



LEADERSHIP STYLES AND JOB PERFORMANCE IN MEDICAL PROFESSIONALS AT HOSPITAL VITARTE – LIMA, 2018

ESTILOS DE LIDERAZGO Y DESEMPEÑO LABORAL EN MÉDICOS DEL HOSPITAL VITARTE – LIMA 2018

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ORIGINAL PAPER

ABSTRACT

Objective: To determine the relationship between leadership styles and work performance of the medical staff of Hospital Vitarte Lima in 2018. **Methods:** Descriptive, correlational and cross-sectional study. A non-probabilistic purposive sampling was done and was selected 64 workers. The data collection was done through a previously validated questionnaire and internal consistency by Cronbach's alpha. **Results:** The descriptive statistics determined a 50% in the democratic leadership style of the dimensions and a level higher than 60% for job performance, the inferential statistics through the hypothesis test by Spearman's correlation coefficient ($\rho = 0.85$) showed a high positive correlation in both variables. **Conclusion:** There is a positive correlation between the dimensions Democratic Leadership Style and work performance, so it is recommended the creation of quality improvement projects and training for workers.

Keywords: Leadership; Work performance; Health workforce. (Source: MESH-NLM)

RESUMEN

Objetivo: Determinar la relación entre los estilos de liderazgo y el desempeño laboral del personal médico del Hospital Vitarte Lima, en 2018. **Métodos:** Estudio descriptivo, correlacional y transversal. Se hizo un muestreo no probabilístico intencionado y se seleccionó a 64 trabajadores. La recolección de datos se hizo mediante un cuestionario previamente validado y un análisis de consistencia interna, por el alfa de Cronbach. **Resultados:** La estadística descriptiva determinó un 50% en el estilo de liderazgo democrático de las dimensiones y un nivel superior a 60% para el desempeño laboral. La estadística inferencial, mediante la prueba de hipótesis por el coeficiente de correlación de Spearman ($\rho = 0,85$), evidenció una correlación positiva alta en ambas variables. **Conclusión:** Existe correlación positiva entre el estilo de liderazgo democrático de las dimensiones y el desempeño laboral, por lo que se recomienda la creación de proyectos de mejora de la calidad y capacitación en los trabajadores.

Palabras clave: Liderazgo; Rendimiento laboral; Fuerza laboral en salud. (Fuente: DeCS- BIREME)

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Cite as: Bedriñana Sotomayor JL, Saavedra Muñoz MJ. Leadership styles and job performance in medical professionals at hospital Vitarte – Lima, 2018. Rev Fac Med Hum. 2023;23(3):92-99. doi:10.25176/RFMH.v23i3.5631

Journal home page: <http://revistas.urp.edu.pe/index.php/RFMH>

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INTRODUCTION

Multiple studies have demonstrated the importance of leadership styles in the managerial world. Transactional, transformational, corrective, and passive leadership are factors that promote a better organizational climate, improved decision-making, and consequently have a positive influence on the performance of all employees in an organization ^(1,2). They strengthen the intention to remain and identify with the institution, even through voluntary activities ⁽³⁾. Additionally, Chiavenato includes leadership styles as internal organizational influences in human resource management processes, encompassing incorporating, installing, distinguishing, developing, ensuring continuity, and supervising individuals to achieve desirable workplace outcomes ⁽⁴⁾.

In the healthcare sector, effective leadership allows work at various levels of care, in both public and private hospitals. Services directly depend on political management to address health determinants and influence medical performance ⁽⁵⁾. Thus, leadership styles influence the management of human resources, staff motivation, and the achievement of organizational goals. Constant supervision and adaptation of necessary teamwork requirements with behavioral modulation contribute to better job performance ⁽⁶⁾. It has also been demonstrated that job performance is strongly associated with employee motivation, but it is also influenced by other socioeconomic factors such as a suitable work environment, salary, rewards, and the fulfillment of basic needs to fully develop in their work ⁽⁷⁾. Based on these considerations, this research aims to determine the relationship between leadership styles and job performance of the medical staff of Hospital Vitarte Lima, 2018.

METHODS

Study Design

Non-experimental, descriptive, correlational, and cross-sectional study conducted through surveys among medical professionals at Hospital Vitarte in Lima, Peru, in 2018.

Population and Sample

From the total number of medical professionals at Hospital Vitarte in Lima (110), a sample of 62

professionals was obtained using non-probabilistic convenience sampling. This sample can be considered as a pilot or part of an exploratory study. Medical professionals who were appointed or hired for more than 3 months, not on vacation or on leave, and willing to participate in the study were included. Less than 5 professionals who declined to participate or did not meet the inclusion criteria were excluded.

