

# Valuing empathy and emotional intelligence in health leadership: a study of empathy, leadership behaviour and outcome effectiveness

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This article examines the relationship between health managers' self-assessed empathy, their leadership behaviours as rated by their staff, and staff's personal ratings on a range of work satisfaction and related outcome measures. Empathy was conceived of as four distinct but related individual dispositions, namely empathic concern (EC), perspective taking (PT), personal distress (PD) and empathic matching (EM). Results showed three empathy scales (EC, PT and EM) were, as postulated, positively related to transformational behaviour (inspiring followers to achieve more than expected). The same three measures, also as expected, showed no relationship to transactional behaviour (motivating followers to achieve expected results) and were negatively associated with laissez-faire leadership (an absence of leadership style).

Relationships between empathy scales and outcome measures were selective and moderate in size. Strongest empathy association was evident between the PT scale and most outcome measures. Conversely, the extra effort outcome appeared most sensitive to the range of empathy scales. Where significant relationships did exist between empathy and outcome, leadership behaviour was in all cases a perfect mediator. Whilst not denying the smaller dispositional effects on leadership outcomes, leadership behaviour itself, rather than individual traits such as empathy, appear to be major influencing factors in leadership effectiveness.

## Introduction

In recent years researchers and health practitioners have paid increasing attention to the

role of interpersonal competence and emotions in organizational effectiveness and health leadership.<sup>1–5</sup> Questions relating to the emotional competencies and capacities that are required for future leaders and to the balance between technical proficiency and sound interpersonal competence are two examples of the kind of interest generated in this area. This paper focuses on increasing understanding between one aspect of emotional intelligence, namely empathy, and its

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relationship to health leadership behaviour and effectiveness.

Historically, leadership models have emphasized differences between task-oriented and relationship-oriented leaders.<sup>6,7</sup> Task leaders have often been characterized as 'serious', focused on one-way communication, with emotional management oriented to delaying gratification and stressing the importance of self-motivation. In contrast, relationship leaders have been considered as 'friendly', using two-way communication and emphasizing emotions such as empathy to influence staff motivation. Effective leadership clearly involves a balance between these task and relationship factors, with the consequent importance of both cognitive and emotional factors. Traditional task functions of planning, coordinating, controlling and organising are vital, but so too is the need for understanding and management of emotions and the relationship domain.

Health leadership is not only concerned with task outcome and rational processes, but also involves understanding and communicating with a wide variety of individuals in a range of differing situations. Benefits to such an approach rest with the increasing importance of the awareness and anticipation of professional and personal needs. Understanding emotional abilities and competencies appears central to this process. Interestingly, recent studies<sup>8,9</sup> have suggested that emotion precedes or at least accompanies cognition and as such emotion and affect can help provide an important service to improve cognition.

Discussion of emotions in the workplace has been stimulated by original publications such as Hochschild's *The Managed Heart*<sup>10</sup> and more recently Goleman's *Emotional Intelligence*.<sup>11</sup> Fitness<sup>12(p.148)</sup> states that the workplace is 'one of the most seriously frustrating contexts that people have to deal with'. Health leaders who can understand emotions may well contribute to increased employee motivation as well as increased levels of optimism and commitment to organizational vision.<sup>13,14</sup> Such factors have been at the heart of recent transformational models of leaders that emphasize inspirational motivation, individual concern, and motivation beyond normal expectations.<sup>15</sup> Linkages between leadership and a specific form of emotional intelligence (empathy) were a major focus of the present study.

The emergence of models that have focussed on transformational and transactional aspects of leadership<sup>16</sup> revived leadership as a main topic of theoretical and practical interest in the late 1980s. They built on past trait, situational and contingency models and incorporated various transformational, charismatic, transactional and visionary concepts into a new leadership paradigm.

Earlier exchange and transactional models<sup>17,18</sup> stressed the leader-follower relationship in clarifying, providing direction and rewarding behaviour. More recent transformational charismatic approaches<sup>15,19</sup> emphasize characteristics such as intellectual stimulation, inspiration and vision, high expectations for leader behaviour and individual concern for followers. Whilst acknowledging the importance of follower self-esteem, trust and confidence,<sup>20</sup> this paper stresses the significance of followers' emotional attachment through increased intrinsic motivation to their leader.

