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Does leadership effectiveness correlates with leadership styles in healthcare executives of Iran University of Medical Sciences

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Abstract

Background: Effective leadership is essential to passing through obstacles facing the health field. The current health care system in Iran has major problems and gaps in the field of effective leadership. The aim of this study was to evaluate hospital managers' leadership style through self-assessment and to determine the correlation between leadership styles with healthcare executives' leadership readiness and leadership effectiveness.

Methods: In this cross-sectional study a self-administered questionnaire completed by all internal healthcare executives of all teaching and non-teaching hospitals affiliated to Iran University of Medical Sciences. Questionnaire was composed to determine demographic information, leadership style questions, leadership effectiveness and leadership readiness. Descriptive statistics and Pearson correlation coefficient were used for data analysis.

Results: According to the findings, the dominant style of healthcare executives was transformational leadership style (with a score of 4.34). The leadership effectiveness was estimated at about 4.36 that shows the appropriate level of leadership effectiveness. There was a significant correlation (correlation coefficient of 0.244) between leadership readiness and transformational leadership style ($p<0.05$). Also, there was a significant correlation between leadership effectiveness with transformational (0.051) and transactional (0.216) styles.

Conclusion: There was a correlation between leadership readiness and leadership effectiveness with leadership styles. Application of this research will be crucial to universities and healthcare executives. This study suggests that strengthening the scientific basis is essential for leadership readiness and leadership effectiveness in healthcare system.

Keywords: Leadership, Effectiveness, Readiness, Iran University of Medical Sciences.

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Introduction

The term leadership did not emerge until the beginning of the 19th century in the literature (1). Hemphill and Coons in 1957 defined leadership as directing the endeavors of staff toward a common goal (2). Truman in 1958 described the leader as a person who can enforce the staff to do what they do not desire to do (3). In this study leadership tends to be refer to a practice whereby a leader influences others to attain an objective (4).

Many theoretical studies regarding leadership effectiveness appear to be challengeable. Leadership effectiveness is defined as how effective the leaders are at carrying out the leadership role in a healthcare organization (5). Effectiveness cannot be taught in the classes, but is learned by facing with the necessary leadership style (6). Effective leader has to be aware of some roles: identification and analyzing the situation, environment and the followers, using a proper leadership style which corresponds to the situation, environment and the followers, and adjusting leadership style according to

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the situation (7).

Antonakis et al. in 2003 developed a Multi Factor Questionnaire (MLQ) that measured three leadership styles: laissez-faire (non-leadership), transactional leadership, and transformational leadership (8). Laissez-faire leadership is defined as avoiding responsibility, neglecting to work and doing nothing. Transformational leadership has shown to be more effective than other types (9). Transformational leadership focuses on power sharing, autonomy, considering the individual needs, seeking alternative perspectives from followers (10, 11), and independence among followers (12-15). Transactional leadership is defined as management-by-exception, (active and passive).

Studies show healthcare executive selection process does not always lead to select the highly effective leaders (16). Weaknesses in the hiring process may lead to lack of leadership effectiveness within healthcare organizations (15, 16). However, it is essential for healthcare organizations to have ready and effective leaders.

The aim of this survey research was to evaluate self-perceived leadership styles of healthcare executives of Iran University of Medical Sciences and also investigating the relationship between self-perceived leadership effectiveness and self-perceived leadership readiness.

Methods

Data were collected from all teaching and non-teaching hospitals of Iran University of Medical Sciences. Ninety six hospital internal managers: chief executive officers (CEO), hospital administers (HA), chief financial officers (CFO), chief operational officers (COO), chief nursing officer (CNO), and nursing educational supervisors (NES) were participated in this study. We did not use sampling and all 96 internal managers from 16 hospitals were included in this study.

The authors used the 5-point Likert-type scale MLQ as the research instrument to measure leadership style. According to Avolio and Bass in 2004, MLQ is one of the most validated instruments designed to measure leadership styles (9). The MLQ assesses transformational, transactional, and laissez-faire leadership styles. MLQ has been revised multiple times and its reliability and validity confirmed in previous studies (9, 16). Two other questionnaires were used to assess the readiness and effectiveness of leadership. These questionnaires were obtained from the Etta J. Mhoon-Walker in 2013 (17). Reliability and validity of these questionnaires were evaluated by Ghorbanian, Taboli and Shakour (18-20). These two questionnaires used 5-point Likert scale for each item. The higher scores reflected the more leadership readiness and effectiveness. The demographic questions were also used to collect data of age, sex, level of education, and years of experience.

Involvement in the study was 100% voluntary and participants could decide not to participate in this study at any time. Response rate was 100%.

Statistical analysis

Data were analyzed using SPSS software. Percentages and frequencies were used when measuring the categorical variables. Mean and standard deviation were used when measuring the continuous variables. Normality assumption was checked and Pearson correlation coefficient was reported.

