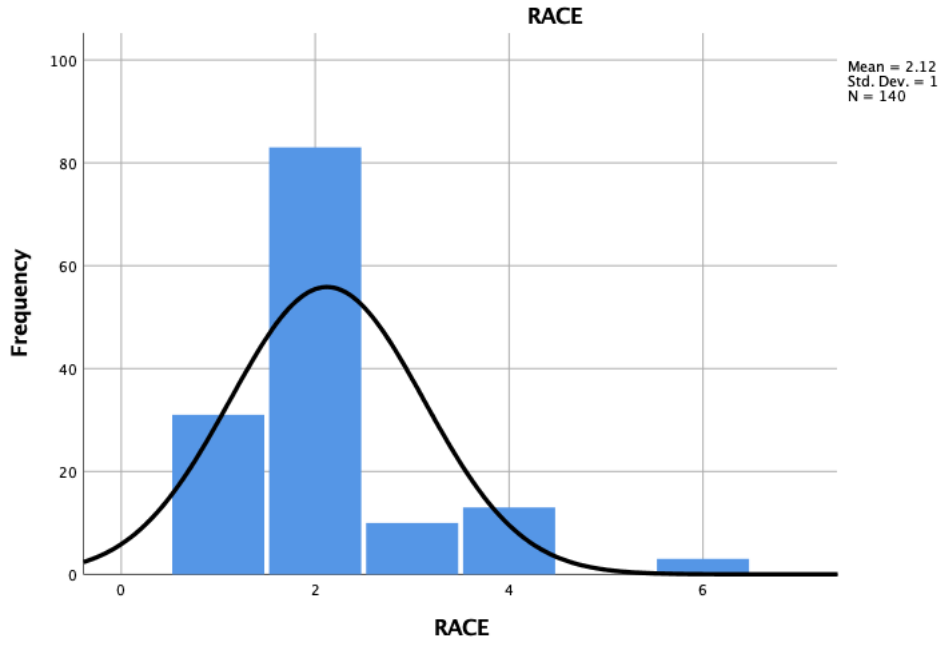
Age frequency and normality



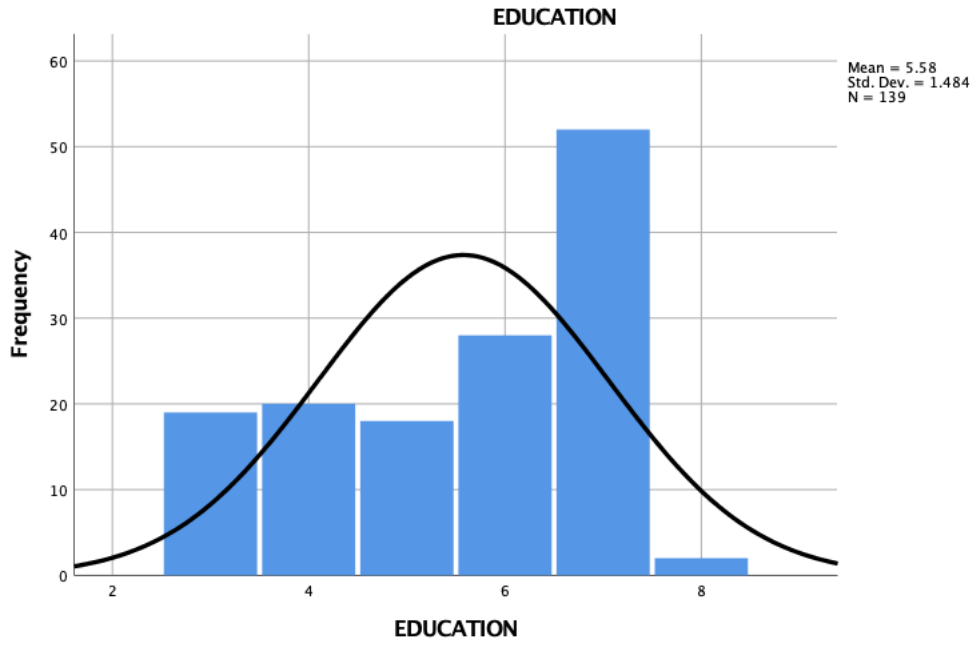
Gender frequency and normality



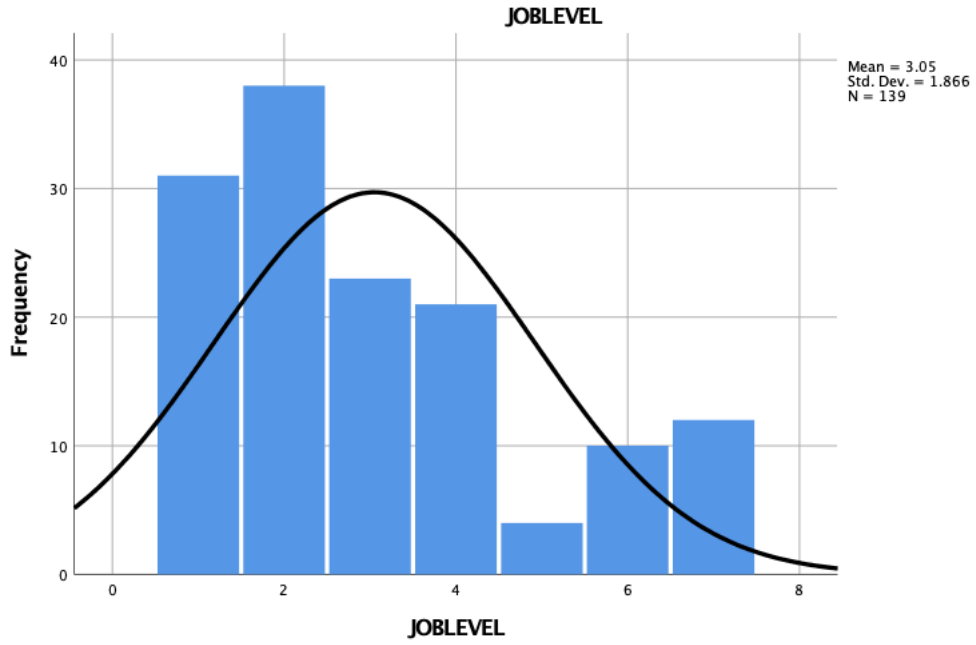
Ethnicity frequency and normality



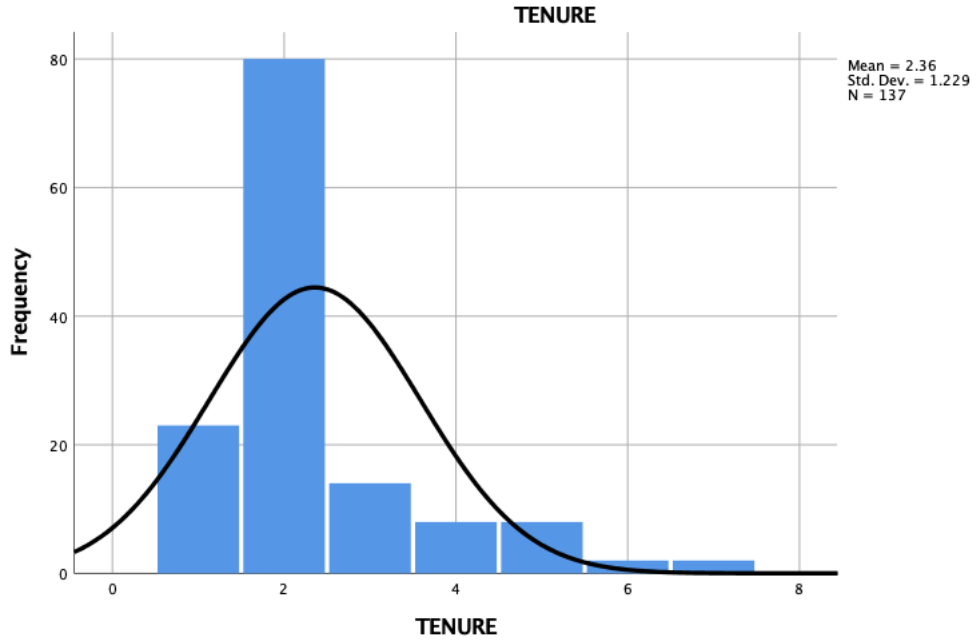
Education frequency and normality



Job level frequency and normality

