

Assessing the Relationship between Leadership Styles and Organizational Health in Ilam's Teaching Hospitals in 2018

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ABSTRACT

Background: leadership style is one of the factors affecting organizational health. Therefore, it has been considered as one of the clearest indicators of organizational effectiveness. Leadership is a part of nursing skills that plays an essential role in providing good health services.

Aim: This study aimed to determine the relationship between leadership styles and organizational health in Nurses of Teaching Hospitals affiliated to Ilam University of Medical Sciences.

Methods: This descriptive-correlational study was conducted on 110 nurses from Teaching Hospitals in Ilam, 2018. To collect data, an assessment battery including Bass and Avolio's Multifactor Leadership Questionnaire (2004) consisting of 45 items and Hoy and Tarter's Organizational Health Inventory (1997) consisting of 44 items were used. The data analysis was performed using descriptive statistics and analytical tests (Pearson's and Spearman's correlation coefficients).

Results: The findings demonstrated that the prevailing leadership style in the teaching hospitals was the transactional leadership style (2.95 ± 0.72) and the organizational health level (97.38 ± 21.89) was at an optimum level. Also, Pearson's correlation coefficient indicated a significant relationship between leadership styles and organizational health ($p < 0.005$, $r = 0.29$).

Regarding the direct relationship between leadership style and organizational health based on the results of this study, it can be suggested that nursing managers choose transactional leadership style and take steps toward its implementation in order to increase organizational health in their managed centers.

Keywords: Leadership, Organizational Health, Nursing, Teaching Hospital.

INTRODUCTION

Leadership is imperative for all organizations to achieve their goals and is an essential element for achieving organizational success and effectiveness. Nowadays, leadership is considered as one of the development identifiers in the world system and is what distinguishes successful and unsuccessful organizations. Using appropriate leadership styles, leaders can sow the seeds of trust in organizations to achieve the ultimate goal of ensuring the organizational success and optimal performance in a highly competitive market^{1,2,3}.

A leadership style is the way leaders pursue to provide directions, implement programs, and encourage their followers^{4,5}. To manage the affairs, leaders adopt different methods and strategies which are known as leadership styles. A leadership style is a set of attitudes, traits, and skills of managers which are formed based on four factors of the system of values, trust in employees, leadership tendencies and the nature and type of the activity. There are many different leadership styles. One of the most important classifications of leadership styles includes the three styles of transformational, transactional, and passive-avoidant⁶. In the transformational leadership

style, a leader pays attention to the long-term goals and focuses on transformations. In the transactional leadership style, a leader attempts to pay attention to personal interests of employees so as to improve their motivation in the way to achieve the objectives of the organization; thus, in this leadership style, being rewarded by a leader is subject to the performance of the followers⁷. The third leadership style is passive-avoidant which is consistent with inactive and passive forms of the leadership processes and includes management by exception (passive) and laissez-faire leadership⁸.

Enjoying the ability to lead and manage is one of the tasks and skills of nurses which has been, for a long time, regarded as the factor causing the proper performance of nurses in the inpatient and outpatient wards. Nowadays, the task of leadership is considered as one of the main tasks of nurse managers and as a key element in promoting the objectives of health and medical services; it is due to the fact that not only does it have a significant impact on the group performance, but the success and failure of the provided services is also thanks to the leadership styles of nurse managers⁹.

The nursing challenge nowadays is in response to the changing needs of the society and to guarantee success in today's constantly changing environment, it is deemed

necessary nurse leaders should use appropriate leadership styles^{1,10}. It is owing to the fact that as the tasks of nurses become more complex, nurse managers should be skilled at more complex leadership styles¹¹. The role of managers in organizational health is more focused when it is determined that they are the key elements making changes in the organizations to move towards healthier organizations; thus, in the recent years, a great deal of activities have been undertaken to appreciate, identify, and reconstruct organizations¹².

Organizational health is one of the clearest and most obvious indicators of organizational effectiveness. According to Lynden and Klinge, organizational health is a relatively new concept including an organization's ability to carry out its duties effectively and leading to the growth and improvement of the organization. A healthy organization is where people want to stay and work to be lucrative and effective individuals¹³. Hoy and Feldman introduce seven dimensions for organizational health including institutional integrity, principal influence, consideration, initiating structure, resource support, morale, and academic emphasis¹⁴.

