

The relationship between leadership styles and organisational citizenship behaviour of healthcare professionals: Case of Mus State Hospital

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Suggested Citation:

Tasar, A., Tengilimoglu, D., Ekiyor, A. & Guzel, A. (2020). The relationship between leadership styles and organisational citizenship behaviour of healthcare professionals: Case of Mus State Hospital. *International Journal of Emerging Trends in Health Sciences*. 04(1), 11–18.

Received January 2, 2020; revised February 10, 2020; accepted April 20, 2020.

Selection and peer review under responsibility of Prof. Dr. Nilgun Sarp, Uskudar University, Istanbul.

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Abstract

This study was conducted to investigate the effect of leadership behaviours of health administrators on the citizenship perception of health staff. The study was conducted at Mus State Hospital and the sample consisted of 237 health staff who are volunteered to participate in the study. A survey consisting of three parts, demographic information, leadership styles and organisational citizenship, was used to collect data. Research data was coded and analysed by researchers. Frequency, percentage distributions and mean values were calculated. Also, to investigate the relationship between leadership styles and organisational citizenship, regression analysis was implemented. According to the results of the research, significant differences were found between leadership behaviours of health managers on organisational citizenship perception of health staff according to their occupations. In addition, a significant ($p < \alpha = 0.05$), positive but weak relationship was found between leadership behaviours of health managers and organisational citizenship perception of health staff.

Keywords: Director, health, hospital, leadership, organisational citizenship, perception.

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1. Introduction

Leadership emerges as a concept that is as old as the history of humanity. Throughout history, every culture has raised leaders whose names have been legendary and been transferred from language to language. Leadership is of great importance for the future of organisations, as well as for the future of societies (Turan & Bektas, 2014). Werner (1993) defines leadership as the process of influence in a given situation, at a given moment and under certain conditions, which encourages people in a group to voluntarily strive to achieve organisational goals, transmits experiences that help achieve common goals and ensures that they are satisfied with the type of leadership being implemented. According to Celep (2004), the leader is the one who puts forward the common thoughts and desires, which are felt by the group members but not clearly expressed by them, in the form of an adopted purpose and activates the hidden powers of the group members around this purpose.

Leadership is also a process that directs and activates employees in order to achieve organisational goals. Organisations need an effective leadership because of the facts that the environment in which they are located is extremely dynamic and variable, they tend to grow, and the human element of the organisations has a variable, unpredictable and complex structure (Arikan, 2001). Changing competition conditions reveal the importance of human resources. Organisations need people to gain competitive advantage. Today's changing environmental, economic and political dynamic structure necessitates effective management of human resources. Organisational citizenship behaviour is also effective at this point. The concept of citizenship was expressed in the early periods as voluntary, helpful and collaborative attitudes towards protecting and maintaining the existing structure/system (Katz & Kahn, 1966). The concept of organisational citizenship was first expressed by Organ et al. (Bateman & Organ, 1983; Organ, 1988), using Katz's (1964) definition of extra-role behaviour. Organ (1988) described the concept of organisational citizenship as a voluntary individual extra-role behaviour that is not directly defined or defined in the formal reward system and contributes to the effectiveness of the organisation's functions as a whole. The concept of organisational citizenship is based on the voluntarily extra involvement of employees.

A person's or society's health is affected by four factors which are environmental, genetics, behaviour and health services. Improving the quality of health services is closely related to the leadership behaviour of the health institution's manager and organisational citizenship attitude of the healthcare workers. This study will be a guide for taking necessary measures by identifying the relationship between leadership behaviours and organisational citizenship attitudes of healthcare professionals working in Mus State Hospital.

1.1. Conceptual framework

Within the scope of this research, the concepts of leadership and organisational citizenship, as well as the previous studies, in the literature are discussed in this section.