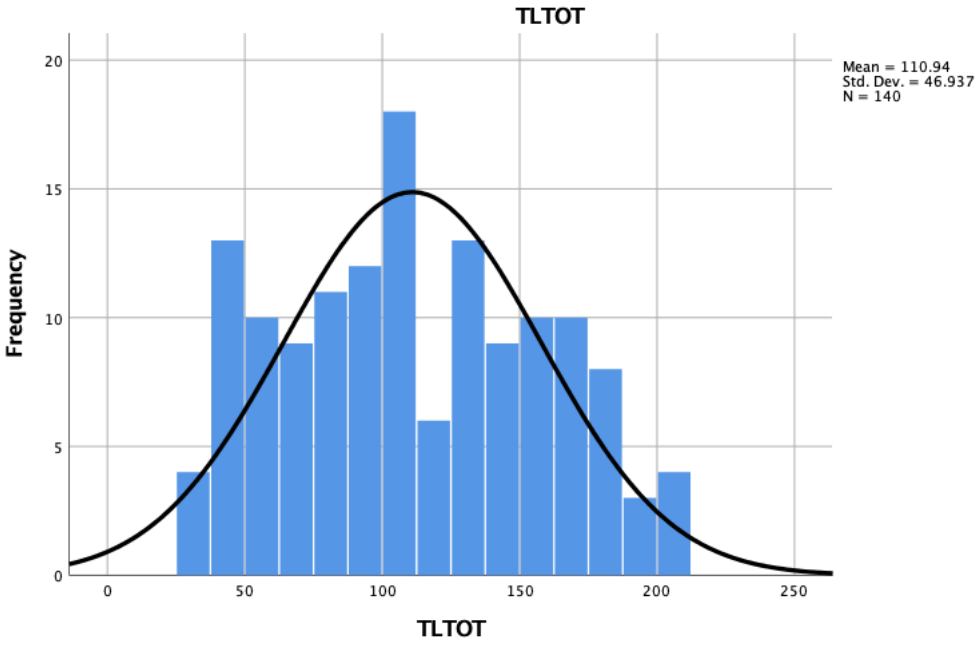


Job tenure frequency and normality

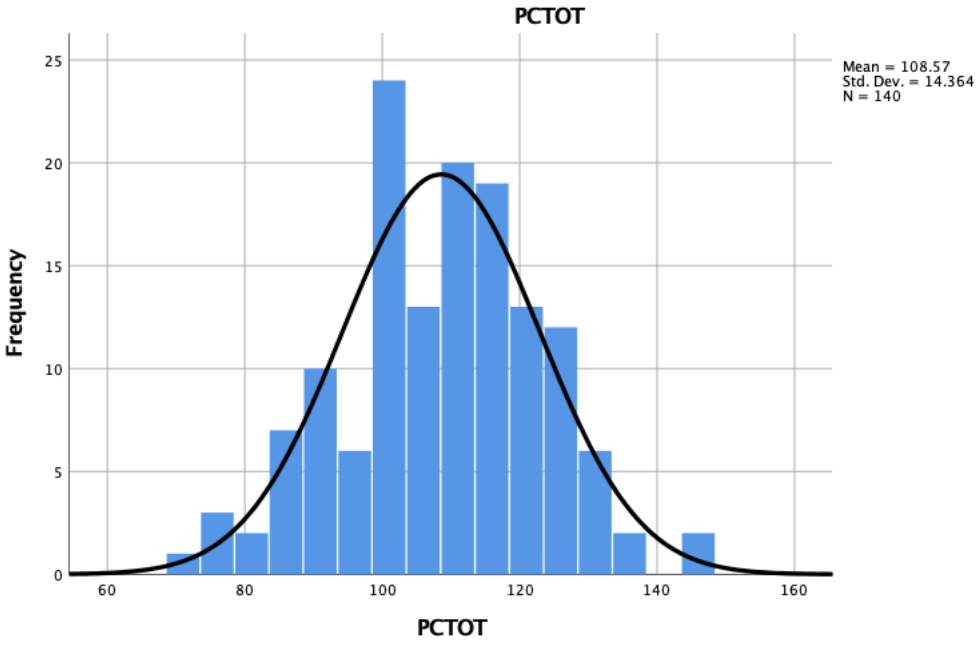


Appendix T – Frequency and Normality Histograms

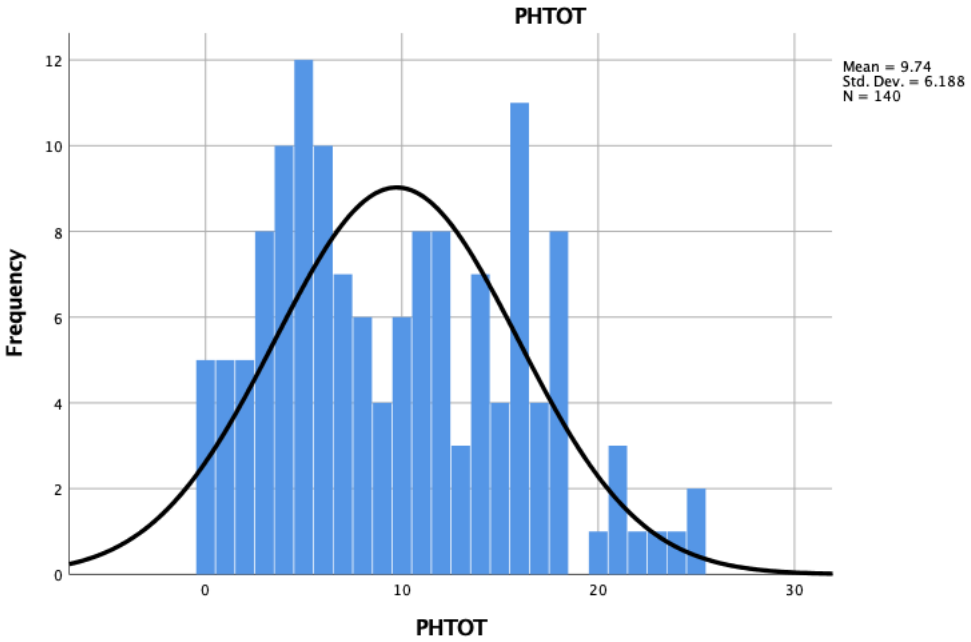
TL frequency and normality



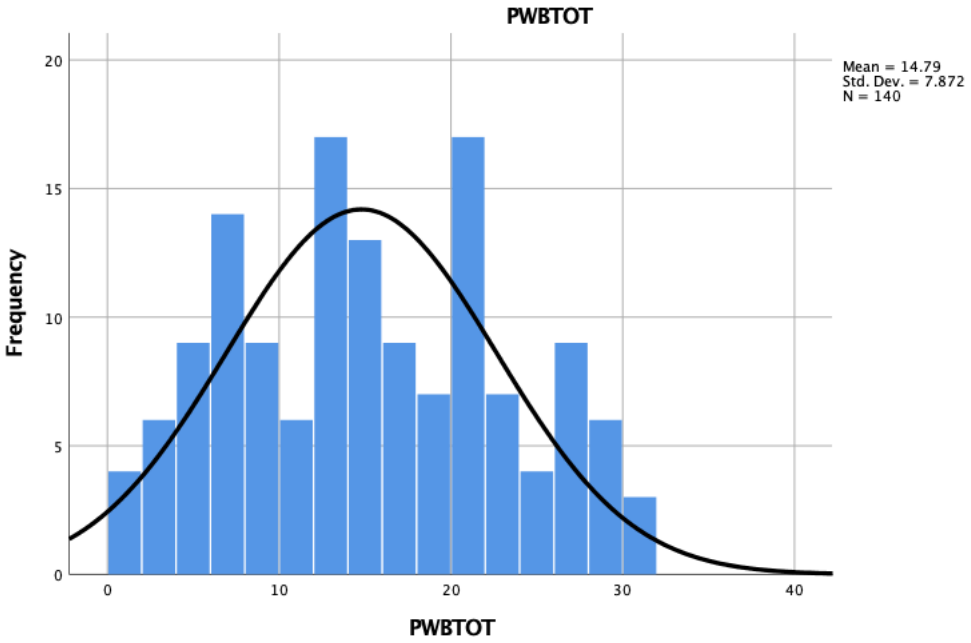
PsyCap frequency and normality



Physiological wellbeing frequency and normality



Psychological wellbeing frequency and normality



Appendix U – Turnitin Report

1093478:Final_Thesis_Turnitin.docx

ORIGINALITY REPORT

16%	5%	4%	15%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of Witwatersrand Student Paper	5%
2	Submitted to University of Stellenbosch, South Africa Student Paper	<1%
3	Submitted to De LaSalle University - College of Saint Benilde Student Paper	<1%
4	repository.up.ac.za Internet Source	<1%
5	Submitted to University of Wales Institute, Cardiff Student Paper	<1%
6	www.sajip.co.za Internet Source	<1%
7	hdl.handle.net Internet Source	<1%
8	Submitted to University of Hong Kong Student Paper	<1%