Variables and Instruments

The main variables were leadership styles (including democratic leadership, authoritarian leadership, task-centered leadership, and relationship-centered leadership) and job performance (including dimensions such as work productivity, effectiveness, and efficiency). The leadership styles questionnaire consisted of 33 questions with Likert scale responses (never, rarely, sometimes, often, always). Its validity was confirmed through expert judgment by professionals with over 10 years of experience in the healthcare sector and advanced degrees. A pilot test was conducted, and Cronbach's alpha was calculated, resulting in a value of 0.821⁽⁸⁾.

The job performance questionnaire consisted of 15 questions related to its three dimensions, with Likert scale responses (never, rarely, sometimes, often, always). It was also confirmed through expert judgment, and a pilot test yielded a Cronbach's alpha reliability coefficient of 0.817⁽²⁾. The data was collected through a data collection form in the format of a virtual survey using Google Forms, and sociodemographic data such as age, gender, service area, employment status, and length of service were also obtained to describe the surveyed population. The questionnaires were administered to all medical professionals who met the inclusion criteria, with prior permission from the hospital and providing necessary information to each participant. All personal data remained confidential and were self-administered by the study author.

Statistical Analysis

Responses from the participants were transcribed and

entered into a spreadsheet using Microsoft Excel for Windows, which was then analyzed using SPSS software (version 22). As an exploratory study, descriptive analysis was conducted to gain a better understanding of the surveyed sample. Frequencies and percentages were used for categorical variables, and for quantitative variables, normality was evaluated using the Shapiro-Wilk test. Appropriate measures of central tendency and dispersion were used for descriptive purposes. Finally, Spearman's correlation coefficient was used for analytical statistics.

Ethical Considerations

The study received approval from the administration of

Hospital Vitarte, the teaching and research support unit, and the research department (all with approval number 043-2018). Informed consent was obtained from each participant, ensuring anonymity and data confidentiality.

RESULTS

Hospital Vitarte, the teaching and research support unit, and the research department (all with approval number 043-2018). Informed consent was obtained from each participant, ensuring anonymity and data confidentiality.

Table 1. Characteristics of medical professionals working at Hospital Vitarte Lima, 2018.

Characteristics	Frequency	Percentage
Gender		
Female	18	29.0
Male	44	71.0
Age (years)		
30 to 40	27	43.5
41 to 65	35	56.5
Department		
Medicine	32	51.6
Surgery	14	22.6
Gynecology-Obstetrics	13	21.0
Pediatrics	3	4.8
Employment Status		
Permanent	45	72.6
Contractual	17	27.4
Length of Service (years)		
Less than 15	49	79.0
15 to 25	8	12.9
26 to 35	4	6.5
More than 35	1	1.6



The 50.0% of medical professionals demonstrated a high level of democratic leadership, and 46.8% showed a relationship-centered leadership style, promoting

participation and active communication among the members of the Hospital (Table 2).

Table 2. Leadership Styles of medical professionals working at Hospital Vitarte Lima, 2018.

Leadership Styles	Low (%)	Medium n (%)	High n (%)
Autocratic	30 (48.4)	25 (40.3%)	7 (11.3%)
Democratic	4 (1.5%)	27 (43.5%)	31 (50%)
People-centered	10 (16.1%)	24 (38.7%)	28 (45.2%)
Relationship-centered	4 (1.5%)	29 (46.8%)	29 (46.8%)

It was found that 41.9% of medical professionals almost always prefer that work-related decisions are made through group discussions rather than individually, 38.7% bring problems to group discussions and decision-making, and the same percentage

prefers to include all members of the group in the development of activities. Additionally, 37.1% share institutional responsibilities with the entire group, and 43.5% evaluate group functions in meetings to improve results and productivity (Table 3).

Table 3. Perception of Democratic Leadership among medical professionals working at Hospital Vitarte Lima, 2018.

