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An Evaluation of the Leadership Attitudes of Managers in Turkish Armed Forces' Hospitals

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Background: As in any other institution, the success of hospitals, which use approximately one-half of all resources in the health sector, depends on moving human resources toward the institution's goals. Ensuring that the workers are used intentionally for specific, predetermined goals, and that the workers are motivated toward achieving these institutional goals are the responsibilities of the managers. Objective: In this study, the leadership attitudes of the higher rank executive officers in Turkish Armed Forces' military hospitals were evaluated. Methods: The managerial grid developed by Blake and Mouton was used to evaluate the leadership attitudes of the officers. A total of 172 questionnaires was sent out to managers, but only 142 (82.6%) were returned completed. Results: The study results show that the managers substantially preferred team leadership styles in terms of leadership philosophy, planning, and evaluation functions, but preferred task-oriented leadership and mid-way leadership styles in terms of execution. Also, it was found that 72% of all managers practiced team leadership in terms of the overall leadership manner. Conclusions: It seems as if the type of leadership participants preferred was team leadership, and the least was passive leadership. From this finding, we suggest that the managers in Turkish Armed Forces' hospitals are not only interested in their work and goals, but also in the interests of their workers as human beings.

Introduction

Possibly no other concept has been as popular as "leadership" in studies of organization theories, organizational psychology, and behavior. Behind this popularity lies the belief that leadership is the most important factor in all great achievements. An exploration of the analysis of the behaviors of leaders and its influence on followers has been the subject of extensive research, which in turn had produced many definitions of leadership.[1] A single theory recognized by all the researchers in the field that would produce concrete and specific suggestions to managers has not been developed. However, most of the definitions agree on the theme that leadership is to have a positive influence on others. The term leadership is taken to mean a trait of personality, an aspect of authority, or even a type of behavior.[2,3]

Leadership and managerial skills are two different concepts that are usually misunderstood and confused by researchers.[4] By definition, both have the meaning of a member of a group having an influence on the other members; the difference in definition comes from the type of power exerted on others in leading them toward a common interest. Although managers take their power (on their subordinates) from the authority they represent by law, leaders' power comes directly from the interest of their followers. The goals that managers pursue are set by the higher authorities, whereas leaders' goals are the goals of their followers. Again, whereas managers usually focus on rules and procedures, leaders are more concerned about their subordinates. Another view suggests that although managerial skills are about achieving a particular predetermined goal, leadership is about determining what that particular goal will be. In other words, if managerial skills are the skills to climb a certain ladder, leadership questions if the ladder is supported by the right wall. Although manager do the "things rightly," leaders do the "right thing." In other words, leaders question the meaning of the work-to-be-done, and managers give the most importance to "how" it is to be done.[5] In conclusion, as Zeleznik[6] stated, a good leader can also be a good manager, but a good manager may not be able to fulfill the requirements of a good leader.

As in other organizations, the great achievements in hospitals that use approximately one-half of all resources in the health sector in nearly all countries[7,8] also remind us of the importance of the two concepts: leadership and managerial skills. The effectiveness of hospitals that produce the great part of health services depends on moving their human resources toward their goals, which enables the institution to survive and to improve the quality of its services.[9] Nevertheless, without influencing people to move voluntarily toward institutional goals, no institution can survive, regardless of its property or technological capacity. For managers in hospitals to have this influence, it is required that they think and act as leaders. Hospital managers have many responsibilities, such as directing a complex organization, managing large budgets, and harmonizing the works of many different types of professionals; in fulfilling all of these responsibilities, leadership becomes an important factor in the behaviors of hospital managers.

Leadership in hospitals usually comprises shared responsibilities. As in other public hospitals in Turkey, in Turkish Armed Forces' hospitals, the administration is shared by head physicians, head nurses, and administrators. In the present study, we examine the types of leadership exercised by top-level administrators of military hospitals such as head physicians, head nurses, and administrators. Our purpose was to look at the relationship between leadership style and the nature of the administrative status. By doing this, our intention was to contribute to the data in the field and to the training programs on leadership/management in Turkish Armed Forces' hospitals.