Results

All responses for 96 healthcare executives were analyzed for this study. About 57% (n=55) of participants were male and 43% (n=41) female. Also, 66.3% (n=64) of the participants argued that they had acquired additional leadership training. Six different job positions were participated with the same percentage (Table 1).

Table 2 displays the descriptive statistics for selected variables. The three self-reported MLQ scores, transactional, transformational, and laissez-faire were 3.74, 4.34 and 2.42 while the means for readiness

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Table1. Frequency distribution of participants' characteristics

Variable	Category	N	%
Sex	Female	41	42.6
	Male	55	57.4
Position	HA	16	16.67
	CEO	16	16.67
	COO	16	16.67
	CFO	16	16.67
	CNO	16	16.67
	NES	16	16.67
Acquired additional leadership training	Yes	64	66.3
	No	32	33.7

Table 2. Descriptive statistics for participants' characteristics (N = 96)

Variable	Mean	SD	Min	Max
Age	44.2	5.94	32	56
Years of experience	6.1	5.78	0.2	27
MLQ Transactional leadership	3.7	0.30	3	4.25
MLQ Transformational leadership	4.3	0.32	3.55	4.9
MLQ Laissez-faire leadership	2.4	0.54	1.05	3.75
Readiness	3.8	0.46	2.88	4.88
Effectiveness	4.4	0.40	3.5	5

and effectiveness were 3.85 and 4.36, respectively (Table 2). Therefore the dominant leadership style of Iran University of Medical Sciences executives was transformational style. The readiness score in the healthcare executives was in a good position and the effectiveness score in the very good position.

Kolmogorov-Smirnov test was used to assess the normality of the data and the results approved the normality ($p>0.05$). Thus parametric tests were used.

Based on Table 3, readiness was significantly related to transactional and transformational leadership and effectiveness significantly related to transactional and transformational leadership.

Discussion

The results show that the leadership style among Iran University of Medical Sciences healthcare executives is transformational leadership. Also, the study revealed that there was a positive association between transformational leadership and healthcare executive readiness and effectiveness.

The results confirmed previous findings in the literature such as Bass, 1997; Eid et al, 2008; Smith et al, 2004; Tatum et al, 2003 that supported the strength of transformational leadership characteristics (21-24). Furthermore, these authors argued that transformational leaders differ from leaders from other styles in gathering the data, analyzing information, and finally making decisions.

The results of this study showed higher values for transformational leadership and readiness compared to those reported by Hinkin in 2008. Comparing the leadership readiness and leadership style scores, transactional leaders are shown to be more prepared than other leadership styles (25). However, those healthcare executives of Iran University of Medical Sciences who perceived they were transformational leaders were more ready and effective than the others.

The results of this study are in line with Xirasagar, Samuels, and Stoskopf results

Table 3. Pearson correlations for selected variables with readiness and effectiveness (N=96)

Variable	Readiness (P-value)	Effectiveness (p)
MLQ Transactional leadership	0.18 (0.07)	0.21 (0.03)
MLQ Transformational leadership	0.24 (0.01)	0.51 (<0.001)
MLQ Laissez-faire leadership	-0.04 (0.63)	-0.10 (0.33)

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(26). They hypothesized that transformational leadership would be more positively associated with executive leadership ratings of effectiveness than transactional or laissez-faire leadership and the results supported their hypothesis. Gabbert in 2005 argued that the CEOs' transformational leadership styles are significantly correlated with hospital high performance (27). Drouillard and Kleiner in 1996 compared transformational and transactional leadership styles and found that transformational leadership better fit the term of good leadership (28). Most studies recommend that healthcare executives use transformational leadership style (29, 30) which is associated with results of our research.

Conclusion

This study found that transformational leadership received higher scores than other leadership styles among Iran University of Medical Sciences healthcare executives. Also, transformational leadership correlates with readiness and effectiveness. The study highlights the importance of leadership style and its correlation with leadership readiness and effectiveness. Overall, the research revealed leadership readiness and effectiveness were associated with leadership styles. The results of this study are important for academia, healthcare managers, decision makers and future healthcare executives.

