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The Relation between Toxic Leadership and Nurses' Followership Effectiveness at Main Mansoura University Hospital





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ABSTRACT

Background: Corrosive leadership is ineffectual behavior that reverberate leadership's dark side and can negatively affect not only the followers but also the whole organization. Aim: To examine the relation between toxic leadership and nurses' followership effectiveness. Methed: A descriptive correlational design was utilized. Sample: All head nurses and staff nurses are included in the study from inpatient unites at Main Mansoura University Hospital.: Two tools were used for data collection namely, toxic leadership scale and followership effectiveness questionnaire. Results: The majority of studied head nurses perceived themselves at low level of toxic leadership, while other majority of studied staff nurses perceived toxic leadership at moderate level and three quarter of studied staff nurses perceived moderate level of followership effectiveness. Conclusion: The current study concluded that, there's was a highly statistically negative correlation between toxic leadership and nurses' followership effectiveness among studied nursing sample. Recommendations: Health care organizations should establish leadership coaching programs to provide nursing leaders with the leadership skills and practices that they need to execute their roles toward nurses to boost the work outcomes.

Keywords: Followership Effectiveness, Head Nurses, Hospital, Toxic leadership

Introduction

In the evolving competitive environment of medical facilities with increasing patients demands, persistent human and physical resources limitation, will increase the need of active participation by nursing leaders and followers. Therefore, leadership and followership are an integral part of the other where each strengthens and complement the other (Zaghini et al., 2020).

Leadership plays a pivotal role in determining whether the work will be effective or not, it is compulsory that commanders must have key skills to steer and inspire their teams. Certain leadership models such deleterious leadership which has a detrimental repercussion on followers' effectiveness along with work environment as a whole (Allison, & Goethals, 2020).

Toxic leadership is a leadership approach that negatively affects both the followers within the team and the workplace as a whole. It's a form of power abuse driven by the leader's selfish interests. When supervisors exhibit domineering deeds, they rely on their authority and position to attain their desired outcomes. Instead of listening to the beliefs and perspectives of their followers, they impose their own views without pondering contrasting views. (Ozadowicz, 2021).

Toxic leadership defined as a conduct pattern that deteriorate followers while urging headers to focus on their personal objectives and gains, neglecting the interests of followers along with whole corporation. Negative leaders may excel in their work and demonstrate high aptitude, but they nurture a dysfunctional environment among their junior staff and colleagues (Walker, & Watkins '2022).

Toxic leadership includes five dimensions which are abusive supervision, self-promotion, authoritarianism unpredictability and narcissism. First dimension is abusive supervision which means that the leader behavior is hostile including verbal abuse and threatening nonverbal actions or gestures. The second dimension is self-promotion which means that the leader is self-absorbed, arrogant and motivated by power and administration takes credit for others work blames others for their failures (Zheng, & Zhou, 2021).

Third dimension is authoritarianism which means that the leadership style is command and control demanding unquestioning obedience and punishing dissention. Fourth dimension is unpredictability which means that the leader can behave inconsistently and erratically. Fifth dimension called narcissism which means that the leader is his/her own greatest self-advocate going

to great lengths to manage a positive selfimpression especially toward more senior influential or powerful people (Tiwari, & Jha, 2021).

Leadership is frequently praised and recognized for its pivotal effect on medical institutions, but a crucial component that also merits respect is followership. Followership is the act of ensuring as well as cooperating with a leader to achieve common goals. It is also characterized as an evolving process that goes beyond carrying out duties.

(McKimm, & Vogan, 2020).

There are two underlying behavioural dimensions of followership effectiveness that are critical thinking and independent engagement. Independent critical thinking is ability to think clearly and rationally. It is including the ability to engage in reflective and independent thinking someone with independent critical thinking skills is able to understand the logical connections between ideas, identify the relevance and importance of ideas reflect on justification of one's own belief and values and able to solve problems independently (Jamil, & Shumaila, 2023)

There are five main sorts of followers based on a two-domains of followership effectiveness which are: passive, restrictive, detached, realistic, and exemplar follower. Passive follower is one who does not take initiative independently, engages in critical thinking, and is not considered a participatory member. Conformists are more engaged than passive followers but do not always dispute the leadership process. Alienated followers are typically deep and autonomous thinkers who emotionally distanced from the workplace and the leader.

(Rennaker, & Linville, 2024).

The pragmatic follower takes a self-reliant, creative, and engaging attitude to the leadership process. Exemplary followers are considered the ideal in practically all areas. They excel at all jobs and engage passionately with their team (Steinhoff, 2022).