Managers' leadership style is one of the factors affecting organizational health and psychological stresses and leading to the organizational effectiveness^{15,16}. Moreover, organizational health is one of the effectiveness indicators of leadership and management in organizations¹⁶. In this regard, some conducted studies have confirmed this claim. For example, Banihashemian and others (2011) in their study suggest there is a positive relationship between leadership styles and organizational health¹⁷. Studies had shown that identifying the organizational structure and selecting the appropriate leadership style can improve hospital productivity¹⁸. Another study, after examining different leadership styles in employee's performance, it was stated that although transformational leadership style has positive effects, it is not significant compared to the transactional leadership style on important constructive effect on organization and employee's performance¹⁹. Whereas Behardi stated in his study, no statistically significant relationship was found between the ward-level leadership and patient satisfaction with nursing care, but the highest mean score of patient satisfaction was found for wards under head nurses with a transformational style²⁰.

According to studies on leadership styles in nursing, specific leadership style has not yet been suggested as the most appropriate and effective style. Also no studies conducted so far, to the best of the present researchers' knowledge, appears to have investigated the relationship between leadership styles and organizational health in THs of Iran. Therefore, due to the importance of this issue in the healthcare system, the present study aimed to determine the relationship between these two variables among nurses working in THs affiliated IUMS. This study and its results can help nursing managers to select and implement appropriate leadership style to promote organizational health.

METHODS

In this descriptive-correlation study, the study population included all the nurses working in THs affiliated to IUMS. In this study, partial stratified random sampling was used. Sample size based on Krejcie and Morgan's table 113 was calculated. Finally, the 110 complete questionnaires were evaluated. Inclusion criteria were all nurses working in hospitals with at least two years' experience and agreeable to participate in the study. The questionnaires were completed by the researcher visiting hospitals and the nurses completed the questionnaires gradually.

The data gathering tools included two questionnaires as follows: The Multifactor Leadership Questionnaire (MLQ) was the first questionnaire used. Being designed by Avolio et al. (2004), it was a combination of the expressions on the three dimensions of leadership styles consisting of transformational, transactional, and passive-avoidant forms of leadership²¹. This scale included 45 items in which 20 items measured transformational, 8 items measured transactional, 8 items measured passive-avoidant leadership styles and 9 items were about leadership consequences. Participants responded using a five-item Likert scale ranging from "never" to "always." The score of each leadership style was obtained through dividing total scores for each dimension by the number of items. If the score of one dimension was high, it was considered as the dominant leadership style of the leader. The reliability and validity of the MLQ had been proven based on several studies by test constructors and other researchers. For instance, based on the results of 14 independent empirical studies including a total sample of 3570 respondents, Bass and Avolio (1999) reported the reliability of the MLQ to be between 0.81 and 0.94 in commercial, industrial, military, and medical jobs²². It should be noted demographic questions were placed at the beginning of the questionnaire.

The second questionnaire was the Organizational Health Inventory developed by Hoy and Tarter (1997) Consisting of 44 items²², it was also translated into Persian by Alagheband. It included seven dimensions of organizational health, namely institutional integrity, principal influence, consideration, initiating structure, resource support, morale, and academic emphasis. This scale has 5-point Likert (always=5, often=4, sometimes=3, rarely=2, and never=1). Due to being based on the theory of organizational health in schools²³, on the one hand, and the theory of social system of Talcott Parsons²⁴, on the other hand, and being used in many domestic and foreign studies, the questionnaire enjoyed high content validity and reliability.

To determine the reliability and validity of the questionnaires, content validity was used; thus, the questionnaires were examined by 10 specialists and experts, and the final questionnaires were developed after the implementation of the necessary revisions. In order to measure reliability, 30 completed questionnaires of leadership styles and organizational health were analyzed using SPSS. Their reliability values by using Cronbach's alpha were reported to be 87% and 89%, respectively.