Transformational leadership requires a balance between conceptual and emotional understanding. Whilst acknowledging the similarity of traits identified in earlier research, Yukl<sup>21</sup> emphasized the extra importance of conceptual and interpersonal competencies to transformational and charismatic leaders. Given the importance of strong emotional relationship between leader and follower, research has suggested emotional intelligence may underlay the expression of transformational behaviour.<sup>11,22,23</sup> Bass's main components of transformational leadership – individual consideration, intellectual stimulation, inspirational motivation, and idealized influence – have been conceptually related to emotional expression and consideration.

The concept of emotional intelligence was first introduced by Salovey and Mayer,<sup>24</sup> who were influenced by earlier theories of social intelligence<sup>25</sup> and Gardner's theory of multiple intelligence.<sup>26</sup> More recently, Goleman<sup>11</sup> has popularized the concept, with Salovey and Mayer<sup>27</sup> further refining their ability model. Goleman's<sup>28</sup> wider definition of emotional intelligence indicated five basic emotional and social competencies. Specifically, self-awareness, self-regulation, motivation, empathy, and social skills. Alternatively, Salovey and Mayer<sup>27</sup> used an ability model to define emotional intelligence as 'the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions

and emotional knowledge and to regulate emotions so as to promote emotional and intellectual growth'.<sup>27(p. 10)</sup>

This increasing acceptance of emotions and emotional intelligence as a concept that has empirical and practical merit has led to further investigation of a range of individual affective dispositions and abilities (e.g. empathy, trust, loyalty, organizational commitment). For instance, empathy in its various guises has a long history in the counselling and social psychology literature and has been advocated as central to a leader's ability to perceive and understand task and relationship employee's needs.<sup>29</sup> Salovey and Mayer<sup>24,27</sup> propose that empathy may in fact be a central characteristic of emotionally intelligent behaviour. The current interest in emotional intelligence has led to increased investigation of the link between various forms of empathy and modern concepts of transformational and charismatic leadership.

Given such advocacy of the connection between emotional intelligence and transformational behaviour, a link between empathy and transformational leadership would be expected.

### Present study

The present study examined the relationship between manager's self assessed empathy, their leadership behaviours as rated by subordinates and subordinates personal ratings on a range of work satisfaction and related outcome measures. Empathy was conceived of consisting of four distinct but related individual dispositions, namely empathic concern (EC), perspective taking (PT), empathic matching (EM) and personal distress (PD).

The first three of these empathic concepts were postulated to positively relate to transformational leadership behaviour (inspiring followers to achieve more than expected). In contrast these three measures were expected to show no relationship to transactional leadership behaviour (motivating followers to achieve expected results) and to be negatively associated with laissez-faire leadership (absence of leadership behaviour). PD, a measure of an individual's disposition to experience distress and discomfort in response to extreme distress in others, was hypothesized to be negatively associated with followers' ratings of both managers' transformational leadership

