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The relationship between perceived leadership style and perceived stress on hospital employees

Birol Baysak^a, Müjdelen İ. Yener^b a*

^{a,b} *Marmara University, Istanbul, 34180, Turkey*

Abstract

A good leadership is important for health care organizations' success like any other ones and it affects our lives deeply. In the light of this study conducted on hospital employees, who are always serving in difficult conditions, is aimed to determine what type of leadership style should be embraced to decrease the negative effects of stress on individuals. Study examined 312 nonprofit hospital employees in Istanbul in order to determine if an association exists between hospital employees' perceived leadership style and perceived stress. Perceived leadership was assessed with Multifactor Leadership Questionnaire (MLQ). Perceived stress of the participants was assessed by The Perceived Stress Scale (PSS). The aim of the quantitative study was to investigate whether, and to what extent, relationship existed between perceived stress and perceived leadership style of hospital employees in İstanbul Turkey. The gathered data analyzed with statistical package software (SPSS). Results showed that between perceived leadership styles and perceived stress have a partial relationship.

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1. Introduction

Stress has a great impact on business and economies whether it was experienced at work or home and affecting a growing number of people throughout the world. Direct costs experienced by organizations include absenteeism, reduced productivity, and burnout. According to a study conducted in United States of America estimated costs due to aforesaid and other attributes are between 200 and 300 billion dollars per a year (Fevre, Matheny, and Kolt, 2003; Roberto, 2006). In Australia, the estimated amount is 35 Australian dollars, and in the United Kingdom it is estimated that stress results in approximately 5 billion pounds per a year throughout industries (Townsend, 2001; Roberto, 2006)

The International Labor Organization (ILO) announced that approximately one third of the employed populations in developed countries announced excessive level of stress (Hoel, Sparks, and Cooper 2002; Soylu, 2008). According to a study conducted in 2012 in Turkey, 59 percentages of the employees are struggling with stress (Regus, 2012). One

* Corresponding author. Tel. + 90-507-141-9101

Email address: birolbaysak@gmail.com

of the most common stressful workplaces that the physical disorder can be seen are hospitals, and stress factors arising from occupation are increasing day after day an appreciable rate (İmirlioğlu, 2009). Busy schedule, long standing, uninterrupted duty and strain lead hospital employees to encounter with more diversity occupational hazards than other business lines that adversely affect hospital employees' health. According to a report which was published by Occupational Safety and Health Administration OSHA (2013), 253,700 works related injuries and illnesses were recorded in 2011 at U.S hospitals. It was estimated by OSHA (1991) that 4.9 million Health care workers (HCWs) who frequently handle blood were the most at risk employee group for exposure to blood borne pathogens such as human immunodeficiency virus and hepatitis B virus. In addition to these inputs, public reports show that hospitalized patients usually are not satisfied with their care and received insensitive treatment (Kohn and Corrigan, 2000; Nash, 2006; Sorelle 2009; De Vinci, 2010).

A good leadership is important for health care organizations' success like any other ones. According to Bennis (2007) leadership influences the quality of our lives as much as our in-laws or our blood pressure. There are three basic reasons why leaders are important. First factor is leaders are responsible for the success or failure of all organizations. And second factor is leaders inspire and restore our hope. And the latest factor is common concern about the lack of integrity within major companies and organizations (Bennis, 2009).

In the light of this study conducted on hospital employees, who are always serving in difficult conditions, is aimed to determine what type of leadership style should be embraced to decrease the negative effects of stress on individuals. It was appraised that this study may help to prevent undesirable outcomes caused by stress such as occupational accidents, absenteeism, poor performance, despondency, internal complaints, and non-productiveness for hospitals as organizations. This study also might be helpful to decrease negative effects of stress on individuals both emotional and physical discomforts (Lyon, 2012). In addition, it was assessed that this study may make a contribution obliquely to patients who are not satisfied with their care and received insensitive treatment.

2. Literature Review And Hypotheses

2.1. Leadership

The topic of leadership has been of interest for many hundreds of years for scholars and many scientists have tried to make a definition of leadership. Even leadership is a popular term, there is a problem about its description since it is not a scientific term with a regular normalized definition (Vroom and Jago, 2007). Bennis (2009, p. 3) explained that leadership was like a beauty: "*it's hard to define, but you know it when you see it.*" Leadership is a social phenomenon that is found everywhere. For human being myths and legends always became attractive about what differentiate great leaders' from followers. (Hartog and Koopman, 2011). It has been sought for a long time to develop models for organizing and implementing leadership in the best possible way by the intellectuals. Nevertheless, there is no single valid theory of leadership for any case even today (Stippler and others).

Various main trends can be discernible in the evolution of the study of leadership. Whilst early theories of leadership inclined to center upon the characteristics and behaviors of prosperous leaders, later theories started to consider the role of participants and contextual nature of leadership (Bolden and others, 2003). Before the 1980s the major approaches to leadership were the trait, style, and contingency approach. Since early 1980s new leadership (including charismatic/ transformational leadership) has been seen. The starting of new phase was not meaning of previous one totally discarded; rather a shift in emphasis took place (Bass, 1990; Bryman, 1992; Hartog and Koopman, 2011; Hartog and others, 2005).

The quantitative analysis of leadership begins with perhaps to Galton's (1869) *Hereditary Genius* (cited in Zaccaro, 2007 pg. 6). At the beginning of 20th century, leadership traits were researched to understand and explain what made some people great leaders. The theories that were evolved were named "great man" theories (Northouse, 2013). This research was based on the belief that leaders were extraordinary people, born with qualities, destined to lead and only great people possess them (Bolden and others, 2003). After most trait theories vanished in the leadership literature, an alternative to trait approach, scholars focused on what leaders actually do instead of who they are (Drury, 2003).

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