

Selection an Appropriate Leadership Style to Direct Hospital Manpower

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Abstract

This research has tried to find most proper leadership styles based on a approved model to direct hospital manpower appropriately. The main objective of this research was the comparison between manager's existing leadership styles and suggested styles to them in order to direct existing styles toward suggested ones. In this cross-sectional study all Qom province hospital managers participated. From the hospital the staff, 385 persons were selected by randomized stratifying sampling. Data were collected by two types of validated questionnaires, one for the staff and another for managers, and analyzed by SPSS software. The finding showed that among four types of leadership styles, 75% of manager's leadership style was "consultative" and rest were "exploitative- authoritative" or "benevolent- authoritative", but in the view of about 78% of the staff, manager's leadership style was "benevolent- authoritative" and only 0.8% of them believed that manager's style was participative. In general, based on the staff point of view, managers behaved less participative. On the other hand, Tannenbaum and Schmidt leadership style continuum model proved that the best leadership style for all the hospital managers was the "consultative" one. It can be concluded that there was 25% gap between existing leadership styles and suggested ones and it should be tried to close this gap as far as possible.

Keywords: *Hospital managers, Hospital staff, Leadership styles, Tannenbaum, Schmidt model, Continuum mode, Iran*

Introduction

Hospitals are social institutions and recently they have become an important necessity for human societies (1). They provide the critical interface between life-saving, life-enhancing, interventions and the people who need them (2). In order to achieve their goals, hospitals, have to be managed by a scientifically and a proper management system and also professional staff and managers (3).

More recently, hospitals are struggling to find ways to survive in this uncertain and turbulent time. One of the survival strategies that hospitals have developed is to increase their staff and patients' satisfaction level, in hopes that they will return or recommend the organization to the other people (4). Wetheral in his research

about effects of leadership styles on job satisfaction showed that the kind of leadership styles is effective on job satisfaction among school teachers (5). Reaching to this goal (the staff and patients' satisfaction) depends on hospital managers' behavior with the staff and how they influence on manpower activities which has been defined as leadership styles (6).

On the other hand, because the work force has been recognized as the most important recourse in organizations, the leadership has been considered as one of the most important duties of hospital managers (7). Tamson in surveying on supervisors of nurses found that leadership styles could principally affect on nurse's organizational effectiveness (8).

Likert categorized leadership styles to four types

comprising “Exploitative-authoritative”, “benevolent- authoritative”, “consultative”, and “participative”. According to Likert, leadership styles lied on a continuum. They move from the task-oriented styles toward the the staff-oriented ones (9).

Continuum model of leadership styles was designed by Tannenbaum and Schmidt in 1958 to suggest a proper leadership style for each manager (9).

According to the literature review, we could not find other researches that exactly had worked on leadership styles through Tannenbaum and Schmidt continuum model but there were some other researches, which worked using other models such as Fiddler’s leadership contingency.

The main objective of this research was encouraging managers and chiefs to verify their existing leadership styles toward suggested styles to them. Some of studies have showed that using of suggested leadership styles according to Tannenbaum and Schmidt continuum model would have better results in organizational achievements (6). Reaching to the main objective of this research will lead to optimize manpower performance. Fortunately, results of this research, because of its high coverage may be practical for all organizations including hospitals.

Materials and Methods

In this cross- sectional study all Qom Province hospital managers (including 8 managers and 8 chiefs) participated. From the hospital staff, 385 people were selected by randomized stratifying sampling. Statistical significance of 5% and $d=5\%$ was used in sample size. Data were collected through two types of questionnaires after validation. Test-Retest method was used for validation of questionnaires. Then it was observed that the staff and manager’s questionnaires had 92.2% and 81% corresponding rate, respectively. The SPSS for windows statistical program was used to analyze the data. All Statistical tests employed in data analyzes were Independent Student *t*-Test, One Way ANOVA, Person Correlation Coefficient and Spearman Correlation Coefficient.

Researchers respected some ethical points such as recording their responses confidently and present information without name of participants. For scoring results of leadership styles questionnaire’s scoring rate was among 25-100. These scores were categorized to 4 groups as follows: Exploitative-authoritative; Benevolent-authoritative; Consultative; and Participative.