According to Terry, leadership is the activity of influencing people to make efforts for the purposes of a group (Hersey, Blanchard & Johnson, 1996). The focus of the definitions on leadership is to direct and support individuals in accordance with the organisational goals and to create an organisational system that will enable this. When considered as a process, leadership is the process of influencing people in a group, gathering them around specific goals and mobilising them to achieve these specific goals (Tengilimoglu, 2005). The sources and use of power are particularly prominent in shaping the leadership style and the effectiveness of the process (Kocel, 2013). Yammarino and Bass (1991) claimed that leadership is based on personal characteristics, situational factors and a combination of both; thus, leadership depends on the harmony between person, situation and person-situation. According to Kouzes and Posner, the success of the leader is largely related to how he/she interacts with people. By conducting a positive communication with the followers, a leader can direct them to perform extraordinary (Kouzes & Posner, 2007).

Organ (1988) does not directly associate organisational citizenship behaviour with the official reward system. Apart from the formal roles specified in the job descriptions, he defines voluntary behaviours that contribute to the realisation of the objectives of the organisation. On the other hand, Ryan (2001) defines organisational citizenship behaviour as behaviours that are outside the formal reward system and contribute to the effective functioning of the organisations without any obligation. Organ (1988) describes organisational citizenship behaviour in five different dimensions. These dimensions were determined as citizenship virtue, altruism, conscience, gentlemanship and courtesy. Altruism is defined as the behaviours to help others in work-related problems. Superior task awareness (conscience) is the act of preserving resources and services, such as punctuality at work and house management. Courtesy provides behaviours that involve helping colleagues by taking measures to prevent problems from occurring. Citizenship virtue ensures activities demonstrating employee involvement, commitment and engagement in the political life of the organisation. Gentlemanship is tolerating the difficulty of the work without complaining and whimpering. Podsakoff, MacKenzie, Paine and Bachrach (2000), on the other hand, explained organisational citizenship behaviour with seven variables: helping behaviour, sportsmanship, organisational loyalty, organisational obedience, individual initiative, civil virtue and self-development (Podsakoff et al., 2000).

In the literature, there are studies explaining the relationship between leadership and the concept of organisational citizenship. As a result of his study on the relationship between organisational citizenship behaviour and job satisfaction, commitment and perceptions of justice, Schappe (1998) found that there was a relationship between commitment and organisational citizenship behaviour. In the study carried out by Cakar and Arbak (2003), the leadership style of the manager emerges as an important premise in employee's organisational citizenship behaviour, and the research results showed that there is a relationship between these two variables (Cakar & Arbak, 2003).

The fact that the leader enables his/her employees to exhibit organisational citizenship behaviour is considered as the factor providing organisational effectiveness (Podsakoff & MacKenzie, 1997). Podsakoff et al. (2000) found that organisational citizenship behaviour increased organisational effectiveness from 18% to 35% (Zhang, 2011). Arslantas and Pekdemir (2007) found a significant relationship between the transformational leadership behaviours of the managers and the organisational citizenship behaviours of the employees. In this significant relationship, the dimensions called charisma/inspiration and attention at the level of individuals had effects on transformational leadership. In a study conducted by Morcin and Morcin (2013), it was found that there was a significant relationship between interactive leadership and organisational citizenship behaviour. In another study conducted by Kuruscu and Aydogan (2018), it was determined that there was a significant and positive relationship between employees' exhibiting organisational citizenship behaviour and the leadership style applied by the managers.

2. Methodology

The aim of the present study is to determine the relationship between leadership behaviours of health managers and organisational citizenship perception of health staff. In addition, the study aims to find out whether there are any significant differences in the participants' views on the dimensions of leadership behaviours and organisational citizenship according to their demographic characteristics. Regarding the aims of this study, the problem statement was expressed in two questions:

1. 'Is there a significant difference between the opinions of health staff about the effect of leadership behaviours of health managers on organisational citizenship perception according to demographic variables?
2. Is there a relationship between leadership behaviour and organisational citizenship level of employees?'

In order to achieve the aims of the study, the study was designed as a descriptive study and a survey form was used to collect data. The survey consists of three parts and a total of 54 questions. Six out of 54 questions used in the study measured the personal and demographic characteristics of the participants, 24 out of 54 measured the leadership styles and 24 out of 54 measured the organisational citizenship. In the questionnaire form, 48 expressions about variables were prepared on a 5-point Likert scale (1: fully agree; 5: never agree). Also, a preliminary pilot application was carried out with a total of 10 people selected by the simple random sampling method; the statements that were difficult to understand by the interviewers were identified and corrected; and then the final form of the questionnaire was prepared.

