

11th International Strategic Management Conference 2015

The relationship between perceived leadership style and perceived stress on hospital employees

Birol Baysak^a, Müjdelen İ. Yener^b a*

^{a,b} *Marmara University, Istanbul, 34180, Turkey*

Abstract

A good leadership is important for health care organizations' success like any other ones and it affects our lives deeply. In the light of this study conducted on hospital employees, who are always serving in difficult conditions, is aimed to determine what type of leadership style should be embraced to decrease the negative effects of stress on individuals. Study examined 312 nonprofit hospital employees in Istanbul in order to determine if an association exists between hospital employees' perceived leadership style and perceived stress. Perceived leadership was assessed with Multifactor Leadership Questionnaire (MLQ). Perceived stress of the participants was assessed by The Perceived Stress Scale (PSS). The aim of the quantitative study was to investigate whether, and to what extent, relationship existed between perceived stress and perceived leadership style of hospital employees in İstanbul Turkey. The gathered data analyzed with statistical package software (SPSS). Results showed that between perceived leadership styles and perceived stress have a partial relationship.

© 2015 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the International Strategic Management Conference

Keywords: Perceived Stress, Perceived Leadership Styles, Hospital employee

1. Introduction

Stress has a great impact on business and economies whether it was experienced at work or home and affecting a growing number of people throughout the world. Direct costs experienced by organizations include absenteeism, reduced productivity, and burnout. According to a study conducted in United States of America estimated costs due to aforesaid and other attributes are between 200 and 300 billion dollars per a year (Fevre, Matheny, and Kolt, 2003; Roberto, 2006). In Australia, the estimated amount is 35 Australian dollars, and in the United Kingdom it is estimated that stress results in approximately 5 billion pounds per a year throughout industries (Townsend, 2001; Roberto, 2006)

The International Labor Organization (ILO) announced that approximately one third of the employed populations in developed countries announced excessive level of stress (Hoel, Sparks, and Cooper 2002; Soylu, 2008). According to a study conducted in 2012 in Turkey, 59 percentages of the employees are struggling with stress (Regus, 2012). One

* Corresponding author. Tel. + 90-507-141-9101

Email address: birolbaysak@gmail.com

of the most common stressful workplaces that the physical disorder can be seen are hospitals, and stress factors arising from occupation are increasing day after day an appreciable rate (İmirlioğlu, 2009). Busy schedule, long standing, uninterrupted duty and strain lead hospital employees to encounter with more diversity occupational hazards than other business lines that adversely affect hospital employees' health. According to a report which was published by Occupational Safety and Health Administration OSHA (2013), 253,700 works related injuries and illnesses were recorded in 2011 at U.S hospitals. It was estimated by OSHA (1991) that 4.9 million Health care workers (HCWs) who frequently handle blood were the most at risk employee group for exposure to blood borne pathogens such as human immunodeficiency virus and hepatitis B virus. In addition to these inputs, public reports show that hospitalized patients usually are not satisfied with their care and received insensitive treatment (Kohn and Corrigan, 2000; Nash, 2006; Sorelle 2009; De Vinci, 2010).

A good leadership is important for health care organizations' success like any other ones. According to Bennis (2007) leadership influences the quality of our lives as much as our in-laws or our blood pressure. There are three basic reasons why leaders are important. First factor is leaders are responsible for the success or failure of all organizations. And second factor is leaders inspire and restore our hope. And the latest factor is common concern about the lack of integrity within major companies and organizations (Bennis, 2009).

In the light of this study conducted on hospital employees, who are always serving in difficult conditions, is aimed to determine what type of leadership style should be embraced to decrease the negative effects of stress on individuals. It was appraised that this study may help to prevent undesirable outcomes caused by stress such as occupational accidents, absenteeism, poor performance, despondency, internal complaints, and non- productiveness for hospitals as organizations. This study also might be helpful to decrease negative effects of stress on individuals both emotional and physical discomforts (Lyon, 2012). In addition, it was assessed that this study may make a contribution obliquely to patients who are not satisfied with their care and received insensitive treatment.

2. Literature Review And Hypotheses

2.1. Leadership

The topic of leadership has been of interest for many hundreds of years for scholars and many scientists have tried to make a definition of leadership. Even leadership is a popular term, there is a problem about its description since it is not a scientific term with a regular normalized definition (Vroom and Jago, 2007). Bennis (2009, p. 3) explained that leadership was like a beauty: *“it's hard to define, but you know it when you see it.”* Leadership is a social phenomenon that is found everywhere. For human being myths and legends always became attractive about what differentiate great leaders' from followers. (Hartog and Koopman, 2011). It has been sought for a long time to develop models for organizing and implementing leadership in the best possible way by the intellectuals. Nevertheless, there is no single valid theory of leadership for any case even today (Stippler and others).

Various main trends can be discernible in the evolution of the study of leadership. Whilst early theories of leadership inclined to center upon the characteristics and behaviors of prosperous leaders, later theories started to consider the role of participants and contextual nature of leadership (Bolden and others, 2003). Before the 1980s the major approaches to leadership were the trait, style, and contingency approach. Since early 1980s new leadership (including charismatic/ transformational leadership) has been seen. The starting of new phase was not meaning of previous one totally discarded; rather a shift in emphasis took place (Bass, 1990; Bryman, 1992; Hartog and Koopman, 2011; Hartog and others, 2005).

