Managerial and Leadership Styles of Teaching Hospital Pharmacists in Nigeria

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Research Article

Abstract

Purpose of this paper: To identify types of managerial and leadership styles used by teaching hospital pharmacists; and assess the influence of such leadership styles on managerial practice. **Design/methodology/approach:** A descriptive cross-sectional study was carried out using a pre-tested questionnaire on a sample of 137 randomly selected hospital pharmacists in five teaching hospitals. **Findings:** A total of 130 pharmacists responded to the questionnaire, with a 94.9% response rate 94.9%. The study revealed that conceptual (4.54) human (3.46), and technical skills (1.73), were the dominant skill types which were measured on a 5-point Likert Scale. The identified leadership styles were transformational (85.4%) and transactional (14.6%). There was a significant positive correlation (0.396) between human and technical skills at P=0.03. Negative correlations were observed between transformational and transactional leadership style components. **Research limitations/implications:** Not all pharmacists in teaching hospitals in other parts of Nigeria were studied. Therefore, the research findings cannot be generalized. Future studies should be undertaken to cover more teaching hospital pharmacists. **Social implications:** The outcome of the study would influence policy changes because it would provide more information on what managerial features to watch out for while recruiting management staffs in hospitals. **What is original/value of paper:** It is a novel study which would enrich existing literature on managerial practices in hospitals. **Conclusion:** The pharmacists' managers used more of transformational than transactional styles of leadership. Majority of the hospital pharmacists' managers had more of conceptual than human skills. However, the influence of leadership styles on managerial practice was high.

Keywords: Managerial skills, leadership styles, teaching hospitals, Nigeria

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1. INTRODUCTION

Knowledge and skills in management are essential for effective utilization of scarce resources in health organizations. However, the quality of managerial practices by hospital pharmacists could depend on the types of leadership structure in place. Meanwhile, gaps exist in hospital leadership, management styles, and leadership roles of hospital pharmacists in the health system [1]. Hence some authors posited that there is need for increased focus on management and leadership development for hospital Pharmacists [2-4].

Different managerial styles exist and opinions differ on which type would yield optimal outcomes. In addition, few studies on managerial practices of hospital Pharmacists in Nigeria are available. Again, some of the current but unresolved questions in academic discourse are: What managerial skills are in use, in managing Pharmacy Departments in teaching hospitals? what leadership styles exist among hospital pharmacists; and what is the influence of such leadership styles on managerial practices in teaching hospitals?

In order to provide answers to the above-mentioned questions, the following objectives were pursued namely to: identify the types of managerial skills in-use by hospital pharmacists; identify the leadership styles of pharmacists; and assess the influence of such leadership styles on managerial practices by pharmacists in the teaching hospitals in South-western Nigeria. This is with a view to providing more evidence-based information on managerial practices of teaching hospital pharmacists in resource limited settings as well as highlight areas of improvement. This study is justified because there is a dearth of relevant data on human resource managerial practices in teaching hospitals in Nigeria.

1.1 Literature Review

Every organization desires to have good management structure and high performing leadership in place at all times. However, no particular management style appears to be the best. Rather, what obtains in most cases, is that every organization usually puts in place what it deems fit for a particular situation. However, three basic levels of managers have been identified [5]. Haneberg, 2005 [6] classified them as line managers, middle managers and top managers. All the categories of managers require technical, human, and conceptual skills but at varying degrees.

Top level management determine organisational objectives, policies, and plans of the organisation; mobilize resources; develop long-term goals and take far reaching decisions. They require more conceptual skills and less technical skills. They accomplish big tasks in short time and quickly resolve problem [6]. Typically, middle managers manage employees and the future direction and strategy of an organisation. They usually require a combination of technical, human and conceptual skills with greater emphasis on human skills. Line managers direct workers, raise morale in workers; serve as a link between workers and the middle level management; inform workers about decisions taken by management. They also inform managements about the performance, difficulties, feelings, demands of the workers. They spend more time in directing and controlling activities among the workforce. They prepare daily, weekly, and monthly plans. They require more technical skills to execute tasks effectively and efficiently. Furthermore, technical skills happen to be one of the skills that pharmacists need to be great pharmacy managers. A basic proficiency in technical skill could help pharmacists-manager train employees and demonstrate how they expect those technical responsibilities to be performed. For instance, if the hospital acquires a new computer system, the pharmacists should be the first to be trained on how to operate it so that they can train their subordinates even if technical skills may not be pharmacists' professional skills. Initially, top pharmacists-managers in hospital may possess low or very low technical skills they are expected to improve their skills by regularly attending training, continuing education programmes for skill development.