A descriptive analysis of findings was provided by the SPSS software (Ver. 22) in the form of frequency distribution tables and charts. In order to investigate the correlation between leadership styles and organizational health, due to the fact that the two variables and their distribution were quantitative, the Pearson and Spearman test proportional to the normal and abnormal data was used. The significance level in this research was 5% and the confidence interval was considered 95%. It is worth noting before conducting any test, the normal distribution of variables was investigated using the Kolmogorov–Smirnov test.

All ethical considerations associated with research were observed and informed consents were obtained from all the participants. Hospital authorities also permitted to conduct the study.

RESULTS

The mean age of nurses participating in the study was 30.36 ± 6.65 years. Of the 110 participants, 64 were females (57.7%) and 46 were males (41.4%). Most of them were married (65.8%) and had a bachelor's degree (71.2%). The most frequent length of work experience of the staff was in the range of less than 5 years (44.5%) and most of the participants were tenured (48.2%). (Table 1)

Table 1: Frequency distribution of demographic characteristics of nurses

Characteristics	n
Gender	
Male	46(42%)
Female	64(58%)
Education	
Associate degree	10(8.5%)
Bachelor degree	79(73%)
Master degree & higher	21(18.5%)
Employment	
Tenure	53(48.2%)
Provisional	12(10.9%)
Corporate recruited	4(3.6%)
Contract based	11(10%)
Probationary	30(27.3%)
Not finalized	1(0.8%)
Marital status	
Single	35(31.8%)
Married	73(66.4%)
Divorced	1(0.9%)
Separated	1(0.9%)
Length of work experience	
Less than 5 years	49(44.5%)
5-10 years	37(33.6%)
10-15 years	9(8.2%)
More than 15 years	15(13.6%)

The mean score of leadership style was 102.83 ± 18.43 out of a total score of 180. Most nurses reported their managers enjoyed the transactional leadership style (37.3%) and 37 nurses reported their managers had the transformational leadership style (33.6%). Also, the mean organizational health score was 97.38 ± 21.89 out of 144 (Table 2).

Table 2: Descriptive statistics of leadership styles and organizational health

Variables	Mean±SD	%age
Leadership styles		
Transformational	2.79±.52	37(33.6%)
Transactional	2.95±.72	41(37.3%)
Passive avoidant	2.98±.66	30(27.3%)
Organizational health	97.38±21.8	

The Pearson correlation coefficient showed a statistically significant correlation between the overall score of leadership style and organizational health in the THs (P-value = 0.002, $r = 0.29$). Furthermore, there was a significant correlation between all the leadership styles (i.e., transformational, transactional, and passive-avoidant) and organizational health (P-value < 0.05) (Table 3).

Table 3: Correlations between leadership style and different types of it with organizational health

Indicators	Organizational Health	
	Correlation coefficient	P
Leadership style	*0.290	.002
Transformational	0.194	.042
Transactional	*0.301	.001
Passive avoidant	0.294	.002

The Pearson Correlation Coefficient was used to measure relationships. P-value < *0.05, N 110

DISCUSSION

The aim of this study was to investigate the relationship between leadership styles and organizational health in THs affiliated to IUMS. From the perspective of employed nurses, the transactional style was the dominant leadership style. In the transactional leadership style, managers consider the interests of the employees, reinforce knowledge and the acceptance of goals, and encourage their employees to see beyond their interests^{25,26}. The transactional leadership style affects the critical attitude of the subordinates and work-related outcomes and also includes trust in management, organizational commitment, job commitments, being satisfied with the supervisor, job performance, innovation in the performance, and increased trust in the organization²⁷. Although in this study, the leadership styles scores were close, but the transactional leadership style scored higher. This result can be due to the high similarity of leadership styles with each other. In this regard, in Gloria et al.'s (2016) cross-sectional study which was conducted to discover the dominant leadership style among 258 managers in healthcare organizations, it was revealed that the dominant leadership style in nurses compared to physicians was transactional and both the transactional and transformational leadership styles had a significant relationship with job efficiency and job satisfaction²⁸. Moreover, the study conducted to Alborz University of Medical Sciences in 2014 demonstrated that the dominant leadership style among the head nurses was transactional²⁹. These findings contradict the results of a research by Mosadegh Rad on the relationship between leadership styles of managers and the efficiency of university hospitals in Isfahan. He showed that the dominant management style in the hospitals under study was the transformational style³⁰. Therefore, the results of various studies showed that the dominant leadership style

in each system is different and one type of leadership style cannot be suggested for all systems.