In any organization effective followers should not passively execute the leader's mission. They understand when to take the initial step so, in today's unpredictable and rapidly changing world, proactive behavior is more crucial than ever. Leaders do not have all answers, thus having followers capable of taking the lead when necessary is of the utmost significance (Iszatt, & Saunders, 2020).

Aim of the study

This study was aimed to examine relation between toxic leadership and nurses' followership effectiveness at Main Mansoura University Hospital.

Research Questions:

- 1. What is the level of toxic leadership among head nurses at Main Mansoura University Hospital?
- 2. What is the level of toxic leadership as perceived by staff nurses at Main Mansoura University Hospital?
- 3. What is the level of followership effectiveness among staff nurses at Main Mansoura University Hospital?
- 4. Is there a relation between toxic leadership and nurses' followership effectiveness at Main Mansoura University Hospital?

Methods

Research design:

The research approach employed in this study was a descriptive correlational design.

Study setting:

The study was implemented at all inpatient units at Main Mansoura University Hospital which provides an extensive variety of healthcare amenities.

Participants of the study:

The study had available sample which involved all nurses and head nurses currently presented with at least a year of expertise in the aforementioned study environment. Their overall study numbers were (240) nurses, classed as (20) head senior nurses and (220) clinical nursing staff.

Tools for data collection:

The following two tools were applied

Tool I: Toxic Leadership Scale.

It is including two parts:

The first section: It was used to identifying personal characteristics of the head and staff nurses, including their age, gender, educational qualification, and years of experience.

The second section: Toxic leadership scale was introduced by (Schmidt, 2008) to measure toxic leadership actions level. The instrument comprises 30 statements, divided into five domains: abusive supervision (7 items), authoritarian leadership (6 items), narcissism (5 items), unpredictability(7items), and self-promotion (5 items). The response was measured

on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Scoring system

Total score of toxic leadership was divided into three distinct levels according to the specified percentage ranges.

Low-level <50%

Moderate level 50%-75%

High level >75%

Tool (II): The Effectiveness of Followership Questionnaire

It was designed by **(Kelley, 1992)**, that included two domains and 20 subscales were used to assess how followers follow. The first domain is independent critical thinking (10 items). The second domain is active engagement (10 items). The participants response used five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Scoring system

Total score of followership effectiveness was divided into three distinct levels according to the specified percentage ranges.

Low-level <50%

Moderate level 50%-75%

High level >75%

Validity and reliability

It was established for face and content validity by three expertise from faculty of nursing at Mansoura University who revised the tools for clarity, relevancy, applicability, comprehensiveness, understanding, and ease for implementation and according to their opinion's modifications were applied. Statistical Package for Social Science (SPSS) version 22 was used to examine the reliability of the data collection tools using Cronbach's α (alpha) test. The toxic leadership level had a Cronbach's alpha value of 0.903, the followership effectiveness had a value of

Ethical Consideration

The Research Ethics Committee of the Faculty of Nursing at Mansoura University granted the researcher ethical approval with code number (374). The researcher explained the study's goal and nature to all respondents. Contribution to research was optional, and each study sample was informed of their ability to decline, participate, or leave from the study at any time without explanation. The experimental maneuvers have no negative effects on the volunteers. The collected data was kept anonymous, and the conclusions

were used in the essential study, as well as future publication and teaching.

The pilot study

Pilot research for data gathering tools was carried out on (25) followers and head senior nurses, representing (10%) that were randomly selected and omitted from the entire sample to evaluate the clarity and usefulness of the tools, and required changes were made based on their comments. It assisted in identifying potential impediments and problems that could be faced throughout the period of data collection. It has also helped to estimate the time required to fill out the study tools. It took approximately 15-20 minutes to complete the study.

Data Collection

Data collection was obtained in 3 spans of months from end of December 2023 to the beginning of march 2024. Data was collected by using self-administered questionnaires that were given out_to the available head and nursing staff through working on shift hours. The investigator spent two to three days a week in the aforementioned setting and introduced herself and described the purpose of the study. How fill the tools and obtained the staff nurse's acceptance to engage in the study after assuring confidentiality of data. For roughly 25 to 30 minutes, nurses have completed the questionnaires. The collected questionnaire sheets per day varied from 5 to 10 sheets of paper. Head and nursing staff were entitled to ask for any interpretation and explanation.

