

RESEARCH

Leadership style and organizational climate in nursing professionals of a public hospital, Mexico

Estilo de liderazgo y clima organizacional en profesionales de enfermería de un hospital público, México

Estilo de liderança e clima organizacional em profissionais de enfermagem de um hospital público, México

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Abstract

Introduction: Health organizations in Mexico have undergone a transformation; therefore, these transformations have made that nursing professionals working in these organizations face different needs, where they interact daily with various styles of leadership and adaptability, which in turn interfere in the work environment. **Objective:** To determine the relationship between leadership style and organizational climate in nursing professionals of a public hospital in Mexico. **Methodology:** Quantitative, correlational and analytical study. 138 questionnaires were administered to nursing personnel with one year of seniority; after signing the informed consent, incomplete questionnaires were not considered. The following instruments were used: Situational Leadership and the Organizational Climate Test with a Cronbach's alpha of 0.92. Spearman's Rho was used for statistical analysis, using SPSS version 25. **Results:** 80% were female; 72% reported having a bachelor's degree, with more than one year of work experience, 89% were working directly with patients, and 11% were supervisors. Participatory leadership was predominant in the institution with 46%; the adaptability of the leadership style, in the institution, was low with 61%; the organizational climate was adequate in all dimensions and no relationship was found between the variables of leadership styles and organizational climate. **Conclusion:** Low adaptability to leadership styles can affect the fulfillment of tasks and objectives and show a wrong appreciation of the work environment, thus, interfering in the work teams and also affecting the quality of the services provided.

Key words: Leadership; Nursing; Adaptation (DeCS).

Resumen

Introducción: Las organizaciones de salud en México han sufrido transformaciones, estas condiciones han hecho que los profesionales de enfermería que laboran en ellas se enfrenten a diferentes necesidades, en donde a diario se interactúa con varios de estilos y adaptabilidad de liderazgos, los cuales, interfieren en el ambiente laboral. **Objetivo:** Determinar la relación entre estilo de liderazgo y clima organizacional en profesionales de enfermería de un hospital público, México. **Metodología:** Estudio cuantitativo, correlacional y analítico. Se aplicaron 138 cuestionarios al personal de enfermería, con un año de antigüedad, se eliminaron cuestionarios incompletos, previa firma de consentimiento informado. Se utilizaron los instrumentos: Liderazgo situacional y el test de Clima organizacional con alfa de Cronbach de 0.92. Para el análisis estadístico se utilizó Rho de Spearman, mediante el programa SPSS versión 25. **Resultados:** fueron 80% mujeres, 72% reportó estudios de licenciatura, con más de un año de antigüedad laboral, en asignación de puesto 89% eran operativas y 11% supervisoras. El liderazgo participativo fue el que predominó en la institución con 46%, la adaptabilidad del estilo del liderazgo en 61% fue bajo, el clima organizacional fue adecuado en todas sus dimensiones, no se encontró relación estadística significativa entre estilos y adaptabilidad de liderazgo con clima organizacional. **Conclusiones:** La baja adaptabilidad a los estilos de liderazgo puede afectar el cumplimiento de las tareas, los objetivos y una equivocada apreciación del entorno de trabajo, interfiriendo en los equipos de trabajo y afectando la calidad de los servicios.

Palabras clave: Liderazgo; Enfermería; Adaptación (DeCS).



Abstrato

Introdução: As organizações de saúde no México passaram por uma transformação; portanto, essas transformações têm feito com que os profissionais de enfermagem que atuam nessas organizações enfrentem diferentes necessidades, onde interagem diariamente com diversos estilos de liderança e adaptabilidade, que por sua vez interferem no ambiente de trabalho. **Objetivo:** Determinar a relação entre estilo de liderança e clima organizacional em profissionais de enfermagem de um hospital público no México. **Metodologia:** Estudo quantitativo, correlacional e analítico. 138 questionários foram aplicados a profissionais de enfermagem com um ano de antiguidade; após a assinatura do consentimento informado, não foram considerados questionários incompletos. Foram utilizados os seguintes instrumentos: Liderança Situacional e Teste de Clima Organizacional com alfa de Cronbach de 0,92. O Rho de Spearman foi usado para análise estatística, usando o SPSS versão 25. **Resultados:** 80% eram do sexo feminino; 72% informaram ser bacharel, com mais de um ano de experiência profissional, 89% trabalhavam diretamente com pacientes e 11% eram supervisores. A liderança participativa foi predominante na instituição com 46%; a adaptabilidade do estilo de liderança, na instituição, foi baixa com 61%; o clima organizacional foi adequado em todas as dimensões e não foi encontrada relação entre as variáveis de estilos de liderança e clima organizacional. **Conclusões:** A baixa adaptabilidade aos estilos de liderança pode afetar o cumprimento de tarefas e objetivos e evidenciar uma valorização equivocada do ambiente de trabalho, interferindo nas equipes de trabalho e também afetando a qualidade dos serviços prestados.