To suggest leadership styles for managers Tannenbaum and Schmidt leadership styles continuum model was used. This model was designed in 1958 to determine a proper leadership style for each manager. The model as a continuum has two demanding sides. One side of the continuum focuses on the staff (decision making by the staff without manager’s intervention). Another side focuses on managers (decision making without staff participation). Based on Tannenbaum and Schmidt opinion, manager’s leadership style can be selected by measuring and scoring three factors: manager’s characteristics, the staff characteristics, and the situation (6). Then scores of three factors should be summed. Range of scores is from 60 to 240. Categorizing scores among four kinds of leadership styles was performed based on following scoring:

60 – 104	Exploitative-authoritative
105 – 149	Benevolent- authoritative
150 – 194	Consultative
195 – 240	Participative

This research had two main stages. In the first stage authors had tried to investigate existing leadership styles of hospital managers. In the second, researchers measured effective factors (manager’s characteristics, the staff characteristics, and situation) for determining proper leadership styles according to Tannenbaum and Schmidt continuum model. Then the appropriate leadership styles could be suggested.

Results

Results of this study have been stated in two main sections as descriptive and analytical results. Descriptive results were divided into two subsections. According to the existing types of

leadership styles in view of managers and the staff, as shown in Table 1, most of managers (75%) believed that their leadership style was consultative but most of the staff (77.4%) believed that manager's leadership style was Benevolent- authoritative. Mean of the manager's scores was 64.7 while mean of the staff scores was 51.36 which was statistically significant. As mentioned before how much this score tend to go up, leadership styles will tend toward participative form.

The second subsection of descriptive results which suggested leadership styles for hospital managers by tannenbaum and schmidt leadership styles continuum model, showed that scores of the appropriate for all of the managers placed in the range of 150-194 between 60-240. Therefore consultative style was suggested for all of them (Table 2 and 3).

To compare existing leadership styles and suggested leadership styles in the hospitals, statistical analysis was performed, which revealed 25% gap between managers' existed leadership styles and suggested leadership styles (Table 4). Although it seems that this gap rate was not so considerable but for reaching to an ideal situation, managers should apply a consultative leadership style, which was determined by Tannenbaum and Schmidt continuum model. Both results were statistically significant. Generally correla-

tion between two mentioned leadership styles was 0.62 ($P=0.009$).

To give more explanation it should be stated about administrators that existing leadership styles and suggested leadership style's scores were 159.02 and 169.15, respectively ($P= 0.21$). Therefore there were 10.12 score difference between them. Concerning the chiefs two mentioned scores were 151.49 and 169.90, respectively ($P=0.002$). So suggested leadership styles for chiefs was 18.41 score higher than existing leadership styles.

Table 1: the distribution of total and relative frequency of kinds of existing leadership styles according to chiefs, managers and the staff opinion in Qom Province hospitals.

Leadership styles	Chiefs opinion		Managers opinion		The staff opinion	
	n	%	n	%	n	%
Exploitative-authoritative	-	-	1	12.5	40	10.4
Benevolent-authoritative	2	25	1	12.5	298	77.4
Consultative	6	75	6	75	44	11.4
Participative	-	-	-	-	3	0.8
Total	8	100	8	100	385	100

Table 2: Suggested leadership styles for hospital managers with measuring three determinant factors (manager's characteristics, the staff's characteristics, and situation) in Qom Province hospitals

Hospital No.	Situation	The staff characteristics	Managers characteristics	Suggested style grade for managers	Suggested style for managers
1	77.5	58.84	40	173.34	Consultative
2	74.5	57.77	45	177.27	Consultative
3	67	55.98	37	159.98	Consultative
4	70.5	57.52	45	173.02	Consultative
5	71	56.97	38	165.97	Consultative
6	75.5	56.76	32	163.76	Consultative
7	74.5	57.86	37	169.36	Consultative
8	73.5	57.03	40	170.53	Consultative

Table 3: Suggested leadership styles for hospital chiefs with measuring three determinant factors (Chief’s characteristics, the staff’s characteristics, and situation) in Qom Province hospitals

Hospital No.	Situation	The staff characteristics	Chiefs characteristics	Suggested style grade for Chiefs	Suggested style for Chiefs
1	77.5	58.84	44	177.34	Consultative
2	74.5	57.77	44	176.27	Consultative
3	67	55.98	34	156.98	Consultative
4	70.5	57.52	36	164.03	Consultative
5	71	56.97	36	163.97	Consultative
6	75.5	56.76	37	168.76	Consultative
7	74.5	57.86	48	180.36	Consultative
8	73.5	57.03	41	171.53	Consultative

Table 4: Comprises existing leadership styles and suggested leadership styles in Qom Province hospitals.

