

The Impact of Self-Leadership Skills of Healthcare Employees on Institutional Performance and Job Performance

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ABSTRACT

Purpose: This research is conducted in order to investigate the relationship between self-leadership skills of health employees and job performance and institutional performance.

Methods: The study was carried out in accredited and non-accredited two hospitals in Ankara. The survey prepared within the scope of the research was applied to health employees. A total of 332 (109 from accredited 223 from non-accredited) valid questionnaires were obtained from the survey conducted based on the total number of personnel of the hospitals.

Results: When the self-leadership levels of the two institutions are analyzed in general, the self-leadership levels of the employees in the accredited institution (4.160) were found to be higher than the self-leadership levels of the employees in the non-accredited institution (3.830). Three different hypotheses were tested in the model. According to the findings obtained from the study, three hypotheses were accepted.

Conclusion: When all the study findings were evaluated as a whole; employees' self-leadership skills are important in achieving institutional performance goals such as patient safety, efficiency and productivity in complex health institutions. Therefore, encouraging employees in this field and supporting them with the necessary training can be considered as an important parameter in reaching the objectives of the institution.

Keywords: Self-leadership, performance, quality, accreditation, leadership

INTRODUCTION

It is possible to act with pre-determined standards in complex health institutions for the issues that affect the basic performance of the organization such as ensuring efficient and effective management; ensuring effectiveness and patient safety in clinical outcomes; reaching high patient satisfaction, with basic patients' rights and ethical rules. The corporate performance elements of the health institutions serving in a dynamic structure are carried out with quality and accreditation systems that are ensured by compliance with internationally accepted standards. Likewise, the goals that the organization will set for itself, and the capacity to achieve these objectives are related to the individual business performance of its employees. In the context of the contemporary management and leadership approaches of the corporate executives, how they address both corporate and individual performance is an important element of success.

Considering the challenges and opportunities associated with business life, leaders can achieve success in the current

environment of the organization with some factors. These factors; the leader's entrepreneurial employees, who produce innovative and creative ideas (8), capacity of using authorizations and shared leadership effectively in a certain trust environment (23).

First, the distributed leadership discussed by Gibb in 1954, (4) in the successful implementation of the organization depends on three basic conditions (2). These basic conditions; that all members are willing to participate in the sharing of leadership, be aware of the team's responsibility as a leader, and that each team member has sufficient self-leadership skills to share leadership. The focus of super leadership is on the followers who are the leaders of their own and the power is shared between the leader and the followers (19). The task of the super leader is to support and assist the followers in order to develop the skills and self-leadership necessary for the job (22).

Self-Leadership and Its Strategies

Self-leadership is expressed by Manz (17) as “the process of motivating and directing the himself to achieve individual and organizational success. Self-leadership focuses on thinking and behavioral strategies that can be used in self-influence. Pearce and Manz (22) discuss self-management beyond self-management. They argue that employees should always be seen as individuals seeking answers of the “what, why, how” questions. Self-leadership can best be described simply as the process of influencing oneself (5)

Self-leadership strategies are handled in three basic categories. Behavior-focused strategies, natural reward strategies and, constructive thought pattern strategies (12, 20).

Behavior-focused strategies focus on helping the individual manage his/her behaviors by increasing his/her self-awareness by means of the strategies to be defined as self-observation and punishment, self-reward and punishment, and self-reminder tips (1, 18, 20). Perhaps the most important of the strategies listed is that the individual has personal goals that he/she can direct his/her own behaviors (16).

The main purpose of applying **natural reward strategies** the; increase the individual motivation of the individual in performing his/her duties (18). The main difference between the natural reward strategy and the self-reward strategy expressed in behavior-oriented strategies; the motivation for this strategy is that the employee's satisfaction with doing this job continues throughout the job, not at the end of a completed task (17). Thus, the employee focuses on the pleasurable aspects of his work or duty and tries to create the conditions under which he is naturally rewarded (13).

Constructive thought pattern strategies, includes defining and eliminating beliefs and predictions without a function, imagining and applying positive self-talk. Emphasized here, the individual can control and manage their own mental models (3, 10, 18).

In the model of self-leadership, it is possible for the individual to reveal the energy that exists within himself and beyond that, others will have the power to reveal the energy of self-leadership through super leadership. Thus, the power is shared among the followers and the leader, who are the self-leader in the focus of the super leader (22).

Self-leadership affects many aspects of the organization, both at the micro and macro levels. For example, in the micro level, the relationship between self-leadership strategies and business performance in the literature are among the topics studied. In some of the studies conducted in the field of self-leadership, it is seen that the relationships of self-leadership strategies in terms of job satisfaction and their impact on business performance are examined together (6, 15, 24).