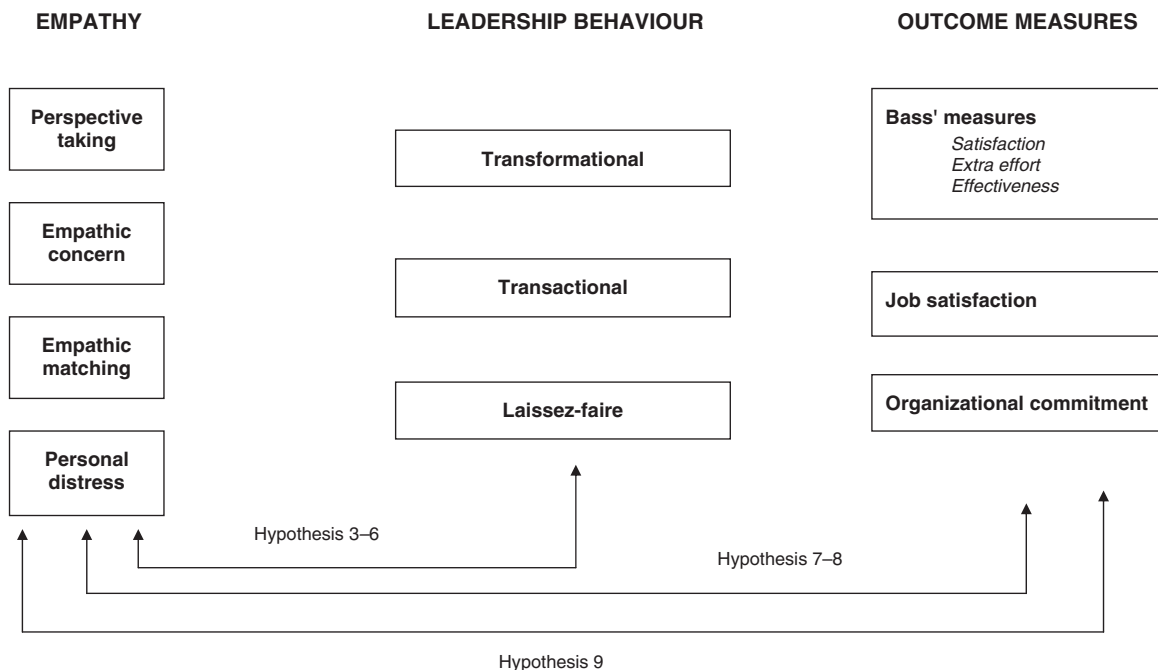


Figure 1 Input-Process-Output model of empathy: leadership and behaviour outcome measures

and general managerial effectiveness, but show no relationship to either transactional or laissez-faire styles. It was also anticipated that empathy would be positively related to followers' job satisfaction, organizational commitment, willingness to make an extra effort and their ratings of manager's effectiveness. Finally, it was expected that leadership behaviour would act as a mediator between empathy and outcome effectiveness measures. Figure 1 outlines the major relationships examined in the study.

## Method

### Empathy scale development

An initial series of studies was undertaken to establish a multidimensional empathy scale that was subsequently used in the main health service's management study. The development of the empathy scale was based on information gathered from two pilot studies and a third confirmatory validation study.

In the first study, 153 first-year students completed a 53-item empathy scale comprising newly created, borrowed or adapted empathy measures. Results provided limited support for the four hypothesized empathy scales. In the second pilot study, 79 university students completed an amended 38-item questionnaire based on the findings of the first study. The results provided additional support for the proposed scale, with clear confirmation of PD and PT scales. In the third study, 232 university students completed a final 30-item empathy scale, together with five other validation interpersonal scales. The 30-item scale was found to have sound psychometric properties, with minimal overlap between factors, acceptable internal reliability and appropriate construct validation.

### Main study

#### *Sample and setting*

Middle/senior level health managers ( $n=96$ ) working for the Western Australian Health Department were invited from an initial list of 120 possible participants to participate in the study. Of these, 73% were rural and 28% were metro-based, with managers having to have a department for four or more months and be responsible for 12 or more employees for more than three months. In addition, up to 12

subordinate staff per manager who had reported for at least three months were selected from each of the manager's health sites. To establish an objective and systematic selection process for staff participation the following criteria were established: voluntary participation, names from most recent payroll, full-time then part-time preference. A total of 563 subordinate staff completed questionnaires (48% response rate), representing an average of 5.6 staff per manager.

Depending on health site location a variety of phone, telephone and face-to-face contact was made with participants. Health sites within a 500 km radius of Perth were visited to collect managerial responses and provide any additional information on the study's requirements. More remote locations received telephone and mail information. Twelve sets of envelopes were provided to each manager for staff distribution. Envelopes contained research questions, an explanatory description sheet, a consent form and an introductory letter providing details about where to obtain further information. Staff members were provided with reply paid envelopes to be sent directly to the researcher. Confidentiality was maintained through health site rather than individual coding.

#### *Instrumentation, measures and analysis*

Managers received a questionnaire consisting of four instruments (Multifactor Leadership Questionnaire [MLQ]; Manager Form 5X;<sup>30</sup> NEO Personality Inventory;<sup>31</sup> Multidimensional Empathy Scale;<sup>32</sup> and a demographic set of questions). Staff received five instruments in their questionnaire (MLQ, Staff Form 5X;<sup>30</sup> Job in General Scale;<sup>33</sup> Organizational Commitment Scale;<sup>34</sup> and demographic question sheet).

Factor analytic procedures were used to establish and clarify the factor structure of the Multi-dimensional Empathy Scale (MES) and the MLQ. Principal component analysis and screen tests were used to determine and verify MES and MLQ components and confirm the number of factors. Transformational leadership was defined by six main factors (idealized attributes, idealized behaviour, inspirational motivation, intellectual stimulation, individualized consideration, and contingent reward), transactional leadership by one factor (management by exception [active]) and laissez-faire by

two factors (management by exception [passive] and laissez-faire). This construct configuration, whilst different from Bass's current Full Range Leadership Model,<sup>35</sup> has received previous support from Medley and Larouchelle<sup>36</sup> and Hartog *et al.*<sup>37</sup>

Standard bivariate correlation was used to examine the degree of association between empathy and leadership behaviour, and empathy with outcome measures. A separate multiple regression process from Baron and Kenny<sup>38</sup> was used to identify any mediating influence of leadership behaviour on the empathy to outcome relationship. SYSS regression was chosen as the appropriate standard package to analyse and report data.