The quantitative analysis of leadership begins with perhaps to Galton's (1869) *Hereditary Genius* (cited in Zaccaro, 2007 pg. 6). At the beginning of 20th century, leadership traits were researched to understand and explain what made some people great leaders. The theories that were evolved were named “great man” theories (Northouse, 2013). This research was based on the belief that leaders were extraordinary people, born with qualities, destined to lead and only great people possess them (Bolden and others, 2003). After most trait theories vanished in the leadership literature, an alternative to trait approach, scholars focused on what leaders actually do instead of who they are (Drury, 2003).

Behavioral theorists studying the style approach have decided that leadership consists of essentially two types of behaviors. These are task behaviors and relationship behaviors. Task behaviors catalyze the objective; it makes easier to accomplish a goal by providing structure and defining the roles. Relationship behaviors boost the morale of the participants providing comfortable ambiance with themselves and situations. (Northouse, 2013). Interest in this approach largely aroused after the publication of the Douglas McGregors classic book *The Human Side of Enterprise* in 1960. He influenced all behavioral theories by proposing that management and leadership style is influenced by the person's assumptions' about human nature (Bolden and others 2003). In addition to McGregor's studies, Ohio State and University of Michigan studies, and the Managerial Grid Model of Black of Mouton leadership were the prime examples for the development of behavior theory in leadership research (Fairholm, R.M and Fairholm, G.W. 2009; Robbins, 2003)

Even though behavioral leadership theories help managers, they do not give sufficient guidance as to what constitutes efficient in varied leadership situations. Over the years, it has been observed by scholars and researchers that leaders mostly act differently in various situations, and adapt their leadership style depending on a variety of factors in the situations they encounter. Nowadays researchers conclude that there is not only one type of leadership style that is right for every manager in all conditions. (Bolden and others, 2003). Theories which elucidate leadership effectiveness in terms of situational moderator variables are named as contingency theories of leadership (Yukl, 2010). These theories demonstrate the relationship between leadership styles and effectiveness in particular situations. "Contingency means that one thing depends on other things, and for a leader to be effective there must be an appropriate fit between the leader's behavior and style and the conditions in the situation"(Daft, 2008 pg. 64). Task, structure, context, and environment are detected as important situational variables to leadership style. The nature of followers, such as maturity, needs, and cohesiveness has also been identified as a key contingency which make an imperial difference to the best style of leadership (Daft, 2008). A number of models were developed in this approach which was popular during 1960s. The major models are: Fielder's Contingency Theory, Hershey and Blanchard's Situational Leadership Model, Vroom and Yetton's Model, House and Mitchell's Path Goal Model (Longest, Rakich, and Darr, 2000; Snodgrass, 2006).

Scholars became in the emotional and symbolic aspects of leadership in the 1980s which led to born charismatic and transformational leadership theories. This process helped to understand how leaders affect followers to make self-devotion and put the needs of the mission or organization above their self-interest. These theories consider leaders as persons who inspire followers through their acts, words and ideas (Robbins and Judge 2013). Transformational and charismatic terms are used interchangeably by many writers, but even the similarities there are some significant discrimination (Yukl, 2010). Transformational approach has been one of the most popular approaches for scholars since 1980s. It is part of the "New Leadership" paradigm, which gives more attention to charismatic and affective elements of leadership (Bryman, 1992; Northouse, 2013). Lowe and Gardner (2001) identified in their analysis that one third of the research was about transformational or charismatic leadership. Correlatively, Antonakis (2012) discovered that a large number of papers and citations in the field have grown at an increasing rate. But that was not for only in classical fields like management and social psychology, but in other disciplines such as nursing, education and industrial engineering (Antonakis, 2012; Northouse, 2013). Burns categorized leadership in two types; transformational and transactional. The Ohio State studies, Fielder's model, and path-goal theory delineate transactional leaders, who guide their followers toward established goals by making clear the role and task requirements. Transformational leaders inspire their followers and exceed their self-interests for the good of the organization and can have an astonishing effect on their followers. Transactional and transformational leadership are not adverse approaches, instead they are complement of each other. Transformational leadership adds on transactional leadership and makes it more favorable by generating levels of follower effort and performance beyond what transactional leadership alone can do (Robbins and Judge, 2013). Transformational leaders get followers motivated and enable them to do more than they originally thought and mostly more than they intended (Bass and Riggio, 2006).

Transactional leadership underlines the transaction or exchange that occurs among leaders, colleagues, and members. It is based on the leader disputation with others about the requirements of the tasks to accomplish and determining awards in order to outcomes (Bass and Riggio, 2006). The transactional leader perceives followers' necessities and then explains how those needs and desires will be fulfilled on condition that meeting specified objectives or tasks. Politicians who win votes by promising "no new taxes" or teachers when they give students a grade for work accomplished exhibits an example of transformational leadership. As a conclusion, while followers receive their rewards, leaders benefit from the completion of tasks (Northouse, 2013; Daft, 2008).

