Leadership Behaviors in Organizations

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Abstract

The purpose of this paper is to focus first on the literature that links leadership to employee wellbeing within the field of organizational behavior, and then turn the attention to a survey on healthcare professionals' perceptions of the leadership style in three Italian hospitals. The classification of leader behavior is based on the sharing of decision making between leader and follower in three ways: autocratic; laissez-faire; participative. The survey was conducted using a questionnaire, distributed to staff involved in patient care (doctors, nurses and healthcare technicians) of the various hospital units. The survey shows the typical profile of participative leader. In the perceptions of healthcare employees the relation with their superior is mostly based on the personal esteem, engaging, effective, friendly, collaborative, and source of wellbeing, with greater satisfaction of old workers and healthcare technicians.

Keywords: Leadership; wellbeing; organizational behavior; survey; hospitals; healthcare professionals.

1. Introduction

Human resources are even more emphasized in healthcare organizations, where job satisfaction is increasingly recognized as a critical measure of care outcome, especially for its relation with patient satisfaction (De Simone, 2015a). In this context, where service quality and efficiency are closely linked to human factor, there is the need to introduce tools to assess the motivation of healthcare workers. Healthcare organizations can provide a quality service only if workers perceive they are considered as value resources and they can be in turn attentive to patients' needs (De Simone, 2013).

The purpose of this paper is to focus first on the literature that links both poor and good leadership to employee wellbeing within the field of organizational behaviour, and then turn the attention to a survey on patient care workers' perceptions of the relation leader-follower in three government-funded hospitals in Italy. A complete understanding of the effects of leadership requires that we also ask whether good leadership has a positive effect on employee wellbeing, and research on this question is in its infancy.

2. Literature Focus on Leadership and Employee wellbeing

This study focus on the theme of the behavioral approach to leadership that examines how what a leader does is related to leader effectiveness (Tosi, Pilati, 2011). Following from Kelloway et al. (2012) leadership is a process of social influence that is enacted by designated individuals who hold formal leadership roles in organizations. It's a process of influence on individuals to make them understand and accept decisions and actions to be undertaken, by facilitating individual and collective efforts to achieve common goals.

Wellbeing in the workplace has increasingly become common topic in scholarly research journals (Cooper & Marshall, 1978; Smith, Kaminstein & Makadok, 1995; Danna & Griffin, 1999; Warr, 1990). There exists a vast, disjoined and unfocused body of literature across different fields relating to wellbeing in the workplace. Because of the broad domain in the literature, there is also a variation in the meaning and definition attributed to the term wellbeing. In the past, this term has been referred to the absence of disease, thus referring mostly to physical health. In time, the term has acquired a broader meaning, involving the physical (general health, health-related behaviors), and psychological (mental illness, stress, self-efficacy, self-esteem, affective wellbeing) health at work (De Simone, 2014a).

Consistent with the organizational framework (Cooper and Marshall, 1978; Smith, Kaminstein, and Makadok, 1995; Danna & Griffin, 1999), the concept of wellbeing in the workplace is seen as comprising the various life/non-work satisfactions enjoyed by individuals, work/job-related satisfactions, and general health. Following from War (1990) wellbeing tends to be a broader concept that takes into consideration the “whole person”. Beyond specific physical or psychological symptoms related to health, wellbeing should be used as appropriate to include context-free measures of life experiences (life satisfaction, happiness), and within the organizational research to include job-related experiences (job satisfaction, job attachment), as well as more facet-specific dimensions.

Leaders can affect their subordinates’ wellbeing though several paths: they serve as role models for their subordinates and can model (un) healthy and (un) safe working practices; leaders power to reward or punish their subordinates assumes a considerable importance for employee wellbeing; and the decision leaders makes can produce additional stress for their subordinates (e.g. assigning an abundance of tasks to one employee can result in role overload), or enhance the quality of their work experiences. It's through these mechanisms that leaders affect employees’ wellbeing (Roberson, Barling, 2014).

2.1 Management styles

Many studies have been conducted on how the distribution of decision-making influence between superiors and subordinates is related to the performance and satisfaction of individuals and work groups. One of the important works in this area (Lewin et al., 1939) gives a classification of leader behaviour, based on the sharing of decision making between a leader and a follower that has continued to be reflected in much of today’s work (Tosi, Pilati, 2011; Roberson, Barling, 2014). Leaders were described in three ways: autocratic; laissez-faire; transformational.

