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Leadership Styles and Emotional Intelligence among Hospital Managers

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Abstract

Hospital environment is most complex unlike other workplaces owing to the critical care, wide spread of specialists – medical and non-medical, intensively working for saving the patients battling between life and death. Such environment demands emotionally intelligent workface and also leadership on the part of them. Despite such prominence of the theme, studies are sparse on addressing leadership and emotional intelligence among hospital managers in the literature, leaving a serious gap in understanding the nature of such managers' work lives. Encouraged by such thought, this study is initiated in two large public and private hospitals in the twin cities of Hyderabad and Secunderabad in which 200 hospital managers participated. When analysed, the data suggest that people centered styles of leadership among managers, predominated both public and private hospitals, besides managers from private hospitals were more emotionally intelligent than their counterparts. Implications are drawn for practice and future research directions.

Key Words: Leadership Styles, emotional intelligence, Hospitals, Hospital Managers

Introduction

Health care institutions are known for their complexity since quite a large number of professionals including medical, clinical, paramedical,and administrative and the supportive specialists, all working for the preventive, palliative and promotive health services to a wide constituent of people from the general community. All of them are either performing lead roles or roles led by seniors.These roles are integrated in order to provide better quality of services to the patient community, often challenging the hospital managers for designing and redesigning an effective leadership function (Riggio & Reichard, 2008).

Besides, leadership in hospitals is a shared phenomenon since a group of diverse professionals cater to the healthcare needs of the patient community geared towards becoming patient-centered, patient-focused, and patient-driven, rather than doctor-driven. Such leaders are emotionally intelligent for hospital jobs. Such leadership is of cardinal concern to the effectiveness of hospitals in general and effective treatment outcomes in specific (Bass, 1985). This calls for understanding the prevalence of leadership.

On the other hand, working in a hospital not only calls for designing and implementing leadership roles but it is also essential for such leadership to possess emotional intelligence. Such leadership operates with a well understood emotional state of self and also that of the people around it. Besides, managing emotions of self and regulating social relationships which influence treatment outcomes. Thus, emotional intelligence can differentiate between good and poor leaders (Carmeli, 2003). But, despite the high interest regarding the influence of emotional intelligence in effective leadership, there is still paucity of research works which examined such relationship (Palmer, Walls, Burgess, &Stough, 2001).To that effect, the present study addresses two of these serious issues namely leadership, emotional intelligence and their relationships.

Emotional Intelligence and Leadership

The research is compelling that emotional intelligence is a powerful enabler for enhanced leadership effectiveness.

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Salovey and Mayer (1990) had generated sufficient ground for accepting the term "emotional intelligence"(EI). They defined it as a set of skills: relevant to the accurate appraisal and expression of emotion in oneself and in others, theeffective regulation of emotion in self and others, and the use of feeling to motivate, plan, and achieve in one's life (Salovey and Mayer, 1990, p. 185.

Leadership is a process of social interaction where the leader's ability to influence the behaviour of their followers can strongly influence performance outcomes (Humphrey,2002; Pirola-Merlo et al., 2002).Humphrey (2002) also suggests that leadership process is essentially an emotional process and process of recognizing and evoking emotional states in the followers and their consequent management for realization of business purpose.

Despite the popularity of the concept, most of the research works published investigated EI and performance outcomes in laboratory settings, using student sample populations (Lopeset al., 2004)

Shankman and Allen (2008) suggest that leaders must be conscious of three fundamental facets of leadership: context, self, and others. Further they state that leaders should develop competencies in all these areas while paying attention, including group savvy, optimism, initiative, and teamwork. Being one of the most important leadership abilities or traits, emotional intelligence appears to be an important construct. The underlying theme suggests that people who are more sensitive to their emotions and the impact of their emotions on others will be most effective leaders distinguished from the less effective ones.

Weinberger's (2002) found that the relationship between EI andtransformational leadership, using found no significant correlations within asample group of 138 managers. Rosete and Ciarrochi (2005) studied public service managers to explore the relationship between ability based EI, personality, cognitive intelligence and leadershipeffectiveness. He found that higher EI scores were associated with higher leadershipeffectiveness. However, such results, being scanty, are not sufficient to warrant the relationshipsparticular the dichotomy of emotional intelligence and the leadership effectiveness which is a combination of task centered style and the people centered style.

Present Study

Hospital jobs require performing leadership roles in various services offered to the patient community. Besides, in every healthcare situation in hospitals, employee in such roles deals with wide ranges of emotions in handling various patients and their attendants. When all efforts result in positive outcomes, there is always stability in relationships. However, there will be instability of the treatment outcomes are adverse. Many People will employ wide range of emotions. Therefore, leadership not only calls for addressing the situations where there is stability, but much more in situations where there is instability.