Palavras-chave: Liderança; Enfermagem; Adaptação (DeCS).

Introduction

Throughout history, hospital organizations have evolved according to the social needs that are required. This evolution has made it necessary to become competitive in the quality of health of the care services provided in order to be efficient. For this reason, it is necessary to have an administrative process that seeks effectiveness and warmth when providing such health care services. ⁽¹⁾; without forgetting that economic, financial, technological, and infrastructural aspects are essential for the operation and maintenance of hospitals. ⁽²⁾ In Mexico, healthcare institutions play a transcendental role in the life of the population, although their work environments are complex. In addition to this complexity, personnel develop a responsibility for their profession, leading them to assume leadership roles, such as management, supervision, coordination, and generation and execution of strategies ^(3, 4); these leaderships imply a way of evaluating the performance of the team members that translates into the achievement of institutional objectives and the quality of service for the user. ⁽⁵⁾. The nursing personnel plays a decisive role in leadership



execution ⁽⁶⁾, which usually adopts styles in which the members of a group are led to achieve goals and perform their functions satisfactorily, through the conviction and motivation that their activity is important in decision making ⁽⁷⁾. Likewise, intellectual stimulation and job satisfaction are elements that are related to the effectiveness of leadership, which implies that the leader can support to direct, instruct, delegate, and listen, thus facilitating the commitment to problem solving ⁽⁸⁾. However, it is not only about being more empathetic but also about respecting the established regulations and policies that promote the professional and institutional development of the collaborators, thus strengthening the growth of nursing leadership ^(8, 9). Likewise, adaptability to leadership interacts between contextual factors (work environment, changes or working conditions) and those expectations of results (fulfillment of goals, indicators, or objectives) or personal factors (experiences, attitudes, behaviors, or competencies) where they may be able to cope with change, but also take the initiative to improve their adaptation to the changing work environment ^(10,11). Additionally, organizational climate is complex due to its multidimensionality, which can be related to the culture and values that an employee realizes when evaluating his or her environment ⁽¹²⁾. This concept of organizational climate can be considered as the one that influences workers' satisfaction and productivity; however, it can also be approached as a consequence of the particular conditions of each organization, involving its history, its line of business, and its structure ⁽¹³⁾. For others, it can be seen as something in between because it interacts between the social and economic conditions of the company and the individual behavior of the workers ⁽¹⁴⁾. Some researchers report that management personnel influence the creation of poor work climates. This may be due to the fact that within the organizations there may be little effort on the part of these representatives to promote teamwork, which will affect the achievement of objectives ⁽¹⁴⁾. In addition to this situation, the influence of their values, beliefs and attitudes contribute to the evaluation of the organizational climate. Based on these references, the objective of this research was to determine the relationship between leadership styles and adaptability and organizational climate among nursing personnel in a second level public hospital in Mexico. It is worth mentioning that although in the literature consulted



there is research that addresses leadership styles and working conditions, there are no studies that refer to the relationship between the variables mentioned.

Methodology

Quantitative, correlational, and cross-sectional study ⁽¹⁵⁾ where the sample was comprised by 138 nurses through random sampling. The inclusion criteria included all work categories, morning, evening and night shifts, and those with one year of seniority; those who were not present at the time the instrument was applied, substitute or contract personnel, special shifts and those who did not sign the informed consent form were excluded. Incomplete questionnaires were eliminated ⁽¹⁶⁾. In this study, the leadership variable considered two main characteristics: work/task oriented and people or relationship oriented, taking into account how they influence the behavior of the followers ⁽¹⁷⁾. For the organizational climate variable, we looked for self-determination to perform the tasks, the freedom to perform them, the way in which work teams interact, as well as performance standards, which may influence the perception of this variable ^(7,17). For data collection, a self-designed integrated questionnaire was used to record social and labor data including: job category, work area, job assignment, and seniority; the Leader Effectiveness and Adaptability Description (LEAD) questionnaire identifies the managerial, persuasive, participative, and delegational leadership style, with 12 items. Leadership adaptability was evaluated as high in a range of 30 to 36; medium from 24 to 30, and low less than 24 ^(18,19). The instrument shows a Cronbach's Alpha of 0.80. The organizational climate questionnaire consists of 40 items with a five-point Likert-type response (strongly agree=5, agree=4, disagree=3, totally disagree=2, strongly disagree=1). It measures eight dimensions: autonomy, cohesion, trust, pressure, support, recognition, equality, and innovation; the evaluation of each dimension is obtained by the total sum of the values of the items that comprise it; ranges from 14 to 25 is adequate and from 5 to 13 is inadequate. The instrument shows a Cronbach's Alpha of 0.92 ^(20,21). Qualitative variables were described using absolute and relative frequency distribution expressed as percentages. Quantitative variables were analyzed using measures of central tendency, standard deviation



