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Investigating the Relationship between Leadership Styles and Positive Organizational Behavior and Stress of COVID 19

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ABSTRACT

Background: Leadership style is a specific behavioral pattern that is constantly manifested during organizational work and others recognize that person. This study investigated the relationship between leadership styles and positive organizational behavior and stress of COVID-19 in the staff of Shahrekord Health Centers in 2021.

Methods: This research was an applied descriptive correlational study. The sample included 148 people from the staff of Shahrekord health centers in 2021. The participants were selected randomly. The tools used in this research were three questionnaires: Likert leadership style questionnaire, Lutans positive attitude organizational behavior questionnaire, and COVID-19 stress questionnaire. Data were analyzed with SPSS20 using descriptive statistics and Pearson correlation test.

Results: According to the results, the majority of participants were in the age range of 30 to 35 years, the mean score of leadership style was 86.75 that was high. The mean score of positive organizational behavior was 79.23 that was high, and the mean score of stress of COVID19 was 7.23 that was low. The mean score of leadership style in all cases was positively and significantly correlated with the score of positive organizational behavior ($r=0.322$, $P<0.001$) and inversely correlated with the score of stress of COVID-19 ($r=-0.314$, $P<0.001$). Also, the mean score of positive organizational behavior was inversely correlated to the score of stress of COVID19 ($r=-0.374$, $P<0.001$).

Conclusion: Positive organizational behavior was at a high level in the staff of Shahrekord health centers during the Corona pandemic. The participatory leadership style was more considered, and had a negative relationship with the stress of Covid-19. Therefore, it seems that it will be possible to establish a correct management style and positive organizational behavior by reducing the stress of Covid-19.

Keywords: Leadership, organizational, COVID-19, stress of COVID-19.

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Introduction

Currently, the COVID-19 virus has become pandemic or widespread and has spread to all countries (Cascella et al., 2021). The coronavirus also spread in Iran and rapidly endangered mental and physical health (Wu and McGoogan, 2020). Control and treatment methods for this disease are limited; currently, however, the most important way to deal with the virus is to prevent its prevalence (Liu et al., 2020). One of the factors that has caused a great deal of anxiety in recent times is the anxiety associated with the corona virus wherein all members of the community are likely to experience this anxiety. Nonetheless, one group that may experience this anxiety more severely is health care workers. This is because medical care exposes healthcare workers to a greater vulnerability to the virus if they host people infected with or suspected of having the coronavirus (Driggin et al., 2020). Research by Roy et al. showed that anxiety is high during COVID-19 (Roy et al., 2020). The results by Li et al. showed that the increase in coronavirus increased negative emotions such as anxiety, depression, and anger and decreased positive emotions such as happiness (Li et al., 2020).

Addressing the health care system has a significant role in the prevention and treatment of diseases and maintaining and promoting the level of public health. Managers will have problems in their unit if they do not have a good physical and mental condition. Anxiety and stress are among the problems that disrupt the manager's focus and will cause his/her frustration and dissatisfaction and consequently employee dissatisfaction (Bogler, 2001). A manager's leadership style can be affected by these conditions. Consequently, the management method, type of behavior, and understanding of job and livelihood problems of employees can be affected as well (McDaniel et al., 2009).

Leadership style is a specific pattern of behavior that is constantly evolving during organizational work and the staff recognize that leader (Hersey and Blanchard, 1969). In another definition, leadership is the process of influencing the activities of individuals or groups in an effort to achieve goals in certain situations. It should be noted that organizational leadership is a function of variables that distinguish organizational leadership methods. These elements are: 1. Personal traits of leader, 2. Characteristics of followers or leaders, and 3. Environment. Many management experts believe that a manager's leadership style is influenced by his/her attitude towards his/her role and that of his/her employees. This means that creating positive motivation in employees and consequently, positive organizational behavior is one of the fundamental duties of a leader (Asefzadeh, 2006).