References

1. Bass BM. Bass & Stodgill's handbook of leadership. New York, NY: Free Press; 1990.
2. Hemphill JK, Coons AE. Development of the leader behavior description questionnaire. In R. M. Stogdill & A. E. Coons (Eds.), Leader behavior: Its description and measurement. Columbus: Bureau of Business Research, Ohio State University; 1957: 6-38.
3. Truman HS. Memoirs. New York, NY: Doubleday; 1958.
4. Northouse P. Leadership theory and practice (4th ed.). Thousand Oaks, CA: Sage; 2007.
5. Bass BM, Bass R. The Bass handbook of leadership: Theory, research, & managerial application (4th ed.). New York, NY: Free Press; 2008.
6. Allio R. Leadership development: Teaching versus learning. Management Decision 2005; 43: 7-8.
7. Boonla D, Treputtharat S.The Relationship between the Leadership Style and School Effectiveness in School under the office of Secondary Education Area 20, Social and Behavioral Sciences 2014; 112: 991 – 996.
8. Antonakis J, Avolio B, Sivasubramaniam N. Context and leadership: An examination of the nine-factor full-range leadership theory using the multifactor leadership questionnaire. The Leadership Quarterly 2003; 14: 261-295.
9. Bass BM, Avolio BJ. Transformational leadership development: Manual for the Multifactor Leadership Questionnaire. Palo Alto, CA: Consulting Psychologists Press; 2004.
10. DeRue DS, Nahrgang JD, Wellman N, Humphrey SE. Trait and behavioral theories of leadership: An integration and meta-analytic test of their relative validity. Personnel Psychology 2011; 64: 7–52.
11. Ewen C, Wihler A, Blickle G. Further specification of the leader political skill–leadership effectiveness relationships: Transformational and transactional leader behavior as mediators, The Leadership Quarterly 2013; 24: 516–533.
12. Amundsen S, Martinsen ØL. Empowering leadership: Construct clarification, conceptualization, and validation of a new scale. The Leadership Quarterly 2014; 25(3): 487–511.
13. Houghton JD, Yoho SK. Toward a contingency model of leadership and psychological empowerment: When should self-leadership be encouraged? Journal of Leadership & Organizational Studies 2005; 11(4): 65–83.
14. Manz CC, Sims HP. The new superleadership: Leading others to lead themselves. San Francisco, CA: Berrett-Koehler Publishers; 2001.
15. Amundsen S, Martinsen OL. Self–other agreement in empowering leadership: Relationships with leader effectiveness and subordinates' job satisfaction and turnover intention, The Leadership Quarterly 2014; 25: 784–800.
16. Avolio BJ, Bass BM. Multifactor Leadership Questionnaire: The benchmark measurement of transformational leadership; 2009. Retrieved from http://www.mindgarden.com
17. Mhoon-Walker EJ. Leadership Styles and Effectiveness among C-Level Healthcare Executives, PhD Dissertation, Capella University; January 2013.
18. Ghorbanian A, Hadadpour A, Maleki MR. Relationship between Leadership style of Managers and Job Satisfaction of Medical Emergency Technicians. Nursing & Midwifery Journal 2010; 5 (20): 42-51
19. Taboli H, Tirgar H, Mozafari L, Mortazavi H, Mehrabifar F. Leadership Style and Staff Innovation in Neyriz Governmental Organizations. Innovation in Social Sciences 2012; 1: 1-25.

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20. Shakour M, Bazrafkan L, Alizadeh M, Ghasemi M. Assessing the Leadership Styles and Effectiveness of Administrators in Isfahan University of Medical Sciences in 1388. IJME/ Special issue for educational development and health promotion; 2012: 11(9): 1255-1262.

21. Bass BM. Does the transactional-transformational leadership paradigm transcend organizational and national boundaries? American Psychologist 1997; 52(2): 130-139.

22. Eid J, Johnsen BH, Bartone PT, Nissestad OA. Growing transformational leaders: Exploring the role of personality hardiness. Leadership & Organization Development Journal 2008; 29(1): 4-23.

23. Smith BN, Montagno RV, Kuzmenko TN. Transformational and servant leadership: Content and contextual comparisons. Journal of Leadership and Organization Studies 2004; 10(4): 80-91.

24. Tantum BC, Eberlin R, Kottraba C, Bradberry T. Leadership, decision making, and organizational justice. Management Decision 2003; 41(10): 1006-1016.

25. Hinkin TR, Schriesheim CA. An examination of "nonleadership": From laissez-faire leadership to leader reward omission and punishment omission. Journal of Applied Psychology, 2008; 93(6): 1234-1248.

26. Xirasager S, Samuels ME, Stoskopf CH. Physician leadership styles and effectiveness: An empirical study. Medical Care Research and Review 2005; 62(6): 720-740.

27. Gabbert CC. The relationship between chief executive transformational leadership and hospital high performance, Doctoral dissertation; 2005. Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3174547.).

28. Drouillard SE, Kleiner BH. Good leadership. Management Development Review 1996; 9(5): 30-32.

29. Longenecker PD. Evaluating transformational leadership skills of hospice executives. American Journal of Hospice and Palliative Medicine 2006; 23(3): 205- 211.

30. Spinelli RJ. The applicability of Bass's model of transformational, transactional, and laissez-faire leadership in the hospital administrative environment. Hospital Topics 2006; 84(2): 11-18.

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