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Perception of Subordinates on the Leadership Styles of Health Professionals At Government General Hospital, Nellore, Andhra Prades

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ABSTRACT

Good leaders are made not born and the desire and will power make them effective leaders. Good leaders develop through a never ending process of self-study, education, training, and experience. Good leaders are continually working and studying to improve their leadership skills. The term leadership means different things to different people. Leadership plays a very crucial role in the human affairs in any organization. Health professionals are the key role in the hospitals and the heath division must have the required knowledge to provide appropriate heath care and accept the responsibilities of professional management and leadership. The leadership styles of health professionals in Government General Hospitals in Nellore have been ascertained.

KEYWORDS

INTRODUCTION

Leadership plays a very crucial role in the human affairs. Marquis and Huston (2010) claimed that the work environment and the work performed by people in any organization are highly affected by the leadership style of its managers. Any profession requires a leadership, as it is the case with all the health care sectors. Health professionals are the key role in the hospitals and the heath division must have the required knowledge to provide appropriate heath care and accept the responsibilities of professional management and leadership. They need to perform a supportive and coordinative role; ensuring the continuity of patient care and thereby making a difference in the process of healthcare service provision (Duygulu & Kublay, 2011).

In health care institutions, leadership skills are recognized as important across all disciplines. The qualities of a leader are important to support the managerial function in all organization and not be forgotten in health care environment. So that, in order to get leadership skills, there are several aspect that leader needs in order to improve their skills. Necessary skills include effective communication among team members and subordinates also among customer (in this situation, patient is the customer). Conflict can be resolved when there has understanding of one's own communication style as well as that of others and having the skills to resolve the arrived conflicts among team members and also management. Leadership training should be available for every team members in reducing error among

team members or any miscommunication problem that arise. Leadership styles within the health care profession can be evaluated by understanding the relationship between management and planning, change operations and organization structure. In clinical management, the mainly pattern of leadership that have been practices are transactional and the transformational styles.

The leadership styles are measured in two ways i.e., as judged by leader himself (leader's self-perception) and as judged by his immediate subordinates (subordinate's perception on superior style). For the analysis of leadership styles of Doctor, Mangers, and Assistant officers level employees, leader's self perception is used and whereas in analyzing for Assistant officers and clerical staff level employees, subordinate's perception on superior styles is used. Five leadership styles as judged by leader himself and as judged by his subordinate's viz., Authoritarian, participative, Bureaucratic, Task-orientation and Nuturant leadership styles were taken for the study. The opinions of employees in G.G.H on leadership concept, leadership idealism, and leadership qualities, are taken. The total number of employees from Grade-I to Grade-III in G.G.H is 103with the following departments (i.e., direct and indirect departments) covered at different levels.

LITERATURE REVIEW

Leadership theories have evolved as time has progressed. Various scholars have described the evolution of leadership theories: Bolden et al (2003) and Casida (2007). According to Casida (2007), the evolution of leadership theories started with the great man theory (pre-1900s), and then followed by the trait theory between 1900 and 1948. This was subsequently followed by the contingency theory between 1948 and 1980. This was consequently followed by the transformational leadership theory which is presently being utilized. Casida also identifies other theories that are being utilized presently as servant and multifaceted leadership theory. There are many different types of leadership that professionals, managers and leaders demonstrate to lead staff in hospitals such as (autocratic, democratic, laissez-faire, bureaucratic and situational) and contemporary leadership (charismatic, transactional, transformational, connective and shared leadership) (Huber, 2006). It is believed that in hospital settings leadership style of heads might affect the job satisfaction (AL-Hussami, 2008).