and range (mean \pm SD) ⁽¹⁵⁾. Spearman's Rho statistic was used, with a significance level of 5% ($p < 0.05$) ⁽¹⁶⁾. The data were processed with the Statistical Package for the Social Sciences (SPSS) version 25, under university license.

The research was registered with the research committees: 002/FEN-INV-DIP-09-EA and Bioethics ENF-011-2021-ESP of the Nursing School. The research was carried out under informed consent and voluntary participation of hospital personnel. We worked under the Regulations of the General Health Law on Health Research ⁽²²⁾, taking into account the Declaration of Helsinki ⁽²³⁾ and the Nuremberg Code ⁽²⁴⁾. This research was classified as level 1, as it was considered to be without risk and the intervention was harmless for the members ⁽²²⁾.

Results

From the participants, 80% were women and 20% men; the mean age was 32.0 ± 8.0 in a range of 20 to 60 years; as for marital status 52% were single, 30% married and 15% were in a common-law relationship. Regarding educational level, 72% reported having a bachelor's degree, 14% a specialty, 8% a high school diploma, and 4% a master's degree. Within the work variables, nursing professionals reported that 67% had 1 to 6 years of work experience, 17% had 7 to 12 years, 12% had 13 to 18 years and only 3% had more than 19 years. According to their job function, 89% were in operational functions, and 11% were supervisors. Regarding the area in which they were performing their professional activity, 53% were in the OB/GYN, 38% in pediatrics, 4% in outpatient care, 3% in emergency care, and 2% in oncology. With regard to the category of employment and educational level, it was seen that 53% had a bachelor's degree; 45% had a technological high school diploma, and 42% had a specialty, but in the category of employment they were working as general nurses (Table 1).



Table 1. Descriptive variables between employment category and school grade in nursing professionals in a second level hospital in Querétaro, Mexico, 2020 (n=138).

Job category	School level											
	Middle School		Technological High School		Bachelor's Degree		Specialty		Master's Degree		Total	
	n	%	n	%	n	%	n	%	n	%		
Assistant Nurse	0	0	3	27	35	35	4	21	1	20	43	
General Nurse	1	33	5	45	53	53	8	42	1	20	68	
Nurse Practitioner	1	33	1	9	0	0	4	21	0	0	6	
Nurse Manager	0	0	1	9	10	10	2	11	1	20	14	
Nursing Supervisor	1	33	1	9	2	2	1	5	0	0	5	
Deputy Chief	0	0	0	0	0	0	0	0	1	20	1	
Chief Nursing Officer	0	0	0	0	0	0	0	0	1	20	1	
Total	3	100	11	100	100	100	21	100	5	100	138	

Source: Own development

It was identified that the most predominant leadership in the institution was 46% participative or collaborative, 24% managerial, 20% persuasive, and 11% delegational. At the same time, the adaptation of leadership in nursing professionals was also evaluated, with 61% being low, 38% moderate, and 1% high. Regarding the leadership styles and their adaptability of the professionals within the institution, it was found that participative leadership was 23.2% moderate and 21.7% high (Table 2).



Table 2. Descriptive data on leadership styles and adaptability of nursing leadership in nursing professionals in a hospital in Querétaro, Mexico, 2020 (n=138).

Leadership Styles	Adaptation						Total n
	Low		Moderate		High		
	n	%	n	%	n	%	
Managerial	0	0	5	3.6	28	20.3	33
Persuasive	0	0	10	7.2	17	12.3	27
Participative	1	0.7	32	23.2	30	21.7	63
Delegational	1	0.7	5	3.6	9	6.5	15
Total %	2	1.4	52	37.6	84	60.9	100

Source: Own development

For the evaluation of the organizational climate, the dimensions that showed the highest percentages were autonomy 91%, cohesion 91%, pressure 86%, and trust 75%. However, although all dimensions were evaluated as adequate with high percentages, the dimensions of recognition (45%), innovation (44%), and equality (40%) were rated as inadequate. For hypothesis testing, Spearman's Rho analysis was performed between leadership style and adaptability and organizational climate, and it was observed that no result was statistically significant ($p < 0.05$) (Table 3).

