



A Pilot Study of the Relationship between Team Work Potential and Leadership Style in Paramedical Personnel

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Abstract

Paramedical personnel are the pillars of the present health care industry. They work under the supervision of the medical professionals and help them in patient care. The team in which they work is heterogeneous and need special care to lead them in a proper manner. The inter-professional teams are hard to handle by an ordinary manager. The heterogeneity of these teams make them unique from other types of teams in other organizations. The leadership style which is required to lead this group is the most important area of study in this present paper. This communication is to identify a relationship between the team work of these paramedical individuals and the leadership style of the same. For this study, two different questionnaires have been constructed for testing team work capability of these paramedical individuals and their leadership style. Several statistical tools like central tendency, factor analysis, Cronbach alpha calculation and regression have been used. The data showed values of factor analysis close to 1 that means they are highly significant. The reliability of the questionnaire demonstrated the values greater than 0.7 which means the questionnaire is very much reliable. The regression data showed significant F value that means in this publication, the leadership style and team work ability is highly related with each other. So it can be concluded that the team work capability of these individuals has a significant relationship with leadership style. The whole study was conducted on 20 paramedical individuals as it was a pilot study.

Keywords: Team Work, Leadership Style, Health Industry, Regression, Paramedical Personnel

JEL Classification: O15

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Introduction

Health industry is a very important part of the industry world. From this area, paramedical individuals are the pillar of this health care industry. They are the individuals who help in health care under the supervision of doctors and other health care professionals. These personnel need good leadership quality to manage patients. Moreover, as they work in teams they need proper team work efficiency.

Organizations comprises teams as there fundamental unite (Salas & Fiore, 2004). Most of the employees of an organization rely on team work (Cohen & Bailey, 1997; Peterson, Mitchell, et al., 2000). Moreover the managers of most of the companies devote their maximum time on team building and team development (Offerman and Spiros, 2001).

There are several types of team. A self-managed team has the ability to take decisions regarding the teams by themselves (Katzenbach & Smith, 1993; S. G. Cohen, 1991; Yukl, 1998). Leadership of this type of team work is important because without this the team objectives are not identified (Sivasubramaniam, et al., 2002). In a self-managed team, leadership is more important than conventional team (Barry, 1991). A team's cognitive and motivational influences can be uplifted by proper leadership (Zaccaro et al., 2001). Moreover the attitude and behaviour of a team member is largely affected by the leadership (Ensley, Pearson, & Pearce, 2003). In the present communication, we are just trying to correlate the team work efficiency with the preferred leadership style by these paramedical personnel (Donald, L. B, 1997).

Literature Review

Leadership

The concept of this research comes from the concept of the leadership style on athletes by the coach in track and field. A coach can become successful by helping the athletes to improve their skill and by sequentially improving their psychological, physical and technical parameters. According to Chelladurai (1978), the appropriate coaching behaviour depends upon the characteristics of an athlete and upon the situation. The particular type of leadership behaviour which will lead to the improvement of the athlete's performance depends upon the athlete's receptive behaviour. The previous study on sports leadership (Fiedler, 2002, Chelladurai 1988) demonstrated three different types of coaching behaviour, first of which is actual leader behaviour, second is required leader behaviour and the last one is the preferred leadership behaviour. Smith, Kendall and Hulin (1969), have demonstrated that the coaches' behaviour should be such that the experience of the athlete can become enjoyable and satisfactory. However, this type of leadership concept in athletics has changed after a few years and has revealed a new research area of leadership among business organizations and health care industry.