2.2. Stress

Though stress is a universal feeling, there is little consensus on its definition. During the late 18th century, the word stress described as “force, pressure, strain or strong effort” regarding to an individual’s organs or mental powers (Hinkle, 1973 pg. 31; Cartwright and Cooper, 1997 pg.3). Many theories and several different disciplines such as psychology, social psychology, management, nursing and medicine have contributed to the research on stress (Cooper, 1998; Daenzer, 2009; Lyon, 2012). “This makes it difficult to compare the different concepts of stress, or to integrate the variety of research findings into coherent theory” (Cooper, 1998, pg. 102). One of the pioneer researcher about stress, Hans Selye described stress as used “nonspecific response of the body to any demand and made upon it” (Selye, 1974 pg. 27). Selye explained the definition by giving examples of the more familiar specific reactions “shivering in the cold and sweating in the heat. Every demand made on us evokes such specific reactions.” (Selye, 1979 pg. 6). According to Selye, stress is unavoidable and “stress is the spice of life: it can be a great stimulus to achievement. Nevertheless, it can cause disease, suffering, and death.” (Selye, 1979 pg. 6). In addition to downside of stress, it has also good effects on individuals and it is called eustress. According to Selye (1983; cited in Jarinto, 2011 pg. 154) eustress refers to a psychological response to a stressor that is interpreted as having positive implications for welfare. It may help boost confidence, increase self-esteem, and motivation. According to Shea “what helps you write your best report, ace your tennis game and deepen your relationships” (2004, pg. 66). Negative stress or bad stress is described as distress that occurs when individuals perceive stress as dangerous, difficult, unfair or painful. It is generally caused by event that result in debilitating tension and strain, such as financial problems, the loss of a job, death of a loved one, long term illness, serious injury, divorce and repression (Donatelle, 2013).

Researches on the effects of stress on human performance have been conducted over the course of the 20th century (Miller, 2015). Yerkes and Dodson were the first researchers working on the effects of arousal on performance in 1908. With an experiment on mice they revealed that the performance of the mice was altered under different amount of stress. They showed performance to be an “inverted U” function of stress. According to their research results when arousal was low, performance was poor too. As arousal rose, it reached an optimal level and performance was better, but only up to a point where performance began to regress progressively and the behavior of their animals became gradually irritated, scattered, and fragmented (Miller, 2015). In brief, the relationship with performance is positive from low to moderate levels of stress and correlatively, the relation between stress and performance is negative from moderate to high levels of stress (Cohen, 1980 ;Schuler, 1980; Kalia, 2002).

One of the most common sources of stress stem from our jobs (Macdonald, 2007). Job stress, or occupational stress was defined by National Institute for Occupational Safety and Health (NIOSH) as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker” (1999, pg. 6; 2008, pg.1). Sources of stress within the workplace may stem from several different reasons such as the accelerated work pace because of advancement in technology or job insecurity due to constant restructuring of the workforce (Farrell and Geist-Martin, 2005; cited in Roberto, 2006 pg. 7). Job stress, like any other stress, can cause poor health, injury, lost work days, or even lost jobs. According to a research which was conducted by Bureau of Labor Statistics (BLS), employees who must need time away from work because of stress, anxiety, or a related disorder were absent 23 days, more than four times the median absence for all nonfatal occupational injuries and illnesses (Webster and Bergman, 1999). According to another research which is conducted by NIOSH in 1989 between sixty and eighty percent of all industrial accidents were either directly or indirectly due to stress (Donatelle and Hawkins, 1989; cited in Jaltuch, 1997 pg.11). Job stress has been a long standing concern of the health care industry. Studies show that health care workers have higher rates of substance abuse and suicide than other professions and elevated rates of depression and anxiety. Major stressors which may result in stress: work overload, lack of task control, role ambiguity, poor interpersonal relations, unfair management practices, financial and economic factors, conflict between work and family roles and responsibilities, lack of opportunity for promotion, poor organizational climate. Stressors common in health care settings include: inadequate staffing levels, long work hours, role ambiguity, and exposure to infectious and hazardous substances (NIOSH, 2008).

Several theoretical positions have been devised to understand stress and stress related disturbance. The theoretical approaches to define stress have been classified into three types in this area by researchers; response based, stimulus based, and transactional based concepts (Lazarus and Folkman, 1984 pg.20; Lyon, 2012 pg. 2; Fitzpatrick and Wallace, 2006; Weiner and others, 2003 pg.28).

Hans Selye (1956) was the pioneer researcher who developed and analyzed the response based orientation. His studies summarized in his famous book *The Stress of Life*. Many of Selye's concepts derived historically from Cannon's (1932; cited in Lyon, 2012 pg. 2) notion that sympatho- adrenal changes are "emergency functions" (Lyon, 2012). Cannon piled up proof to demonstrate that when an animal is strongly aroused, the sympathetic division of its autonomic nervous system interacts with the hormone adrenaline to mobilize the animal for an emergency response of "flight or fight." (Brown and Fee, 2012). The fight or flight response, also called "the acute stress response", is an automatic reaction to respond a stressful and potentially harmful circumstances. This response comes into existence in four phases. At first stage the brain receives stimuli from the five senses, at second stage stimulus is interpreted as either a threat or non-threat; if the stimulus is interpreted as a non-threat the response ends, but if the threat is determined to be real or distressful then the brain activates the endocrine and sympathetic nervous systems to be prepared to fight or flee and remains activated until the threat is over at third stage. The body returns to homeostasis at final stage (Seaward, 2006; cited in Macdonald, 2007 pg. 14). The concept of "homeostasis" first used by Cannon (1939, pg. xii-xiv) and it was described by him as "the relation of the autonomic system to the self- regulation of physiological process".