Statistical analysis

By using SPSS for Windows edition 22 (SPSS, Chicago, IL), findig data were arranged, tabulated, and statistically anal yzed. Continuous data were reported as mean \pm SD, with a normal distribution. frequencies and percentages were utilized to express category data. The Chi-square test, or Fisher's exact test if applicable, was used to compare variables using nominal data. Correlation coefficient test was evolved to gauge the relationships among two parameters for continuous data. The study figured out reliability for questionnaires used. Statistical significance was determined at p < 0.05.

Research results

Table (1) clarifies personal characteristics of studied nursing sample. This table indicates that about 47.1% of studied nurses were aged between 31-40 years, 27.9% of them were aged between 20-30 years, while 25% of them above 40 years old, with Mean \pm SD 35.38 \pm 7.58. According to this

table most of studied nursing sample 75.4% were female, while 24.6% were male. In regard to academic qualifications, above one third of studied nursing sample (43.3%) had diploma of technical institute degree, (37.1%) of them had bachelor's qualification in nursing, while (8.3%) of them had a diploma of secondary nursing degree. About 43.3% of nurses surveyed had more than ten years of personal encounters.

Table (2) represents numbers and percentages of studied head nurses toward toxic leadership style which revealed that displays that (30%) of studied head nurses agree that they have narcissistic attribute which represents high percentage relative to other toxic leadership dimensions and other 60% of studied head nurses strongly disagree that they have self- promotion attribute. While only (5%) of studied head nurses sample agree that authoritarian leadership represent low percentage of toxic leadership between other toxic leadership dimension.

Table (3) illustrates numbers and percentages of studied staff nurses toward toxic leadership style. This table indicates that slightly more than one third (35,3%) of staff nurses agree that head nurses have narcissistic attribute which represents high percentage relative to other toxic leadership dimensions. While (6,2%) of studied staff nurses strongly disagree that narcissism dimension represents low percentage between toxic leadership dimensions.

Table (4) clarifies numbers and percentages of studied staff nurses toward followership effectiveness. This table show that fewer than one-third (29.6%) of clinical nurses agree that active

engagement represents high percentage comparison to independent critical thinking dimension, while (1.8%) of studied staff nurses strongly disagree that independent critical thinking represents low percentage between followership effectiveness dimensions.

Figure 1 shows degree of toxic leadership among head nurses. This graph illustrates that most of surveyed head nurses (80%) regarded toxic leadership at minimum level. While 20% of the investigated head senior nurses viewed toxic leadership at medium level.

Figure 2 illustrates the degree of toxic leadership among clinical staff nurses and represent that a predominant portion of staff nurses (81%) preserved virulent leadership at a balanced level. While (7.7%) of clinical staff nurses preserved advanced level of toxic leadership and (11%) preserved toxic leadership at low level.

Figure 3 represents level of followership effectiveness among staff nurses and clarify that three out of four (75%) of clinical staff nurses perceived moderate perception of followership effectiveness. While (22.7%) of staff nurses preserved advanced degree of followership effectiveness and (2.3%) of staff nurses preserved low level of followership effectiveness.

Figure 4 displays correlation between total toxic leadership style and followership effectiveness. This figure shows highly statistically negative relationship between nurses' followership efficacy along with dysfunctional leadership as viewed by the investigated nurses (p<0.001**).

Table (1): Personal Characteristics of Studied Nursing Sample(N=240)

Variables	No	%		
Average of age				
From 20 to 30	67	27.9		
From 31 to 40	113	47.1		
More than 40	60	25.0		
Mean ±SD	35.38±	7.58		
gender				
Male nurse	59	24.6		
Female nurse	181	75.4		
Educational degree				
■Diploma in nursing in secondary school	20	8.3		
■Nursing diploma in technical institute of nursing	104	43.3		
■Bachelor in nursing	89	37.1		
■Others	27	11.3		
Experience (Years)				
■>2 year	30	12.5		
■2:5 year	55	22.9		
■5:10 years	51	21.3		
■>10 years	104	43.3		
*staff nurse(n=220)				
*head nurse (n=20)				

Table (2): Numbers and Percentages of Studied Head Nurses Toward Toxic Leadership Style (n=20)

		Head nurses' responses									
Toxic leadership subscales	Strongly	Strongly agree		Agree		Neutral		Disagree		y disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%	
Self-promotion	0	0.0	0	0.0	3	15.0	5	25.0	12	60.0	
Abusive supervision	0	0.0	0	0.0	2	10.0	7	35.0	11	55.0	
Unpredictability	0	0.0	2	10.0	1	5.0	9	45.0	7	35.0	
Narcissism	3	15	6	30.0	3	15.0	4	20.0	4	20.0	
Authoritarian leadership	0	0.0	1	5.0	2	10.0	8	40.0	9	45.0	