Thus, all of these situations are characteristicsby people who bring in various kinds of healthy and unhealthy emotions. Research themes on leadership suggest that leaders and the followers operate in situations. Therefore, these three elements of leadership namely leaders, followed and the situation are wrapped up in a frame called emotional intelligence. Emotionally intelligent managers in hospitals are equipped to understand the needs of their subordinates in general and patients in specific and the opposite is probable in case they are not emotionally intelligent which is acquired through consciously designed training (Bass, & Avolio, 2000).

This study has three fold purposes. Firstly, the leadership styles among hospital managers are studied to know the particular emerging style among them. Secondly, their emotional intelligence isassessed to know how intelligent they are in understanding and managing emotions at work place. Lastly, relationships among emotional intelligence and leadership are examined.

Objectives

1. To assessleadership styles among hospital managers from select hospitals and analyse it according to type of hospital, age, and experience of the hospital managers.

2. To assess emotional intelligence among hospital managers from select hospitals.

3. To assess the relationships between leadership styles and emotional intelligence.

Hypotheses

It is hypothesized that,

i) Hospital managers do not vary intheir leadership styles according totype of hospitals.

ii) Hospital managers do not vary in their leadership styles according to their personal background variables

iii) There is no relationship between hospital manager'semotional intelligence and their leadership styles.

The Method

200 hospital mangers from largest public and large private hospitals from the twin cities of Hyderabad and Secunderabad have participated in this study. They were administered with a structured questionnaire which included three sections namely profile, standardized scale for assessment of leadership styles and another standardized scale to measure emotional intelligence. For assessing leadership styles, a standardized 20-item scale developed by Northouse (2012) was adopted. For measuring emotional intelligence, a 20-tem scale developed by Northouse (2012) was adopted. Coefficients of alpha of the scales is 0.92 and 0.87 respectively, indicating that both the scales internally consistent.

Results and Discussion

The results are presented according to the testing of the hypotheses. To begin with, firstly, the results pertaining to the leadership are presented, followed by results pertaining to emotional intelligence. Lastly, the relationships between leadership styles and emotional intelligence are presented.

Leadership Styles and Type of Hospital

It was hypothesized that "the leadership styles do not vary among hospital mangers, according to the type of hospitals in which they are employed". In order to test this hypothesis, means, SDs and f-values are computed. Results in this regard are presented in table 1.

Table 1: Leadership Styles and Type of Hospital

Leadership Styles	Type of Hospital	N	Mean	Std. Dev	F value	Df	Sig.
Task Centered Style	Public Hospital	100	33.02	2.75	6.616	1,199	0.011
	Private Hospital	100	33.91	2.10			
People Centered	Public Hospital	100	39.76	4.07	7.492	1,199	.007
	Private Hospital	100	41.46	4.69			

Table 1 presents that the managers from private hospital scored more (33.91)than the managers of public hospital (33.02). Interestingly, the mean variation is statistically significant as evidenced from the F- value (6.61), (1; 199), p (0.011).

Similarly, with regard to the people-centered style of leadership, the managers of private hospital scored more (41.46) than the mangers of public hospital (39.76). Interestingly, the mean variation is statistically significant as evidenced from the F value (7.492),d.f(1,199), p (0.007).This indicates that on both task and people centered

style of leadership, hospital managers from private hospitals are very high on the styles than the managers of public hospitals.

Thus, the null hypothesis"the leadership styles do not vary among hospital mangers according to the type of hospitals in which they are employed" stands rejected and the alternative hypothesis stands accepted. In other words, hospital managers from private hospitals are expected to be high on both task centeredness and people centeredness in their hospitals as opposed to their counterparts in public hospitals.

Leadership Styles by Personal Characteristics

It was hypothesized that "hospital managers do not vary in their leadership styles according to their personal background variables. Results relating tothe testing of the hypothesis arepresented in the following sections.

Table 2: Leadership Style by Age Group

Leadership styles	Age group (in years)	N	Mean	Std. Dev.	F-value	d.f.	Sig.
Task Centered Style	29-44	48	33.58	2.39			
	45-49	100	32.97	2.76	4.329	2,199	0.014
	50+	52	34.31	2.78			
People Centered	29-44	48	41.00	2.06			
	45-49	100	40.15	2.05	5.085	2,199	0.007
	50+	52	41.13	2.02			

Table 2 presents the data pertaining to leadership style of Hospital managers by age whose mean scores for task center type and people centered type have been obtained and further presented to analyse the styles. It can be observed from the means scores that older hospital managers (mean=34.31), have obtained higher mean scores than the others. Interestingly, the mean variation is statistically significant as evidenced from the table (F-value=4.32, d.f.2,199, p=0.014).