Identification of possible sources of stress was the central theme of this stimulus based models of stress (Goodell, Wolf and Rogers, 1986; cited in Gelsama, 2007 pg.5). According to this approach, stress is defined as a life event or a set of circumstances that arouses physiological or psychological reactions that may increase the one's vulnerability to illness. Elliot and Eisdorfer (1982), for example have concentrated on stressors, or that which is likely to cause stress, as the object of interest. Incidents in this case are considered stressful on the basis of whether they normally lead to stress reactions. If the stimulus commonly causes to emotional upset, psychological distress, or physical impairment or deterioration, then the stimulus is considered to be a stressor (Hobfoll, 1989). According to Lazarus and Cohen (1977) three types of environmental events are cited as stimuli: major changes, often cataclysmic and affecting a great number of persons; second one is major changes affecting one or a few persons; and the third one is daily hassles.

The third way to conceptualize stress is a transaction between person and environment. As a social personality psychologist, Richard Lazarus defined stress as "particular relationship between the person and the environment that is appraised by the person as being taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus and Folkman, 1984 pg. 19). He developed and tested a transactional theory of stress and coping. According to Lazarus stress as a concept had heuristic value, but in and of itself was not measurable as a single factor. He asserted that stress did not occur in the event but rather is a consequence of a transaction between a person and his or her environment (Lyon, 2012). There were some models to familiar to Lazarus's transactional theory of stress and coping (TTSC) theory proposed by Basowitz, Persky, Korchin, and Grinker (1955); Mechanic (1962); and Janis (1954). Even though, each of these models different in many ways shared some commonalities. (Lyon, 2012 pg. 8).

2.3. Development of Hypotheses

Bennis (2007, pg. 3) in his article gives an example in a simplest form and similes leadership as a "tripod". A leader or leaders, followers and the command goal they want to achieve. Armstrong (2009, pg.4) defines leadership in a similar way; "To lead is to inspire, influence and guide. Leadership is the process of getting people to do their best to achieve a desired result. It involves developing and communicating a vision for the future, motivating people and gaining their engagement." In addition to that leaders are responsible for the success or failure of all organizations and integrity (Bennis, 2009, pg.5). Considering literature review, it is presumed that stress level of employee's might be related with their leaders' leadership style

There have been also several studies conducted on both perceived leadership styles and stress in different organizations and industries. Daenzer (2009) studied on these two topics to determine whether there was an association between perceived leadership and worker's job stress levels in Midwest Auto Company. The research indicated transformational and passive/avoidant leadership styles effected job stress levels. Other study conducted on social workers in health care by Gellis (1999). The study examined the relationship between leadership style and coping style on job stress and job satisfaction. Study results showed that two transactional leader behaviors significantly correlated with overall job stress. Another study conducted on elementary school teachers in Turkey in order to determine effects of leadership behavior of school managers on teachers' stress level by Akbudak (2010). Study results indicated that there was a significant statistical relationship between manager's leadership style and teachers' stress level.

In the light of the literature review of leadership and stress the following hypothesis are asserted:

H1: There is a significant relationship between perceived leadership styles and perceived stress

H1_A: There is a significant relationship between perceived transformational leadership style and perceived coping

H1_B: There is a significant relationship between perceived passive-avoidant leadership style and perceived coping

H1_C: There is a significant relationship between perceived transformational leadership style and perceived distress

H1_D: There is a significant relationship between perceived passive-avoidant leadership style and perceived distress

H1_E: There is a significant relationship between perceived transformational leadership style and stress

H1_F: There is a significant relationship between perceived passive-avoidant leadership style and stress

3. Methodology

3.1. Research Goal

The purpose of the quantitative study is to examine whether, and to what extent, relationship existed between perceived stress and perceived leadership style of hospital employees in İstanbul Turkey. Moreover, it is aimed to determine what type of leadership style should be embraced to decrease the negative effects of stress on individuals and organizations.

3.2. Sample and Data Collection

The study consisted of permanent hospital employees, others who work through outsourcing did not included to the study. The sample size consisted of the participants who responded to the survey. 500 nonprofit hospital employees were invited to participate to study; 350 were responded, 38 ones were eliminated because of deficiency on surveys. A convenience sample of 312 hospital employees were drawn as a subset of the total population of estimated 2500 hospital employees at the second lines hospitals in Istanbul European side. The population included employees who work in the hospitals from the different professions. The convenience sample included participants who were available and willing to be a part of the study. Characteristics of the sample population resembled those of the target population. Because the functional roles of the participants in the hospitals were similar to those of the other hospitals, the convenience sample might have been representative of the target population. Data obtained from those 312 questionnaires were analyzed and tested through the SPSS statistical packet program using correlation and regression analyses.

3.3. Analyses and Results

Perceived leadership was assessed with Multifactor Leadership Questionnaire (MLQ) which has 36 questions and three main factors. Each main factor has sub factors. Transformational leadership sub factors are, Charismatic-Inspirational Leadership, Intellectual Stimulation and Individualized Consideration. As to second main factor transactional leadership, there are also three sub factors named as Contingent reward, Management by Exception active and Management by exception passive. The third last main factor is the Laissez-faire leadership (Avalio and Bass, 1995). MLQ is translated and used earlier in Turkish by Akdoğan (2002) and Önder (2007). This study utilized their Turkish translated version of MLQ. Stress levels of the participants were assessed by The Perceived Stress Scale which has 14 questions (Cohen and others, 1983). The original 14 item scale is translated into Turkish by Baltaş and her friends (1998). Their factor analysis results showed that PSS has 3 factors. This study utilized their Turkish translated version of PSS.

