



Social engineering of human resources and provision of medical services on leadership styles in hospitals

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Abstract

Paper present impact of human resources issues as well as issues related to provision of medical services on leadership styles in hospitals in Poland. In this study a descriptive research design was used and a quantitative research was conducted, which was based on the so-called BOST methodology. Surveys were conducted among department heads of 10 public hospitals of various referral systems from the Upper-Silesian Agglomeration providing various types of medical services (which shows a large variety of research sample) operating in Poland. The research showed that both importance of service provision as well as human resources were not as important as they should be.

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1. Introduction

Healthcare organisation are complex environments that require strong, comprehensive, and collaborative leadership (SONNINO, R. 2016). A good leadership is important for healthcare organisation' success like any other organisation' and it affects our lives deeply (BAYSAKA, B., YENERB, M.I. 2015). Healthcare leaders will inevitably have an impact on the lives of many people as individuals rely on physicians and nurses during some of the most critical moments in their lives (ROGERS, R. 2012). As it is emphasised by a number of authors (GOLDSMITH, M., GOVINDARAJAN, V., KAYE, B., VICERE, A.A. 2002, HARRIS, A. 2011, KAMBIL, A. 2010, OSHAGBEMI, T., OCHOLI, S.A. 2006, SAVAGE, A., SALES, M. 2008, SPEECHLEY, CH. 2005, MARCUS, O. DURHAM, DURHAM, R.A., DURHAM, R. 2006, CYGAŃSKA, M. 2007, MAZURKIEWICZ, J., WIERZBICKA, M. 2007, NIKEZIC, S., STOJKOVIC, D., DJUROVIC, B., DJORDJEVIC, A. 2013) leadership is a complex process. It plays a significant role in the success or failure of an organization (MISHRA, M., GARG, K., WADHAWAN, CH. 2015, ULEWICZ, R 2013, BORKOWSKI, S., ULEWICZ, R., SELEJDAK, J., KONSTANCIAK, M., KLIMECKA-TATAR, D. 2012). The role of leaders in today's organisation has changed and the success of any organization relies on the leadership styles practised by their leaders. The perception on the employee on the organizational power is highly important for the organization's success or lack of success. (TAUCEAN, I. M., TAMASILAA, M., NEGRU-STRAUTIA, G.

2016). According to Mintzberg (2010) true leaders engage others with their consideration and modesty because they involve themselves in what they are actually doing not for individual gains. Leadership is one of the factors that influence the perceptions of organizational politics (FERRIS, G.R., RUSS, G.S., FANDT, P.M., 1989, FERRIS, G.R., KACMAR, K. M. 1992, KACMAR, K.R. BARON, M.A. 1999, WHITFIELD, M., DEJA, R. 2001) concluded that doctors, especially those holding higher positions in the academic and medical hierarchies - due to their expert knowledge and specialist skills - form powerful and influential groups, which are often supported by academic and professional organisations. Professors and heads of hospital departments usually enjoy great respect, which makes managing such groups very difficult. AUSTEN A. (2012) thinks that leaders of organisations providing public services are expected to deliver highly effective and efficient performance, whereas (FRĄCKIEWICZ-WRONKA, A., AUSTEN-TYNDA, A. 2010) are convinced that due to their expertise and positions held in organisation doctors are expected to make decisions resulting in a significant impact on achievements and results of the organization of which they are in charge. Their decisions are expected to be economically viable and consistent with the principles underlying social justice (FRĄCKIEWICZ-WRONKA, A., AUSTEN-TYNDA, A. 2009). In accordance with ROGERS M. (2012), in order to operate efficiently healthcare workers must have effective leadership. As noted by SONNINO R. (2016), because of the nature of their profession, leaders in the health care tend to

focus on outcomes rather than processes involved in achieving those outcomes. The author suggested numerous skills that are crucial for a successful leader including the skills of listening, empathy, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. ROGERS R. (2012) emphasised that individuals who show superb communication and leadership skills should be able to find success in their organization in a shorter period of time than those whose communication and leadership skills are lacking. As noticed by SONNINO R. (2016) healthcare systems would be well served to find ways to make formal leadership development accessible and part of the routine career evolution for emerging health care leaders. Although the literature on the topic of leadership has increased substantially, reports on comprehensive healthcare leadership training programs, even those including interdisciplinary programs are still rather rare MOSZORO B. (2011) is convinced that leadership has a significant influence on the performance and efficiency of an organization and presents the scope of features characteristic of an ideal leader who:

1. builds a team and manages a group of people,
2. has skills and abilities required to build an organization development strategy,
3. formulates objectives and exacts their completion,
4. builds positive atmosphere in a team, and
5. never stops building their authority.