Table 3. Correlation between leadership style and adaptability dimensions with organizational climate in nursing professionals in a hospital in Querétaro, Mexico, 2020 (n=138).

		Working environment							
		Trust	Innovation	Autonomy	Cohesion	Equality	Support	Pressure	Recognition
Leadership Style	Rho	0.094	-0.073	-0.084	-0.093	-0.075	-0.083	-0.043	-0.008
	p	0.274	0.392	0.328	0.279	0.380	0.333	0.616	0.922
Adaptability	Rho	0.104	0.030	0.090	0.021	0.062	-0.025	-0.038	-0.050
	p	0.226	0.726	0.292	0.807	0.470	0.775	0.655	0.564

Source: Own development



Discussion

The study reported that there is no relationship between leadership style and adaptability with organizational climate in nursing professionals of this institution. Our results differ from other research, where a relationship between leadership and organizational climate is reported ^(25,26), possibly due to the fact that the leadership styles evaluated present different characteristics from those of this study. A study carried out in Mexico reported that leadership based on rewards predominated in the healthcare institution, which can generate problems, given that the resources to offer such rewards may not always be available ⁽²⁷⁾. Although other leadership styles were assessed in our study, they are consistent in that it is preferable to have good relationships at work and prevent conflicts with the personnel to obtain personal benefits, i.e., the reward is more important than the fulfillment of the goals and objectives of the institution, thus adversely affecting the quality of care of the nursing professional.

The results of this research showed a low availability to the adaptation of leadership styles, which may represent a resistance and disengagement of involvement between the leader and the followers ⁽¹¹⁾, which contrasts with those reported by researchers where leadership is related to the work of convincing each team member, who in turn provides support and encouragement to influence the achievement of the objectives. These actions have an impact on task performance, developing the maturity and adaptation of their employees ⁽²⁸⁾. Therefore, the interaction of leadership adaptability should be constructed in a way that not only addresses the needs of the workers, but also works on the attitudes and expectations of people seeking to influence their behavior ⁽²⁹⁾; in such a way, it can contribute to the integration of strong work teams, as well as being able to adapt to changes in their work environment. In addition, perception will be influenced by both external factors (working conditions, infrastructure, patients, and/or suppliers) and internal factors where the worker's experiences such as values, beliefs, and professional self-development are found.



Recently, the organizational climate in healthcare institutions has been addressed, reporting that it can be healthy or unhealthy, which influences the job satisfaction of nursing professionals ⁽³⁰⁾. It has been shown that it is a determining factor in the organization's processes, since it strengthens management, innovation, and change in a healthcare institution ⁽³¹⁾. Likewise, it is mentioned that in the institutions where services are provided, their situation is unfavorable in the following dimensions: motivation, innovation, decision making, support, communication, environmental conditions, personal professional development, and leadership ⁽³²⁾. It should be noted that, although in our study the perception of the organizational climate was adequate (considering the following conditions of infrastructure, institutional organization chart, the way in which decisions are made, support, and trust as favorable), the dimensions of recognition, equality, and innovation were also evaluated unfavorably. For this reason, attention should be paid to labor recognition, integration of work teams, as well as equality in the assignment of roles, and trust in order to innovate some organizational processes.

In this study, among the limitations were the low collaboration of the nursing personnel, shift rotation, as well as the workload in the services. As for the strengths, we had the human resources made up of a multidisciplinary team, the availability of the authorities of the health institution, as well as the approval of the research and bioethics committees of both institutions to carry out this project.

Conclusions

First of all, it can be said that, although the style and adaptability of leadership are what the theory suggests, they are not reflected in the organizational climate. Secondly, it does not comply with the objectives of the organization because it focuses more frequently on the social relationship than on the work/task performance, which affects the recognition of equality in their functions, as well as the low openness to innovation, which can adversely affect the work environment. Finally, the results shown provide the institution with data that will allow it to guide human resources policies in nursing and empower its leadership under a positive and healthy organizational climate, for the best performance of their work and



distinction in quality care. Therefore, comprehensive training is suggested to strengthen the training and adaptability of the different leadership styles. Therefore, a leadership that assumes the possibilities of change is maintained and reinforced, allowing the innovation of ideas for the achievement of the institutional objectives and of the professionals in question.

Conflict of Interests

The authors declare that there is no conflict influencing the progress of the research.

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