Gender perception on leadership style: Case of Albania

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Abstract

Leadership, leadership style and gender – leadership relation topics have attracted the attention of scholars throughout human history. This research paper investigates the perception differences of leadership style between genders. The testing of ourhypothesis is done through the gathering of data, using leadership style questionnaire (Northouse 2013). The survey was distributed to 387 staff members of two biggest private hospitals in Albania. Parametric and non-parametric tests were conducted. Despite the difference between the institutions where the research is conducted, the results indicate that there exists a difference in perception of leadership style between genders. The results of this research contribute to the understanding of leadership style perception through genders, helping practitioners to comprehend differences and take actionaccordingly.

Keywords: Leadership style, gender, private hospitals, Albania.

Introduction

With the rapid changes taking place in human life, almost nothing is the same. Different impacting factors, such as technological and sciencedevelopment, globalization, free movement of people, climate change, etc., are some important shaping mile stones of our life. The time factor is fundamental in the understanding of the evolution of terms and theories of leader and leadership (Daft 2008, Yulk 2010, Hickman 2010, and Northouse 2013). Although the tremendous changes, the only thing that remains stable is the thirst to better understand the internal and external forces that impact these terms. Taking into consideration that leadership is very important for the effective functioning of all management processes (Lazaroiu 2013, Pfajfar et al. 2016), the understanding in detail of leadership together with all the affecting factors is crucial. There is a lot of research work on leadership and leadership style, but fewer are those explaining gender perception differences on leadership style.

The objective of this paper is to empirically examine the leadership style in the two biggest private hospitals in Albania. After concluding with the perceived leadership style, measured by leadership style questionnaire (Northouse 2013), we seek to identify if there is a difference between genders in the perceived style of leadership. Our results are based on data collected from the medical and non-medical staff of the American Hospital and International Hospital Hygeia, in Albania. Health and healthcare sector are of no doubt very important issues in every country's economic and political field. The increasing of the life span and the decreasing of birth rates are pushing the governments to allocate significant portion of country's GDP to the healthcare sector. A circular relationship exists between a strong economy and a strong healthcare system. Investing on the healthcare is a direct investment on the

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increase of the quality of people's life and therefore to the economic growth of the country.

In this context, every research and study in this field is of a major importance. Because of the importance of healthcare sector, effective management systems which bring out the best from the employees are also of great importance.

The selection of healthcare sector, focusing on the private hospitals as field of this research is not incidental. Knowing the increasing importance of this sector globally, emphasized strongly these past months of pandemic; the contribution it brings to the economy; the importance that the private health sector plays in the modernization and evolution of the sector; and being aware of the fact that no in-depth studies on this field is done in Albania, make this study original and of a particular importance. This study also contributes to the ongoing research on leadership style theory and the managerial field. The research result will help to improve the business and managerial strategies.

The paper is organized in four forming parts. The introduction is followed by the literature review part, where leadership, measured leadership styles and gender-leadership relation is presented, the research method and techniques are described in the third part of the paper, followed in the fourth section by research results. The last part will present the conclusions of our research.

Literature review

In every society or organization in order for the processes to move toward intended goals, leaders are needed. Leadership is a multidirectional relationship influence, between leaders and followers that inspires the latter ones toward accomplishing the intended goals (Rost 1991, House 1996, Hickman 2010, Yulk 2010, Williams 2012, Northouse 2013). The most definitive statements on the leadership are given by (Schein 1985). In his book he claims that cultures are formed via founders' actions (Brooks 2015, Gonsalves & Dhende 2015, Meng 2016).

Different research studies have been conducted on how leadership affects procedures and processes (Lazaroiu 2013, Cenkci & Ozcelik 2015, Srivastata 2016, Bennett & Murakami 2016; Barati et al. 2016). The leaders are perceived as the catalysts of organizational processes. Some of the processes affected by leadership are organizational culture, organizational structure, work engagement, organization performance etc. (Daft 2008, Yulk 2010, Hickman 2010, Northouse 2013). Leadership theories and the leader as a position have undergone different evolution stages. The approach and understanding of the influential specifics have evolved. From the great man theory, where leader was seen as an extraordinary human being, we have arrived at learning leadership theories, where leadership is seen as a multidirectional force of inspiration toward high performing and learning organizations (Daft 2008).