Democratic Leadership	Never n (%)	Very rarely n (%)	Sometimes n (%)	Almost always n (%)	Always n (%)
Prefers work-related decisions to be made through group discussions.	1 (1.6%)	14 (22.6%)	15 (24.2%)	26 (41.9%)	6 (9.7%)
Brings problems to group discussions and decision-making.	3 (4.8%)	7 (11.3%)	24 (38.7%)	23 (37.1%)	5 (8.1%)
Prefers decision-making to be based on the will of the group.	0 (0.0%)	9 (14.5%)	21 (33.9%)	24 (38.7%)	8 (12.9%)
Prefers to include all members of the group in the development of activities.	0 (0.0%)	11 (17.7%)	18 (29.0%)	24 (38.7%)	9 (14.5%)
Shares institutional responsibilities with the entire group.	0 (0.0%)	9 (14.5%)	19 (30.6%)	23 (37.1%)	11 (17.7%)
Evaluates group functions in meetings to improve institutional productivity.	1 (1.6%)	10 (16.1%)	27 (43.5%)	20 (32.3)	4 (6.5%)

ORIGINAL PAPER

In terms of Job Performance, the productivity dimension showed that 69.4% of medical professionals perceive that they almost always efficiently accomplish assigned activities, and 67.7% perceive that they almost always meet organizational goals. In the effectiveness dimension, 69.4% perceive that they almost always

meet goals according to the organizational schedule, and 61.3% perceive that they almost always perform their work with quality. In the efficiency dimension, 69.4% perceive that their level of responsibility is in line with their capacity, and the same percentage adapts easily to institutional changes (Table 4).

Table 4. Perception of Job Performance among medical professionals working at Hospital Vitarte Lima, 2018.

ORIGINAL PAPER

Job Performance	Sometimes (%)	Almost always (%)	Always (%)
Labor productivity			
Efficiently accomplishes assigned activities	22.6	69.4	8.1
Efficiently performs work	9.7	66.1	24.2
Level of production in line with institution's requirements	12.9	64.5	22.6
Meets organizational goals	21.0	67.7	11.3
Contributes to the objectives of the institution	12.9	62.9	24.2
Effectiveness			
Meets goals according to the schedule	22.6	69.4	8.1
ts assigned activities	3.2	59.7	37.1
he functions of their job position	14.5	48.4	37.1
Performs work with quality	11.3	61.3	27.4
Accomplishes assigned tasks	9.7	58.1	32.3
Efficiency			
Level of responsibility is in line with capacity	22.6	69.4	8.1
Level of knowledge allows for good performance	8.1	45.2	46.8
Develops leadership and cooperation in the workplace.	12.9	64.5	22.6
Adapts easily to institutional changes.	8.1	69.4	22.6
Believes that work is done in optimal time.	33.9	61.3	4.8



Finally, the Spearman correlation coefficient was obtained, where a value of $Rho = 0.85$ was found, indicating a correlation between the two main variables. Additionally, the value indicates a positive correlation, meaning that an increase in one variable corresponds to an increase in the values of the other variable.

DISCUSSION

This study revealed that medical professionals at Hospital Vitarte in Lima, Peru perceived a high level of democratic leadership style, with 50% of the participants reporting this finding. This is consistent with a nursing study where over 50% of subordinates identified their superiors as exhibiting democratic leadership in various hospital services⁽⁹⁾. Another study also found a higher characterization of democratic leadership, with indicators of 90.8% responsibility and 77.5% decision-making⁽⁹⁾. These findings suggest that in recent years, group influence has been directed towards a supportive relationship-oriented approach to group decision-making and conflict resolution, promoting cohesion and participation of each individual, ultimately leading to shared responsibilities⁽¹⁰⁾. Proactivity and effective communication skills of leaders are believed to ensure success⁽¹¹⁾. While the majority of participants perceived this democratic leadership style, 46.8% also identified a relationship-centered leadership style, which is positively related to job satisfaction and, consequently, to employees' job performance. By acting as a group and pursuing institutional objectives, the functions of each employee are complemented, enhancing organizational value and fostering trust and mutual respect among workers^(9,12).

The study found that over 41% of the surveyed professionals prefer making decisions as a group, and 38.7% involve the group in discussing and making decisions related to problems. Moreover, they prefer including all group members in the development of activities. This contrasts with a study in medium-sized companies where decision-making was assigned to higher-ranking professionals, despite their promotion of participation among all members of the organization⁽¹³⁾. This difference may be attributed to the continuous stress experienced by healthcare workers in dealing with the health and illness of individuals, leading to

physical and mental strain⁽¹⁴⁾. This stress can make decision-making burdensome, but group discussions allow for multi-criteria approaches and distribute responsibility among all those involved in the institution⁽¹⁵⁾. This approach is based on clinical evidence and aims to achieve effective therapeutic outcomes based on the context of each patient⁽¹⁶⁾. Consistent with this, more than 37% of the respondents perceive shared responsibilities, and over 43% evaluate group functions to improve outcomes and productivity.