Professionals with different expertise come together in health care industries to materialise a common objective of the organization. When different professionals work together, they represent different cultures and different expertise. So the leadership of this team should be such that, diversity should be bridged together and a collaborative work can be done towards a common goal (Leathard, 2003; D'Amour et al., 2005). Surgeons are the pillars of the health care industry. The impact of leadership was not well understood previously, but YY Hu, et. al. (2015), have demonstrated a concrete framework for evaluating surgeon's leadership on its team performance. In this paper, it has been found how surgeon's leadership ability can affect the surgical team's performance. Within the team of a surgeon, there are many paramedical individuals, including nurses. Leadership behaviour has been studied in different professionals including nurses (Furnham, 2005; Mrayyan & Khasawneh, 2008). Leadership within nurses is found to be intimately related with quality of care that they provide, hospital cost, job satisfaction and retention (Kleinman 2004; Trofino 2000, Lobo, 2010). Over all, there are only two studies which were conducted on the nurses of the China. A study conducted by Lu et al. (2002) emphasised on the consideration of the cultural background of the nurses for effective leadership. Many studies have been conducted on the perspective of the psychological strain of the nurses caused by nursing leadership. SF Su, et. al., (2009) found that in Chinese culture, an autocratic leadership

style was followed by the nurse managers in a hospital setup. Authoritarianism and obedience was found to be the most important part of the Chinese hospital setup. The hierarchical leadership was demonstrated to manage doctors and nurses depending upon the social status. However this type of leadership was found to increase the stress among the nurses of that hospital. According to Huber (2006), doctors should play the role of leader in a hospital setup. The studies have validated that nurses are dominated by doctors and administrators in hospitals (Farrell, 2001; Trossman 2003; Sieloff, 2004; Su et al. 2009 Sellgren et al; 2006). However a study conducted in Canada by Ganann et al.'s (2010) showed that nurse leadership is helping the nurses to work more efficiently. Lobo (2010) demonstrated the leadership style however affects the nurse retention (Su, 2011). In another study, it was reported that critical care nurses prefer a leadership style where the manager delegates his authority and maintains a low profile. Here emphasis is on different types of paramedical personnel and their leadership style in general. Concentration is on the five different leadership styles- Authoritarian, Democratic, Laissez-faire, Business like and Benevolent (Yavirach, 2012).

Autocratic leadership style depends upon the boss. In this leadership style, the leader is the authority and carries all responsibilities. In this leadership, the decisions are made by the leader without any consultation with the subordinates. They directly communicate their decisions to the subordinates and expect prompt implementation. Autocratic leadership style does not give any flexibility to their subordinates (Liu, 2003).

Democratic leadership style, involves their subordinates in making decisions. Unlike autocratic, this leadership style depends upon the subordinates' contributions. The democratic leaders are responsible for everything, though they delegate authority to their subordinates. In this style of leadership, communication is active upward and downward. This leadership can provide better solutions of the managerial problems (Kantharia, 2012).

Laissez-faire or nice guy style means completely depending upon their subordinates. In this style, manager totally depends upon their subordinates except the determination of the policies and programmes. Subordinates perform everything and the manager usually helps to maintain contacts with outer environment and allocation of resources. This type of style develops subordinates as an independent personality. However, managerial contribution is almost nothing. This style can lead in to a chaos in an organization. Hence this style is usually not very commonly used in a business organization (Melero, 2004).

Training or business like style is characterized by clear authority of the leader with a strong emphasis on performance. The leader takes personal interest in the subordinates only in so far as it may aid their performance potential. He tries to maintain a distance from the subordinates and tries to remain objective. The leader often approaches the business as a science. He gathers information and formulates decisions based upon calculation. The team is usually provided with the best equipment and up-to-date techniques (Liu, 2003, Kantharia, 2012).

Benevolent or supportive style is characterized by a coach who relies upon his own ideas yet is generally approachable and encourages interpersonal communication between himself and team members. He respects subordinates as individuals and uses personal contact as the means for rewarding them for group cohesion and group performance. He is supportive, open and interested in individual problems but maintains a distance between himself and the athletes (Liu, 2003; Kantharia, 2012; Melero, 2004).

