The relationship between the leadership style of administrators and the mental health of employees of healthcare centers of Isfahan University, Iran

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Abstract

Introduction: Healthcare centers are one of the vital substrates contributing to individual health in society. In order to provide efficient services to the community, it is essential to maintain an optimal level of mental health in employees. The present study aims to assess the relationship between the leadership styles of administrators and the mental health status of employees in the healthcare centers of Isfahan.

Materials and Methods: The descriptive study sample consisted of 217 employees of 18 health centers, selected through stratified cluster random sampling from among 500 personnel using the Morgan table. This study was conducted from September to January 2013. The research tools were Multi-factor Leadership Questionnaire (MLQ) and Goldberg Health Questionnaire (GHQ-28). Data were analyzed through descriptive and inferential statistics and Pearson correlation coefficient test by SPSS software.

Results: Our findings showed that there is no significant relationship between the leadership style of administrators and the mental health of employees ($P=0.399$). Also, there is no significant relationship between transformational, transactional, and Laissez faire leadership styles and mental health ($P=0.247$, $P=0.139$ and $P=0.403$ respectively).

Conclusion: According to our findings, it seems that other factors than the leadership style of administrators contribute to the mental health of employees. Educational workshops can be used for improving the mental health of the staff.

Keywords: Administrators, Leadership, Mental Health

Introduction

Mental health is important in all areas of life such as personal and social. In the area of employment, mental health is one of important issues, since it brings about such results as happiness and efficiency. In addition, workplace anxiety results in depression, anger, and many bodily problems such as high blood pressure which threatens the mental health of employees. (2). On the other hand, the employees providing health services are one of the most basic factors in health services of countries. The Importance of having the most advanced equipment in comparison with human resources in this area is so little. Therefore, mental health of employees, who are the health providers of sections of society, is essential. Mental health is described as the individual’s perception of involvement in life challenges (3).

Leadership is the duty of leaders and the success of the organization depends upon the way of management and method of leadership. Method of leadership reflects the behavior of the leader in the workplace; sustainable patterns which are considered when working with every individual results in the same performance in the similar situations (4). The method of leadership is one of the important issues in every organization; since it affects the attitude and the behavior of the employees in the case of perception of organizational justice and job performance (5,6). Furthermore, there are evidences showing that there is a strong relationship between

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perceived leadership and the mental health of the employees (7). Study on 1009 individuals of the employees of 23 five-star hotel in Turkey indicates that great leadership has a significant relationship with mental health (8). The results of another research which included 216 individuals of trainee accountant in different organizations shows that ethical leadership results in improvement in mental health (9). In some studies, the relationship between the Transformational leadership and the mental health of the employees has been approved (10-12).

On the other hand, a study in Emami hospital in Tehran shows that there is no significant relationship between the methods of leadership and communication skills of leaders and mental health (13). On the other hand, a study indicates that the effect of Transformational leadership style on the employees’ perception of work is significant but on job involvement is not significant, and mental health does not have a significant relationship with any of the other variables (14). In a study with the participation of 443 employees of some five star hotels in Turkey indicates that Transformational leadership style and Transactional leadership style have positive and significant relationship with mental health of the employees (15). Another study shows that Laissez-faire leadership style and leadership based on exception, by the way of decrease in the employees’ trust, has negative effect on the mental health (16). The health center plays an important role in the mental health of the families in country and their mental health status of employees for providing effective service to the individuals in society is very essential; because health jobs are performed in the context of social relations. The present research has been conducted with the goal of examining the Transformational leadership style in a scale of four dimensions: Idealized influence, Inspirational motivation, mental stimulation and personal consideration, moreover transactional leadership style in a scale of three scales: conditional bonuses, management by exception and Laissez-faire leadership. Although the goal of Bass and Avolio in designing the Multi-factor Leadership Questionnaire was examining the Transformational leadership style, for accessing the credit and more reliability of questionnaire, indicators of transactional leadership style and Laissez-faire leadership style were included in the questionnaire, moreover by mixing the questions related to each of these styles, (transformational leadership, transactional leadership, and Laissez-faire Leadership) they situate the participants who completed the questionnaires so that they would mark things which are near to reality. This questionnaire is consisted of 36 questions which deals with the examining the criterions Transformational, transactional and Laissez-faire leadership. The Multi-factor Leadership Questionnaire are used in different studies and its validity was specified by the confirmatory factor analysis. Its stability was $a=0.90$ (17). In the present research the mentioned questionnaire was examined by three of masters and experts and its content validity was confirmed. The questionnaire’s stability was obtained by Materials and Methods