Furthermore, within job performance, over 67% of physicians perceive that they consistently perform their activities efficiently and meet the hospital's goals. It is important to note that in the healthcare system, quality depends not only on professionals' knowledge but also on their ability to act and make decisions when providing patient care⁽¹⁷⁾. A Peruvian study showed that professionals are exposed to burnout syndrome from the later years of their studies due to the academic and hospital workload, leading to significant exhaustion⁽¹⁸⁾. However, our study reveals that the interviewed medical professionals perceive a consistently high level of productivity, effectiveness, and efficiency in their job performance.

The medical staff at Hospital Vitarte perceived that they meet organizational goals according to the established schedule, with over 69% reporting this perception. This could be explained by the teamwork observed when analyzing the learning styles, which were predominantly democratic and relationship-based. This fosters the achievement of common goals with greater organization and better job performance, as it actively engages each member of the institution and promotes collective decision-making, thereby increasing efficiency in professional performance⁽¹⁹⁾.

Finally, 69.4% of the participants perceive that their level of responsibility aligns with their capacity, and they adapt easily to institutional changes. This contrasts with a Colombian study where healthcare professionals in residency sought immediate supervisor assistance in resolving patient questions or conflicts, indicating inadequate conflict management skills^(20,21). Therefore, other studies have found that job performance is closely related to the organizational climate, with

the most important indicator being human potential⁽²²⁾, as individuals demonstrated high job performance in our research.

The study had clear limitations, including selection bias and a small sample size. However, it is an underreported study in healthcare institutions and highlights important perceptions of a group of medical professionals who work with a democratic leadership style influenced by social relationships. Additionally, it presents a perception of high job performance in a hospital in Lima, Peru. This information can provide insights for other healthcare institutions and supervisors regarding the experiences of this group of

healthcare professionals. Further research is encouraged to explore leadership styles and job performance among healthcare professionals in larger populations, with a greater number of influential variables, and utilizing more robust analytical designs or higher scientific evidence.

In conclusion, there is a positive correlation between the dimensions of democratic leadership style and job performance. Therefore, it is recommended to create quality improvement projects and provide training to workers that strengthen the connection between leaders in the organization, ultimately enhancing human resources and job performance of the employees.

Authorship contribution: JLBS and MJSM supported the research idea, project development, data collection, analysis and interpretation, manuscript writing, and approved the final version.

Financing: Self-financed.

Conflict of interest statement: The primary author (Jose Luis Bedriñana Sotomayor) worked at the data collection site, but this did not influence the results or other parts of the article.

