



Identifying Leadership Style Among Senior Healthcare Professionals Using Fiedler's Model

KEYWORDS

Leadership style, doctors, Least Preferred Co-worker (LPC) scale, relationship oriented, task oriented.

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ABSTRACT Leadership style is dynamic and continues to change with state of affairs in an organisation. Fiedler developed an instrument to identify leadership style called the Least Preferred Co-worker (LPC) scale based on situation. Healthcare systems are composed of numerous professional groups, departments, and specialties. A number of leadership approaches can be adapted to the healthcare setting to optimize management in this highly complex environment. The current study assessed the styles of leadership among senior doctors in healthcare settings in metropolitan cities on the basis Fred Fiedler model. The study shows that with increased work experience, leadership style moves from relationship oriented to task oriented and as the qualification advances leadership styles changes from task oriented to relationship oriented. It also shows that female doctors are more task oriented than their male counterparts and early exposure to the administration do affect the style of leadership by making doctors more relationship oriented.

Introduction:

Leadership has been described as the behaviour of an individual when directing the activities of a group toward a shared goal. The key aspects of the leadership role involves influencing group activities and coping with change¹. Leadership theory is dynamic and continues to change over time. Various behavioural theories were developed between 1940 and 1980.² One of the most well-known and documented contingency theories was developed in the 1950s by Fred Fiedler and published in 1964. Fiedler's contingency model states that the best leadership style is dependent upon the situation. Fiedler developed an instrument to identify leadership style called the Least Preferred Co-worker (LPC) scale.³ Situational and contingency theories between 1950 and 1980 recognized the importance of considering the needs of the worker, the task to be performed, and the situation or environment.

Healthcare systems are composed of numerous professional groups, departments, and specialties with intricate, nonlinear interactions between them; the complexity of such systems is often unparalleled as a result of constraints relating to different disease areas, multidirectional goals, and multidisciplinary staff. Within large organizations such as healthcare systems, the numerous groups with associated subcultures might support or be in conflict with each other.⁴ Number of leadership approaches can be adapted to the healthcare setting to optimize management in this highly complex environment. The aim of the study is to assess the styles of leadership among senior doctors in healthcare settings in metropolitan cities on the basis of Least Preferred Co Worker Score propagated by Fred Fiedler. Some recent research has utilized the LPC instrument to contrast differences in rater biases toward the least preferred coworker among relation-oriented and task oriented managers.⁵

Material and Methods:

The target population for the study consisted of doctors working in healthcare organisation in India's metropolitan cities. Doctors with work experience of more than 20 years

were selected based on assumption that they would have sufficient exposure in dealing with personnel in their medical career. The demographic information requested as part of the study was not marked or coded on individual basis. The confidentiality was maintained. Participants' responses were kept confidential.

Survey Instrument: A validated pre existing instrument in form of Least Preferred Co worker (LPC) Scale is used to assess the leadership style which has 18 sets of adjectives (attributes) to describe the co-worker. The Least Preferred Coworker instrument measures an individual's perceived interpersonal relations with coworkers. More specifically, LPC is an index of behavioral preferences, or a motivational hierarchy, which specifies individual goals.⁶ The LPC instrument (Figure 1) requires respondents to think of the least preferred co-worker with whom they have ever worked. The least preferred coworker is defined as the person with whom it was most difficult to work with to accomplish the job. The respondents then rate the least preferred coworker on a list of bi-polar semantic differential adjectives which describe personality attributes. Rating score between 18 and 57 illustrates the individual's tendency being task oriented. Score between 64 and 144, explains individual's tendency of being relationship oriented and score between 58 and 63 is considered independent. Data were analysed by using SPSS ver 20 and Pearson Chi-Square test to confirm the association.

Results and Discussions:

A total of 160 doctors were served the LPC scale with instructions for their response. 136 doctors voluntarily participated in the study, resulting in a response rate of 85%. The majority of the sample consisted of male (72%). The largest distribution on the basis of participant's work experience was between 24 years to 29 years. The minimum LPC score was 34 and maximum 141 with mean of 81.46 and standard deviation 25.18. Overall study result shows that approx 71% of doctors with work experience of 20-29 yrs are relationship oriented while only 29% of doctors with work experience

of more than 29 yrs are relationship oriented (Table 1). This demonstrates that with increment in work experience leadership style changes from relationship oriented to task oriented. 69.6% doctors with undergraduate qualification and 64.6% post graduates are relationship oriented. This attribute increases further to 80.6% in doctors with post doctoral qualifications. This illustrates that with acquisition of higher qualification, leadership styles changes from task oriented to relationship oriented. 74.7% of doctors without administration experience are relationship oriented while 60.4% of doctors having administration experience are relationship oriented. However, to assess whether there is significant association of the leadership style with administrative experience of the participant, further analysis was done, and no association was found between leadership style and administrative exposure (Pearson Chi-Square 3.926, d.f 2, p value=0.140). Data analysis shows that there is statistically significant association of leadership style and gender with more females than males (39.5% vs 21.4%) scoring in the range of 18-57 i.e task oriented (Table 1). Also the data reveals that more males than females (75.5% vs 52.6%) scored in the range of 68-144 i.e. relationship oriented (Pearson Chi-Square 6.892, d.f 2, p value=0.032). Since there was an association found between gender and leadership style, analysis was done separately to see whether within gender there was any association between work experience in years and LPC score. With a Pearson Chi-Square value of 9.899 (d.f 4, p value = 0.042), there was significant association between age and LPC score amongst males, while there was no association between age and LPC score in the female group (Pearson Chi-Square 3.194, d.f 4, p value =0.526) (Table 2). However, on assessing whether there is significant association of the leadership style with work experience in years of the person no association was found (Pearson Chi-Square 6.168, d.f 4, p value=0.187).