In our research, as the questionnaire selected is a measurement tool of task- and relation-oriented style of leadership, we are going to focus on the behavioral leadership style approach. The more researchers focused on leadership and leadership behavioral theories, the more leadership styles importance raised. As conducted studies show there are many types of leadership styles categories produced by different studies.

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As Yulk (2010) explains in his book, this set of categories sometimes refer to the same leadership style although have be given different names and sometime same name have been used for different leadership style.

The task-oriented leader is focused in what is needed to be done, in the way needed to be done, who needs to be assigned to get the work done and the time needed to realize the overall. The leader shelter of task-orientation; plans, organizes, assigns and controls work of subordinates to improve efficiency. This kind of style, except when giving instructions or assignments, doesn't focus on communication exchanges between leader and followers. It is focused on the result of the work and sees the people as tools in achieving the aimed results (Northouse 2013). The second one, the relation-oriented leadership style approach, is focused on human relations and provides support, coaching, show inclusiveness in decision making activities and uses cultural traits to build team identity. According to research studies this kind of leadership behavior increases the subordinates job satisfaction and self-confidence and reduces stress in the workplace (Yulk 2010, Robbins & Judge 2013). All these leads to the increasing of mutual trust, the increasing of the will to do more extra work from the employees and so increasing the outcomes and the incomes for the organization. The change-oriented kind of leadership behaviors is focused in change. He/she examines developments and changes, develops strategies, embraces innovation and encourages and facilitates the processes needed for achievement of all above mentioned steps. This kind of behavior quality is essentially connected with the upcoming charismatic and transformational leadership models.

Although the extension of behavioral qualities from two to three, in our research we are dealing with the first two, the task-oriented and relation-oriented style approach, which include many relevant and influencing leadership behaviors.

The key point of behavioral qualities is their relevance for effective leadership. In some cases, the combination or the switching between these behavior qualities is seen as a more resultative form of performance for leaders in a given situation.

Another interesting fact is the impact of culture on leadership style. Numerous research studies have deepened in this topic (Tkeshelashvili2009, Nazarian & Atkinson 2013, Li et al.2013, Bojadjev et al. 2015, Pfajfar et al. 2016). Although we are not going to examine this part in our research we must emphasize that the results cannot be unaffected from the culture where the study is conducted. In this context the perception of leadership styles is related to Albanian culture as well. Further research can be done in the elaboration of the above facts.

Scholars around the world have been elaborating the relation between gender and leadership, focusing on sharing of the leading position or prejudice toward women in leadership. The focus of our study, although, is on gender and leadership, lies in the perception of leadership style from genders.

On the other hand, health care system is of primary importance for every country. The development and the well-functioning of it are positively related to the quality of life of the people. Good quality of life affects positively the prosperity of economic growth within the country (Theodoropoulos 2010, Acemoglu & Johnson 2017). Life expectancy has shown a significant increase worldwide, making it necessary for the health system to develop in accordance with the life expectancy increase. Albania

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also shows an increase in life expectancy for females and males. According to the data collected from World Bank 2016, life expectancy for Albanians is 78.34 years. On the other hand, we notice a significant decrease of birth rates in the country, from 6.49 birth for woman in 1960 to 1,71 birth per woman in 2016 (World Bank 2016). In such conditions the challenges of health care. Quality enhancement and its well-functioning will be an influential factor for other sectors of the economy of the country.

Actually the Albanian health care system is mainly public. There are 43 public hospitals and 13 private hospitals. Most of the specialized health care clinics and hospitals are found in Tirana. The budget allocated to health has increased through years, from 2.6% of the GDP in 2013 to 2.95% of the GDP in 2017, but still is too far for what is needed for the modernization and the spreading of health services (INSTAT 2018). The weak points of the Albanian health system are the low allocated budget, the shortage in medical professionals and skilled human resources and the weak infrastructure.

The latest developments within the country and the need for mid-level health care staff and medical staff in some European countries have brought an immigration of the above mentioned staff. According to a research study of the phenomenon 25% of male and 27% of female healthcare staff are ready to leave the country immediately. The higher is the percentage when coming if the possibility is given, 49% of male and 57% of female medical staff respectively. The important thing to be considered are the factors that force the health care staff to immigrate or want to immigrate in such a large number. The respondents have listed the environmental factors, the financial factors, the services factor and the managerial factors (Gjypi 20018). It is important to understand that management as well as finance is very important in the satisfaction of people. Correlating this fact with our research the author aim is that the study outcomes will help in giving a clear picture of the actual situation of management in private healthcare sector and give insights for the building of successful strategies in health system.