The present research regarding its goal is practical and regarding the method collecting data is a survey. This research was conducted from September to January 2013 with the essential Licenses taken from security center of the Isfahan University of Medical Science and also with the satisfaction of every center besides the explanation of the goals of the research. This research includes 500 employees (Line Personnel and Staff) of the second Isfahan Health Center. According to the Morgan table, the sample size was specified as 217 people which were chosen with Multi-stage sampling by the way of Stratified, Cluster and Random sampling. In the way that first as the class example the second health center was considered. Then as branches the healthcare centers related to the second health center were chosen and then from every center some essential samples were selected randomly. Criteria for taking part in the research included inclination to be in the research, employment in the related health center for at least 6 months and lack of the experience of an unpleasant event such as death of near relatives or incurable disease in the recent months and criterion for exclusion from research was incomplete questionnaires. Totally 250 questionnaires were distributed which after deletion of incomplete questionnaires, 217 questionnaires were collected.

Research instrument

- Multi-factor Leadership Questionnaire (MLQ): For collecting the necessary information in order to specify the method of research a 36 questionnaire which is designed in a Five-item Likert scale was used. This questionnaire specifies the Transformational leadership style in a scale of four dimensions: Idealized influence, Inspirational motivation, mental stimulation and personal consideration, moreover transactional leadership style in a scale of three scales: conditional bonuses, management by exception and Laissez-faire leadership.
Cronbach’s alpha which shows the high stability of the mentioned scale.  

- The Scale of Goldberg and Hiller’s General Health: In the present research for the examining mental health of the employees the Goldberg and Hiller’s general health which consisted of 28 questions was used. The mentioned questionnaire is consisted of four subscales (physical incompatibility, anxiety and insomnia, physical malfunction, high depression and suicidal tendency). The scale has seven questions. Cronbach’s alpha factor for this tool has been reported 0.78 up to 0.93 and its stability by the way of classification has been reported 0.83 up to 0.90 (18) and its stability in this research with the use of Cronbach’s alpha was 0.939. Since all of the questionnaire items, which were used for examining the structures, were based on the previous studies and the mentioned questionnaire was analyzed by three of the masters and experts and then it was confirmed, therefore we can be sure of the content validity of this scale. It should be noted that the Cronbach’s alpha of the whole questionnaire was 0.967. Therefore, we can regard the questionnaire to be possessing enough stability.

**Results**

In this research the explanation of the data related to general properties meaning gender, age, education and income is given in the following table.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent</th>
<th>Marital status</th>
<th>Percent</th>
<th>Age</th>
<th>Percent</th>
<th>Service record</th>
<th>Percent</th>
<th>Education</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19.8</td>
<td>Single</td>
<td>16.1</td>
<td>20-30</td>
<td>18.4</td>
<td>Less than one year old</td>
<td>2.3</td>
<td>High School diploma</td>
<td>4.1</td>
</tr>
<tr>
<td>Female</td>
<td>80.2</td>
<td>Married</td>
<td>83.9</td>
<td>31-40</td>
<td>35.5</td>
<td>2-5</td>
<td>15.2</td>
<td>Diploma</td>
<td>13.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41-50</td>
<td>36.9</td>
<td>6-10</td>
<td>17.1</td>
<td>Associate degree</td>
<td>27.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>More than 50</td>
<td>9.2</td>
<td>11-15</td>
<td>10.6</td>
<td>BA</td>
<td>42.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>More than 16 years old</td>
<td>54.8</td>
<td></td>
<td></td>
<td>MA</td>
<td>3.7</td>
</tr>
</tbody>
</table>

In table number 2 average and standard deviation of mental health’s dimension after correction has been given. As it is shown in this table, anxiety and insomnia have the most average (1.99) among other dimensions. Moreover, anxiety and insomnia have the most standard deviation (0.67).