While studies on the effects of self-leadership skills at the organizational level are limited, the effects of self-leadership on

individual performance as well as on efficiency are addressed (9). In another study, the effect of self-leadership on teamwork is examined and a positive and high relationship is found (24).

The few studies carried out in self leadership in Turkey, it is seemed that this studies focus on to reveal the meaning of theoretical concepts, and the essence of leadership scale structural testing. In these studies, relations of the factors with different variables as organizational commitment, organizational climate, job satisfaction, business performance in different sectors such as education, military and health. are examined (11, 21, 26-30).

METHODS

This research is conducted in order to investigate the relationship between self-leadership skills of health employee and job performance and institutional performance. The following hypotheses will be tested to test these relationships:

Hypothesis 1 (H1): Self-leadership affect the job performance of employees in health institutions.

Hypothesis 2 (H2): Job performance of employees affect the performance of the health institution

Hypothesis 3 (H3): Self-leadership affect the performance of the health institution

Data Collection

Self-Leadership Questionnaire

The self-leadership scale used in the study is the Self-Leadership Questionnaire consisting of 3 dimensions, 8 sub-scales and 29 items adapted to Turkish by Tabak et al. (26). The 35-item scale, which was first developed by Anderson and Prussia (1) and validated by Houghton and Neck (12), was revised and adapted into Turkish. As a result of the study conducted by Tabak et al. (26), it was concluded that the Turkish version if the scale, consisting of 29 items and 3 dimensions, is a reliable and valid. It was concluded that the scale can be implemented in Turkey.

Institutional Performance

Many different quality assurance and accreditation systems around the World implemented to provide quality in health services under the leadership of the institution as ISO (International Organization for Standardization), EFQM (European Foundation for Quality Management), ISQua (The International Society for Quality in Health Care). These institutions guarantee institutional performance with pre-determined standards.

Quality and accreditation systems in health care, which are developed and implemented by countries by considering their own structures and ISQua based international standards, are seen as examples at national level. In Turkey, hospitals are accredited according to the level of compliance to the standards with the programs implemented by TUSKA. In addition, ISO-based

accreditation activities are carried out by TURKAK. Standards of Accreditation in Health used in Accreditation Programs is an important indicator of compliance, providing effective, efficient and productive services. Standards aim to reach 8 main goals in health institutions. These objectives are: Effectiveness, Efficiency, Productivity, and Healthy Work Life, Patient Safety, Fairness, Patient Focused, Relevance, Timeliness, Continuity.

In order to reach the targets, the institution must meet the standards in 7 dimensions. These dimensions: Management and Organization, Performance Measurement and Quality Improvement, Healthy Work Life, Patient Experience, Health Services, Support Services, Emergency Management

Two important factors in the implementation of the standards are the stability of management and the participation of employees in compliance with standards. Therefore, the skills and the willingness of the employees in the decisions of the institution managers to apply for accreditation are important.

The scale used in the study consisted of questions about whether the employees who answered the questionnaire had the accreditation certificate of the department or hospital where they worked. The performances of the institutions which comply with the standards are assumed to be high in this study.

Job Performance Scale

In the measurement of the job performance the scale firstly developed by Kirkman and Rosen (14) and then used by Sigler and Pearson (25) was used. The reliability coefficient in both studies is greater than 0.70 and consists of 4 questions. This scale consisting of 4 questions was preferred since the work intensity of health employees and other scales were considered together. The reliability coefficient is applied earlier on academics in Turkey is estimated as 0.82 (7).

Sample and Data

The study was carried out in accredited and non-accredited two hospitals in Ankara. The survey prepared within the scope of the research was applied to health employees. A total of 332 (109 from accredited 223 from non-accredited) valid questionnaires were obtained from the survey conducted based on the total number of personnel of the hospitals. The physician, other health personnel and support personnel of the hospital, who work in the polyclinic, clinic and administrative departments of the hospital, who have various positions and positions in various positions, participated in the survey. 56% of the personnel participating in the research consists of the women. When the educational status is examined, a significant portion of the participants have undergraduate and graduate education (77%). 86% of the participants were under the age of 45 years. When the professional groups are examined; 31.6% of the participants were physicians (specialist, assistant, general practitioner, etc.), 33.1% of the staff consists of health personnel (nurses, midwives, pharmacists, etc.) and 35.2% of the staff (non-health employees). When the time spent in work life is examined, it is seen that 53% of the participants are working for 10 years or more. While 8% of the participants have managerial

positions in the top/middle, 8% in the lower level or in the team leader position, 84% do not have any administrative position. 52% of the participants have not received any leadership training so far.

Data Analyses

Data were analyzed by SPSS 17.0 program. Descriptive statistical findings were analyzed and correlations between variables were examined. In addition, regression analyzes were conducted for hypotheses.