Table (3): Numbers and Percentages of Studied Staff Nurses Toward Toxic Leadership Style (n=220)

	Staff nurses' responses										
Toxic leadership subscales	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		
	No.	%	No.	%	No.	%	No. %		No.	%	
 Self-promotion 											
	21	9.5	61	27.7	71	32.3	48	21.8	19	8.7	
 Abusive supervision 	20	9.1	52	23.6	73	33.2	56	25.4	19	8.6	
 Unpredictability 	24	10.9	63	28.6	76	34.5	41	18.6	16	7.3	
 Narcissism 	31	14.0	78	35.3	70	32.0	27	12.5	14	6.2	
 Authoritarian leadership 	20	9.1	60	27.3	71	32.3	50	22.7	19	8.6	
Total toxic leadership	23	10.5	63	28.6	72	32.7	44	20.0	17	7.7	

Table (4): Numbers and Percentages of Studied Staff Nurses Toward Followership Effectiveness (n=220)

(), · · · · · · · · · · · · · · · · · ·	Staff nurses' responses									
Toxic leadership subscales	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
Toxic leadership subscales	No.	%	No.	%	No.	%	No.	%	No.	%
 Independent critical thinking 	36	16.4	62	28.2	77	35.0	41	19.1	4	1.8
 Active engagement 	41	18.5	65	29.6	68	31.0	39	17.7	7	3.2
Total toxic leadership	38	17.3	63	28.6	73	33.2	40	18.2	6	2.7

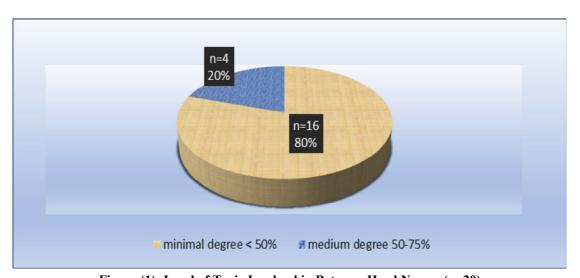


Figure (1): Level of Toxic Leadership Between Head Nurses (n=20)

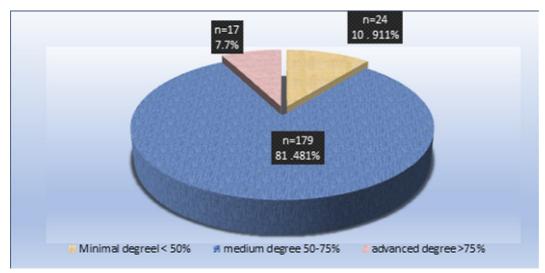


Figure (2): Level of Toxic leadership Between Nursing Staff (n=220)

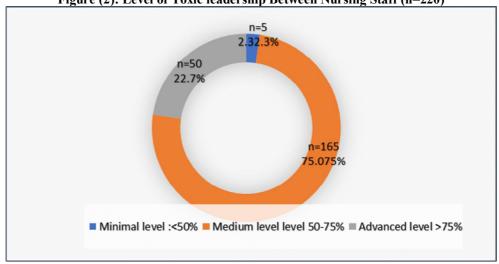


Figure (3): Level of Followership Effectiveness Among Staff Nurses (n=220)



Figure (4): Correlation Between Total Toxic Leadership Style and Followership Effectiveness

Discussion

Toxic leadership has become exhibit in real life in many hospitals, which can annoy nurses and damage whole hospital, lead to negatory outcomes on followership effectiveness. It is evident that followers are more interested in a conductive environment. When followers are involved, they feel as a part of the organization. And without toxic leadership, followers feel engaged to remain in their job without seeking alternative employment opportunities (Goswami, Evans, & Coyle, 2022).

Therefore, the actual study aimed to scrutinize the relation among toxic leadership as well as nurses' followership effectiveness at Main University Hospital in Mansoura.

According to actual study's findings, the plurality of nurses' staff apprehends toxic leadership in moderately level. This result may be ascribed to instability in work environment, perceived menaces, job strain, hospital uses selection system, decrease of legal responsibility. Also, this outcome might be due to head nurses didn't receive any training programs to explain leaders' roles and effective leadership styles that enhance their leadership skills. Also, they have a deficiency in workshops that assist them to apply leadership practices which direct, regulate and boost activities and correlations in hospital.