## Results

### Empathy and leadership

A major interest in the study was the relationship between empathy (EC, EM, PT and PD) and leadership behaviour (transformational, transactional and laissez-faire). Table 1 presents the correlational analysis for the four empathy scales with the three leadership styles.

All four empathy scales were found to have significant correlations with transformational leadership scores. EC, EM and PT recorded significant positive correlations with transformational scores. An expected significant negative correlation between PD and transformational leadership, and an insignificant correlation between PD and both transformational and laissez-faire leadership was supported. Also expected was the finding that transactional leadership was not significantly correlated with any empathy scales (although interpretive caution is suggested as a result of internal consistency alpha equating to 0.68 on transactional scale). Finally, a negative relationship was found between laissez-faire and empathy measures (with the exception of PD). The results support the role of empathy as a correlate of leadership measured by the MLQ.

### Empathy and outcome measures

Table 2 details correlations between each of the four multidimensional empathy scales and the five leadership outcome measures.

Out of 20 possible correlation coefficients, nine achieved significance. PT demonstrated association with four of the five outcome measures. EM was significantly correlated with organizational commitment and extra effort and satisfaction. PD and EC scales correlated with the extra effort variable. Of the outcome measures, only extra effort was significantly correlated with empathy measures. In contrast, organizational commitment was found to have little direct association with empathy.

A noticeable difference between the two measures of job satisfaction and correlation to empathy scales is worthy of attention. The magnitude of such correlations was consistently higher for Bass's satisfaction measure rather than the Job in General Satisfaction (JIG) scale. This could be attributed to the Bass measure being contained at the end the MLQ questionnaire, rather than as a separate questionnaire as in the JIG scale measure.

### Leadership as a mediating variable

Mediation analysis focussed separately on the three main MLQ scales (transformational, transactional, laissez-faire). For each analysis with four independent variables, five dependent variables, one potential mediator and using Baron and Kenny's three-stage method of mediator analysis, a total of 44 equations were examined, with a total of 20 mediator relationships possible.

The results obtained by examining the transformational scale using Baron and Kenny's first step (independent variable and mediator relationship) are shown in the Transformational column in Table 3. All results achieved significance and as a result were included in the second step. Table 4 shows steps two and three in the mediator analysis

**Table 1** Intercorrelations between Multidimensional Empathy Subscales and Leadership Scales

	Transformational	Transactional	Laissez-faire
EC	0.30 <sup>†</sup>	-0.02	-0.26 <sup>†</sup>
EM	0.31 <sup>†</sup>	-0.02	-0.30 <sup>†</sup>
PT	0.33 <sup>†</sup>	-0.02	-0.28*
PD	-0.26 <sup>†</sup>	-0.04	0.16

\* $P < 0.05$ ; <sup>†</sup> $P < 0.01$ .



**Table 2** Intercorrelations between Multidimensional Empathy Subscales and Outcome Variables

	Job satisfaction	Organizational commitment	Effectiveness	Extra effort	Bass satisfaction
EC	0.06	0.02	0.14	0.21*	0.19
EM	0.15	0.21*	0.16	0.21*	0.22*
PT	0.21*	0.15	0.25*	0.25*	0.28 <sup>†</sup>
PD	-0.09	0.13	-0.19	-0.22*	-0.18

\* $P < 0.05$ ; <sup>†</sup> $P < 0.01$ .

(note: Transformational is only a mediator if the significant relationship in step two weakens or disappears in step three and the relationship between Transformational and outcomes is significant).

Table 4 indicates that 12 relationships in step two failed to reach significance, leaving eight potential relationships to be tested for mediation. Table 4 shows that all eight relationships met the criteria and can be classed as perfect mediators: the relationship between the empathy antecedent and outcomes completely disappeared when the transformational factor was added to the equation.

Similar processes were used to examine the Transactional and Laissez-Faire scales as mediators. The results for Transactional (Table 3) show that all four empathy variables failed the mediation test; therefore no further analysis was indicated and transactional was not identified as a mediator.