In autocratic leadership, the leader makes all decisions and allows the subordinates no influence in the decision-making process. These leaders are often indifferent to the personal needs of subordinates. For example, an autocratic manager would assign a worker a task or a goal without any discussion with the subordinate. The manager simply meets with subordinates and gives them a set of goals that he has prepared.

Autocratic leadership can tend to abusive supervision, referring to subordinates’ perceptions of the extent to which supervisors engage in hostile verbal and nonverbal behaviors (Tepper, 2000). Leaders exhibit abusive behaviors when they publicly ridicule, intimate or blame subordinates for mistakes they are not responsible for. Empirical evidence suggests that abusive leaders negatively impact diverse aspects of employee physical wellbeing, including overall general health, their sleep, and their health risk and safety behaviors. Research now tends to focus on the moderators and mediators of these relationships, such as perceived responsibility or employee personality (Roberson, Barling, 2014).

In contrast to abusive supervision, in which leaders actively display hostile behaviors, laissez-faire leadership is a passive management style in which leaders are disengaged, and often avoid and deny responsibility even in the face of dire situations (Bass & Riggio, 2006). In laissez-faire leadership, the leader allows the group to have complete autonomy. They rarely supervise directly, so that group members make many on-the-job decisions themselves, such as what jobs they want to do. With such an approach, subordinates set their own goals with no managerial inputs and work toward them with no direction (Tosi, Pilati, 2011).

Although it seems logical to assume that a lack of leadership would be neither positively or negatively related to employee wellbeing, research findings suggests laissez-faire leadership negatively impacts employees’ psychological wellbeing because it increases workplace stressors (e.g. role conflict, role ambiguity, and conflict with coworkers) and decreases trust in leaders (Kelloway et al., 2012).In contrast to the previous management styles, participative or transformational leadership is typical of leaders who consult with subordinates on appropriate matters, set goals with them, and allow them some influence in the decision-making process. Participative leadership is associated with higher levels of subordinate satisfaction. Those who work for participative leaders are less resistant to change and show more organization identification than those who work for autocratic leaders (Tosi, Pilati, 2011).

Transformational leadership is inherently positive because of its focus on ethical behavior, elevating employees’ motivation, encouraging intellectual stimulation (and allowing employees to think for themselves) and demonstrating real concern for individuals’ needs. It’s through these positive behaviors that transformational leaders positively affect employee wellbeing. It provides role clarity, meaningful work, and enable employee to develop self-efficacy and trust in their leaders, all of which positively impact employee wellbeing.

Focusing on affective wellbeing as an indicator of psychological wellbeing, there is a consistent and positive link between transformational leadership and employee affective wellbeing. For example, healthcare workers whose leaders rated high on transformational leadership experienced more positive emotions (e.g. optimism, happiness, enthusiasm) throughout the day compared to their counterparts whose leader did not rate high on transformational leadership (Bono et al. 2007). Other research has shown that the relationship between transformational leadership and employees' affective wellbeing is partially mediated by meaningful work, and perceived work characteristics (e.g. role clarity, meaningfulness, and opportunities for development), and fully mediated by self-efficacy and team efficacy (Nielsen, & Munir, 2009).

Participative leadership is positively associated with service climate, and contributes to promote human flourishing and organizational growth. A leadership style stimulating a positive emotional climate also contributes to increase productivity (De Simone et al., 2014). Positive emotions foster constructive engagement and trust, which are the basis of negotiations and contribute to organizational effectiveness (Fredrickson, 2001). Given that positive emotions contribute to organizational identification and relational strength, this adds value to the organization which in turn increases social capital (De Simone, 2014b). The presence of these resources can contribute to growth and performance, as antecedent for organizational effectiveness (Vacharkulksemsuk, Sekerka, Fredrickson, 2011).

3. A Survey in three Italian Hospitals

This study is part of a larger study on employee wellbeing in three government-funded hospitals in Italy and it focuses on perceptions of patient care workers of the leadership style. The preference is given to the quantitative method, i.e. the questionnaire survey, and data are obtained from patient care workers within hospitals in 2014. One anonymous questionnaire was distributed to the almost total number of doctors, nurses and healthcare technicians working in the wards of the three hospitals. 492 questionnaires were returned and analyzed. The full sample of health care staff is represented by 30% of doctors, 60% of nurses, and 10% of health technicians, with the most representative age group of 45 to 64 years (80%) (De Simone, 2015b).