Bass and Avolio (1990) found that transformational (TF) leadership styles were preferred over transactional (TA) leadership styles, and managers who exhibited transformational characteristics reported more satisfied. The government has taken the lead to improve the health care system and has been funding it over the years. Nevertheless, the demand for labor in the health sector cannot be met by Saudi nationals alone because of the relatively small number of Saudi graduates from nursing schools (Abu-Zinadah, 2004). Consequently, most of the healthcare providers are expatriated from different countries. For example, nurses come from over forty different countries, including the United Kingdom, Ireland and the USA (Aldossary et al. 2008). The nursing leaders in Saudi Arabia faced several problems related to this mixed workforce such as recruitment and retention problems, high turnover rate, and cultural difference. Successful, motivated, and visionary leaders will be required in order to effectively manage Saudi Arabia's diverse nursing workforce. The current and future rapid

developing health care environment in Saudi Arabia demands skilled and competent leaders who are able to inspire their staff with a vision of what can be accomplished no matter the challenges.

STUDY AREA

Nellore District, the southernmost Coastal District of Andhra Pradesh lies between 13-30¢ and 15-6¢ of the Northern latitude and 70-5¢ and 80-15¢ of the Eastern longitude and extends over and area of 13076 Sq Kms, accounting for 4.74% of the total area of the State. It is bounded on the north by Prakasam District on the East by Bay of Bengal on the south by Chittoor District and Chengalpet District of Tamilnadu and on the West by Veligonda Hills which separate it from Cuddapah District. Nellore town is head quarter of the Nellore district. Administratively the District is divided into 46 mandals, covering fewer than three Revenue Divisions with Head Quarters at Nellore, Gudur and Kavali. There are three Municipalities namely Nellore, Gudur and Kavali, and in addition there are 6 urban Towns, i.e. Kovur, Kovurpalli, Venkatagiri, Naidupeta, Sullurpeta, SHAR.

RESEARCH METHODOLOGY

The study is mainly based on primary data. The primary data are collected from the employees in Government General Hospital in Nellore district, by making personal visits through a schedule prepared for this purpose. The primary data are collected in three phases. In the first phase the purpose and objectives of the schedule are explained to them and requested to go through the schedule thoroughly. In the second phase doubts of the respondents about the contents of the schedule are clarified. In the third phase, the schedules are collected form respondents and by holding further discussions to elicit additional information.

Table 1
Health Professionals Working in the Government General Hospital

Sl.No.	Designation	Grade	Total number of employees
I.	(1) Civil surgeon Specialist (2) Deputy Civil surgeon (3)Civil Assistant surgeon (4)Dental Assistant surgeon (5) CSRMO	1 1 1 1 1	13 10 26 6 1
II.	(1) Office Manager (2) Assistant Manager (3) Assistant Engineers (4) Health Inspectors (5) Senior Assistant	2 2 2 2 2	5 4 3 6 9
III.	(1) Junior Assistant (2) Record Assistant (3) Pharmacy Supervisor	3 3 3	10 3 7
IV.	(1) Head nurse (2) Staff nurse (3) A.N.M/Maty. Assistant (4) Nursing or Derlies (5) Other workers	4 4 4 4 4	26 71 38 20 42
Total			300

Source: Government General Hospital, Head Quarters Records, Nellore

SAMPLING

Both the census and sampling methods have been used for the study. At the first stage, select organizations in Government General Hospital Head quarter. The present study confined to peers, superiors and subordinates, hierarchical levels in G.G.H. Employees. Towards this (Grade-1) Doctors, Managers are treated as peers level, (Grade-2) Assistant officers are treated as superior level, (Grade-3) clerical staff are treated as subordinate level and nursing staff(Grade – 4). The variables undertaken for the study are Socio-economic organization position (S.E.O.P) variables, viz. age, designation, length of service, educational qualifications and economic background, social economic background and father profession.

Table 2
Sample Design from G.G.H

Sl.No.	Designation	Grade	Total number of employees	Samples drawn
1	Doctors	I	56	56
2	Assistant Officers	II	27	27
3	Clerical Staff	III	20	20
4	Nursing Staff	IV	197	197
Total			300	300

Source: G.G.H head quarters in Nellore

RESULTS AND DISCUSSION

Socio-Economic Organization Position (S.E.O.P)

Socioeconomic status (SES) is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power and control are emphasized. The demographic characteristics of the respondents have been presented in the Table 3.