Finding of the actual study were in the same line with Özkan, Çamlica & Kartal, (2022) who mentioned that the nurses were apprehend to moderate average of toxic leadership. Also, present study results were confirmed by Shipl, Nabawy & Ashour, (2021) who revealed that nurses staff apprehends slightly moderately level of overall toxic leadership.

These findings were dissimilar to the results of **Gupta**, & **Chawla**, (2023) who revealed high level of toxic leadership. These results were also inconsistent with **Iszatt-White**, & **Saunders**, (2020) who point that the majority of participants apprehend to highly toxic behaviours in their work area.

As regard to numbers and percentages of studied staff nurses toward toxic leadership style, the actual study's findings indicated that slightly extra than one third of staff nurses correspond that head nurses had narcissism which represented high percentage between all toxic leadership dimensions. It may be due to their leaders gave them too much criticism that may not match their actual experiences and achievements and according to these study result, extra than one third of

followers agreed that superior had narcissistic attribute as they see themselves destined to enter the highest ranks of hospital and they were more capable than others.

These results were in the same line with Mateusz Grzesiak, (2023) about leadership and narcissism in the organization and revealed that people who had high percentage of narcissism among leaders could inspire others due to their strong charisma, great vision, and ability to convince others. As well as this actual finding congruent to Buchholz et al., (2020) who bided high percentage of narcissism and indicated that the narcissistic tendencies of superiors are relevant to a lower degree of employee effectiveness.

Findings of the current study were reversed to **Schmid**, **Knipfer**, & **Peus**, (2021) who revealed low percentage of narcissism between toxic leadership dimensions. These findings were also disagreed with **Lund**, (2021) who revealed low percentage of narcissism.

The findings of the present study disclosed that plurality of studied head attendants perceived themselves at a depressed level of toxic leadership. This result might because of head nurses refused to do toxic actions that might be due to fear from punishment from their supervisor like that they refused to say that they were incompetent in their position. Also, might be due to head nurses might previously participated in a leadership training approach that enhanced their understanding of their role as a leader and helped them develop effective leadership practices. This training enabled them to direct, organize, and foster activities and correlations in the organization. In addition to the nature of human being who deny that he had toxic personality.

The present result was confirmed by Batika, Ibrahim, & El-Shall, (2022) about assessment of head nurses' abusive supervision from staff nurses' perspective and revealed toxic leadership in low level. The findings of this study were also consistent with Zaki & Elsaiad, (2021) who conducted descriptive correlational study and point that head nurses' attendants had minimum level of toxic leadership. In antithesis with Örgev & Demir, (2019) who found moderate level of toxic leadership.

As regard to numbers and percentages of studied head nurses toward toxic leadership style, the current study's findings suggested that about fewer than one-third of head nurses agreed that they had narcissism. According to these study

result, this might be due to almost half of the head nurses surveyed had inherently deserving of special privileges and considered themselves to be exceptional individuals.

The finding of the study was in the same line with Jackson, & Roberts, (2022) who revealed high percentage of narcissism among other dimensions in their study transformational and narcissist leaders. Also, these study results agreed with Wang, (2021) about narcissism and leadership who showed that leaders represented high percentage of narcissism. This study was incongruent with Rubinstein, (2017) who revealed that leaders had low percentage of narcissism compared to other domains about toxic leadership in organizations.

As regard to self-promotion domain, these study result showed that about two thirds of studied head nurses strongly disagreed that they had self-promotion attribute. This might be due to leaders did not assign blame to employees for mistakes and shift responsibility for errors. They excel at impression management and skillfully navigating upward relationships. Also, in these study results nearly three quarter of head nurses strongly fail to agree that they acted solely with their next promotion in mind.

These study findings congruent with Labrague, (2023) who revealed that leaders in his result strongly disagreed that they had self-promotion behaviour. These study findings also agreed with Gross, Debus, Ingold, & Kleinmann, (2021) who conducted toxic leadership determinants and showed that leaders did not have self-promotion behaviour compared to other domains of toxic leadership.

These findings were in inconsistent with Diab Ghanem Atalla, & Hassan Mostafa, (2023) who found that roughly two-thirds of the nurses examined exhibited a medium level of self-promoting behaviors. Also, existent results inconsistent with Lei, Ping, Helen, (2021) who showed in result that leader had self-promotion behaviour between other toxic leadership dimensions.