Positive organizational behavior originates from the movement of positive psychology. It refers to the study and application of positive psychological capabilities and human resource strengths that can be developed and measured and can be effectively managed to improve employee performance (Monfared et al., 2019). In a study entitled: “Leadership Effect on Positive Psychological Characteristics of Employees”, Yazdanshenas (2017) showed that psychological capital and empowerment are important variables in positive organizational behavior. This means that employees who have higher psychological capital (self-efficacy, optimism, hope, and productivity) are less likely to engage in negative attitudes and pessimism (Yazdanshenas, 2017). According to previous studies, managers' leadership style affects the performance and organizational behavior of employees. On the other hand, the corona virus epidemic and the stress caused by this virus can also have negative effects in this regard. The present study investigated the relationship between leadership styles and positive organizational behavior and stress of COVID-19 in the staff of Shahrekord health centers in 2021.

Methods

This descriptive correlational study was conducted in 2021. The sample consisted of 148 employees of health centers in Shahrekord.

Inclusion criteria were: having at least two years of work experience (one year before the pandemic) and willingness to participate in the study. Besides, exclusion criteria were: unwillingness to cooperate and incomplete filling of the questionnaire. The sample volume was calculated using Cochran's formula where z=1.96, P=0.5, and d=0.05.

$$n = \frac{Nz^2p(1-p)}{Nd^2 + z^2p(1-p)}$$
$$= \frac{255(1.96)^2(0.5)(0.5)}{255(0.05)^2 + (1.96)^2(0.5)(0.5)} = 148$$

The participants were selected using simple random sampling and, after obtaining the license and ethics code: IR.IAU.SHK.REC.1400.028, the questionnaires were completed in person with the coordination of the center manager. Informed written consent was obtained from each participant.

Data Collection Instruments

The tools of this research were three questionnaires: Likert Leadership Style Questionnaire, Lutans Standard Positive Organizational Behavior Questionnaire, and Covid-19 Stress Questionnaire.

The Likert Leadership Style Questionnaire consists of two parts: the first part entails the demographic information of age and education. The second part consists of 25 items which are scored using a 5-point Likert scale (very high, high, partial, low, and very low). It includes 4 types of leadership styles. Hamilton and Cronbach's alpha (0.83) was used to determine the content validity and internal consistency (Triandis, 1967). In the leadership style questionnaire, which uses a Likert scale, 4 types of leadership styles are examined. This questionnaire consists of 25 items. The number of items related to each dimension is as follows:

Advisory Leadership Style: items 8, 9, 14, 19, 21.
Participatory leadership style: items 4, 7, 13, 15, 17, 20.
Authoritarian leadership style: items 5, 6, 12, 16, 22, 24, 25.
Benevolent leadership style: items 1, 2, 3, 10, 11, 18, 23.

The sum of the scores of these four leadership styles makes up the total score of the leadership style.

The validity of the questionnaire in an American study was estimated by calculating Cronbach's alpha coefficient of 0.83 and correlation coefficient of 0.911 (Ameriyon et al., 2014). In the present study, the reliability of the questionnaire was confirmed with Cronbach's alpha above 0.7.

Positive Organizational Behavior Questionnaire evaluates the self-efficacy components of hope, resilience, and optimism (Luthans et al., 2007). The Positive Organizational Behavior Questionnaire consists of 20 items. The validity of the questionnaire was 0.9 using Cronbach's alpha and its validity has been confirmed by experts of management and health services. This questionnaire is scored based on the Likert scale (strongly disagree=1, strongly agree=5) As follows: a score between 20 and 50: Organizational behavior is weak, a score between 50 and 70: Organizational behavior is moderate, a score above 70: Organizational behavior is strong. The validity of the questionnaire has been confirmed above 0.8 in the study by Yazdanshenas et al. with Cronbach's alpha (Yazdanshenas, 2017). In the present study, the reliability of the questionnaire was confirmed with Cronbach's alpha of 0.8.

The Stress of Covid-19 Questionnaire was presented to the Iranian sample with 18 items and all its factor loadings were significant at the level of 99% confidence. This questionnaire has been validated by Alipour et al. (2020) on an Iranian sample and Cronbach's alpha coefficient has been obtained for mental symptoms (α=0.789), physical symptoms (α=0.861) and for the whole questionnaire (α=0.919). The total score of anxiety severity was divided into 4 domains of non-anxiety or mild, moderate and severe (Alipour et al., 2020). In the present study, the reliability of the questionnaire was confirmed with Cronbach's alpha of 0.90.