Mus province is located in the eastern part of Turkey and has a population of more than 400,000 people. Mus State Hospital is located in the city centre and operates with 434 patient beds. There are six public hospitals and one oral and dental health centre in the city. There are 1,433 health staff working in Mus State Hospital, which is the population of this study as of April 2019. The researchers attended to reach the entire staff working at the hospital, but only 217 of them voluntarily responded. The data collected from the participants was coded by the researchers. Frequency distributions and mean values were calculated. *t*-Test and analysis of variance (ANOVA) test were applied to determine the differences between their responses on leadership dimension and organisational citizenship dimension according to their demographic characteristics. Pearson's correlation analysis was used to examine the relationship between leadership behaviours and organisational citizenship. The correlation coefficient values ranging from -1 to $+1$ was used. The correlation coefficient was indicated by the letter *r*. If this coefficient is close to $+1$, there is a positive relationship between two variables and if it is close to -1 , there is a negative relationship between two variables. Correlation coefficient can be interpreted as weak relationship if it is between 0 and 0.3, the relationship is moderate if it is between 0.3 and 0.7 and the relationship is strong if it is between 0.7 and 1 (Gurbuz & Sahin, 2016). The values of $p < 0.05$ were considered statistically significant. The following hypotheses were tested to achieve the aim of the study.

H1: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their gender.

H2: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their marital status.

H3: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their age.

H4: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their profession.

H5: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their educational status.

H6: There is a relationship between leadership behaviours and organisational citizenship perceptions of healthcare professionals.

3. Findings

3.1. Demographic characteristics

The study was conducted at Mus State Hospital in April 2019. Totally, 217 of the health staff of this hospital participated in the study. 24.0% of the health staff participating in the study were female and 76.0% were male. 33.6% of them were married and 66.4% were single. While 55.4% were in the 30–39 years age group, 29.0% of the participants were in the 20–29 years age group, 12.4% were in the 40–49 years age group and 3.2% were in the 50 and older age group. 4.6% of the healthcare professionals participating in the research were high school graduates, 30.0% were having an associate's degree,

42.4% undergraduate and 23.0% graduate. According to their professions, while 53.9% of the health staff in the study were health technicians, only 12.0% of them were doctors and 10.6% were managers. Also, 7.8% of them were medical officers, 6.5% were nurses, 2.3% were administrative officers and 6.9% were in other occupational groups.

3.2. Testing the hypotheses

The hypotheses identified in the study are tested in this section.

H1: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their gender.

Table 1. Differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their gender

Variables		\bar{X}	<i>t</i>	<i>p</i>
Leadership behaviour	Female	68.02	0.430	0.668
	Male	66.78		
Organisational citizenship	Female	94.60	0.380	0.704
	Male	94.00		

t-Test was used to test the difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their gender (Table 1). According to the results of the test, there was no significant difference found between their views on leadership behaviours and perceptions on organisational citizenship according to their gender ($p > \alpha = 0.05$). In other words, it can be interpreted that being a woman or a man do not cause any differences in leadership behaviours and organisational citizenship perceptions. According to this result, H1 hypothesis was rejected.

H2: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their marital status.

Table 2. Differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their marital status

Variables		\bar{X}	<i>t</i>	<i>p</i>
Leadership behaviour	Single	64.59	-1.442	0.151
	Married	68.30		
Organisational citizenship	Single	94.49	0.364	0.716
	Married	93.97		

In order to identify the differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their marital status, *t*-test was used (Table 2). According to the results, there was no significant difference found between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their marital status ($p > \alpha = 0.05$). Therefore, H2 hypothesis was rejected.

H3: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their age.