Received: April 15, 2023

Accepted: July 25, 2024

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REFERENCES

- Alegre TMA, Saavedra EFC, Alfaro CER, Sánchez RMS. Leadership style and attitude to organizational change among health professionals during the covid-19 pandemic. *Revista Cubana de Investigaciones Biomédicas*. 2021;40(5). <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/pt/covidwho-1273855>
- Quispe Vargas E. Clima organizacional y Desempeño laboral en la Municipalidad distrital de Pacucha, Andahuaylas, 2015 [Tesis de pregrado]. Universidad Nacional José María Arguedas; 2015. Available from: <https://repositorio.unajma.edu.pe/handle/20.500.14168/230>
- Almas S, Chacón-Fuertes F, Pérez-Muñoz A. Los efectos directos e indirectos del liderazgo transformacional en la intención de los voluntarios de permanecer en organizaciones sin ánimo de lucro. *Psicosocial Intervention*. 2020;29(3). <https://dx.doi.org/10.5093/pi2020a17>
- Chiavenato I. Gestión del Talento Humano. 3rd ed. Mares Chacón J, editor. México: McGRAW-HILL; 2008. 6–626 p. <http://repositorio.uasb.edu.bo:8080/bitstream/54000/1143/1/Chiavenato-Talento>
- Puertas EB, Sotelo JM, Ramos G. Liderazgo y gestión estratégica en sistemas de salud basados en atención primaria de salud. *Rev Panam Salud Publica*. 2020;44:1–9. <https://doi.org/10.26633/RPSP.2020.124>
- Belloso Chacín R, Terán W, Leal M. Gestión del talento humano y cultura organizacional en las empresas aseguradoras. *CICAG: Revista del Centro de Investigación de Ciencias Administrativas y Gerenciales*. 2009;6(1):30–40. <http://ojs.urbe.edu/index.php/cicag/article/view/490/3449>
- Puertas de García M, Rodríguez Y, Alvarado A, Pineda J, Rodríguez R. Factores motivadores que influyen en el desempeño laboral del personal de enfermería de sala de partos del Hospital Central Universitario "Dr. Antonio María Pineda." Biblioteca Lascazas. 2008;4(1):1–11. <http://www.index-f.com/lascasas/documentos/Lc0302.php>
- Ortega Padilla KJ. Liderazgo y desempeño laboral de los profesionales de Enfermería ser Servicio de Emergencia del Hospital II ESSALUD Huánuco - 2016 [Tesis de maestría]. Universidad de Huánuco; 2016. <http://localhost:8080/xmlui/handle/123456789/260>
- Cortés González J, Paulina M, Saavedra H, Gisel T, Rivera M, Luisa M, et al. Leadership styles in nursing department heads. Artículo de revisión *Enf Neurol (Mex)*. 2012;12(2):84–94. <http://www.medigraphic.com/enfermerianeurologica>
- Ayuso Murillo D, Herrera Peco I, Camarero Bernabé C, Colomer Sánchez A, Gallardo Bonet S, Concepción García Escudero M, et al. El liderazgo en los entornos sanitarios: Formas de gestión. 2017. <https://www.editedizdesantos.com/wwwdat/pdf/9788490520796.pdf>
- Berger BK, Reber BH, Heyman WC. You Can't Homogenize Success in Communication Management: PR Leaders Take Diverse Paths to Top. *International Journal of Strategic Communication*. 2007;1(1):53–71. DOI: [10.1080/15531180701285301](https://doi.org/10.1080/15531180701285301)
- Pérez Vilar PS, Azzollini S. Liderazgo, equipos y grupos de trabajo: su relación con la satisfacción laboral. *Revista de Psicología (PUCP)*. 2013;31(1):151–69. http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S0254-92472013000100006
- Zapata Rotundo G, Sigala Paparella L, Mirabal Martínez A. Toma de decisiones y estilo de liderazgo: estudio en medianas empresas. *Compendium*. 2016; 36:35–59. <https://www.redalyc.org/pdf/880/88046587003>
- Mejía CR, Chacon JI, Enamorado-Leiva OM, Garnica LR, Chacón-Pedraza SA, García-Espinosa YA. Factores asociados al estrés laboral en trabajadores de seis países de Latinoamérica. *Revista de la Asociación Española de Especialistas en Medicina del Trabajo*. 2019;28(3):204–11. https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-62552019000300004
- Osorio Gómez JC, Orejuela Cabrera JP. El proceso de análisis jerárquico (AHP) y la toma de decisiones multicriterio. Ejemplo de aplicación. *Scientia et Technica Año XIV*. 2008; 39:247–52. DOI: <https://doi.org/10.22517/23447214.3217>
- Moncada A, Cuba MS. Toma de decisiones clínicas en atención primaria. *Revista Médica Herediana*. 2013;24(4):319–23. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412012000400013



17. Salas P, Díaz H, Pérez H. Las competencias y el desempeño laboral en el Sistema Nacional de Salud. *Revista Cubana de Educación Médica Superior*. 2012;26(4):604–17.
18. Mejía CR, Valladares-Garrido MJ, Talledo-Ulfe L, Sánchez-Arteaga K, Rojas C, Ruiz-Arimuya JJ, et al. Síndrome de Burnout y factores asociados en estudiantes de medicina: Estudio multicéntrico en siete facultades de medicina peruanas. *Rev Chil Neuropsiquiatr*. 2016;54(3):207–14. <https://doi.org/10.4067/S0717-92272016000300005>
19. Vivas JR. Comunicación y Toma de decisión en grupo. *Revista Idea*. 2016;16(40):13–20. <http://humanas.unsl.edu.ar/Revistas/IDEA40/Revista40>
20. Castaño I, García M, Leguizamón L, Novoa M, Moreno I del S. Asociación entre el síndrome de estrés asistencial en residentes de medicina interna, el reporte de sus prácticas médicas de cuidados subóptimos y el reporte de los pacientes. *Universitas Psychologica*. 2006;5(3):549–62. http://Users/user/Downloads/adminpujojs,+V5N308_asociacionestres
21. Mamani Reyes D. Clima organizacional y desempeño laboral en el personal profesional de salud que trabaja en la microred Quellouno-2017 [Tesis de pregrado]. Universidad Nacional de San Antonio Abad del Cusco; 2017. Available from: <https://repositorio.unsaac.edu.pe/handle/20.500.12918/3168>
22. Rojas Livia S. Clima organizacional y desempeño laboral del personal de salud del Hospital Daniel Alcides Carrión, Pasco. *Rev Peru Cienc Salud*. 2019 1(4):191–6. <https://hdl.handle.net/20.500.13080/5881>