RESULTS

The research carried out in two different accredited non-accredited institutions and within the scope of the research, participants were asked questions about self-leadership and job performance levels. Corporate performance levels were evaluated according to whether the institution was accredited or not. The self-leadership levels were evaluated on the basis of both self-leadership strategies and self-leadership sub-factors. The findings of the research are summarized below.

The variables summarized in the Table 1; F1-F4, Behavior-Focused Strategies (S1); F5, Natural Reward Strategies (S2); F6, F7 and F8 constitute Constructive Thinking Strategies (S3). These three strategies ultimately determine the Self-Leadership Level.

The findings provide insight into the self-leadership levels and sub-strategies of the employees. When the self-leadership levels of the two institutions are analyzed in general, the self-leadership levels of the employees in the accredited institution (4.160) were found to be higher than the self-leadership levels of the employees

Table 1. Findings for self leadership skills, self-leadership strategies and factors

Variables	Accredited		Non-Accredited	
	Average	Std. Dev.	Average	Std. Dev.
F1: Self Reminder Tips	4.286	0.625	3.869	0.647
F2: Self Punishment	3.800	0.944	3.468	0.978
F3: Self Observation	3.940	1.011	3.547	0.926
F4: Self Awarding	3.799	0.913	3.525	0.876
F5: Focusing thought on natural prizes	4.289	0.742	3.978	0.795
F6: Setting goals for her/him and dreaming successful performance	4.372	0.566	4.027	0.610
F7: Talking to her/himself	4.278	0.613	4.023	0.581
F8: Evaluating thoughts/assumptions	4.161	0.911	3.798	0.893
S1: Behavior-focused strategies	4.068	0.665	3.724	0.589
S2: Natural reward strategies	4.289	0.742	3.978	0.795
S3: Constructive Thought Pattern Strategies	4.121	0.589	3.787	0.637
Self-Leadership Level	4.160	0.601	3.830	0.596

Table 2. Self-leadership skills and findings for job performance

Variables	Accredited		Non-Accredited	
	Average	Std. Dev.	Average	Std. Dev.
Job Performance	4.460	0.593	4.328	0.534
Self-Leadership Level	4.160	0.601	3.830	0.596

in the non-accredited institution (3.830). It is seen that the same results are observed on the basis of sub-strategies that determine the level of self-leadership and on the basis of factors that form these strategies. These differences are especially prominent in Self-Rewarding and Focusing Thought on Natural Prizes. The results of the job performance and self-leadership levels of the employees based on the research are summarized in the Table 2.

When the findings are evaluated, it is seen that the job performance levels of the employees who are accredited are higher than the 4.460 value of the employees who are not accredited (4.328). This situation is similar to the self-leadership levels of employees in institutions.

The correlation coefficients, which explain the relationships between job performance and self-leadership skills, are summarized in the Table 3. A significant relationship was found for all variables (P<0.01).

There is a positive but low relationship between self-leadership level and job performance (r: 0.353). The same results apply for all sub-strategies (r: 0.311, r: 0.314, r: 0.331). There is a significant and high correlation between the sub-strategies (r: 0.680, r: 0.690, r: 0.795).

Three different hypotheses were tested in the model (Figure 1). The first of these hypotheses relates to the impact of self-leadership on job performance.

The regression analysis Table 4 summarizes whether the self-leadership levels of health care employees affect their job performance. Self-leadership level explains 12.4% of the total variance in the job performance of the employees at a statistically significant level (R²=0.124; F=46.909 p<0.001). The effect of self-leadership on job performance is positive. In other words, self-

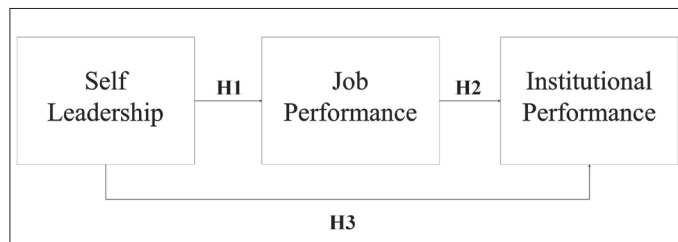


Figure 1. The relationship between self-leadership skills, job performance and institutional performance of health employee.

leadership increases job performance. According to this result, the first hypothesis was accepted.

In the second regression analysis, Table 5, in which the job performance has an impact on institutional performance, the job performance of the employees explains only 1% of the total variance with a marginally significant (p<0.10). There are other strong factors affecting institutional performance. The effect of job performance on the institution performance is positive. Institutional performance also increases as employees' performances increase. According to this result, the second hypothesis was accepted.