The Laissez-Faire results showed that three equations were significant and were included into step two. Only one independent variable – PD – failed this first step, and removing equations that contained PD resulted in 15 possible mediator relationships. Table 5 shows the results for steps two and three in Laissez-Faire. Eight additional relationships in step two failed to reach significance. The remaining seven relationships were possible for mediation and Table 5 indicates that six out of the seven met the criteria for perfect mediation.

In summary, the results support the contention that transformational and laissez-faire leadership styles mediate between categories of empathy and types of outcome effectiveness. Transformational leadership effectively mediates 40% (eight out of 20 equations) and laissez-faire mediates 30% (six out of 20 equations) of the relationships between multidimensional empathy scales and identified outcome measures. No support for transactional leadership as a mediator was shown. The results support the overall model advanced in Figure 1.

Tests for mediation occurred in three steps with steps two and three shown here: 2) the dependent variables (job satisfaction, organizational commitment, Bass's satisfaction, effectiveness, extra effort) were regressed on the antecedent empathy variables and if significant, 3) the leadership variable (e.g. transformational) was added to the regression equation.

## Discussion

### Empathy and leadership behaviour

The results extend support to Bass's<sup>39</sup> contention that leaders' personal characteristics affect leader behaviour. Bass stressed the importance of inwardly oriented leaders conveying determination and self-confidence to motivate follower performance to organizational levels beyond normal expectations. Present results suggest that certain forms of empathy act as a positive or negative antecedent for transformational or laissez-faire styles respectively, but show no linkage to transactional leadership.

EC, EM and PT were found to act as antecedents to transformational leadership. This supports Burns' original work,<sup>19</sup> which emphasized the importance of trust, compassion and empathy in the development of transformational leadership. The three forms of empathy appear to be important underlying dispositional traits associated with the demonstration of transformational behaviour.

Transactional leadership was defined as specifically active management by exception; that is as a corrective transaction, where the leader actively arranges to monitor any deviation and take corrective action as necessary. As such, the study affirmed the expected non-significant relationship between the three empathy scales (EC, EM and PT) and transactional leadership. The focus on active intervention, with leaders investigating and searching for mistakes, clearly implies that an external set

**Table 3** Descriptive statistics, reliabilities and intercorrelational matrix

VARIABLE	Num	alpha	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
EMPATHY																									
1. EC	96	0.75	5.62	0.96																					
2. EM	96	0.83	5.09	1.31	0.53																				
3. PT	96	0.81	5.26	1.17	0.60	0.51																			
4. PD	96	0.72	2.09	1.03	-0.25	-0.01	-0.26																		
LEADERSHIP																									
5. <i>Transformational</i>	96	0.94	3.65	1.14	<b>0.30</b>	<b>0.31</b>	<b>0.33</b>	<b>-0.25</b>																	
6. Idealized Influence-IA	96	0.84	3.68	0.75	0.26	0.31	0.32	-0.17	0.92																
7. Idealized Influence-IB	96	0.74	3.68	0.64	0.31	0.32	0.24	-0.25	0.87	0.74															
8. Inspirational Motivation	96	0.86	3.84	0.64	0.29	0.33	0.33	-0.30	0.90	0.79	0.82														
9. Intellectual Stimulation	96	0.77	3.47	0.65	0.20	0.15	0.22	-0.20	0.86	0.76	0.68	0.69													
10. Individual Concern	96	0.77	3.38	0.72	0.29	0.26	0.3	-0.21	0.89	0.82	0.71	0.74	0.72												
11. Contingent Reward	96	0.74	3.65	0.66	0.24	0.25	0.33	-0.22	0.87	0.72	0.67	0.74	0.77	0.73											
12. <i>Transactional</i>	96	0.68	2.99	0.66	<b>-0.02</b>	<b>-0.02</b>	<b>-0.02</b>	<b>-0.04</b>	0.11	0.06	0.15	0.10	0.03	0.11	0.16										
13. <i>New Laissez-Faire</i>	96	0.89	2.04	0.69	<b>-0.26</b>	<b>-0.3</b>	<b>-0.28</b>	<b>0.16</b>	-0.69	-0.65	-0.65	-0.60	-0.54	-0.60	-0.63	-0.21									
14. Man-By-Excep/Pass	96	0.80	2.23	0.72	-0.26	-0.35	-0.31	0.14	-0.60	-0.55	-0.59	-0.49	-0.50	-0.54	-0.54	0.16	0.93								
15. Laissez-Faire	96	0.77	1.86	0.65	-0.21	-0.22	-0.21	0.15	-0.69	-0.66	-0.63	-0.61	-0.52	-0.59	-0.64	-0.22	0.93	0.74							
OUTCOMES																									
16. Job Satisfaction	96	0.80	2.52	0.52	0.06	0.16	-0.21	-0.09	0.38	0.37	0.24	0.36	0.32	0.33	0.38	0.16	0.25	0.22	0.25						
17. Organizational Commitment	96	0.90	4.68	0.96	0.02	0.21	0.15	0.13	0.44	0.4	0.32	0.35	0.47	0.39	0.43	0.04	0.19	-0.21	0.15	0.71					
18. Effectiveness	96	0.82	2.92	0.72	0.14	0.17	0.25	-0.19	0.84	0.79	0.66	0.73	0.73	0.79	0.8	0.79	0.61	0.49	0.64	0.47	0.47				
19. Extra Effort	96	0.75	2.41	0.78	0.21	0.21	0.25	-0.22	0.82	0.79	0.63	0.68	0.74	0.76	0.73	0.73	0.5	0.42	0.52	0.33	0.48	0.83			
20. Bass Satisfaction	96	0.88	2.96	0.72	0.19	0.23	0.28	-0.19	0.85	0.86	0.67	0.78	0.7	0.77	0.72	0.04	0.64	0.54	0.66	0.45	0.42	0.84	0.78		