Bartlett's Test of Sphericity and Kaiser-Meyer-Olkin were utilized in determining the convenience of the data. In order to conduct factor analysis, KMO value has to be at least 0.70 and Bartlett's Test of Sphericity has to be significant. Principle components analysis and Varimax rotation were performed. None of the items were eliminated but after factor loadings, 6 of the questions were eliminated because of their factor loading values below 0,50. While conducting this processes, factor analysis were analyzed after each item was eliminated. At the end of the factor analysis and eliminating some of the questions, MLQ had 3 dimensions. After this processing reliability analysis conducted for each dimensions. Since the third dimension had low KMO value (0,49), 3th dimension was eliminated too, and all process conducted again. Finally MLQ had left 2 dimensions. First dimension 21 items, and second one consisted of 5 items. In order to factor analysis results it might be said that hospital employees perceive their leaders'

leadership style either transformational or passive avoidant leadership style. Same analysis process conducted for PSS too, but none of the items were eliminated and it was observed that PSS had three dimensions. Factor loadings of the dimensions can be seen on the Table 1. The Cronbach’s Alpha values for each dimension can be seen on Table 2 which indicates the reliability of scales used in that survey.

Table 1 Factor Analysis Results

	Transformational	Passive-Avoidant	Perceived Coping	Perceived Distress	Stress
LEADERSHIP STYLE					
Expresses confidence that goals will be achieved	,847				
Expresses satisfaction when expectations were meet	,826				
Suggests new ways of looking at how to complete assignments	,816				
Articulates a compelling vision of the future	,800				
The person I’m rating instills pride in me for being associated with him/her	,792				
Specifies the importance of having a strong sense of purpose	,785				
Emphasizes the importance of having a collective sense of mission	,784				
Helps others to develop their strengths	,773				
He or she gets others to look at problems from many different angles	,771				
Displays a sense of power and confidence	,770				
Spends time for teaching and coaching	,770				
Goes beyond self-interest for the good of the group	,760				
Talks enthusiastically about what needs to be accomplished	,756				
Considers individuals as having different needs, abilities, and aspirations from others	,751				
Makes clear what one can expect to receive when performance goals are achieved	,743				
Directs his/her attention toward failures to meet standards	,736				
Talks optimistically about the future	,695				
Treats others as individuals rather than just as a member of a group	,673				
Seeks differing perspectives when solving problems	,665				
Acts in ways that build others respect for him/her	,664				
Discusses in specific terms who is responsible for achieving performance targets	,655				
Avoids making decisions		,791			
Shows that he or she is a firm believer in “if it ain’t broke, don’t fix it”		,788			
Demonstrates that problems must become chronic before he or she take action		,721			
Delays responding to urgent questions		,713			
Waits for things to go wrong before taking action		,690			
PERCEIVED STRESS					
In the last month how often have you felt that you were effectively coping with important changes that were occurring in your life?			,815		
In the last month, how often have you been able to control irritations in your life?			,801		
In the last month, how often have you felt confident about your ability to handle your personal problems			,775		
In the last month, how often have you felt that you were on top of things			,745		
In the last month, how often have you dealt successfully with day to day problems and annoyances?			,691		
In the last month, how often have you been able to control the way you spend your time			,661		
In the last month, how often have you felt that you were unable to control the important things in your life				,795	
In the last month, how often have you found that you could not cope with all the things that you had to do?				,788	
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?				,786	
In the last month, how often have you felt nervous and stressed?				,784	
In the last month, how often have you been angered because of things that happened that were outside of your control?				,763	
In the last month, how often have you felt that things were going your way?					,814
In the last month, how often have been upset because of something that happened unexpectedly?					,668
In the last month, how often have you found yourself thinking about things that you have accomplish?					,621
Total Explained Variance for Leadership Style %63,315					
Total Explained Variance for Perceived Stress % 65,956					

Table 2. Cronbach Alpha Values and Source of Scales

Concepts	Number of Items	Scale Format	Cronbach Alpha	Scale Sources
Transformational Leadership	21	LRFa	0,971	Bass and Avolio (1995)
Passive -Avoidant Leadership	5	LRFa	0,838	Bass and Avolio (1995)
Perceived Coping	6	LRFb	0,868	Cohen et. al (1983)
Perceived Distress	5	LRFb	0,878	Cohen et. al (1983)
Stress	3	LRFb	0,613	Cohen et. al (1983)

Notes:

a LRF – The scale points are 0= not at all, 1= once in a while, 2=sometimes, 3= fairly often and 4= frequently Likert Response Format (Five point: 1=strongly disagree to 5=strongly agree)

b LRF - Likert Response Format (Five point: 0= never, 1= Almost never, 3=Sometimes 4= Fairly Often and, 5 = very often)

In this study, regression analyze is conducted to test the hypotheses and to define the direction of relations. When we examined the Table 3, it can be seen that the two dimensions of the leadership, transformational leadership ($\beta,007=900$), and passive avoidant leadership ($\beta,196= -073$) does not have a significant impact on perceived coping. Also, transformational leadership ($\beta,033= ,560$), and passive avoidant leadership ($\beta,111= ,051$) does not have a significant impact on perceived stress dimensions too. However, transformational and passive leadership has an impact on stress dimension. According to the Table 3, Transformational leadership style ($\beta -225 p=, 000$) and Passive Avoidant Leadership style ($\beta,301 p= ,000$) have significant effect to stress dimension.