As can be seen, each leadership style has advantages and disadvantages. Not all leaders will fall exclusively into any one style, nor do all leaders fall into only five styles mentioned above,

these are only the most predominant leadership styles. The effective leadership depends upon the situation and maturity of the subordinates. There is neither ideal leader nor one who is completely effective. Success depends on the number of elements such as talent technique, circumstances and the make-up of the team (Liu, 2003; Kantharia, 2012; Melero, 2004).

Team work

The meaning of the word 'team' was investigated by different researchers and there are multiple definitions for it. The most established definition is that 'team is a collection of individuals who are interdependent in their tasks and share responsibility for outcomes' (Covert, 1995; Guzzo, 1992; Morgan, 1986). It can also be defined as "a social system of three or more people, which are embedded in an organization, whose members perceive themselves as such and are perceived as members by others, and who collaborate on a common task (teamwork)" (Alderfer, 1987; Hackman, 1987). According to Katzenbach and Smith's definition, teamwork is "a set of values that encourage listening, responding constructively to views expressed by others, providing support and recognizing the achievement of others." Team work can help to attain a goal or a target. In order to simplify the idea, team can be categorised in several types. Some types of team can be permanent or other can be temporary. Some can be a part of corporate hierarchy while others can be adjunct. So in the present study we can discuss about different types of team.

The most important permanent team is the functional team. These types of teams actually perform specific functions in an organization. Usually they include members from the same department or work area who meets regularly. As obviously, the manager holds the primary responsibility and the subordinates report to this person (Menz, 2012). The temporary teams is a cross functional teams. The workers around diverse specialities and expertise make up these types of teams. People with separate functional areas work together at same hierarchical level and make decisions without management (Krajewski, 2005). Leadership team is a type of team which follows the mission and vision of the company. They comprise the leaders of different departments of the company. Usually the managers take the step to frame this team to guide business decisions (West, 2012). Another team is called self-managed team and operate without managers or supervisors. As a result these types of teams give the employees a feeling of empowerment and ownership. Though these types of teams give employees job satisfaction and increased self-esteem but still these teams have some drawbacks (Forsyth, 2006). Virtual team is not actually a real team which comprises the members who are not located in the same geographic place but across the countries or states. They use sophisticated technologies to achieve common goal (Nevogt, 2013). Quality circles are also special type of teams comprising 3 to 12 people with similar work who actually work on quality control or problem solving. They hope for the improvement of work performance and inform management about special issues (Edward, 1985). Task forces are like a temporary team that have cross-sectional people in it and they jointly help in solving well-defined and temporary assignments. They have their independence and usually they don't consult the superior for getting things done (Nichols, 1987).

In today's world, inter-professional teams are extremely common in health care industry. In several countries, it is mandatory to have a health care team with multiple experts (Mellor, M.J. 1992). However, this concept is also important for a cost effective health care system. There is an extensive literature about the team work in business organizations but how it is effective in a health care industry is still not revealed (Mizrahi, T., 1994; Sheppard, M., 1992; McClelland, M., 1993; Sands, R., 1993; Toseland, R., 1986). Abramson and Rosenthal in their paper have revealed many aspects of team work in health care industry as a problem solving system with more effective resource allocation, and decision making tool with integrated care plan.

Mellor and Solomon defined gerontological team as “representatives of the various identified disciplines [who] meet together to assess, treat order the health and social service care needs of the individual older person’. However according to Saltz, an effective team by better inter-professional communication, better accountability provides better quality care. Team care is more advantageous than individual care in numerous aspects like improved planning, effective services and avoidance of duplication and fragmentation. Leathard suggested that better service can be provided if team members can work along but independently. Manias and Street identified that one of the paramedical individuals viz. nurses do not participate in decision making.

In our study, team is an important component of paramedical work culture. The personnel usually manage patients as a team. So team work is a pivotal aspect of managing patients. In the present communication, the team work efficiency of a paramedical individual and the relationships of the team work with his/her leadership style has been identified.