Data analysis was performed using descriptive statistical methods (frequency, percentage, mean, standard deviation, and variance) as well as

Pearson correlation test using SPSS20.

Results

Totally, 148 people participated in this study mostly (39.86%) being in the age group of 31 to 35 years. (Most of the participants (62.16%) had a bachelor's degree or higher. Details are reported in Table 1. The results displayed in Table 2 show that the average score of leadership style of the staff of Shahrekord health centers is 86.75 and above, and participatory and compassionate management is at a high level among the staff. The average score of positive organizational behavior of employees of health centers in Shahrekord is 79.23 and above. The average stress score of Covid-19 among the staff of Shahrekord health centers is 7.23 which is low.

The results given in Table 3 show that the leadership style score in all cases has a positive and significant relationship with the positive organizational behavior score. These findings show that with increasing leadership style score in each dimension, positive organizational behavior also increases.

The results presented in Table 4 show that the leadership style score in all dimensions is inversely correlated to the stress score of Covid-19. These findings show that by increasing the leadership style score in each of the dimensions, the stress of Covid 19 decreases.

The results given in Table 5 show that the score of positive organizational behavior is inversely correlated to the stress score of Covid-19. These findings show that increasing the score of positive organizational behavior reduces the stress of Covid-19.

Table 1. Frequency of demographic variables of age and education in participants

Demographic variable		Number	Percent
age	25-20	16	10.81
	30-26	21	14.19
	35-31	59	39.86
	35<	52	35.14
Education	diploma	18	12.16
	Above Diploma	38	25.68
	Bachelor and Master	92	62.16
Total		148	100

Table 2. Determining the mean score of leadership style, positive organizational behavior and stress of Covid-19 in participants

Variable		Mean±SD	Minimum	Maximum	Domain
Leadership Style	Authoritative management	10.8±16.21	2	20	0-40
	Compassionate management	11.14±25.21	5	28	0-40
	Consulting management	10.21±18.21	6	22	0-40
	Participatory Management	15.12±27.12	4	30	0-40
	Total score	46.78±86.75	17	110	0-120
Positive Organizational Behavior	Self-Efficacy	6.14±13.14	2	17	0-20
	Hope	10.13±12.13	4	16	0-20
	Optimism	9.15±17.14	3	19	0-20
	Resilience	8.17±19.21	2	20	0-20
	Total score	7.21±79.23	6	80	0-80
Stress Of Covid-19	Total score	4.6±7.23	1	23	No anxiety or mild (T <39), moderate (40 <T <60) Severe (61 <T)

Table 3. Determining the relationship between the mean score of leadership style and positive organizational behavior in participants

Variable	Positive Organizational Behavior	
	R	P-value
Authoritative management	0.345	P<0.001
Compassionate management	0.354	P<0.001
Consulting management	0.268	P<0.001
Participatory Management	0.312	P<0.001
Total score	0.322	P<0.001

Table 4. Determines the relationship between the mean score of leadership style and the stress of Covid-19 in participants

Variable	Stress Of Covid-19	
	R	P-value
Authoritative management	-0.289	P<0.001
Compassionate management	-0.320	P<0.001
Consulting management	-0.332	P<0.001
Participatory Management	-0.326	P<0.001
Total score	-0.314	P<0.001

Table 5. Determining the relationship between the mean of positive-oriented organizational behavior and the stress of Covid-19 in participants

Variable	Stress Of Covid-19	
	R	P-value
positive organizational behavior	-0.374	P<0.001

Discussion

The present study investigated the relationship between leadership styles and positive organizational behavior and stress of COVID-19 in the staff of Shahrekord health centers in 2021.

As the results showed, the score of leadership style in all dimensions had a positive and significant relationship with the score of positive organizational behavior. These findings show that with increasing leadership style score in each dimension, organizational behavior also increases. Participatory leadership style and compassionate leadership style had the highest average score.