A true leader has a gift for uniting people, solving conflicts and communicating with people. They perceive, thanks to their intuition and experience, character and communication differences of their colleagues. Thanks to this ability of reading and perceiving people's characters a good leader knows which employees can be allocated very specific and demanding tasks and which employees work best when acting on their own initiative (MOSZORO, B. 2011, OLECHNOWICZ-CZUBIŃSKA, M. 2014), GŁOWACKA, M.D. 2011) emphasize that there is no optimum leadership style which would prove to work in any kind of organization; however, there are styles which prove adequate or inadequate in specific conditions. It is important for each manager to realize what their individual style is and what kind of leadership is required in their organization and by their employees. In the research on leadership conducted by LEWIN AND LIPPIT (1938), they identified authoritarian, democratic and laissez-faire styles of leadership. In another research on leadership in health care carried out by GREENLEAF R.K. (1977) it was shown that there are three types of leadership present in health care, namely transactional leaders, transformational leaders, and servant leaders. Then, ROGERS. R. (2012) showed that there are two kinds of leaders in health care who represent "task" behaviors and "relationship" behaviors. Task behaviors allow the individual to accomplish their goals and enable leaders to guide others in achieving their objectives. Relationship behaviors involve the ability to interact with peers and subordinates in a way that all feel comfortable with themselves, with each other, and in their specific setting. Most research on leadership factors in health care does not consider impact of hospital workers' characteristics on leadership styles practiced in their hospitals. Based on AIJ K., AERNOUDTS R. AND

JOOSTEN G. (2015), research on leadership in health care is limited to dealing with complex and chaotic healthcare environment, or they investigate gender-based differences in leaders' traits. (DURLIK, M. 2002) enumerates the features of a good leader working in a healthcare organisation. Such leader:

- is trusted and their personal hierarchy of values and image of the hospital they are in charge of are commonly accepted by employees,
- is able to make decisions concerning their healthcare organisation which aim at recovering from a poor financial standing through enhancing its performance, efficiency and continuous introduction of innovative solutions,
- is sensitive to suffering endured by other people,
- identifies opportunities and hazards and formulates new operational principles,
- has very thorough knowledge of most areas related to health care and works to continually expand that knowledge and complement it,
- knows how to carry out important projects in terms of strategy, science, finance and politics.

Healthcare organisations which operate under good leadership thrive, whereas those with poor leadership face difficulties or even have to close down (SPINELLI, R.J. 2006). Leadership behavior is still being investigated.

OOSTENVELD, W., PIEPER, A. B., AND VRIES, R. E. (2010) investigate the relations between leaders' communication styles and charismatic leadership, human-oriented leadership (leader's consideration), task-oriented leadership (leader's initiating structure), and leadership outcomes in governmental organisation. The influence of teacher's personality on their leadership behavior was the subject of investigation conducted by RAZA, A., NISAR, N., & ALI, Z. (2011). The researchers STRONG, R., WILLIAMS, J., LYBY, L. T., AND WYNN, T. J. (2013) examined leadership styles and self-directedness of undergraduate students enrolled in two separate agricultural leadership courses. MISHRA M., GARG K., WADHAWAN CH. (2015) identify the managerial skills of managers towards their employees and critically assess the leadership style employed. Determine the dominant and more often employed leadership style among the successful Iranian organisation in separation of their managers, employees, and consequently compare the perceptions of employees in regard to the style employed by their managers. Leadership in an organization is a process comprised of few basic components (MARCUS, O. DURHAM, DURHAM, R. A., DURHAM, R. 2006):

- power of a leader – in an organization it comes down to decisions made by the manager, as well as to the enforcement of their implementation. This authorization is connected with the post occupied by the leader in an organization,
- ability to understand the motivating forces – the leader in a given organization should know which factors motivate her/his subordinates,
- ability to create an atmosphere which arouses motivation – it results directly from personal features of the leader – manager of an organization, such as eloquence,

- style – this is the way in which the manager influences her/his subordinates. Suitable style of the manager that is accepted by the rest of the working group, triggers positive results in the form of realization of the objectives of the whole organization.