Leadership style and team work relationship

The duty of a manager is to supervise, delegate and coordinate the activities of the subordinates and to allocate resources required by them (Knowles, 1985). The dominating activity of a manager however increases the sense of responsibility of an individual and the team. The increasing friendliness increases the trust of the subordinate upon the supervisor. The team which is heterogeneous in their function assembles the people of different discipline and expertise (Curral, et al., 2001; Keller, 2001; Earley & Mosakowski, 2000). Functional heterogeneity however helps to increase the innovation and creativity in the organization (Dahlin & Weingart, 1996; Schneider & Northcraft, 1999; Woodman, Sawyer, & Griffin, 1993). Participative leadership helps to improve the team members’ role in the organization, (West, 1996, 2002). The participation that opens up the communication channel helps to discover information relevant to the task of the team member and clarifies the ambiguity of the work through cognitive mechanisms (Cannon-Bowers, Tannenbaum, Salas, & Volpe, 1995; Durham et al., 1997; Latham, Winters, & Locke, 1994. Dougherty, 1996) explained that participative leadership style helps to increase innovative activity among the team members. On the other hand, the team having superiors who are directive can become more productive and accept challenges more easily (Fiedler & House, 1988; Sagie, 1996; Cropanzano, James, & Citera, 1993).

However the paramedical personnel usually work in a heterogeneous team. The type of leadership style that can be more effective or preferred in this particular type of team is still not known. Various studies have been done on leadership style and team work but no study has been done particularly to find out a relationship between the team work ability of the paramedical personnel and their leadership style. Usually the paramedics work in a hospital setup as a team, so they need a special ability to work in a team and for patient management they need special leadership capability.

So the research question is whether there is any correlation between team work ability of the paramedical personnel and leadership style.

Methodology

Sampling

A pilot study was conducted on 20 paramedical professionals.

Data Collection & proposed tools for interpretation

The instrument used for this study is a modified version of the Leadership behaviour Description questionnaire based on Kirby's and Neil's factor analysis. A total of 14 items will be used. Item selection will be done through a subjective analysis based on the average score obtained by Kirby's and Neil's research results. This questionnaire assessed the subordinate's preference for specific behaviours from their leader on a five point scale. Each question starts with the phrase, "The leader should....." and the response will be always, often, occasionally, seldom and never. The questionnaire for team work was made and used for data analysis.

Data Analysis & Techniques

An item analysis will be performed on each of the 14 items on the questionnaire. This will be done for the entire sample. The item analysis will provide an indication of the percentage of people within the sample who selected each response for every item on the questionnaire. Each response will be given a value; always-5 points, often-4 points, occasionally-3 points, seldom-2 points and never-1 point. Then the responses from all subjects for each item will be added so that a total number of points can be assigned to each item. Based on these results, a hierarchy of items (specific behaviours from the leader) will be tabulated. This will be done for all the subjects. The factor analysis of the questions and reliability was tested. After that the test for regression was performed.

Results

Central tendency

The study variables of this work are leadership style and personality trait. The leadership style has 14 questions though the 10th question is neglected for its results in factor analysis. The other 13 items have mean value 56.4737, standard deviation of 7.28292 and variance 53.041 (Table I, II).

Table I. Central Tendency of leadership style

Mean	Variance	Std. Deviation	N of Items
56.4737	53.041	7.28292	13

Table II. Central Tendency of team work

Mean	Variance	Std. Deviation	N of Items
42.7368	101.649	10.08212	10

Factor analysis

The factor analysis is carried out on both variables, as shown in Table III and Table IV. The values demonstrated are close to 1. As Leadership style question no 10 demonstrated ambiguity, the question no 10 so has been rejected.