Conclusion:

Leadership needs to capitalize on the diversity within the organization as a whole and efficiently utilize resources when designing management processes, while encouraging personnel to work towards common goals. With years of experience and assumption of higher posts, doctors tend to become more related and concerned about the work performance and quality of care they provide to patients in a healthcare organisation. However, it is appreciated from the data analysis that invariably large numbers of doctors possess relationship oriented leadership style irrespective of gender, educational qualifications or years of work experience.

Limitations of the study:

LPC has been criticized by many researchers due to its lack of convergent validity.⁷ Following are some limitations of this study and it can be addressed subsequently in future studies:

Only one group of doctors (senior doctors with work experience >20yrs) been taken

as sample by excluding young doctors or people working on high researches.

It is the study of one cohort group (doctors in metropolis cities), reference of which cannot be generalised on population.

Variable	Category	LPC Score			Total
		18-57	58-63	68-144	
Gender	Female	15(39.5%)	3(7.9%)	20(52.6%)	38
	Male	21(21.4%)	3(3.1%)	74(75.5%)	98
	Total	36(26.5%)	6(4.4%)	94(69.1%)	136(100%)
	Pearsons Chi-square- Value (6.892*);df (2); p value (.032)				
Work Experience	20-24 yrs	17(25.4%)	3(4.5%)	47(70.1%)	67
	25-29 yrs	15(24.2%)	2(3.2%)	45(72.6%)	62
	>29 yrs	4(57.1%)	1(14.3%)	2(28.6%)	07
	Total	36(26.5%)	6(4.4%)	94(69.1%)	136(100%)
Pearsons Chi-square- Value (6.168*);df (4); p value (.187)					
Qualification	Undergraduate	6(26.1%)	1(4.3%)	16(69.6%)	23
	Postgraduate	24(29.3%)	5(6.1%)	53(64.6%)	82
	Post Doctoral	6(19.4%)	0(0.0%)	25(80.6%)	31
	Total	36(26.5%)	6(4.4%)	94(69.1%)	136(100%)
Pearsons Chi-square- Value (3.568*);df (4); p value (.468)					
Administrative Experience	Yes	19(35.8%)	2(3.8%)	32(60.4%)	53
	No	17(20.5%)	4(4.8%)	62(74.7%)	83
	Total	36(26.5%)	6(4.4%)	94(69.1%)	136(100%)
Pearsons Chi-square- Value (6.168*);df (4); p value (.187)					

Table 1: Association of Leadership style with various personal variables

Gender: Female				
Worker experience (in yrs)	LPC Score			Total
	18 – 57	58 – 63	68 – 144	
20 – 24	10(43.5%)	1(4.3%)	12(52.2%)	23(100.0%)
25 – 29	4(28.6%)	2(14.3%)	8(57.1%)	14(100.0%)
> 29	1(100.0%)	0(0.0%)	0(0.0%)	01(100.0%)
Total	15(39.5%)	3(7.9%)	20(52.6%)	38(100.0%)
Pearsons Chi-square- Value (3.194);df (4); p value (.526)				
Gender: Male				
20 – 24	7(15.9%)	2(4.5%)	35(79.5%)	44(100.0%)
25 – 29	11(22.9%)	0(0.0%)	37(77.1%)	48(100.0%)
> 29	3(50.0)	1(66.7%)	2(33.3%)	6(100.0%)
Total	21(21.4%)	3(3.1%)	74(75.5%)	98(100.0%)
Pearsons Chi-square- Value (9.899);df (4); p value (.042)				

Table 2: Association between gender based work experience and LPC score

Least-Preferred Co-worker Scale

Instructions Think of all the different people with whom you have ever worked. Next think of the one person with whom you could work least well i.e. the person with whom you had the most difficulty getting a job done. This is the one person, a peer, boss, or subordinate with whom you would least want to work. Describe this person by circling numbers at the appropriate points on each of the following pairs of bipolar adjectives. Work rapidly. There is no right or wrong answer.

Pleasant	8 7 6 5 4 3 2 1	Unpleasant
Friendly	8 7 6 5 4 3 2 1	Unfriendly
Rejecting	1 2 3 4 5 6 7 8	Accepting
Tense	1 2 3 4 5 6 7 8	Relaxed
Distant	1 2 3 4 5 6 7 8	Close
Cold	1 2 3 4 5 6 7 8	Warm
Supportive	8 7 6 5 4 3 2 1	Hostile
Boring	1 2 3 4 5 6 7 8	Interesting
Quarrelsome	1 2 3 4 5 6 7 8	Harmonious
Gloomy	1 2 3 4 5 6 7 8	Cheerful
Open	8 7 6 5 4 3 2 1	Guarded
Backbiting	1 2 3 4 5 6 7 8	Loyal
Untrustworthy	1 2 3 4 5 6 7 8	Trustworthy
Inconsiderate	8 7 6 5 4 3 2 1	Inconsiderate
Nasty	1 2 3 4 5 6 7 8	Nice
Agreeable	8 7 6 5 4 3 2 1	Disagreeable
Insincere	1 2 3 4 5 6 7 8	Sincere
Kind	8 7 6 5 4 3 2 1	Unkind

Scoring: Compute your LPC score by totaling all the numbers you circled.

Source: Fiedler, F.E., and Chemers, M.M. *Improving Leadership Effectiveness: The Leader Match Concept*, 2nd ed. New York: John Wiley & Sons, 1984.

Figure 1: Least Preferred Coworker Scale

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