**Table 2.** Average and standard deviation in method of leadership and mental health

<table>
<thead>
<tr>
<th>Subcomponents of dimensions</th>
<th>Average</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealized influence</td>
<td>3.61</td>
<td>1.09</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>3.62</td>
<td>1.01</td>
</tr>
<tr>
<td>Mental stimulation</td>
<td>3.39</td>
<td>1.04</td>
</tr>
<tr>
<td>Individual consider orientation</td>
<td>3.63</td>
<td>1.03</td>
</tr>
<tr>
<td>Possible reward</td>
<td>3.50</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Regarding the main goal of the research, in order to specify the relationship between methods of leadership and mental health of employees the Pierson Correlation Coefficient has been applied which its results are given in table number 3.

**Table 3.** The results of the Pierson Correlation Coefficient test between dimensions of leadership method and mental health of employees

<table>
<thead>
<tr>
<th></th>
<th>Transformational</th>
<th>Transactional</th>
<th>Laissez-faire</th>
<th>Leadership style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical incompatibility</td>
<td>0.203</td>
<td>0.103</td>
<td>0.045</td>
<td>0.150</td>
</tr>
<tr>
<td>Anxiety and insomnia</td>
<td>0.346</td>
<td>0.077</td>
<td>0.224</td>
<td>0.088</td>
</tr>
<tr>
<td>Social malfunction</td>
<td>0.224</td>
<td>0.099</td>
<td>0.072</td>
<td>0.136</td>
</tr>
<tr>
<td>High depression and tend</td>
<td>0.356</td>
<td>0.076</td>
<td>0.156</td>
<td>0.107</td>
</tr>
<tr>
<td>Mental health of employees</td>
<td>0.247</td>
<td>0.098</td>
<td>0.139</td>
<td>0.115</td>
</tr>
</tbody>
</table>
According to the table number 3, transactional leadership style has a positive and significant relationship with the physical incompatibility or bodily symptoms \((r=0.150, P=0.045)\). Put in another way if the method of leadership be more oriented to the transactional leadership style, the score of bodily malfunction would be higher. It seems that situating individuals in competitive and persuasive situations with leader’s interference in special situations, which is one example of leadership behavior in transactional leadership style, results in anxiety in individuals, and which in the final run occur in bodily malfunction. There was no significant relationship between dimensions of methods of leadership and other dimensions of mental health.

For the main hypothesis test of the research, the Pierson Correlation Coefficient test was used. As it is shown in the table number 3 mental health does not have a significant relationship with the method of leadership \((P=0.399)\). Also the subsidiary hypothesis test shows that Transformational leadership style, transactional, and Laissez-faire leadership does not have significant relationship with the mental health of employees, since the \(P\) score for each of them are respectively 0.247, 0.139, 0.403 together which are more than 0.05. Therefore, the research’s hypothesis is not approved. In other words, there is no significant relationship between the Transformational leadership style and mental health of employees. In addition, there was no significant relationship between transactional leadership style, Laissez-faire leadership style and mental health of employees. And in general, there is no significant relationship between the leaders ‘method of leadership and mental health of employees.

Discussion
Mental health in all areas of life especially in the area of job is of great importance. Since it affects the employees' interaction and finally the quality of the provided services. Because mental health's employees have direct interact with the society’s individuals and giving service, therefore their mental health is really important and plays an essential role in individuals’ satisfaction of organization. So the present research was conducted considering the goal of specifying the relationship between leaders’ method of leadership and mental health of employees.