Hospital No.	Managers		Chiefs	
	Existing styles	Suggested styles	Existing styles	Suggested styles
1	Consultative	Consultative	Consultative	Consultative
2	Consultative	Consultative	Consultative	Consultative
3	Exploitative-authoritative	Consultative	Benevolent-authoritative	Consultative
4	Consultative	Consultative	Consultative	Consultative
5	Consultative	Consultative	Benevolent-authoritative	Consultative
6	Consultative	Consultative	Consultative	Consultative
7	Benevolent-authoritative	Consultative	Consultative	Consultative
8	Consultative	Consultative	Consultative	Consultative

R = 0.62

P= 0.009

Discussion

Regarding the managers and the chiefs existing leadership styles based their view and also the staff view, as mentioned before, there was a gap between manager’s view and the staff’s view. Because of validity and reliability of questionnaires, participants (managers or the staff) could not distinguish types of leadership style based on questions; therefore the gap can be caused by following factors:

First of all, manager’s behavior with the staff was consultative but the staff was not familiar with these conceptions and they did not understand that their managers had consultative be-

havior. Secondly, it seems that the staff was in need of more participation on hospital affairs than whwn being questioned but likely managers did not aware of. Third, there was no accurate concept of consultative and participatory management in these organizations. On one hand, managers did not know how to consult with the staff and how to apply the staff’s opinion in hospitals in a useful manner. On the other, were not aware of appropriate ways to participate in organizational decision making (10).

Ansari showed that there were differences between the hospital manager’s view and the staff’s view about leadership style (11). A study

conducted by Hamidi, which showed that 75% of hospital manager's leadership style was Task-Oriented and the rest was the staff-Oriented (12). In addition, he found that achievements in Task-Oriented managers were more than other group. Regarding determining proper leadership styles for each of hospital managers and chiefs based on Tannenbaum and Schmidt leadership styles continuum model, three determinant factors, as said before, should be scored: the situation, manager's characteristics, and staff characteristics. In this research after studying first factor (hospital situation) it was found that the consultative style is the most appropriate one. Surveying of second factor, manager's characteristics, showed that the proper leadership styles for half of the managers was Benevolent- authoritative and for the second half was consultative but on the average, consultative style was the best style for them. After all, a proper leadership style concerning the third factor (the staff characteristics) was consultative style.

However, while managers mostly was using Benevolent- authoritative style as a leadership style, the mean of three mentioned factor's scores, proved that the best and most appropriate leadership style for all the hospital managers was consultative style. This result is very considerable for researchers because it showed that important factors for determining leadership styles such as manager's characteristics, the staff characteristics, and situation in hospitals were approximately similar. In other word, variation between hospitals was trivial. It is noticeable that this finding was predictable. Because of high centralization in legislation and planning system of Iranian health organizations, this type of system hinders from innovation and motivation of manpower for organizational improvement and positive changes. Centralized system generates equal situation and this equality demands equal leadership style for all of them. In conclusion, to improve management approaches in organizations, innovation and motivation of human resource should be encouraged and also organizational managers should

have adequate authority to encourage positive changes (10).

According to Table 4, there was a direct correlation between existence leadership styles and suggestive leadership styles. In other word, there was 25% gap between existing leadership styles and suggested leadership styles. The final accepted theory "contingency theory" states that for selection an appropriate leadership style for organizations, all effective factors such as situation, personal and managers characteristics should be considered. So It is not resonable to apply one type of leadership style as "the best approach". Some reputable methods supporting contingency theory are Fiddler's Leadership Contingency, Life Cycle Theory of Paul Heresy and Kenneth Blanchard, Robert House Model of Path- Goal, Vroom and Yetton Decision- Making model and lastly Tannenbaum and Schmidt Leadership Styles Continuum Model (13-17).

In conclusion, according to what has been discussed above, hospital managers to reach high achievements in their hospitals, should select their leadership styles based on an approved model such as above models, not by chance. As shown, there was a gap between the appropriate leadership style, which has been chosen based on the model and the existing ones. Although it seems that the gap rate (25%) was not so considerable but for reaching to an ideal situation, managers have to apply a consultative leadership style, which was determined by Tannenbaum and Schmidt continuum model.

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