Entries are Pearson correlations: if  $r > 0.20$ ,  $P < 0.05$ ; if  $r > 0.25$ ,  $P < 0.01$ ; if  $r > 0.33$ ,  $P < 0.001$ .

**Table 4** Testing for Transformational Leadership as a mediator of empathy-outcome

	Step 2 Empathy – Outcome			Step 3 Empathy – Outcome			Transformational – Outcome		
	B	P	PC	B	P	PC	B	P	PC
Job Satisfaction									
EC	-0.06	0.59	-0.06	NA	NA	NA	NA	NA	NA
EM	-0.16	0.13	-0.16	NA	NA	NA	NA	NA	NA
PT	-0.21	0.04	-0.21	-0.1	0.34	-0.1	-0.33	0.00	-0.32
PD	0.1	0.36	0.1	NA	NA	NA	NA	NA	NA
Organizational Commitment									
EC	-0.02	0.82	-0.02	NA	NA	NA	NA	NA	NA
EM	-0.21	0.05	-0.21	NA	NA	NA	NA	NA	NA
PT	0.15	0.15	-0.15	NA	NA	NA	NA	NA	NA
PD	0.13	0.21	0.13	NA	NA	NA	NA	NA	NA
Bass Satisfaction									
EC	-0.19	0.06	-0.19	NA	NA	NA	NA	NA	-0.85
EM	-0.23	0.03	-0.23	0.04	0.54	0.06	-0.86	0	-0.84
PT	-0.28	0.01	-0.28	0	0.98	0	-0.85	0	-0.84
PD	-0.19	0.07	-0.19	NA	NA	NA	NA	NA	-0.84
Effectiveness									
EC	-0.14	0.18	-0.14	NA	NA	NA	NA	NA	-0.84
EM	-0.16	0.11	-0.16	NA	NA	NA	NA	NA	-0.83
PT	-0.25	0.01	-0.25	0.03	-0.66	0.05	-0.85	0	-0.83
PD	0.19	0.06	0.19	NA	NA	NA	NA	NA	-0.83
Extra Effort									
EC	-0.21	0.04	-0.21	0.04	0.52	0.07	-0.83	0	0.81
EM	-0.21	0.04	-0.21	0.05	0.45	0.08	-0.83	0	0.81
PT	-0.25	0.01	-0.25	0.02	0.72	0.04	-0.83	0	0.81
PD	0.22	0.03	-0.22	0.01	0.84	0.02	-0.82	0	0.81

of values, which are monitored and enforced, are applied to subordinates. Rather than understanding the subordinates concerns or varying perspectives, as would be expected from a more empathic standpoint, this approach is highly directive and emphasizes the recognition of failure and then its correction.

The laissez-faire leader typically delays, is indifferent to what is happening and refrains from intervention and follow-up. Results confirmed the expected negative relationship between the three empathy scales (EC, EM, and PT) and laissez-faire leadership. Clearly, leadership passivity appears contrary to leaders having emotional and personal concerned involvement with their followers. Further, the findings suggest that followers who perceive their manager as passive or laissez-faire are also more likely to perceive their leader as lacking in empathic traits. Conversely leaders

perceived as having high empathy levels may tend to be perceived as having a more active leadership style.