In this regard, the study by Shekofteh et al. with the aim of prioritizing leadership styles with the approach of organizational agility in the face of unstable conditions showed that in prioritizing leadership styles, participatory leadership style had the highest priority for organizational agility and finally dictatorship leadership style is facing unstable conditions (Shekofteh and Khalili, 2020).

In the study by Aminbidokhti et al. entitled: "The relationship between the structure of original leadership style with job motivation and organizational behavior of teachers in Semnan", the results showed that genuine leadership and positive organizational behavior has a significant relationship with job motivation; also, in positive organizational behavior, the resilience dimension had the highest factor load and the self-efficacy dimension had the lowest factor load. As a result, by training the managers of health centers, it is possible to try to drive the leadership style towards a positive leadership style and genuine leadership (Aminbidokhti et al., 2016).

Partnership leadership has been hailed as a style of leadership that creates a free environment for employees to be creative in the workplace. On the other hand, compassionate and fatherly leadership style has a positive relationship with positive organizational behavior after the participatory style at the significant level. In

justification of this matter, it can be said that in the centralized health care system of Iran, the system of employee evaluation and promotion and employment of new employees is traditionally done by managers and even encouragement and punishment are done in the style of compassionate management, which is considered acceptable even in cases accompanied by encouragement and conditional punishments.

According to the results, the score of positive organizational behavior and the score of leadership style are inversely correlated to the stress score of Covid-19 in all dimensions. The results of Rahmanian et al.'s study on anxiety in Covid-19 among medical staff showed that the mean score of anxiety was 29.85% in hospital staff during the new coronavirus pandemic (Covid-19) in Jahrom (Rahmanian et al., 2020). The study by Mishra et al. showed that health professionals have better awareness and a more positive attitude towards the epidemic and often experience less anxiety about the epidemic. This is consistent with the results of the present study (Mishra et al., 2016). In a study entitled: "Accepting the Risk and Impact of Acute Respiratory Syndrome on the Work and Personal Life of Singaporean Health Care Workers", Koh et al. found that 76% knew the risk was high, but 69.5% took the risk as part of their job. The result was that during the epidemic, health care providers had a responsibility to help health care workers cope with their personal stress, if simple protective measures were taken in a timely manner. Confidence in staff helps a lot to reduce their stress and managers have the task to minimize employee stress with timely management (Koh et al., 2005). Consistent with the present study, Gomar et al. Concluded in their study that positive organizational behaviors lead to an increase in job empowerment behaviors among employees and can also increase the level of committed employee behaviors. Besides, in any case, job empowerment behaviors in improved employee interaction can increase the level of employee commitment behaviors (Gomar and Islambolchi, 2020).

There are two categories of forces and stimuli in the environment: internal and external. Most managers are more familiar with external forces, but internal forces are just as important as external forces. The organization will guide them when their efforts sometimes fail (Monfared et al., 2019). In this study, one of the internal factors was "positivist organizational behavior" and the external factor was "Covid-19 stress coping challenge". In the present study, the average participatory leadership in health centers had a high score. This style creates an atmosphere for employees to know the work environment where they have full confidence and when faced with a challenge such as infectious disease that can be transmitted to their families. The situation is expected to be understood by the manager and their colleagues. This is where the leader, as the connecting link, maintains all the necessary elements of the organization together. Improving positive organizational behaviors can also reduce Covid-19 stress by increasing employee empowerment.

Conclusion

In terms of positive organizational behavior, the results showed that the psychological capacity of Shahrekord health center staff was high in the category of resilience, optimism, and self-efficacy in the pandemic era. This indicates significant psychological capital that is one of the main variables. Therefore, if managers pay more attention to this capital, which was able to withstand stress during the corona pandemic, and facilitate indicators of improving the work environment and mental environment, the country's health care system will surely have stronger health centers. Both participatory and compassionate leadership styles are favored by employees. Therefore, it seems that by reducing the stress of Covid-19, it will be possible to establish a correct management style and positive organizational behavior.

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Conflict of Interest

The authors declare that there is no conflict of interest for data and no funding was received.

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Authors' Contribution

Methodology, Z.K and M.Z.; Data collection, M.Z.; writing original draft, M.Z.; analysis, M.Z.; supervision, Z.K.

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