1. Research method and technique

In this research we have used the style leadership questionnaire (Northouse 2013), which is 20-question, Likert scale, self-completing, easy to understand and respond that is used to measure the two major types of leadership behavior styles, task and relation oriented. The responses are lined up from 1 to 5, where answers are 1= never, 2= seldom, 3= occasionally, 4= often and 5= always. Although another style approach is added to the leadership behavior styles the questionnaire mentioned was selected for different reasons. The reliability supported by numerous studies of the field, its focus on the two key dimensions of leadership behavior and its practical way of usage are some of the factors that made us choose it.

Our survey was carried out in the period between June and August 2019 on a sample of 387 Albanian healthcare sector representatives. The sample of our research study involves the medical staff, the medical middle staff and the administrative staff from the two biggest private hospitals in Albania. In order to understand the importance

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of the sample selected by the researcher, which fully corresponds to the importance of these two private hospitals for the Albanian healthcare sector and economy, the following series of evidence are being presented. As mentioned before, according to the national institute of statistics INSTAT (2018), actually there are 55 hospitals in Albania, 42 publics and 13 are private hospitals. From these 13 private hospitals only 8 hospitals actually offer bed service (meaning that have the capacity to perform important medical procedure), 2 of which are the American Hospital and the International Hygeia, occupying the first place in the capacity of beds for habitants. In Albanian hospital service coverage, public and private ones, is 2 hospitals for 100,000 habitants and the bed number in public and private health institutions in Albania is 8868 beds, that coincides to 3 beds for 1000 habitants. American Hospital has a capacity of 372 beds, while International Hospital Hygeia has 220 bed capacities.

The questionnaires were distributed and collected manually by making possible a very satisfactory response rate equal to 96.75% (400 delivered questionnaires versus 387 collected).

The following demographic gender data explain the gender distribution of the participants in our research.

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	104	26.9	26.9	26.9
	Female	283	73.1	73.1	100.0
	Total	387	100.0	100.0	

Table 1. Gender distribution frequency table

30.7% of all respondents are medical and non-medical staff of International Hospital Hygeia while 69.3% of them are staff of American Hospital. The difference in participation rate is due to the difference in total number of employees in these hospitals. The human capacities of American Hospital are 2.273 times bigger than that of International Hospital Hygeia.

Data collected were analyzed by using One-Sample Kolmogorov-Smirnov Test, Nonparametric Man Whitney U Test and parametric T-test for Equality of Means.

2. Research results

Based on the research data, we first calculate the approach style of leadership in the sample response. We give answer to the question regarding what style of leadership is perceived in the biggest private hospitals in Albania, task- or relation- oriented leadership style.

According to Northouse 2013-Survey, we build two variables for task oriented leadership style and relationship oriented leadership style.

Task Oriented Leadership = Q1+Q3+Q5+Q7+Q9+Q11+Q13+Q15+Q17+Q19
Relation-Oriented Leadership = Q2+Q4+Q6+Q8+Q10+12+Q14+Q16+Q18+Q20
The results are categorized as:

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45–50 Very high range
40–44 High range
35–39 Moderately high range
30–34 Moderately low range
25–29 Low range
10–24 Very low range

The score received for task refers to the degree to which the leader helps others by defining the roles of other members and letting them know what is expected of them. This factor describes the tendencies to be task directed toward others of a leader. The score received for relationship is a measure of the degree to which the leader tries to make subordinates feel comfortable with themselves, each other, and the group itself. It represents a measure of how people oriented the leader/manager is.

Statistics

		Relation oriented leadership style	Task oriented leadership style
N	Valid	386	387
	Missing	1	0
Mean		39.04	39.14
Median		40.00	40.00
Mode		42	44
Std. Deviation		7.052	7.305
Variance		49.736	53.364
Skewness		-1.037	-.718
Std. Error of Skewness		.124	.124
Kurtosis		1.232	.176
Std. Error of Kurtosis		.248	.247
Minimum		11	14
Maximum		50	50

Table 2. Relation- and Task- oriented leadership statistics

From the Leadership Style Questionnaire Task or Relationship Oriented, the each leadership style variable is continuous and ranges from 0-50. Taking into consideration the data, we have 387 responses for task- oriented leadership style, implying no missing response. While we have 386 responses for relation- oriented leadership style, implying one missing response. The average measured is 39.14 for task-oriented leadership style and 39.04 for relation- oriented leadership style.