2. Research and their analysis

The study aims to investigate the impact of hospital employees' features on leadership styles in hospitals in Poland. The following features were taken into consideration: gender (MK), education (WE), age (WI), length of service (SC), mobility (MR), mode of employment (TR). In this study a descriptive research design was used and a quantitative research was conducted, which was based on the so-called BOST methodology associated with the management principles of Toyota and Toyotarism concept. Toyotarism is a scientific discipline dealing with the relationships between a human and a machine, and among human beings, with regard to process approach, Japanese culture, especially Toyota, aimed at continuous improvement with the use of knowledge). The definition specifies two dipoles: human – machine and human – human. Within the four components of the definition, the human occurs three times. It emphasizes the importance of the human in Japanese culture, and thus, in the Toyota culture. In the basic human – machine dipole, the human pole comprises originators, initiators, investors, senior management, and leaders who plan and conduct human activity. In the second dipole i.e. human – human, one pole means management, leaders i.e. managerial staff who, while managing human teams, have a visual contact with them - one could say that they look in the eyes of those who carry out processes, i.e. those who constitute the other pole in the human – human dipole (BORKOWSKI, S. 2012).

BOST methodology is a concept invented by Stanislaw Borkowski, and it is legally protected by the confirmation date (BORKOWSKI, S. 2012). Surveys were conducted among department heads of 10 public hospitals of various referral systems from the Upper-Silesian Agglomeration providing various types of medical services (which shows a large variety of research sample) operating in Poland. The selection of the research sample was based on the complexity of the obtained results, which could not include fewer than 20 surveys, while in terms of the percentage share of the respondents to the number of the employees of the hospital ward it had to be more than 80%. Computer software was used to conduct an analysis of the obtained results. The respondents provided answers to the following questions included in the area so called E9b in the survey.

E9b. Rate on the scale of 1 ÷ 8 the importance in the hospital (1 – lack of interest, 8 – high interest):

SL – of human resources issues,

ZP – of issues related to provision of medical services.

The BOST survey characterized respondents in terms of age, education, gender, mode of employment, mobility, and length of service. In this paper, the importance of issues related to medical services should be understood as the quality of medical services and as the satisfaction

of a customer/patient, where both elements are obtained through contacts of former customers/patients with the personnel of a particular ward.

Coefficient of kurtosis, the so-called coefficient of excess which we denote as W_e and which is defined as (OSTASIEWICZ S., RUSNAK Z., SIEDLECKA U. 2006):

$$W_e = W_k - 3 \quad (1)$$

$W_e < 0$ distribution is characterized by flattening of less than normal (1),

$W_e = 0$ distribution is characterized by flattening of normal (0),

$W_e > 0$ distribution is characterized by flattening of more normal (2).

In the brackets, contractual symbolism of coefficient of excess was given. For comprehensive statistics of the obtained sets of ratings, box-and-whisker diagram was used (Figure 1).

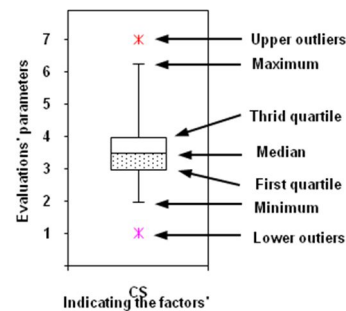


Fig. 1. Box-and-whisker plot -characteristic

Box-and-whisker provides much information on the empirical distribution. Location of a box in relation to axis determines position of the distribution, line dividing it into two parts determines central tendency. On the other hand, height of a box, representing the difference between first and third quartile, shows the diversity of characteristics for 50% of central units. The higher the box, this diversity is greater. Height of an entire chart indicates the dispersion of a characteristic in the whole set (OSTASIEWICZ, S., RUSNAK, Z., SIEDLECKA, U. 2006). Horizontal line indicating the median divides whole box into two parts, covering 25% of observation. Depending on a location of the median, the box informs about the skewness in central part of distribution. And thus, when the median lies perfectly in the middle between the other quartiles, the distribution is – in central part – symmetrical. When the median is situated closer to first quartile, central part of the distribution is characterized by positive skewness. Moving the median closer to third quartile indicates negative skewness, in reference to central 50% of collective units. Supplementation of a chart is “whiskers” on the outside of a box. When those whiskers are of equal length, it proves that the whole distribution is symmetrical. Higher upper whisker in relation to the lower one shows the positive skewness (asymmetry). Higher lower whisker in relation to the upper one indicates the occurrence of negative asymmetry in the whole distribution.