Table 3. Regression Analysis Results between Perceived Leadership and Perceived Stress

Regression Model	Independent Variables	Depended Variables	Standardized β	Sig.	Adjusted R2	F Value	Model Sig.
1	Transformational Leadership	Perceived Coping	,007	,900	-,003	,016	,900
2	Passive-Avoidant Leadership	Perceived Coping	-,073	,196	,002	1,678	,196
3	Transformational Leadership	Perceived Distress	-,033	,560	-,002	,340	,560
4	Passive-Avoidant Leadership	Perceived Distress	,111	,051	,009	3,845	,051
5	Transformational Leadership	Stress	-,225	,000	,048	16,566	,000
6	Passive-Avoidant Leadership	Stress	,301	,000	,087	30,813	,000

4. Conclusion

Since there was a significant relationship between both transformational and passive-avoidant leadership with stress, H1_E and H1_F were accepted. Conversely, significant relationships couldn't be revealed between perceived coping and perceived distress with transformational leadership. Therefore, H1_A and H1_C weren't supported. In addition, passive-avoidant leadership doesn't have a significant relationship with both perceived coping and perceived distress. Thus, H1_B and H1_D weren't accepted. Considering all these findings, it can be concluded that H1 was partially accepted. In order to all these research results it can be said that stress and transformational leadership has a negative relationship, on the other hand stress and passive- avoidant leadership has a positive relationship. For this reason it might be concluded that hospital employees who perceive their leaders as transformational leaders might have less stress and others who perceive their leaders as passive- avoidant leaders might have more stress.

The scope of the study was the examination of a possible correlation between the perceived leadership styles of hospital employees and the perceived stress because of his or her perception of leadership styles. The study sample was limited to the 312 hospital employees from 5 nonprofit hospitals who were asked to participate voluntarily in surveys. The study consisted of permanent hospital employees, others who work through outsourcing did not included to the study. The validity of the study findings are limited to the reliability of the instruments used, the honesty of the respondents' answers, and the accuracy of the convenience sample in accurately representing the population. Results

of the study conducted on hospital employees revealed the relationship between perceived leadership and stress. The analysis results showed similarity with aforesaid studies.

In the light of the literature review and research results it is advised to managers to take on transformational leadership style since it has a positive effect on employees' stress level. In a similar way it is advised to managers to refrain from taking on passive avoidant leadership style since it has a negative effect on employees. In this way managers who are responsible of the integrity of the organizations may help to prevent undesired outcomes stemming from stress, furthermore they may help to boost the employees' morale and organization's performance. This study conducted in Istanbul where hospitals are very crowded and intense therefore, it is recommended to conduct this study on hospitals located in rural areas in regard to Istanbul for researchers. By this way, it might be helpful to compare and reveal whether cities make difference on employees' perceived stress and perceived leadership. Moreover, it is recommended to study on whether stress has an effect on leaders' perceived leadership style. Besides, it might be useful to conduct this study on military and police forces where leadership is vital for individuals.