Taking into consideration the results of the above table we elaborate the frequency histograms for Relation- oriented and Task-oriented leadership style.

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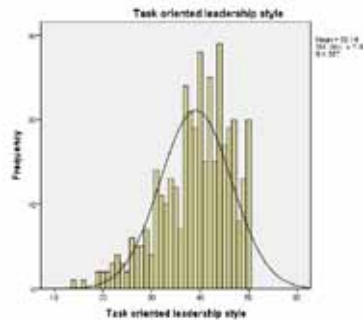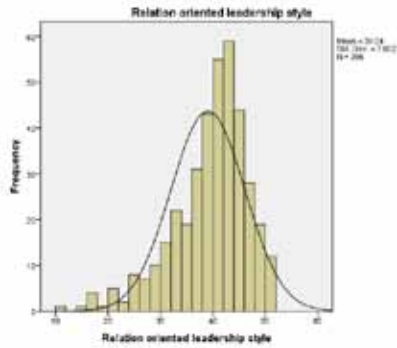
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Figure 1. Relation-oriented leadership style frequency histogram   Figure 2. Task-oriented leadership style frequency histogram

Despite the small differences between the perceived styles of leadership we still wish to know if this difference is statistically significant or the difference is occasional. To test the above relation we use two independent t-tests under the assumption of normal distribution.

As we can see, the distribution of frequencies in the above histograms is not normal, that's why we test for normality.

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Relation oriented leadership style	.138	386	.000	.934	386	.000
Task oriented leadership style	.089	386	.000	.956	386	.000

a. Lilliefors Significance Correction

Table 3 . Test of normality of Relation- and Task- Oriented Leadership

The above histograms show a non-normal distribution of these two scale variables which implies that we have to use non parametric tests

So, to test whether this difference in the leadership style of 0.1 (39.14-39.04) is significant, we create a new continuous scale variable Dif_OL= ROL-TOL, which from the histogram and the tests results to have a normal distribution:

One-Sample Kolmogorov-Smirnov Test

		Dif_OL
N		386
Normal Parameters[a,b]	Mean	-.1451
	Std. Deviation	5.06269

	Absolute	.063
Most Extreme Differences	Positive	.063
	Negative	-.058
Kolmogorov-Smirnov Z		1.245
Asymp. Sig. (2-tailed)		.090

a. Test distribution is Normal.

b. Calculated from data.

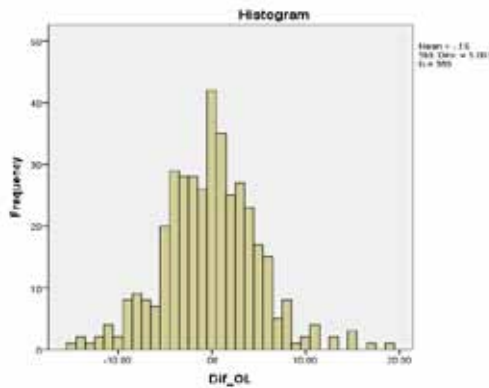Table 4. One-Sample Kolmogorov-Smirnov Test

Figure 3. One-Sample Kolmogorov-Smirnov Test' Histogram

Since this variable is normally distributed as shown in the Figure 3, we can test it for the test value 0; meaning that the task oriented leadership rank is equal to the relationship oriented leadership.

H0: $\mu=0$ H1: $\mu\neq0$ where μ is the mean sum of points for the Dif_OL variable

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Dif_OL	386	-.1451	5.06269	.25768

Table 5. One-Sample Statistics

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Dif_OL	-.563	385	.574	-.14508	-.6517	.3616

Table 6. One –Sample Test

According to the one sample statistics in the table sig>0.05, in a 95% confidence interval, we keep the null hypothesis, concluding that the difference in the level of leadership task oriented and relation oriented is statistically insignificant, i.e. that employees perceive that the managers are task oriented as much as they are relationship oriented.