Correct image of a skewness based on the box-and whiskers diagram can be disturbed when some observations “differ” from the rest, it is denoted as x^* (x with “a star”). Those “differing” observations were accepted as lower than more than 3 quartile deviations $Q(x)$ in relation to first quartile, and/or higher by 3 quartile deviations in relation to third quartile, therefore (OSTASIEWICZ, S., RUSNAK, Z., SIEDLECKA, U. 2006):

$$x^* < Q_{1/4} - 3Q \quad \text{or} \quad x^* > Q_{3/4} - 3Q \quad (2)$$

„Differing” observations are marked on the chart with “a star” and they are not taken into consideration in further analysis.

To sum up, in order to assess (visually) skewness of the distribution on the basis of the above-mentioned chart, attention should be paid to two features: (1) height of whiskers located in lower and higher part of the box, and (2) position of a line inside the box.

Fig. 2 shows formation of excess coefficient in the scope of BOST survey area E9b, in the objects under the research located in the Upper-Silesian Agglomeration, marked with symbol A÷A9.

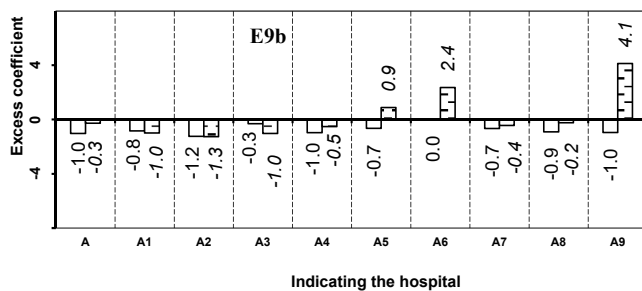


Fig. 2. Formation Of Excess Coefficient In The Scope Of Area E9b

From Fig. 2 it can be seen that the distribution is relatively flattened (platykurtic). In the case of the second analyzed factor, which includes the issues related to medical services provision (ZP), in research objects A, A1, A2, A3, A4, A7, A8, it can be seen that the distribution is relatively flattened (platykurtic). In the case of research objects A5, A6, A9 it can be noticed that the distribution is relatively more pointed (leptokurtic). Two factors decide about the management style of the ward head: the factor related to medical services provision (ZP) and the factor related to human resources (SL).

Tab. 1 presents the data related to the importance ratings of service issues and tab. 2 presents human issues in the hospital wards under the research.

Analysis of Tab. 1 and Tab. 2 showed In ward of the hospital marked with symbol A1 it is visible that 3 respondents assessed human issues' importance at the highest level, assigning it the highest possible value of 8. One respondent rated human issues' importance at the lowest possible level, assigning it the value of 1. In the case of production issues (ZP) it may be noted that 2 respondents assessed this factor as the most important. None of the respondents rated production issues as the least important.

Table 1. Data Related To The Importance Ratings Of The Service Provision Issues And Human Resources Issues In The Wards Of The Hospitals From The Upper-Silesian Region – The Upper-Silesian Agglomeration A÷A9.

Hospital symbol	Estimation of the importance of service provision issues (ZP)							
	Scale							
	1	2	3	4	5	6	7	8
A	1	0	5	6	3	11	8	1
A1	0	0	0	6	5	1	3	2
A2	0	0	0	7	4	6	10	3
A3	0	0	0	5	6	7	7	3
A4	0	0	0	5	6	7	7	3
A5	0	1	0	5	1	7	12	11
A6	1	0	0	4	3	8	9	4
A7	0	3	2	4	1	14	1	5
A8	0	0	0	0	4	5	16	9
A9	1	0	0	1	3	6	6	4

Analysis of ward of the hospital marked with symbol A2 indicates that none of the respondents rated human issues' importance (SL) as the most and the least important. In the case of production issues (ZP) it may be noted that 3 respondents rated this factor as the most important. None of the respondents assessed production issues as the least important. In ward of the hospital A3 it is visible that 2 respondents rated human issues' importance (SL) at the highest level. None of the respondents assessed human issues as the least important. In the next analyzed ward of the hospital (A4) it can be noted that 2 respondents assessed human issues' importance (SL) at the highest level. No respondent rated human issues as the least important. Three respondents assessed the importance of production issues (ZP) at the highest level 8, whereas no respondent rated production issues as the least important. In ward of the hospital A5, as many as 11 respondents assessed the importance of human issues (SL) as the most important. None of the respondents considered human issues as the least important.