PD, defined as 'the tendency to experience distress and discomfort in response to extreme distress in others',<sup>40(p.57)</sup> was found to have a negative correlation with transformational and no association with transactional or laissez-faire leadership styles. It is primarily an egoistic reaction or concern, that is self-oriented and focuses on reducing one's own stress rather than concern for the other person. In contrast, transformational leaders would be expected to understand, mobilize and inspire their followers. Transactional leadership, defined by a more self-oriented and directed set of behaviours, and laissez-faire leadership, characterized by absence and passivity of leadership, appear to bear no linkage to high levels of self concern over another's distress (i.e. PD).



**Table 5** Testing *Laissez-Faire* as a mediator of empathy -outcome relationships

	Step 2 Empathy – Outcome			Step 3 Empathy – Outcome			Laissez-Faire– Outcome		
	B	P	PC	B	P	PC	B	P	PC
Job Satisfaction									
EC	-0.06	0.6	-0.06	NA	NA	NA	NA	NA	NA
EM	-0.16	0.14	-0.16	NA	NA	NA	NA	NA	NA
PT	-0.21	0.05	-0.21	-0.15	0.15	-0.15	0.2	0.07	0.19
PD	NA	NA	NA	NA	NA	NA	NA	NA	NA
Organizational Commitment									
EC	-0.02	0.82	-0.02	NA	NA	NA	NA	NA	NA
EM	-0.21	0.05	-0.21	NA	NA	NA	NA	NA	NA
PT	0.15	0.15	-0.15	NA	NA	NA	NA	NA	NA
PD	NA	NA	NA	NA	NA	NA	NA	NA	NA
Bass Satisfaction									
EC	-0.19	0.07	-0.19	NA	NA	NA	NA	NA	-0.85
EM	-0.23	0.03	-0.23	-0.03	0.68	0.04	0.64	0	0.62
PT	-0.28	0.01	-0.28	-0.11	0.19	-0.14	0.62	0	0.62
PD	-0.19	0.07	-0.19	NA	NA	NA	NA	NA	-0.84
Effectiveness									
EC	-0.14	0.18	-0.14	NA	NA	NA	NA	NA	-0.84
EM	-0.16	0.12	-0.16	NA	NA	NA	NA	NA	-0.83
PT	-0.25	0.01	-0.25	0.09	0.29	-0.11	0.57	0	0.57
PD	NA	NA	NA	NA	NA	NA	NA	NA	-0.83
Extra Effort									
EC	-0.21	0.04	-0.21	0.09	0.36	0.1	0.48	0	0.47
EM	-0.21	0.05	-0.21	-0.06	0.53	-0.06	0.48	0	0.47
PT	-0.25	0.02	-0.25	-0.12	0.21	-0.13	0.46	0	0.46
PD	NA	NA	NA	NA	NA	NA	NA	NA	NA

Tests for mediation occurred in three steps with steps two and three shown here: 2) the dependent variables (job satisfaction, organizational commitment, Bass's satisfaction, effectiveness, extra effort) were regressed on the antecedent empathy variable and if significant 3) the leadership (*laissez-faire*) was added to the regression equation.

### Empathy and outcome measure

A moderate but mixed relationship was found between empathy and outcome measures. The PT empathy scale showed the strongest association to four of the five outcome measures. This more cognitively oriented scale is the only empathy scale that assesses the process and tendency to spontaneously adopt the psychological view of others. In this sense the scale focuses on understanding others' perspective, rather than expected outcome of that process. Other empathy scales (e.g. EC, PD) may well tap more affective outcomes, responses in terms of responding to distress in others or reducing one's own distress responses. It may well be that the cognitive process of empathy, rather than affective outcomes, are more related to leadership effectiveness measures.

However, the EM scale was related to three outcome measures and could be classified in the affective outcome category,<sup>40</sup> suggesting that some caution should be used in this interpretation.

Extra effort was the most empathy-linked outcome, whereas organizational commitment was the least. Extra effort represents the extra energy and effort an individual is prepared to exert beyond what is normally expected.<sup>39</sup> Followers who perceive their managers as possessing a range of empathic traits may well be prepared to work beyond their normal expectations and put in extra effort. Interestingly, the lack of association between empathy scales and organizational commitment may reflect the global nature of the construct. Mowday *et al.*<sup>34</sup> indicate that organizational commitment often represents a more general

response to the organization as a whole, and as such may not be associated with more individually sensitive empathy measures.