The use of semantic differential technique made it possible to investigate the representation that health professionals have of their supervisor (Table 1). Survey participants were asked to indicate a value ranging from 0 to 3 on a continuum whose extremes are: *correct (based on personal esteem)/hierarchical (based on the authority); engaging/ detached; effective/unproductive; friendly/hostile; cooperative/conflictual; a source of well-being at work/source of malaise at work.* Data were analysed with SPSS 14.

The most of respondents (63%) believe the relationship with their supervisor is based on personal estimate, while the 18% consider it founded on authority, and 19% believe the dichotomy estimate/authority doesn't affect the relationship with their leader.

According to the dichotomy engaging/detached of the management style, almost the 60% of respondents assert that the relation with the leader is engaging, while about the 20% consider it detached, and 20% consider this dichotomy not affecting the relation.

Regarding the dichotomy effective/unproductive, the relation leader-follower is perceived by the 62.2% of the respondents as effective, by 18.5% as unproductive, and by the 19.3% as irrelevant. Concerning the dichotomy friendly/ hostile, the relation leader-follower is considered by the 66% of the health professionals as friendly, by 13% as hostile, and by the 21% as irrelevant. The 64% of survey participants believe their relationship with the superior is collaborative, and only a minority (15%) considers it as source of conflict. The relationship with the superior is considered by the 54% of the sample as generating high wellbeing, by the 21% as source of malaise, and by the 25% as not influencing the level of wellbeing. The relationship leader-follower is generally perceived by health professionals respondents (doctors, nurses and healthcare technicians) "based on the personal esteem, engaging, effective, friendly, collaborative, and source of wellbeing."

With reference to the professional category, the healthcares technicians perceive tend to express greater satisfaction than doctors and nurses of the management style. In fact the relationship with the superior is perceived as source of high wellbeing by the 65% of technicians, compared to the 54% of doctors and the 50% of nurses (Figure 1).

The age of the sample slightly affects the perceptions of the management style, with a greater satisfaction of old workers. On average, age groups "55-65 years" and "more than 65 years" perceive the relationship with their superior as generating high well-being, respectively with 70% and 60% of responses (Figure 2).

4. Conclusions

The study on the effects of leadership on employee wellbeing tends to occupy a much more prominent niche in mainstream organizational research. The ancient classification of leader behavior, based on the sharing of decision making between leader and follower in three ways (autocratic, laissez-faire and participative), has continued to be reflected in several current works. In the perceptions of patient care workers (doctors, nurses and healthcare technicians) of the three analysed hospitals, the relation with the superior is mostly based on the personal esteem, engaging, effective, friendly, collaborative, and source of wellbeing, with greater satisfaction of old workers and healthcare technicians. This study shows the typical profile of participative leader, and confirms participative leadership as a source of high wellbeing for employees. A leadership style stimulating a positive emotional climate contributes to increase job satisfaction.

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Table 1: Representation of the climate in the relationship leader-follower by health professionals of three Italian hospitals, according to the semantic differential technique

	3	*2*	*1*	*0*	*1*	*2*	*3*	
Correct (based on personal esteem)	30,1%	24,0%	8,9%	18,9%	5,9%	5,5%	6,7%	Hierarchical (based on authority)
Engaging	21,3%	23,2%	13,2%	21,1%	6,5%	6,3%	8,3%	Detached
Effective	26%	25,4%	10,8%	19,3%	6,3%	6,1%	6,1%	Unproductive
Friendly	32,3%	21,1%	12,2%	20,9%	4,9%	4,9%	3,7%	Hostile
Collaborative	30,5%	23,2%	9,8%	21,5%	5,1%	5,5%	4,5%	Conflictual
Source of wellbeing at work	21,7%	22,2%	10,2%	24,6%	6,7%	5,7%	8,9%	Source of malaise at work

Table 2: Representation of the climate in the relationship leader-follower by doctors of three Italian hospitals, according to the semantic differential technique