Table 2. Data Related To The Importance Ratings Of The Human Resources Issues In The Wards Of The Hospitals From The Upper-Silesian Region – The Upper-Silesian Agglomeration A÷A9.

Hospital symbol	Estimation of the importance of the human resources issues (SL)							
	Scale							
	1	2	3	4	5	6	7	8
A	1	2	6	8	3	5	7	3
A1	1	3	0	2	4	3	1	3
A2	0	0	4	6	7	5	8	0
A3	0	7	5	6	4	3	1	2
A4	0	7	5	6	4	3	1	2
A5	0	1	0	5	1	7	12	11
A6	3	1	2	5	8	6	2	2
A7	2	1	3	5	1	7	5	6
A8	3	2	6	4	6	5	6	2
A9	0	0	0	1	5	5	6	4

In the case of production issues (ZP) it may be noted that 11 respondents rated this factor as the most important, assigning it the highest possible value of 8. None of the respondents rated production issues as the least important. In the hospital A6 only 4 respondents assessed importance of service provision (ZP) factor as the most important. Only 1 respondent rated this factor as the least important. In the case of human issues (SL) it can be noted that only 2 respondents assessed this factor as the most important, 3 respondents rated human factor as the least important in a hospital. In ward of the hospital A7 in the case of production issues' validity (ZP) 5 respondents rated this factor as the most important. None of the respondents rated this factor as the least important. In the case of human issues (SL) it can be noted that as many as 8 respondents assessed this factor as the most important, by assigning it the highest possible value of 8. 2 respondents rated human factor as the least important in a hospital, assigning it the lowest value of 1. In ward of the hospital marked with symbol A8 it is visible that in the case of pro-

duction issues' importance (ZP) 9 respondents assessed this factor as the most important. None of the respondents rated this factor as the least important. In the case of human issues (SL) it can be noted that only 2 respondents rated this factor as the most important. On the other hand, 3 respondents assessed human factor as the least important in a hospital, assigning it the lowest value of 1. In the last analyzed research object marked with symbol A9, in the case of production issues' importance (ZP) 4 respondents assessed this factor as the most important. 1 respondent rated this factor as the least important. In the case of human issues (SL) it can be noted that 4 respondents assessed this factor as the most important and none of the respondents rated this factor as the least important.

3. Summary

The researches and their analysis showed that medical staff does not feel appreciated in hospitals. Most of them assessed the importance of human resources at lowest values 0 and 1, which proves that research facilities do not attach much importance to human resources. They don't care about human resources. The results indicate that non-integrative style is used in most researches facilities. 5 hospital deserve attention, in which the emphasis is placed on human resources as well as the services provided is also very high in the analyzed facility. An integrated style is used in this object, i.e. treating the organization's goals as a "common cause". The results may indicate the use of the Japanese approach in the enterprise, where human resources are the most important element of the enterprise. This approach is implemented by showing respect and care for employees in every sphere, even personal. In the analyzed hospital, the importance of medical services, which is a consequence of care for human resources, was rated as high. An employee who shows respect and cares about him and his needs is more motivated to work and treats him as a passion.

The research recommended that hospital leaders should plan and implement effective strategies to promote medical personnel retention. This can be done through creating work environment that is caring and conducive to practicing medical professions.

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医院领导风格的人力资源社会工程和医疗服务

關鍵詞

醫院
特征
领导
BOST方法

摘要

论文目前对人力资源问题的影响以及与波兰医院领导风格提供医疗服务有关的问题。在这项研究中，使用了描述性研究设计，并进行了定量研究，该研究基于所谓的BOST方法学。对来自上西里西亚集团的各种转诊系统的10家公立医院的部门负责人进行了调查，提供了在波兰运营的各种医疗服务（显示了大量的研究样本）。研究表明，服务提供和人力资源的改善并不像应有的那样重要。