In the present study, nurses reported an optimal level of organizational health. Organizational health is one of the clearest and most obvious indicators of the effectiveness of the organization. Other studies have reported a high organizational health is also available. According to this, accordingly in the study that carried out among faculty members and managers completing self-assessment questionnaires, reported organizational health was at a high level and there was a strong positive relationship between the total score of management behaviors and organizational health questionnaires³¹. Also, a study on 542 nurses in Italian THs, Sili et al. (2010) noted high levels of organizational health and satisfaction with the status quo among nurses³² and in Sadeghi and Alavi's study in 2014, the level of organizational health in the seven educational departments of Isfahan University of Medical Sciences was reported to be at an optimal level³³. The high level of organizational health in this study and other studies may be due to the self-report data collection tools. In addition, various factors can influence people's perceptions of organizational health, including Organizational Culture.

There was a significant relationship between the type of leadership style and organizational health in the hospitals under investigation. Although organizational health was significantly correlated with all three types of leadership styles, it had a higher correlation coefficient with transactional leadership style ($r=.3$ $p=0.001$). This correlation may be due to the nature of transactional leadership style that will increase job satisfaction and improve their productivity and ultimately increase organizational health.

It should be noted there was not found any study similar to the present study finding the relationship between the leadership style and organizational health amongst nurses. Elke and Gurt stated on the positive influence of leadership style on organizational health and culture and considered choosing an appropriate leadership style as an effective method to reduce staff pressure³⁴. Accordingly, Hicks in a review study entitled "Leader communication styles and organizational health" stated that executives had an extraordinary role in the development and preservation of an organization's culture, and this plays an important role in organizational health because trust, attitude, and values of the staff are determined by the leader of an organization³⁵. In another study, Mohammadi Sadr (2012) looked at the individual characteristics of managers in companies in Tehran and pointed out to issues such as interpersonal, informational, and decision-making roles of managers which had positive and significant relationships with organizational health³⁶. In another study, Bahrami et al. (2012) reported a positive relationship between decision making styles and organizational health³⁷. The results of the study by Farahani et al. also showed there was a significant difference between the mean score of the effectiveness of head nurses from the perspective of nursing staff before and after the implementation of the management improvement program; while, 94.7% of the head nurses had an effective leadership style in their viewpoints before and after the intervention³⁸. In a study having nurses as the target group in Shiraz, it was found

that both transformational ($P = 0.03$) and transactional leadership ($P = 0.04$) had a significant negative relationship with total burnout. Moreover, there was a significant negative relationship between laissez-faire leadership and reduced personal accomplishment³⁹; therefore, it was indicated that leadership styles had a positive effect on nurses' performance. In addition, the management improvement program improved the leadership performance of head nurses from the perspective of nursing personnel and enabled them to be more effective in a variety of situations³⁸; thus, teaching leadership styles to nurses is an inevitable necessity.

Implication for practice: According to the results of this study, it can be said that choosing the appropriate leadership style can promote organizational health. Improving organizational health will also have a direct impact on the quality of personnel performance, their job satisfaction and the organization's outputs. However, there is no particular emphasis on the type of leadership style, and studies have strongly refrained from advising on the absolute adherence to a particular leadership style. But the results of this study showed that in hospitals with high organizational health, transactional leadership style was dominant. Therefore, it can be suggested that nursing managers choose transactional leadership style and take steps toward its implementation in order to increase organizational health in their managed centers.

This study investigated leadership styles and organizational health in teaching hospitals. So far, this issue has not been addressed in Iranian hospitals. Due to the small number of samples and the use of self-report questionnaires, it is recommended that in future studies take more samples from different hospitals and use other organizational health evaluation tools in addition to the self-report scales.

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Conflict of interest: None declared.

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