As cited in the literature review, the combination or the switching between these behavior qualities is seen as a more fruitful form of performance for leaders in a given situation. So the above results show a balance in between these two behavioral leadership styles, which affect the performance of employees in the institutions where the research is performed.

In the following step we are going to test whether male or female show a different perception on leadership behavior styles. Taking into consideration the Gender frequency table (Table 1.), we calculate the following group statistics' results:

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Relation oriented leadership style	Male	104	38.37	6.913	.678
	Female	282	39.29	7.099	.423
Task oriented leadership style	Male	104	37.80	7.222	.708
	Female	283	39.63	7.286	.433

Table 7. Gender group statistics

From Table 1, we can see that 73.1% of our samples are female and 26.9% are males. Also we can notice from Table 7, that for both styles of leadership, relationship oriented and task oriented, females show higher levels of perceived Relation- Oriented Leadership style and Task-Oriented Leadership style than males. Female employees perceive higher task oriented leadership than male employees. The same also for the relation oriented leadership. So women comparing to men, in general, think that their manager is more task oriented and also more relation oriented.

To test if these results are just occasional and not statistically significant, since these two variables do not have normal distribution, we test with nonparametric Man Whitney U Test and parametric t-test for equality of means.

H0: $\mu_{\text{TOL Fem}} = \mu_{\text{TOL Male}}$ where μ is the level of task oriented leadership

H1: $\mu_{\text{TOL Fem}} \neq \mu_{\text{TOL Male}}$

And

H0: $\mu_{\text{ROL Fem}} = \mu_{\text{ROL Male}}$ where μ is the level of task oriented leadership

H1: $\mu_{\text{ROL Fem}} \neq \mu_{\text{ROL Male}}$

Nonparametric test:

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Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Relation oriented leadership style is the same across categories of Gender.	Independent-Samples Mann-Whitney U Test	.117	Retain the null hypothesis.
2	The distribution of Task oriented leadership style is the same across categories of Gender.	Independent-Samples Mann-Whitney U Test	.014	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Table 8. Gender as influencer, Hypothesis Test Summary

Parametric test (under the assumption that data can be manipulated to normality)

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Relation oriented leadership style	-1.140	384	.255	-.922	.809	-2.512	.668
	-1.154	188.263	.250	-.922	.799	-2.498	.654
Task oriented leadership style	-2.201	385	.028	-1.834	.834	-3.473	-.196
	-2.210	184.996	.028	-1.834	.830	-3.472	-.197

Table 9. Gender as influencer, T-test for Equality of Means

From both parametric and non-parametric test we have the same results: to retain the null hypothesis for Relationship oriented leadership (sig=0.25>0.05) and reject the null hypothesis for the task oriented leadership (sig<0.05) in a 95% confidence interval, and keep as true the alternative one.
In conclusion we can affirm that female and male employee perceive the same level of relation oriented leadership from their manager, while female employees perceive higher level of task oriented features from the management, that of course will affect their work.

Conclusions

Firstly, the results of our analysis contribute in the identification of leadership styles in Albanian private hospitals. The results have shown that employees from both

American Hospital and International Hospital Hygeiaperceive the same rate of task- and relation- oriented leadership style in their managers. This means that, according to the faced issues, a balance is maintained by the managers of the institutions. They maintain close relation with staff members but without neglecting the focus on the work. We emphasize that the combination or the switching between these behavior qualities is seen as a more fruitful form of performance for leaders in a given situation. Secondly we measured the hypothesis if there is a difference between the gender perceptions on leadership styles. Based on the results, we confirm that in relation-oriented leadership style there is no significant difference in genders' perception, while in task- oriented leadership style; women show a higher measurable percentage of perception. The causes that lead to this result need to be elaborated further by the researchers of the field.

The research has some limitations as well. The research is conducted in only two of private hospitals in Albania. Although these are the biggest and most important private hospitals in Albania, according to the capacities in bed per patient, modernity of infrastructure, number of medical staff and economic contribution, for more complete results, other hospitals (private and public) should be included in the statistics. Also, for better understanding of differences between gender perceptions, other detailed psychological and social researches need to be done.

The results have some implications for hospital managers, who should take in account the gender perception on leadership style and improve their leadership approaches, to create a better performing environment.

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