Table 3. Differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their age

Variables	<i>F</i>	<i>p</i>
Leadership behaviour	1.354	0.258
Organisational citizenship	3.540	0.016

ANOVA test was used this time as there are more than two groups to be compared in order to identify the differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their age (Table 3). According to the test results, it was found that the age of healthcare professions did not cause a significant difference on leadership behaviours ($p > \alpha = 0.05$), but it caused a significant difference on organisational citizenship attitudes ($p < \alpha = 0.05$). When this difference is examined, it is understood that the organisational citizenship levels of healthcare professionals between the ages of 20 and 29 are higher than those between the ages of 30 and 39. According to this result, H3 hypothesis was partially accepted in terms of organisational citizenship attitude.

H4: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their profession

Table 4. Differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their profession

Variables	F	p
Leadership behaviour	3.921	0.001
Organisational citizenship	1.502	0.179

Table 4 examines the differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their profession. As a result of the ANOVA test, it was found that occupation cause a significant difference ($p < \alpha = 0.05$) in leadership behaviours of healthcare professionals, but do not cause any significant differences in organisational citizenship perceptions ($p > \alpha = 0.05$). The differences arise from the higher leadership characteristics of the managers, doctors and nurses than the health technicians. Therefore, H4 hypothesis was partially accepted in terms of leadership behaviour.

H5: There is a significant difference between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their educational status.

Table 5. Differences between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their educational status

Variables	F	p
Leadership behaviour	0.563	0.640
Organisational citizenship	1.165	0.324

According to the ANOVA test results, no significant difference was found between health staff's views on leadership behaviours and perceptions on organisational citizenship according to their educational status ($p > \alpha = 0.05$). Therefore, H5 hypothesis was rejected.

Table 6. The relationship between leadership behaviour and organisational citizenship

Variables		Leadership behaviour	Organisational citizenship
Leadership behaviour	r	1	0.215
	p		0.000
	n	217	217
Organisational citizenship	r	0.215	1
	p	0.000	
	n	217	217

Table 6 shows the results of the Pearson's correlation test which is used to examine the relationship between leadership behaviours and organisational citizenship attitudes of the healthcare professionals who participated in the study. As a result of the test, it was found that there is a significant ($p < \alpha = 0.05$), positive and weak ($r = 0.217$) relationship between leadership behaviours

and organisational citizenship attitudes of healthcare professionals. According to this result, H6 hypothesis was accepted.

4. Conclusions

As a result of this study, it is found that there is a significant, positive but weak relationship between leadership behaviours and organisational citizenship attitudes of health-care professionals. Also, a significant difference was found regarding the organisational citizenship attitudes between age groups. In addition, another significant difference was found regarding leadership behaviours between profession groups.

In the literature, there are studies on the relationship between leadership behaviours and organisational citizenship attitudes. Dalgin and Taslak (2016) concluded that organisational justice plays a role as a partial variable and strengthens the relationship between leadership practices and organisational citizenship. Ucar and Kok (2018) found that employees' perceptions of organisational commitment differed according to their marital status, age, educational status, working time and title. Kavuncu (2019) found a positive relationship between the sub-dimensions of leader-member interaction and organisational citizenship behaviour. Also, Ruzgar (2019) found a positive relationship between leadership styles and organisational citizenship behaviour.

Finally, it is found that the organisational citizenship levels of healthcare professionals were quite low. The reasons for this deficiency should be investigated and further actions and activities should be conducted to increase organisational citizenship levels. Also, employees' level of organisational citizenship differed according to their age groups. In order to eliminate this difference, organisational effort should be spent regarding the different characteristics, beliefs and expectations of each age group for increasing the level of commitment, loyalty and trust, as well as organisational citizenship. In addition, as hospitals have dynamic and complex structures, it is normal to have human resources coming from different educational backgrounds and levels which vary from each other according to their branches. The differences in educational backgrounds and levels also cause differences in organisational citizenship attitudes. In-service trainings must be provided right way to overcome these differences by providing different training content for each different group.

Also, the results obtained here cannot be generalised, as this study was limited to only one state hospital in a developing province. Further studies focusing on larger samples, different sectors and different dimensions should contribute to the development of this field.

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