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Materials and Methods

Questionnaire

In this study, a questionnaire used has two sections and is based on the managerial grid model developed by Blake and Mouton.[11] The first section of the questionnaire consists of eight questions concerning demographic and occupation information. The second section of the questionnaire contains the managerial grid scale, which is thought to measure the attitudes of managers on four different subjetcs: sense of leadership, planning and setting goals, execution, and evaluation of performance.

The managerial grid model is used in training programs on improving organization groups' leadership attitudes in two dimensions.[12] The first dimension on the vertical axis is the leader's concern for individuals under his responsibility. The second one on the horizontal axis describes the concern for production and the means to the goals. Both dimensions are based on a 1 to 9 scale: 1 describes the leader's minor concern for individuals under his responsibility and 9 describes the leader's major concern for individuals under his responsibility and for production. Finally, these two axes in the managerial grid model have 81 different leadership styles. Yet, Blake and Mouton say that to understand the types of leadership in general, it is sufficient to describe the following five particular types of leadership.[13,14]

Passive Leadership

The leader spends the least effort, only to keep his position, to achieve the institutional goals.

City Club Leadership

The leader is serene, calm, considerate, and concerned about his relationship with others, but still maintains the least effort for the goals.

Task-Oriented Leadership

The leader's primary interest is in the goal and the means to the goal; exerting his authority and his relationship with others comes secondary.

Mid-Way Leadership

The leader compromises between the institutional goals and the needs of his followers.

Team Leadership

The leader is oriented to achieving his goals with devoted workers; trust and respect among people are essential because all are aware that they are dependent on one another.

The managerial grid model argues that the most effective type among these is the team leadership. This type of leadership would yield an increase in production and a decrease in absenteeism and dropouts. Enrichment in division of labor and involving subordinates in managing, would further improve the efficacy of leadership.

Sample

Participants in this study consisted of the head physicians, the head nurses, and the administrators who occupy administrative positions in Turkish Armed Forces' hospitals. Although all Turkish Armed Forces' hospitals and their administrators were included, only 142 (82.6%) questionnaires were returned.

TABLE I

DEMOGRAPHIC CHARACTERISTICS OF MANAGERS

	n	%
Administrative position		
Head physician	35	24.6
Vice-head physician	38	26.8
Administrator	35	24.6
Head nurse	34	23.9
Age (years)		
25–30	11	7.7
31–45	108	76.1
46–50	19	13.4
>50	4	2.8
Gender		
Male	104	73.2
Female	38	26.8
Marital status		
Married	133	93.7
Single	7	4.9
Widowed	2	1.4
Duration (years) of working in this hospital		
1–5	105	73.9
6–10	23	16.2
11–15	11	7.7
>16	3	2.1
Previous experience in an administrative position		
Yes	102	71.8
No	40	28.2
Size of hospitals		
100 bed	59	41.5
200 bed	35	24.6
600 bed	48	33.8
Duration (years) spent in an administrative position		
1–5	114	80.3
6–10	21	14.8
11–15	7	4.9

Results

The distribution of administrative positions occupied by the participants is listed in Table I. This included 35 head physicians, 38 vice-head physicians, 35 administrators, and 34 head nurses.

A majority (83.8%) of the participants were younger than 46 years of age. Of the 142 participants, 73.2% (n = 104) of them were men and 26.8% (n = 38) were women. Among the women, there were 34 head physicians, 3 administrators, and 1 vice-head physician. A majority (93.7%) were married. Examination of the time spent in the institution where workers occupy an administrative position revealed that 73.9% spent 1 to 5 years at the institution, 16.2% spent 6 to 10 years at the institution, 7.7% spent 11 to 15 years at the institution, and the remaining 2.1% spent 16 or more years at the institution. To the question of whether they had had an administrative position somewhere else, 80% of head physicians, 50% of vice-head physicians, 74.3% of administrators, and 85.3% of head nurses replied in

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the affirmative. As for the size of the hospitals where they held the positions, it was found that 41.5% of administrators worked in 100-bed hospitals, 24.6% worked in 200-bed hospitals, and the remaining 33.8% worked in 600-bed hospitals. Examination of the time spent in their administrative positions yielded that 80.3% had held the position for 1 to 5 years, 14.8% held the position for 6 to 10 years, and 4.9% held the position for 11 to 15 years.