In order to test the last hypothesis, Table 6, the effect of self-leadership on institutional performance was analyzed by regression analysis. According to the analysis findings, the self-

Table 4. Self-leadership-job performance regression results

Dependent Variable	Independent Variable	β	t	p
Job Performance.	Self-Leadership	0.353	6.85	0.00

R=0.353; R²=0.124; F=46.909 p<0.001

Table 5. Job performance-institutional performance regression results

Dependent Variable	Independent Variable	β	Exp (B)	p
Job Performance	Institutional Performance	0.372	1.451	0.063

Cox & Snell r²=0.010 p<0.10

Table 3. Correlation levels between self-leadership skills and job performance

	Behavior-focused strategies	Natural reward strategies	Constructive Thought Pattern Strategies	Self-Leadership	Job Performance
Behavior-focused strategies	1	0.680*	0.795*	0.907*	0.311*
Natural reward strategies		1	0.692*	0.892*	0.314*
Constructive Thought Pattern Strategies			1	0.908*	0.331*
Self-Leadership Level				1	0.353*
Job Performance					1

*p<0.01

Table 6. Self-leadership-institutional performance regression results

Dependent Variable	Independent Variable	β	Exp (B)	p
Self-Leadership	Institutional Performance	0.865	2.375	0.00

Cox & Snell $r^2=0.059$ $p<0.001$

leadership skills of the employees explain 6% of the total variance at a statistically significant level ($p<0.001$). The effect of self-leadership on institutional performance is positive. As the self-leadership skills of employees increase, institutional performance also increases. According to this result, the third hypothesis was accepted.

DISCUSSION

Institutional performance elements of the health institutions serving in a dynamic structure are ensured by compliance with internationally accepted standards and carried out with quality and accreditation systems.

Many different quality assurance and accreditation systems around the World implemented to provide quality in health services under the leadership of the institution. In Turkey, hospitals are accredited according to the level of compliance to the standards with the programs implemented by TUSKA. Standards of Accreditation in Health used in Accreditation Programs is an important indicator of compliance, providing effective, efficient and productive services. Standards aim to reach 8 main goals in health institutions. These objectives are: Effectiveness, Efficiency, Productivity, and Healthy Work Life, Patient Safety, Fairness, Patient Focused, Relevance, Timeliness, Continuity. These targets all related with institutional performance of the health institutions.

It is becoming increasingly difficult for executives to have a control in all the work and operations of the organization in complex health institutions. Therefore, it is relevant to the performance of the organization and self-leadership skills of the employees with their performance in order to ensure patient safety and quality service delivery. Self-leadership is expressed by Manz (17) as "the process of motivating and directing the himself to achieve individual and organizational success. Self-leadership focuses on thinking and behavioral strategies that can be used in self-influence. It is not about others leadership but leadership of the person her/himself (5).

This research is conducted in order to investigate the relationship between self-leadership skills of health employees and job performance and institutional performance. Three hypotheses tested to test these relationships. The self-leadership scale used in the study is the Self-Leadership Questionnaire in both accredited and non-accredited health institutions. In the measurement of the job performance the scale firstly developed by Kirkman and Rosen (14) and then used by Sigler and Pearson (25) was used.

When the self-leadership levels of the two institutions are analyzed in general, the self-leadership levels of the employees in the accredited institution (4.160) were found to be higher than the self-leadership levels of the employees in the non-accredited institution (3.830). The level of job performance of the employees in the accredited institution is higher than the 4,460 value of the non-accredited institution (4,328). This situation is similar to the self-leadership levels of employees in institutions.

A positive and low level relationship was found between self-leadership level and job performance ($r: 0.353$).

Three different hypotheses were tested in the model. Self-leadership results explain 12.4% of the total variance in the job performance of the employees at a statistically significant level ($R^2=0.124$; $F=46.909$ $p<0.001$). The effect of self-leadership on job performance is positive. In the second regression analysis, in which the performance of the employees in the second regression analysis explains whether the performance of the job performance affects institutional performance, the results are statistically marginally significant ($p<0.10$). The effect of job performance on the performance of the institution is positive. In the last hypothesis in which the effect of self-leadership on institutional performance was investigated, self-leadership skills explained 6% of the total variance at a statistically significant level ($p<0.001$). As the self-leadership skills of the employees increase, the performance of the institution increases.

When all the study findings were evaluated as a whole; employees' self-leadership skills are important in achieving institutional performance goals such as patient safety, efficiency and productivity in complex health institutions. Therefore, encouraging employees in this field and supporting them with the necessary training can be considered as an important parameter in reaching the objectives of the institution.

Due to time, cost and physical limitations, the study was performed in two hospitals (accredited and non-accredited) in the same province. Different studies may be proposed for the development of self-leadership research. These are; the comparison of two different accredited hospitals, comparison of hospitals in two different provinces or comparison of findings before and after accreditation in the same hospital.

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