With regard to people-centered leadership style,it can be observed from the means scores that older and the younger hospital managers have equal mean scores of 41.13 and 41.00 respectively which is higher mean scores than the middle age managers.Interestingly,such mean variation is statistically significant as evidenced from the F value (5.085), d.f (2; 199), p (0.007). This means that on both the Task centered style and the people-centered style of leadership of hospital managers differ according to the age groups. More specifically, the older the managers, they are balancing both task-centered and people centered styles of leadership.

Table 3: Leadership Style by Experience

Leadership styles	Experience (in years)	N	Mean	Std. Dev	F-value	d.f	Sig.
Task Centered Style	1-9	50	33.66	2.81			
	9-17	96	32.97	2.03	4.258	2,199	0.015
	18-59	54	34.17	2.85			
People Centered	1-9	50	41.52	4.22			
	9-17	96	39.67	3.98	4.263	2,199	0.015
	18-59	54	41.44	5.17			

Table 3presents the data pertaining to leadership style of Hospital managersaccording to their experience. It is clear from the table that those managers who worked for more than 18 years are known for using task center style than the less experienced (33.66) and moderately experienced managers (32.96).Further, the mean variation is also statistically significant as evidened from the F value (4.25), d.f (2,199), p (0.015).

As regards people-centered style of leadership a similar trend is observed. That is, Hospital managerswho have worked for more than 18 years, scored higher mean scores on people centered type (41.44) than others.

Further,the mean variation is statistically significant as evidenced from the Fvalue (4.26),d.f (2,199), p (0.015). This means more experienced manages are known for balancing both task centered and people-centered leadership styles.

Table 4: Leadership Styles and Type of Function

Leadership Styles	Type of Function	N	Mean	Std. Dev	F value	Df	Sig.
Task Centered Style	Medical	100	34.11	4.28			
	Non-Medical	100	32.82	3.48	5.476	1,199	0.020
	Total	200	33.47	3.94			
People Centered	Medical	100	41.15	2.78			
	Non-Medical	100	40.07	2.08	9.676	1,199	0.002
	Total	200	40.61	4.46			

Table 4shows the data pertaining to leadership style of Hospital managersaccording to the type of hospital to which they belong. It can be observed from the table that the hospital managers in Medical function have obtained higher mean score (34.11), than the Non-Medical managers (32.82). Interestingly, mean variation is statistically significant as evidenced from the F value (5.47), d.f (1; 199), p (0.020).

Further, with regard to people centered it is found that Medical managers (41.15) scored more than the Non-Medical managers (40.07).Interestingly, such mean variation is statistically significant as evident from the F value (9.676), d.f (1; 199), p (0.002). This indicates that on both task centered and people centered styles of leadership medical managers are doing better than the non-medical managers.

From the preceding sections, it is noticed that thenull hypothesis"the leadership styles do not vary among hospital mangers according to their personal background variables" stands rejected and the alternative hypothesis stands accepted.

Emotional Intelligence and Leadership Effectiveness

It was hypothesized that "there is no relationship between emotional intelligence and leadership effectiveness". In order to test this null hypothesis, Pearson's' correlation coefficients were computed, followed by regression analysis. Results in this regard are presented in table 5.

Table 5:Regression Analysis

Model		Unstandardized Coefficients			Standardized Coefficients		
		R	B	Std. Error	Beta	t	Sig.
1	(Constant)		33.117	3.989		8.302	.000
	Personal Competence	.491**	.327	.154	.180	2.126	.035
	Social Competence	.560**	.688	.136	.430	5.072	.000
Model	R	R Square	Adjusted R Square		F-value	d.f	P=
1	.574[a]	.329	.322		48.332	2,99	.000

It is quite clear from the table that both the styles of leadership namely task centers and people centered are positively and significantly correlated with emotional intelligence of the hospital managers which are evident from the R values presented. Since, both the variables are significantly correlated, regression analysis has been carried. Results reveal that social competence emerged as a strongest correlate of emotional intelligence among hospital mangers (beta = .43, t-value=5.07, p=.000).In other words, social competence will improve .43 units of

change in emotional intelligence; similarly, personal competence will only improve around .18 units which are quite meager. The coefficient of determination yielded a value of 0.32 which is statistically significant. This indicates that around 32 percent of variance in leadership effectiveness is explained by both the personal and social competence. The remaining 68 percent of emotional intelligence might be accounted for by many other extraneous variables like socialization, personality traits, and organizational processes like, communication, influence, decision making and the like.