Table III. Factor analysis of leadership style

	LS1	LS2	LS3	LS4	LS5	LS6	LS7	LS8	LS9	LS10	LS11	LS12	LS13	LS14
LS1	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS2	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS3	.543	.543	1.000	.543	.156	.543	.543	.000	-.593	.	.543	.543	.543	.543
LS4	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS5	.655	.655	.156	.655	1.000	.655	.655	.707	-.715	.	.655	.655	.655	.655
LS6	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS7	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS8	.000	.000	.000	.000	.707	.000	.000	1.000	-.758	.	.000	.000	.000	.000
LS9	-.390	-.390	-.593	-.390	-.715	-.390	-.390	-.758	1.000	.	-.390	-.390	-.390	-.390
LS10	.	.	.	.	.	.	.	.	.	1.000	.	.	.	.
LS11	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS12	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS13	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000
LS14	1.000	1.000	.543	1.000	.655	1.000	1.000	.000	-.390	.	1.000	1.000	1.000	1.000

Table IV. Factor analysis of team work

	TW1	TW2	TW3	TW4	TW5	TW6	TW7	TW8	TW9	TW10
TW1	1.000	.915	.869	.718	.869	-.442	.869	.877	.434	.869
TW2	.915	1.000	.902	.699	.902	-.402	.902	.761	.594	.902
TW3	.869	.902	1.000	.613	.819	-.493	.819	.847	.667	.819
TW4	.718	.699	.613	1.000	.828	-.575	.828	.687	.362	.828
TW5	.869	.902	.819	.828	1.000	-.489	1.000	.847	.667	1.000
TW6	-.442	-.402	-.493	-.575	-.489	1.000	-.489	-.631	-.579	-.489
TW7	.869	.902	.819	.828	1.000	-.489	1.000	.847	.667	1.000
TW8	.877	.761	.847	.687	.847	-.631	.847	1.000	.544	.847
TW9	.434	.594	.667	.362	.667	-.579	.667	.544	1.000	.667
TW10	.869	.902	.819	.828	1.000	-.489	1.000	.847	.667	1.000

Reliability

The use of Cronbach alpha is for checking reliability of a questionnaire. The value above 0.7 shows reliable. In the present study, Tables V and VI showed the Cronbach alpha values for leadership style and personality trait questionnaire. However both of them showed higher Cronbach alpha value, more than 0.7 which signifies that both the questionnaires are reliable.

Table V. Reliability Statistics for leadership style

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.840	.936	13

Table VI. Reliability statistics for team work

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.977	.976	10

Regression analysis

To test following hypothesis, regression analysis was done

H01: There is no relationship between leadership style and team work

Ha1: There is a significant relationship between leadership style and team

In this study, Tables VII and VIII showed R and R² values as 0.812 and 0.659 respectively. The standard error is 0.34915. The F calculated is 3.035 which demonstrated a little significance which is 0.049.

So this result rejects null hypothesis and accepts alternative hypothesis which means that there is a significant relationship between leadership style and team work.

Table VII. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.812	.659	.442	.34915

Table VIII. Regression of team work and leadership style

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.590	7	.370	3.035	.049
	Residual	1.341	11	.122		
	Total	3.931	18			

Conclusion

This study was to identify relationship between leadership style and team work in paramedical personnel. The paramedical personnel are the health-care workers who provide patient care services under the supervision of a physician. The term usually denotes nurses, radiologists, pathologists and other allied medical personnel involved in clinical care but is frequently applied to the personnel who are highly trained in their work area and share the responsibilities of patient care with the physicians. Obviously they use different types of leadership style while managing patients. This study was to identify the team work ability of these paramedical personnel and derive a relationship of the team work ability with the leadership style they use while managing patients. This was a pilot study on 20 paramedical personnel. The study was conducted in Kolkata, India. A significant relationship between leadership style of these personnel and the team work was found.

Limitation of Study

The sample size is small as it is pilot study.

Future Scope of Study

The preliminary data showed positive relationship between the variables and for future study research can be conducted on larger sample size. This study will help to find out appropriate leadership and preferred leadership behaviour among paramedical individuals.

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