As for their leadership attitudes, in terms of leadership philosophy, as shown in Table II, 66.2% favored team leadership, 16.9% favored mid-way leadership, 9.9% favored task-oriented leadership, 5.6% favored city-club leadership, and the remaining 1.4% favored passive leadership. Among those who favored team leadership were 60% of head physicians, 63.2% of vice-head physicians, 65.7% of administrators, and 76.5% of head nurses.

In terms of the planning function, 62.7% displayed team leadership, 23.9% displayed mid-way leadership, 10.6% displayed task-oriented leadership, and 2.8% displayed city-club leadership. In this respect, no one favored passive leadership. A majority (65.7%) of head physicians, 55.3% of vice-head physicians, 77.1% of administrators, and 52.9% of head nurses displayed team leadership. This finding of preference for team leadership in planning suggests that administrators involve their subordinates in decision making; planning and division of labor is in his/her control, but only through compromising with subordinates; and, in achieving goals and solving problems, administrators prefer to move in accordance with the needs of others.

With respect to attitudes on executing plans, 33.8% of administrators displayed task-oriented leadership, 32.4% displayed mid-way leadership, 21.1% displayed team leadership, 9.9% displayed passive leadership, and 2.8% displayed city-club leadership. Almost one-half (42.9%) of head physicians favored task-oriented leadership, 34.2% of vice-head physicians favored the mid-way style, 37.1% of administrators favored a task-oriented style, and 41.2% of head nurses favored mid-way leadership. According to these findings, we concluded that the type of leadership preferred in respect to the sense or philosophy of leadership and planning performance was quite different than the preference of leadership in executing programs. With respect to the sense or philosophy of leadership and planning performance, almost two-thirds of the participants preferred team leadership, whereas with respect to the execution of programs, they mostly preferred the task-oriented and mid-way types of leadership.

TABLE II

LEADERSHIP STYLES OF THE MANAGERS BY THEIR ADMINISTRATIVE POSITIONS

	Administrative Positions									
	Head Physicians		Vice-Head Physician		Administrators		Head Nurses		Total	
Managerial Functions	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Leadership philosophy										
Team leadership	21	60.0	24	63.2	23	65.7	26	76.5	94	66.2
Task-oriented leadership	5	14.3	1	2.6	6	17.1	2	5.9	14	9.9
Mid-way leadership	7	20.0	9	23.7	4	11.4	4	11.8	24	16.9
City-club leadership	1	2.9	3	7.9	2	5.7	2	5.9	8	5.6
Passive leadership	1	2.9	1	2.6	–	–	–	–	2	1.4
Planning										
Team leadership	23	65.7	21	55.3	27	77.1	18	52.9	89	62.7
Task-oriented leadership	6	17.1	3	7.9	2	5.7	4	11.8	15	10.6
Mid-way leadership	6	17.1	13	34.2	5	14.3	10	29.4	34	23.9
City-club leadership	–	–	1	2.6	1	2.9	2	5.9	4	2.8
Passive leadership	–	–	–	–	–	–	–	–	–	–
Execution										
Team leadership	9	25.7	8	21.1	6	17.1	7	20.6	30	21.1
Task-oriented leadership	15	42.9	11	28.9	13	37.1	9	26.5	48	33.8
Mid-way leadership	7	20.0	13	34.2	12	34.3	14	41.2	46	32.4
City-club leadership	1	2.9	2	5.3	1	2.9	–	–	4	2.8
Passive leadership	3	8.6	4	10.5	3	8.6	4	11.8	14	9.9
Evaluation										
Team leadership	23	65.7	23	60.5	23	65.7	20	58.8	89	62.7
Task-oriented leadership	7	20.0	5	13.2	7	20.0	9	26.5	28	19.7
Mid-way leadership	1	2.9	4	10.5	2	5.7	1	2.9	8	5.6
City-club leadership	3	8.6	5	13.2	2	5.7	4	11.8	14	9.9
Passive leadership	1	2.9	1	2.6	1	2.9	–	–	3	2.1
Overall leadership										
Team	27	77.1	28	73.7	22	62.9	26	76.5	103	72.5
Task-oriented	4	11.4	4	10.5	9	25.7	3	8.8	20	14.1
Mid-way	4	11.4	6	15.6	4	11.4	4	11.8	18	12.7
City-club	–	–	–	–	–	–	1	2.9	1	0.7
Passive	–	–	–	–	–	–	–	–	–	–