Thus, the null hypothesis "there is no relationship between leadership styles and emotional intelligence", stands rejected and the alternative hypothesis is accepted.

Discussions

This study brought to light an important finding pertaining to the leadership styles in hospitals today. Most interesting issue is that the hospital managers from private hospitals are more tasks-centered and more people-centered in their leadership styles. Blake and Mouton (1985) in their managerial grid theory suggested that such combination of both leadership styles on a higher plane is characterized by team leadership. Managers in private hospitals in general operate in a highly interdependent fashion since accountability is more owing to the patients who normally pay for their treatment more than their counterparts in public hospitals. Besides, the managers are more conscious of protecting the image of the private hospitals as a matter of their future survival. Therefore, they are increasingly focused on their team members who cater to the needs of the patient community.

Another interesting finding is that the older and more experienced hospital mangers also were found higher on task-centered and people-centered styles of leadership. In other words, such combination is called team-leadership. By and large, the older people are known for providing direction to the younger ones. Similarly, the employees in hospitals are supervised by the managers who are older and more experienced. This may be also due to the fact that as managers grow older and more experienced, they might have realized that they as individuals alone cannot influence treatment outcomes. Therefore, they need to build the teams which provide constant support to the patients. As such they are more task-centered and people-centered as well **(**Bureau of Health Professions, 2000).

Another interesting outcome of this study is that the medical hospital managers were found more on task and people-centered styles than the non-medical managers. This may be due to the fact that managers who are responsible for medical management involving direct dealing with the patients on one hand and mobilizing the energies of their team of subordinates, who support all the treatment outcomes, need to be more on task-centered and people-centered styles.On the other hand, non-medical managers are more administrative in nature, involving more in day-to-day activities like planning, billing, purchasing, financing, HR and other supportive activities which are not life-threatening to the patients as such services are only supportive in nature, to the medical managers.

Lastly, this study highlighted the fact that emotional intelligence contributes to the emotional intelligence of hospital managers. More so, social competence was more impacting for leadership effectiveness of the managers. But, both styles put together contributed one-third of improvement in the leadership effectiveness. Thus, such finding is also in harmony with the theories of emotional intelligence. Golman suggests that leaders who are more people focused are also known for managing social relationships more effectively. In other words, leaders who are aware of emotions played by the people around are also more effective in understanding people and also managing relationships convenient to both people themselves and also to the effectiveness of the organizations in which they work (Bozell, 2001). Thus, hospital managers exactly resemble such leaders who are known for understanding employees and patients more empathetically.

Implications

The results are quite encouraging from the context of development of leadership and emotional intelligence in hospitals. Firstly, there is a need for improving upon emotional intelligence of the managers, followed by improving leadership effectiveness among them. Hospitals need to have learning and development division which takes care of continuous training of their employees throughout the year. These programmes could cover leadership development, emotional intelligence and quite other programmes which improve the competencies of the managers. Such competences will help in delivering effective services to the patient community.Therefore, to improve such competences of managing self and relationships in their work places, hospital managers need emotional intelligence workshops wherein they will have hands-on experiential learning about their leadership styles and also their emotional competences.

Further, their leadership styles need to be improved more towards team-based leadership orientation as hospital jobs involve more team-based work systems wherein people from diverse specializationscome together and work towards patients' recovery in a more tight and interdependent fashion. In sum, understanding emotions and managing emotions may well be that, as Matthewset al. (2002) propose, the ability to understand emotions and the ability to act effectually on this understanding may only be marginally related. Future research should attempt to understand more in-depth issues of leadership effectiveness in relations to the dimensions of emotional intelligence particularly making comparisons across specializations in hospitals since such understanding will pave a great path towards excellence in healthcare services.

Conclusion

This study addressed three important aspects of hospital managers' work lives. Firstly, the emotional intelligence among hospital managers has been addressed particularly in relating to the managers personal background variables and type of hospitals under study. Secondly, leadership effectiveness among hospitals manages has been assessed. Thirdly, the relationships between emotional intelligence and leadership effectivenesshave been analyzed and reported in this study. Thus, all the null hypotheses have been rejected and alternative hypotheses have been accepted. Further, implications were drawn for improving upon leadershipstyles and emotional intelligence among hospital managers for effective services to the patient community.

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