References

- Akbudak, H.İ. (2010). İlköğretim Okul Yöneticileri Liderlik Davranışlarının, Öğretmenlerin Stres Düzeyine Etkisi. *Master Thesis*. Kocaeli: Kocaeli University
- Akdoğan, E. (2002) Öğretim Elemanlarının Algıladıkları Liderlik Stilleri ile iş doyum Düzeyleri Arasındaki ilişki. Marmara Üniversitesi, İstanbul (Yayımlanmamış Yüksek Lisans Tezi)
- Armstrong, M. (2009). *Armstrong's Handbook of Management and Leadership*. 2nd edition. London: Kogan Page
- Antonakis, J. (2012). Transformational and charismatic leadership. In D. V. Day & J. Antonakis (Eds.), *the nature of leadership* (2nd ed., pp. 256–288). Thousand Oaks, CA: Sage.
- Baltaş Z, Atakuman Y, Duman Y.(1998). Standardization of the perceived stress scale: Perceived stress in turkish middle managers. *Stress and Anxiety Research Society, 19th International Conference*, İstanbul, 1998.
- Bass, B.M. (1990) *Bass and Stogdill's Handbook of leadership: Theory, Research and Managerial applications* 3rd Ed. New York: Free Press.
- B. M. Bass and B. J. Avolio, *the Multifactor Leadership Questionnaire for Research*. Palo Alto, CA: Mind Garden, 1995.
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum.
- Basowitz, H., Persky, H., Korchin, S. J., & Grinker, R. R. (1955). *Anxiety and stress*. New York, NY: McGraw-Hill.
- Bennis, W. *American Psychologist*. (2007). the Challenges of Leadership in the Modern World: Introduction to the Special Issue 62.1, 2-5.
- Bennis, W. (2009) *On Becoming a Leader*. Philadelphia Perseus Books Group
- Bolden, R., Gosling, J., Marturano, A. and Dennison, P. (2003) *A review of Leadership Theory and Competency Frameworks*. Center for Leadership Studies University of Exeter. United Kingdom
- Bryman, A. (1992). *Charisma and Leadership in Organizations*. London: Sage
- Brown, T.M., Elizabeth F., 2002 *American Journal of Public Health* October; 92(10)1594 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447286/> (20 December 2014)
- Cannon, W. B. (1939). *The wisdom of the body* (2nd ed.). New York, NY: Norton.
- Cartwright, S., & Cooper, C. (1997). *Managing workplace stress*. Thousand Oaks, CA: Sage
- Cohen, S. (1980). Aftereffects of stress on human performance and social behavior: a review of research and theory. *Psychological bulletin*, 88(1), 82.
- Cohen, S., Kamarck, T., Mermelstein, R., 1983. A global measure of perceived stress. *J. Health Soc. Behav.* 24, 385–396.
- Cooper, C. L. (1998). *Theories of organizational stress*. New York: Oxford University Press
- Daenzer, E.B. (2009) Quantitative Correlation of Leadership Styles and Job Stres in a Midwest United States Auto Company, Phd Dissertation, University of Phoenix
- Daft, L.R. (2008). *The Leadership Experience*, 4.Edition Natorp Boulevard Mason: Thomson South-Western
- De Vinci K.M. (2010) How Does Sensitivity Training of Health Care Workers Impact Patient Satisfaction. *A dissertation for the Degree Doctor of Philosophy* Minnesota: Capella University
- Donatelle, R.J. (2013) *My Health: An Outcomes Approach* Emeritus, Oregon State University, Benjamin Cummings, USA
- Donatelle, R. J., & Hawkins, M. J. (1989). Employee stress claims: Increasing implications for health promotion programming. *American Journal of Health Promotion*. 3(3), 19-25.
- Drury, S. (2003) *Handbook of Leadership Theory for Church Leaders*. Regent Universty.
- Elliot, G. R., Eisdorfer, C. (1982). *Stress and human health*. New York; Springer.
- Fairholm R.M., G.W.Fairholm. (2009). *Understanding Leadership Perspectives* New York: Springer Science and Business Media
- Fitzpatrick, J.J, Wallace, M. (2006) *Encyclopedia of Nursing Research*, 2nd ed. Springer Publishing Company. NY