### Leadership behaviour and mediation

The results have shown that transformational and laissez-faire styles were significantly connected with varying empathy measures, whereas transactional leadership showed no such significant relationship. Transactional leadership was therefore not considered as a mediating influence. Transformational and laissez-faire styles were found to act as mediating influences; however, mediation was dependent on the empathy type and particular outcome measure.

These findings reinforce the importance and influence of leadership behaviour to outcomes, rather than perhaps the lesser and more subtle personality or in this case dispositional empathy traits on outcome measures. It does not mean however that the linkages between empathy and outcome do not exist; rather that where these associations do exist they appear to be smaller in magnitude compared to leadership behavioural influences and effects.

### Implications and limitations

Results from this health manager study indicate that different forms of empathy differentiate various leadership styles. PT, EC and EM differentiated transformational from transactional and laissez-faire styles. In contrast, PD was negatively related to transformational but showed no relationship to transactional or laissez-faire styles. Thus, empathy needs to be understood as comprising separate but related elements. Considering empathy as a multi-dimensional construct allows it to be applied to a range of potential management situations, such as leadership selection, recruitment and development.

If multidimensional leadership can be considered as learnt behaviour (Kouzes and Posner<sup>41</sup> suggest that up to 50% of the variance in leadership ability may be explained by nurture rather than gender influences), then as such it is amenable to training and development. Empirical evidence<sup>1,42,43</sup> evaluating structured training programmes has shown that transformational behaviours can be taught, leading to improved performance and effectiveness. Given the present study's findings it

is suggested that skill-based empathy training be incorporated into any overall transformational leadership package. Conceptually empathy is most closely associated with the individual consideration leadership factor<sup>23</sup> and as such could be taught and included into this section of the full range training package.<sup>2</sup>

The study specifically supports the need for such training to explain different empathy constructs and their association to transformational, transactional and laissez-faire leadership styles and outcome measures; stress the importance of expressed leadership behaviour as a mediating influence between personal traits and outcome measures; and emphasize the connection between different forms of empathy, emotional competencies<sup>11</sup> and original emotional intelligence frameworks.<sup>24</sup>

Such educational training focuses on knowledge dissemination, empathic and transformational development. A structured behavioural approach incorporating practice, observation, behavioural rehearsal and the use of video feedback has been used in transformational leadership training<sup>2,30</sup> and could be clearly extended to empathy training for health managers. More advanced training focusing on individual approaches to understanding PT, EC and EM could be designed and offered. Increasingly popular leadership development programmes utilising mentoring and individual counselling could clearly utilize and show the importance of empathy in discussion of everyday work and interpersonal interaction. Empathy could be understood conceptually and learnt behaviourally, leading to actual changes in leadership behaviour.

Whilst the dispositional research has revealed important associations between empathy, leadership behaviour and outcome, some limitations are evident. For instance, the study does not examine the importance of various situational and contextual variables. Future research could well focus on a range of variables including organizational structure, culture, mode of governance and organizational emphasis on adaptation and efficiency. Caution is also expressed in the interpretation and definition of leadership styles and consequent linkage to empathy. As mentioned in the method section, the present configuration (Transformational six factors, Transactional one factor and Laissez-faire two factors) is different from Bass's Full Range Leadership Model.<sup>1</sup> However, such variation in the MLQ

has been evident for some time<sup>44</sup> and Bass and Avolio<sup>45</sup> have themselves advocated the need for an evolving leadership theory rather than one based on substitution of factors. Finally, the cross-sectional design of the study and the primary use of correlational statistical methods limits research comments to those of association rather than causality.

## Conclusions

The study reinforces the importance of considering health leadership as comprising not only the task processes (e. g. setting directions, service delivery) but also the personal relationship qualities of the leader. Recently the NHS has placed personal qualities at the centre of their Leadership Quality framework<sup>5</sup> and this study provides strong support for this emphasis.

After many years acknowledging the importance of task and more cognitive-oriented conceptions of health leadership, the balance appears now to be switching towards an understanding of the importance of the emotional and relationship dimension. The growth in emotional intelligence research and specific areas such as empathy now needs to be matched with practical development programmes aimed at effective leadership behavioural change. No longer must such development be seen as 'soft', rather it needs to be valued as an integral component of health leadership.

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