Furthermore, the actual study showed that seventy-five percent of the staff nurses examined demonstrated a medium level of followership effectiveness. These findings might be due to the fact of effective listening, teamwork, proactive participation among staff nurses, more years of experience, along with a foundation of clear communication and prescence of confidence between followers. According to this study results

too, it might be due to nearly half of followers take initiative in identifying the hospital activities that are most essential for achieving the hospital's top goals, rather than waiting for direction or simply accepting instructions from leaders as well as they recognized the leader's requirements, objectives, and limitations, and make a concerted effort to support and fulfill them.

Actual findings of the study were consistent with Lita, & Sumartik, (2024) who revealed moderate level of followership effectiveness. The findings of present study were confirmed by Khan, Busari, Abdullah., & Mughal, (2018) who revealed moderate level of followership effectiveness between followers.

Findings of the present study were contradicted with Alanazi, Wiechula, & Foley, (2022) who highlighted about high level of followership effectiveness. Also, Ye et al. (2021) disagreed with these results and found high level of followership and engagement in work.

As regard to numbers and percentages of studied staff nurses toward followership effectiveness, the findings disclosed that about fewer than a third of staff surveyed agreed that they had active engagement attribute which represented high percentage compared with independent critical thinking dimension of followership effectiveness. According to these study results, this could be attributed to nearly half of followers understood the head's requirements, objectives, and limitations. Followers also doing above their deadline with top-quality work, even when given challenging assignments with little monitoring from leaders.

Thess results were in harmony with **Peabody, Lucas, Ziesmann, & Gillman, (2022)** who revealed that active engagement scored slightly high percentage than critical thinking. These results were also confirmed by **Chiang, Lien, Lin, & Chuang, (2022)** who revealed that active engagement represented high percentage of followership effectiveness.

These findings were dissimilar to **Ribbat**, **Nohe**, & **Hüffmeier**, (2023) who showed in their result about high percentage of independent critical thinking among nurses compared to active engagement in followership effectiveness. These findings were also disconfirmed by **Singh**, **R.**, & **Ramdeo**, **S.** (2020) who conducted high percentage of critical thinking between followership dimensions.

As regard to association between toxic leadership style and followership effectiveness as preserved by studied nursing sample, findings of the current study determined that there was a statistically relevant inverse relationship between overall toxic leadership along with followership effectiveness. This could be attributed to the of virulent leaders exhibiting counterproductive behaviors alongside effective nurses demonstrating professional competence, such as enthusiastic engagement and analytical thinking. In this way, the virulent behaviors of leaders are mitigated by the nurses' resistance and challenge of these negative actions. In addition, head nurses' might abuse their power, supremacy, and self-serving mindset in ways that undermine team spirit, diminish work efficiency, and hinder hospital success.

These findings were in harmony with **Edmonds**, **(2021)** who showed an inverse affiliation between detrimental leadership and followership in their workplace setting area.

Also, this finding was agreed with **Budak**, & Erdal, (2020) who uncovered a negative relation between toxic leadership along with followership in their workplace. Besides, **Milosevic et al.** (2020) who showed that there were negative significant corelation amongst detrimental leadership and compliance effectiveness.

The current study results were at the same line with **Kurtulmuş**, (2021) who reported profound corelation between toxic leadership and followership proficiency in their professional setting.

These revelations were dissimilar to **Orunbon, Ifenaike, & Adeleke, (2022)** who came across positive but non-significant relation between dysfunctional leadership and followership proficiency. Also **Meanwhile, Bell, (2017)** disagreed with these study result who reported that there was no significant impact of virulent leadership on the dimensions of followership proficiency, specifically active immersion along with self-directed reasoning.

Conclusion

Depending on the findings of the study, it was concluded that, the majority of studied head nurses perceived themselves at low level of toxic leadership, while also the majority of studied staff nurses perceived moderate level of toxic leadership. In addition to, three quarter of studied staff nurses had moderate level of followership effectiveness. Finally, there was statistically

significant negative correlation between overall toxic leadership and followership effectiveness.

Recommendations of the present study: -

- Confirm executive training sessions aim to equip nursing leaders with the necessary guidance skills and practices to effectively guide nurses and improve work outcomes.
- Create a constructive and stress-free work environment with supportive management, motivate and encourage human relationships with staff members.
- Enable nurses to be involved in decisionmaking strategies that promote positive workplace relationships, build reliance, and ultimately enhance their satisfaction, and devotion.
- Think in a critical way about how actions affect conclusions and intentions. Reflective thinking improves the ability to incorporate team objectives and provide useful input to team coordinators.

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