- Gelsema, T.I. (2007) Job Stress in the Nursing Profession, Doctoral dissertation, Lieden Universty
- Gellis, Z.D. (1999). The Relationship between Leadership Style and Coping Style on Job Stress and Job Satisfaction among Social Workers in Health Care. *PhD Dissertation*. Faculty of Social Work University of Toronto
- Goodwell, H., Wolf, S., & Rogers, F.B. (1986). Historical perspective. In S. Wolf & A.J. Finestone (Eds.), *Occupational stress, health and performance at work*. Littleton, MA: PSG Inc.
- Hartog, D.N.D., P.L. Koopman and Muijen J.J.V. (1995). Charismatic Leadership: A State of the Art. *The Journal of Leadership Studies* 2.4, 35-49
- Hartog, D.N.D. and P.L. Koopman (2011) Leadership in Organizations. *Handbook of Industrial, Work & Organizational Psychology Vol.2.166-187* SAGE Publications.
- Hinkle, L.E. (1973). The Concept of Stress in the biological social sciences. *Stress Medicine and Man*, 1-31-48.
- Hoel H., K. Sparks, and C.L. Cooper (2002). The cost of violence/stress at work and the benefits of a violence/stress-free working environment. *Report Commissioned by the International Labour Organization (ILO) Geneva*
- Hobfoll E.S. (1989) *Conversation of resources. A new Attempt at Conceptualizing Stress*. *American Psychologist*. Vol. 44.no.3, 513-524
- İmirlioğlu, İpek. Devlet Hastanelerinde Çalışan Doktorların ve Hemşirelerin Stres Kaynakları ve Stresin Performanslarına Etkilerine İlişkin Görüşleri (Ankara İli Örneği). *Verimlilik Dergisi*, [S.1.], p. 53-101, may. 2009. ISSN 1013-1388. Erişim Adresi: <<http://dergipark.ulakbim.gov.tr/verimlilik/article/view/5000064402>>. Erişim Tarihi: 28 Sep. 2014
- Janis, I. (1954). Problems of theory in the analysis of stress behavior. *Journal of Social Issues*, 10, 12–25.
- Jarinto, K. (2011). Understanding Stress in Multinational Companies. *International Business Research*. 4.4, 153-163.
- Jaltuch, E.D., (1997) *Mindfulness Based Stress Reduction: A transpersonal Approach in a Hospital Employee Wellness Center*. Master Dissertation California Institute of Transpersonal Psychology Palo Alto, California
- Kalia, M. (2002). Assessing the economic impact of stress: The modern day hidden epidemic. *Metabolism*, 51(6), 49-53.
- R.S Lazarus and J.B. Cohen (1977). *Human Behavior and Environment*. New York: Springer.
- R.S. Lazarus and S. Folkman (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Longest, B. B., Rakich, J. S., & Darr, K. (2000). Leadership. In *Managing Health Services Organizations and Systems* (4th ed.) (pp. 735-769). Baltimore, MD: Health Professions Press.
- Lowe, K. B., & Gardner, W. L. (2001). Ten years of the Leadership Quarterly: Contributions and challenges for the future. *Leadership Quarterly*, 11(4), 459–514.
- Lyon, B.L (2012) Stress, Coping and Health A conceptual Overview B. L.Lyon *Handbook of Stress, Coping and Health*. Detroit: Sage Publications, 2012, 2-20.
- Mark Le Fevre, Jonathan Matheny, Gregory S. Kolt, (2003). Eustress, distress, and interpretation in occupational stress. *Journal of Managerial Psychology*. Vol. 18 Iss: 7, pp.726–744 -emerald data base (January 25, 2015).
- MacDonald J.N. (2007) the relationship Between Levels of Stress and Physical Fitness, as Experienced by Law Enforcement Officers. PhD Dissertation. Loma Linda University. CA., USA
- Mechanic, D. (1962). *Students under stress*. New York, NY: Free Press.
- Miller, L. H. The Business Case for Corporate Stress Assessment and Intervention. *The Stress Knowledge Company*. [Retrieved online 17.01.2015 from www.stressdirections.com].
- Nash, D. (2006). Hospital-acquired infections: Raising the anchoring heuristic. *American Journal of Medical Quality*, 21(6), 5–6.
- National Institute for Occupational Safety and Health. (Jan. 7, 1999). *Stress at Work*. Retrieved January 15, 2015, from <http://www.cdc.gov/niosh/docs/99-101/default.html>
- National Institute for Occupational Safety and Health.(2008) *Exposure to Stress: Occupational Hazards in Hospitals*. <http://www.cdc.gov/niosh/docs/2008-136/pdfs/2008-136.pdf> (January 20, 2015)
- Northouse, P. (2013). *Leadership Theory and Practice*. 6th edition. California: Sage Publications Inc.
- (OSHA) Occupational Safe and Health Organization. (2013). Facts about Hospital Worker Safety. USA
- (OSHA) Occupational Safe and Health Organization. (1991). Occupational exposure to blood borne pathogens: Final Rule. *Federal Register*, 56 (235), 64004-64182.
- Önder, S. (2007). Kara Havacı Pilotların İş Doyum Düzeyleri ve Algılanan Liderlik Stilllerinin İş Doyum Düzeylerine Etkileri. Yüksek Lisans Tezi. Gazi Üniversitesi. Ankara
- Regus, (Istanbul, 6 Eylül 2012). Türkiyede çalışanların yarısından fazlası stress altında <http://press.regus.com/regus-tr/turkiyede-calanlam-yardan-fazlas-stres-altinda/> (12.02.2014).
- Roberto, K.J (2006) An Examination of Stress, Stress Resiliency and Performance Adaptation, Master of Science in Psychology, Arlington : The University of Texas
- Robbins, S.P. (2003). *Organizational Behavior* 10th edition. New Jersey : Prince Hall
- Robbins, S.P. and T. A. Judge (2013). *Organizational Behavior* 15th edition. New Jersey : Prince Hall
- Schuler, R. S. (1980). Definition and conceptualization of stress in organizations. *Organizational behavior and human performance*, 25(2), 184-215.
- Seaward, B. L. (2006). *Managing Stress: Principles and Strategies for Health and Wellbeing* (3rd Ed.). Boston: Jones and Bartlett Publishers.

- Selye, H. (1974). *Stress without Distress*. New York: J.B. Lippincott Company.
- Selye, H. (1979). *A personal Message from Hans Selye*, International Institute of Stress, Montreal, Canada December 6-11.
- Selye, H. (1983). The stress concept: past, present, and future.
- Shea, S. B. (2004). The stress workbook. *Natural Health*, 34(9), 66.
- Snodgrass, E.J. (2006) Faculty Perceptions of Occupational Therapy Program Director's Leadership Styles and Outcomes of Leadership, *Published Dissertation*: Toro University International College of Health Sciences
- Soylu, A. (2008). Causes and Consequences of Work Stress: A Comparison of Foreign and American Workers in United States, PhD Dissertation. Philadelphia Temple
- SoRelle, R. (2009). What causes ED delays and adverse outcomes? : It starts with a 'C' and ends with 'rowding.' *Emergency Medicine News*, 31(7), 20-21.
- Stippler, M, S. Moore, and S. Rosenthal and T. Dorffer. (2011). *Leadership Approaches Developments Trends*. Verlag Bertelsmann Stiftung
- Townsend, J. (2001). Get Touch With Stress. *New Zeland Management*. <http://www.management.co.nz/articles/get-touch-stress> (January 25, 2015).
- Vroom, H. V. And A. G. Jago *American Psychologist*. (2007). the Role of the Situation in Leadership 62.1, 17-24.
- Webster, T., Bergman, B. (1999). Occupational Stress: Counts and Rates. <http://www.bls.gov/opub/mlr/cwc/occupational-stress-counts-and-rates.pdf>. (15 January 2015).
- Weiner, B.I., Nezu M.A., Christine M.N., Geller, P.A. (2003) *Handbook of Psychology* Vol.9, John Wiley and Sons, Inc. New Jersey.
- Yukl, G.A (2010). *Leadership in Organizations*. 7th Edition. New Jersey: Pearson Education
- Zaccaro, S.J. (2007.) Trait Based Perspectives of Leadership. *American Psychologist*. 62.1,6-16.