Results show that there is no significant relationship between the leaders’ method of leadership and mental health of employees. In small scales, data of subsidiary tests show that the Transformational leadership style, transactional leadership style and Laissez-faire do not have significant relationship with the mental health of employees. The relationship between the Transformational leadership style and mental health was examined in different researches in abroad countries. The other foreign researches examined the relationship between the great methods of leadership, ethical… with mental health too (9, 8). Also in Iran the relationship between task-oriented method of leadership and relationship-oriented one was examined (13) which because of different method of leadership was not comparable to the present research.

The results of the present research are aligned with Javeed and Farooqi's research in private banks. Therefore, in their results, there is no significant relationship between leadership method of Transformational and meaningful work, job involvement and mental health of employees (14).

The result of the main research's hypothesis, which examined the relationship between the leadership method generally with the mental health, with Perko and Kelloway's research, which concluded a very strong relationship between the perceived leadership and mental health of employees (7,16), does not have alignment. On the other hand, the results of the present research are not aligned with the results of Kara, Nielson, Kelloway and Arnolds’ research which concludes a positive relationship between transformational leadership style and mental health (10-12,15). Kara shows that the transactional leadership style has a positive relationship with the mental health of employees (15) that the present research's results are not in alignment with his research. Also Melloway shows that leadership styles based on exception which is one of the dimensions of transactional leadership style, and the Laissez-faire leadership style has negative effect on the mental health of employees (16) which is different from the present research. The reason behind the difference in the present research could be different organizational culture in other countries. In addition, different culture and structure of healthcare centers in comparison with hotels and schools could be effective in different results of the present research and some previous studies. Also, it seems that other factors play role in the mental health of employees during the research out of which we can name family and cultural conditions and the society and individual economic. Moreover, problem-solving skills and facing the critical conditions in personal life may affect the mental health of the individual and make the role of
leadership style in the mental status of the individual, less important. Therefore, different ways of individuals’ view and their perception in relation to workplace problem may affect the relation of leadership style with the mental health of employees. In other words, two colleagues in one workplace with the same leader and the same leadership style may have different behavior facing the same problem. A person faces the problem with peace of mind and the send person face the same problem with high tension and considers it unsolvable, despite the leader’s support followed by anxiety results in the decrease in the mental and body health. On the other hand, practitioner employees in the health centers have a special expertise and do not have a direct relationship and less dependence on their leaders. Therefore, specialized workplace can make the relationship between leadership style with mental health of employees of healthcare centers in the present research less effective or less important. Also, this lack of relationship and influence is seen in such a way that based on the explanatory results of the research, the average score of the Transformational and Transactional and Laissez-faire leadership in the whole questionnaire has been reported higher than average (in The Five-point Likert). While, the average of all of the dimensions of mental health are shown to be below the average. Since the less score in the mental health questionnaire shows more mental health, it may be possible that the participants in the questionnaire had the tendency to show their mental health status to be better and finally in the lack of relationship between the leadership style and mental health of employees were effective.

Every research faces some limits and this research is not an exception. The most important limit of this research was the exact definition of leader among the health centers’ employees; since most of them had some specialized independence. In order to reduce this limit, the individuals were reminded that leader means the individual responsible of e health center. Moreover, researches show that many factors have relationship with the mental health of employees and in this research only one of these factors were considered. So it is recommended that this research be conducted in other fields or other health service organizations and in other cities of the country and its results be compared with the present research in a comparative way. Also in future researches we can examine the relationship of other factors such as organizational culture, disciplinary systems and performance evaluation, quality of working life, organizational trust, perceived organizational justice, proportionality between job and the practitioner, individuals’ problem-solving skills and individuals’ personality types with the mental health of employees.

Conclusion
The results of this research could be used by the leaders of healthcare centers so that they would look after other factors which could be effective in the improvement of mental health of employees. Regarding this goal, it is recommended that leaders internalize the health improvement skills in the individuals by holding workshops in such fields as facing stressful issues, improvement of individuals’ communication skills, stress management. In addition, leaders can periodically examine the mental health of employees so that in the face of warning signs in mental health of employees, theta can use better ways. So the continuous and on time supports of the organization prevent the condition and status of mental health of employees to be critical and finally the existence of happy employees, who have good mental health, is effective in the improvement of client’s satisfaction of organization.

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