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The percentage of managers who preferred team leadership in the execution of programs was 21%. A task-oriented leader is usually insecure in terms of his followers and is in favor of close inspection of subordinates' work. The fact that his/her primary interest is the goals and the means to these goals might sometimes be against the interests of his/her people. In this type of leadership, the relationship between subordinates and superiors is based on obedience and fear of authority. Subordinates are expected to do only what they are told by their superiors. Considering the hierarchical structure of the military in general and the way managers had been treated during their own military training, the attitudes of managers with respect to the execution of programs were not altogether unexpected. Also, in mid-way leadership, which was most preferred after task-oriented leadership with respect to the execution of programs, the leaders were more flexible and they chose to participate in execution of programs when problems arose and the program needed reevaluation.

As for the evaluation policies, an examination of leadership attitudes revealed that 62.7% of administrators preferred team leadership, 19.7% preferred task-oriented leadership, 9.9% preferred city-club leadership, 5.6% preferred mid-way leadership, and the remaining 2.1% preferred passive leadership. A majority (65.7%) of head physicians, 60.5% of vice-head physicians, 65.7% of administrators, and 58.8% of head nurses preferred team leadership in terms of evaluation policies.

Team leaders consider evaluation not as a state, but as a continuous process, and they scatter evaluation meetings in between programs. They emphasize the importance of these meetings in their followers' training and they genuinely evaluate the performance of everyone, including themselves. An effective management and control requires the workers to understand and agree with the institutional goals. The subordinates are expected to supervise and evaluate their own performance. Unlike task-oriented leadership, people under this type of leadership feel the responsibility of their own role in achieving the goal.

As can be seen in Table II, examination of the leadership attitudes of Turkish Armed Forces' hospital managers in general yielded that 72.5% of them preferred team leadership, 14.1% preferred task-oriented leadership, 12.7% preferred mid-way leadership, and 0.7% preferred city-club leadership. None preferred passive leadership.

Conclusion and Additional Suggestions

According to the findings of the present study, in terms of leadership philosophy, planning, and evaluation, participants mostly preferred team leadership, whereas in execution, task-oriented and mid-way leadership were preferred. In terms of leadership attitudes in general, 72.5% of managers practiced team leadership. The finding that participants mostly favored team leadership suggested that the managers in Turkish Armed Forces' hospitals are concerned not only about goals and programs, but also about the needs of the people who work for them.

These findings become even more intriguing when they are compared with the other field research that is based on the managerial grid model in Turkey. Among these, Alayyan[15] examined the leadership attitudes of managers in public and private hospitals; Kavuncubasi and Malhan[16] assessed the leadership styles of managers in social insurance hospitals; and Sahin and Eriguc[17] studied the leadership attitudes of head nurses in social insurance hospitals. The findings of all of these studies revealed that mid-way leadership was the most preferable by the managers. Considering the comparison, it can be concluded that team leadership is preferred more by the manager in Turkish Armed Forces' hospitals than in other types of institutions.

The fact that the managers of Turkish Armed Forces' hospitals prefer team leadership should undoubtedly be desirable in such institutions like the armed forces where hierarchy is essential among personnel; hence, encouraging and reinforcing the inclination toward this type of leadership seems only reasonable. Involving managers who prefer and practice the other types of leadership in a special training program might be useful.

In this study, the managers evaluated their own attitudes. Considering the possibility of their inability to be objective in their own evaluation, we encourage further studies where the leadership attitudes of managers are evaluated by their workers. In addition, the more comprehensive studies that examine the relationship between leadership styles and institutional performance should be done and, in these studies, the possible behavioral variables of managers influence on a hospital's efficiency should be paid particular attention.

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