	3	*2*	*1*	*0*	*1*	*2*	*3*	
Correct (based on personal esteem)	25,2%	29,4%	9,8%	19,6%	3,5%	4,9%	7,7%	Hierarchical (based on authority)
Engaging	13,3%	23,1%	13,3%	28,0%	2,8%	9,1%	10,5%	Detached
Effective	18,2%	29,4%	8,4%	20,3%	7,0%	8,4%	8,4%	Unproductive
Friendly	25,9%	26,6%	10,5%	21,7%	6,3%	5,6%	3,5%	Hostile
Collaborative	24,5%	25,9%	8,4%	25,2%	4,2%	6,3%	5,6%	Conflictual
Source of wellbeing at work	12,6%	27,3%	9,8%	27,3%	7,7%	5,6%	9,8%	Source of malaise at work

Table 3: Representation of the climate in the relationship leader-follower by nurses of three Italian hospitals, according to the semantic differential technique

	3	*2*	*1*	*0*	*1*	*2*	*3*	
Correct (based on personal esteem)	31,2%	20,3%	9,2%	19,0%	6,8%	6,4%	7,1%	Hierarchical (based on authority)
Engaging	25,1%	20,0%	12,9%	19,3%	8,5%	6,1%	8,1%	Detached
Effective	30,2%	19,3%	12,5%	20,3%	6,4%	5,8%	5,4%	Unproductive
Friendly	34,6%	18,3%	13,2%	20,7%	4,4%	5,1%	3,7%	Hostile
Collaborative	32,9%	19,7%	11,5%	20,0%	6,1%	5,8%	4,1%	Conflictual
Source of wellbeing at work	25,8%	16,9%	11,5%	24,4%	6,1%	5,8%	9,5%	Source of malaise at work

Table 4: Representation of the climate in the relationship leader-follower by healthcare technicians of three Italian hospitals, according to the semantic differential technique

	3	*2*	*1*	*0*	*1*	*2*	*3*	
Correct (based on personal esteem)	37,0%	29,6%	5,6%	16,7%	7,4%	1,9%	1,9%	Hierarchical (based on authority)
Engaging	22,2%	40,7%	14,8%	13,0%	5,6%	0,0%	3,7%	Detached
Effective	24,1%	48,1%	7,4%	11,1%	3,7%	1,9%	3,7%	Unproductive
Friendly	37,0%	22,2%	11,1%	20,4%	3,7%	1,9%	3,7%	Hostile
Collaborative	33,3%	35,2%	3,7%	20,4%	1,9%	1,9%	3,7%	Conflictual
Source of wellbeing at work	24,1%	37,0%	3,7%	18,5%	7,4%	5,6%	3,7%	Source of malaise at work

Figure 1: Patient care workers' perceptions of the level of wellbeing generated by the management style

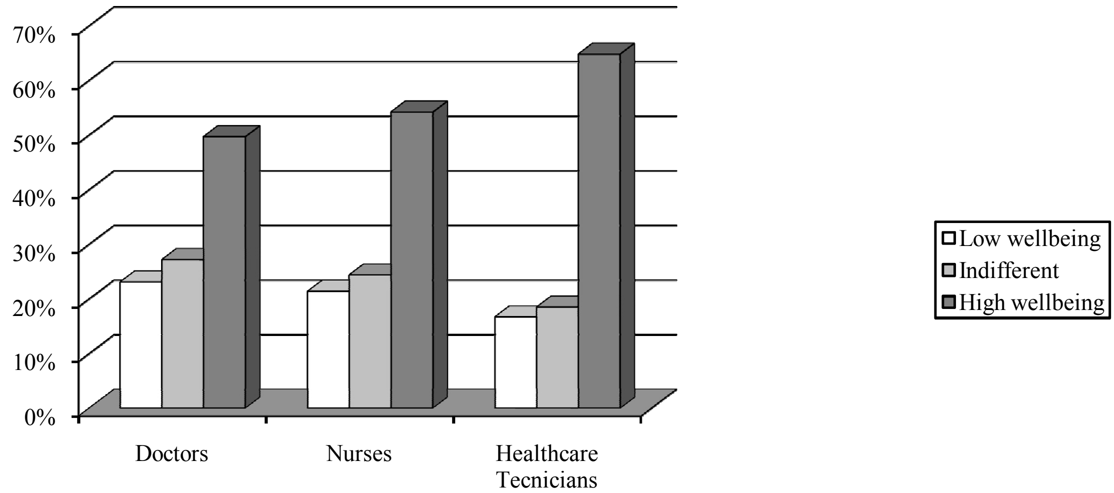

Figure 2: Patient care workers' perceptions (age groups) of the level of wellbeing generated by the management style