Table 3
Demographic Characteristics of the Respondents

Demographic Variables	Factor	No. of Respondents	Percentage
Age	<30 Yrs. 31-50 Yrs. Above 50 Yrs.	76 177 67	25.33 59.0 22.33
Experience	0-10 Yrs. 11-20 Yrs. 21-30 Yrs.	152 73 75	50.66 24.33 25.0
Designation	Doctors Assistant Officers Clerical Staff Nursing Staff	56 27 20 197	18.66 9.0 6.66 65.66
Qualification	UG PG	192 108	64.0 36.0
Economic BG Lower Middle Middle Upper Class		35 122 143	11.66 40.66 47.66

Source: Primary Data

The table shows that majority of the respondents in (177) are in the age group of 31 – 50 years and limited number of respondents is in the age group of above 30 years. It is crystal clear from the table that 152 respondents have less than 10 years of experience followed by 75 have 21 – 30 years of experience. Designation shows responsibilities and plays a pivotal role in any organization. Higher the designation higher will be responsibilities and problems. It is observed from the table that majority of the respondents (89) nursing staff, followed by doctors (56) and assistant officers. Education requires instruction of some sort from an individual or composed literature. The table presents that majority of the respondents (192) are graduates. The table obviously shows that almost half of the respondents in both the organizations belong to upper class and middle class. Only a limited number of respondents belong to lower middle class.

LEADER SELF PERCEPTION

Organization and Career plan

The information on whether the professionals help subordinates in planning their career has been elicited and the results are presented in the Table 4.

Table 4
Helping Subordinates in Career Planning

Sl.No.	Helping Subordinates in Career Planning	No. of Respondents	Percentage
1	Disagree	19	6.3

2	Neutral	128	42.7
3	Agree	152	50.7
4	Strongly Agree	1	0.3
	Total	300	100.0

Source: Primary Data

The table presents that around 51 per cent of the respondents agreed that leaders help subordinates in their career planning while around 15 per cent of the respondents disagreed. But around 3 per cent of the respondents strongly agreed. It is astonishing to note that 43 per cent of the respondents are neutral and nonchalant.

Chi-Square Tests
Chi-square Analysis has been computed to know the significance level and the results are presented in the Table 4(a)

Table 4(a)
Chi-square values for career planning

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	166.355[a]	3	.000
Likelihood Ratio	201.008	3	.000
N of Valid Cases	600		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.50.			

From the above table Chi square is significant (sig. value is less than 0.05), reject null hypothesis. It means that there is a significant association between organization and employees opinions on 'help subordinates in their career planning.

Assume responsibility
The information on whether the professionals assume responsibility has been elicited and the results are presented in the Table 5.

Table 5
Assuming responsibility

Sl.No.	Assuming Responsibility	No. of Respondents	Percentage
1	Disagree	104	34.7
2	Neutral	96	32.0
3	Agree	95	31.7
4	Strongly Agree	5	1.7
	Total	300	100.0

Source: Primary Data

The table portrays that around 35 per cent of the employees disagreed that organization is helping subordinates to grow up and assume responsibility while around 32 per cent strongly agreed. On the contrary, around 18 per cent disagreed and more than 32 per cent are neutral.

Chi-Square Test
Chi-square Analysis has been computed to know the significance level and the results are presented in the Table 5(a).

Table 5(a) Chi square values for Assuming responsibility			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	366.999[a]	3	.000
Likelihood Ratio	477.478	3	.000
N of Valid Cases	600		
Source: Primary Data			

From the above table Chi square is significant (sig. value is less than 0.05), reject null hypothesis. It means that there is a significant association between organization and employees opinions on 'help subordinates to grow up and assume responsibility.'

Level of Confidence in Decision Making
The information on whether the professionals have confidence and take decisions quickly has been elicited and the results are presented in the Table 6.

Table 6
Level of Confidence

Sl.No.	Taking the decision quickly and confident of being right	No. of Respondents	Percentage
1	Disagree	1	0.3
2	Neutral	3	1.0
3	Agree	281	93.7
4	Strongly Agree	15	5.0
	Total	300	100.0

Source: Primary Data

The table presents that around 99 per cent of the employees are confident of being right on taking decisions quickly. But one per cent of the respondents are neutral. By and large, it is concluded that 99 per cent of the respondents agreed right on taking decisions quickly.

Chi-square Analysis
Chi-square Analysis has been computed to know the significance level and the results are presented in the Table 6(a).

Table 6(a)
Chi Square values of Confident level

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	57.614a	4	.000
Likelihood Ratio	68.486	4	.000
N of Valid Cases	600		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is .50.

From the above table Chi square is significant (sig. value is less than 0.05), reject null hypothesis. It means that there is an association between organization and employees opinions on taking the decision quickly and confident of being right.

Potentialities
The information on whether the professionals have potentialities has been elicited and the results are presented in the Table 7.

Table 7
Potentialities

Sl.No.	Level of potentialities	No. of Respondents	Percentage
1	Disagree	33	11.0
2	Neutral	7	2.3
3	Agree	244	81.3
4	Strongly Agree	16	5.3
	Total	300	100.0

Source: Primary Data

The table obviously shows that more than 81 per cent of the respondents agreed on the level of potentialities while more than 5 per cent of the respondents strongly agreed. On the contrary, 11 per cent of the respondents disagreed on the level of potentialities. Moreover, more than 2 per cent of the respondents are neutral Above all, it is concluded that around

87 per cent of the respondents agreed on the level of potentialities.

Chi-Square Test
Chi-square Analysis has been computed to know the significance level and the results are presented in the Table 7(a).

Table 7(a)
Chi Square values of Potentialities

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.764[a]	3	.000
Likelihood Ratio	24.258	3	.000
N of Valid Cases	600		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.50.			

From the above table Chi square is significant (sig. value is less than 0.05), reject null hypothesis. It means that there is a significant association between organization and employees opinions on all more or less equal potentialities.

Self Drive
The information on whether the professionals are driving their self very hard has been elicited and the results are presented in the Table 8.

Table 8
Self Driven

Sl.No.	Driving self very hard	No. of Respondents	Percentage
1	Disagree	18	6
2	Neutral	2	0.7
3	Agree	272	90.7
4	Strongly Agree	8	2.7
	Total	300	100.0

Source: Primary Data

It is quite obvious from the table that around 91 per cent of the employees agreed that they drive themselves very hard and around 3 per cent of the employees strongly agreed. On the contrary, around 6 per cent disagreed and around 1 per cent are neutral Above all, it is concluded that 91.4 per cent of the employees agreed that they drive themselves very hard.

Chi-Square Tests
Chi-square Analysis has been computed to know the significance level and the results are presented in the Table 8(a).

Table 8(a)
Chi Square values of Self Driven

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.440[a]	3	.000
Likelihood Ratio	40.161	3	.000
N of Valid Cases	600		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.50.			

From the above table Chi square is significant (sig. value is less than 0.05), reject null hypothesis. It means that there is a significant association between organization and employees opinions on drive their self very hard.

CONCLUSION
Good leaders are made not born. Health professionals are the key role in the hospitals and the heath division must have the required knowledge to provide appropriate heath care and accept the responsibilities of professional management and leadership. In Government General Hospitals, Nellore Majority of the respondents in (177) are in the age group of 31 – 50 years, 152 respondents have less than 10 years of experience, majority of the respondents (89) nursing staff, followed by doctors (56) majority of the respondents (192) are graduates. The table obviously shows that almost half of the respondents in both the organizations belong to upper class and middle class.
Around 51 per cent of the respondents agreed that leaders help subordinates in their career planning, around 35 per cent of the employees disagreed that organization is helping subordinates to grow up and assume responsibility, around 99 per cent of the employees are confident of being right on taking decisions quickly, more than 81 per cent of the respondents agreed on the level of potentialities and around 91 per cent of the employees agreed that they drive themselves very hard.

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