1.2 Managerial Roles

Managerial roles are interpersonal, informational and decisional roles [7]. Interpersonal roles include the leadership role and the liaison role. The liaison role involves formal and informal internal and external contacts. Informational roles enable managers to have an insight into changes in customers' preferences, public taste, competitors' activities and the like. There are three informational roles of a manager namely Monitor, Disseminator and Spokesperson [8,9].

Decisional roles revolve around the making of choices to include entrepreneur role, disturbance handler, resource allocator and negotiator [7,10]. In general, managerial roles involve providing, processing and using

information and ideas to achieve organizational goals. A proper understanding of how to deploy the use of relevant organizational information, could assist managers to improve their managerial skills [11].

1.3 Managerial skills

All managers require some generic skills to perform their goals. Managers need three essential skills namely technical skills, human skills, and conceptual skills [12,13]. Men and women have significantly different managerial skills with women having an extremely high score on the technical and human skills and men have a high score on the conceptual skills [14]. Managers at different levels need different types of skills [15]. The different types of managerial skills are briefly described in detail as follows;

i. Technical skills could be termed technical expertise. Technical skills are necessary for managers at the lower level of management for guiding and supervising operations of sub-ordinates in the organization. Technical skills are needed to perform operational activities in the best possible way. If managers are not well grounded in technical issues, they may not be able to effectively and efficiently direct the operations of sub-ordinates in order to achieve optimal results. However, at middle and upper levels of management what managers desire is a general acquaintance with technical matters. This will   enable them under take operational plans in more realistic manner rather than being completely blank in technical skills [16].

ii. Human skills has to do with the ability to tactfully deal with human beings and mould their behaviour at work in the desired manner to help attain the common objectives of the organization. Human skill requires an understanding of human behaviour, necessitates insight into human needs and ways and means of motivating people. Since managers deal with all levels of workers, human skill is needed by all managers in the management hierarchy [16].

iii. Conceptual skills has to do with concepts and ideas. Conceptual skills involve the ability to view the organization as awhole, appreciating the interlationship among its diverse components. It also helps to analyze the implications of relevant external environmental factors; and take a balance and retional decisions based on theunderstanding of the above-mentioned factors. Lower managers may not be required to possess high degree of conceptual skill; however a ray of

conceptual skill will turn them into excellent managers. This could help them to contribute to the success of the organization in a better manner[16].

Nevertheless, a manager could use one or more of the above skills when dealing with a specific managerial situation or issue.

1.4 Leadership Theories (Styles)

Leadership is seen as a relationship through which one person influences the behaviour of others [17]. Leadership is the ability to influence people towards achieving organizational vision and goals. Leadership at different levels in any organization directly or indirectly influences organizational culture, structure, climate, communications, and productivity [18].

Other emerging leadership concepts are Level 5 leadership, and group leadership which are being utilized in managing the affairs of organizations. Level 5 leadership happens to be the highest level in a hierarchy of leadership capabilities. Leaders at the other levels can achieve tremendous success but such level of success may not be enough to elevate organizations from mediocrity to sustained excellence. Other implicated factors that could ensure sustainability include getting the right people into an organization and act the same time create a culture of discipline among the workers. Leadership at the first level involves getting highly capable individuals who would make productive contributions to the organization through talent, knowledge, skills, and good work habits. Level 2 has to do with members operating as a team in the pursuit of organizational objectives. Achievement of organizational objectives is central to the management plans. At this stage members work effectively with others in a group setting. In level 3, predetermined objectives are pursued. Competent managers organize people and resources towards the achievement of predetermined objectives. In level 4 effective leaders stimulate the group to achieve high performance standards.

Leadership of an organization has been identified as a critical component of effective employee management and this is an effective instrument in ensuring organizational performance [19,20]. Leadership can also be assessed based on the concept of high performance leadership. The elements of high performance leadership assess leadership as vision creator, task allocator, people developer, motivation stimulator, and team builder [21].

1.5 Group Leadership Skills

This has to do with the collective vision of group of individuals who are driven by the passion, and commitment to achieve organizational goals and objectives [22]. To achieve this, the leader must be able to motivate and inspire confidence in the members of the group. In this regard, a group leader should be an effective communicator, motivator, planer, energetic, experienced and knowledgeable, self-confident, assertive, determined, honest, charismatic and a man of integrity [23].

Three traditional leadership approaches include the personality theories (Great man, Trait, and Role) behavioural theories (Rensis Likert's 4-System Management, Management Grid) and situational/contingency theories (Leadership Continuum, Fiedlers Contingency, Path-Goal).

The trait approach focuses on what is common amongst leaders. It champions the idea that leaders were born not made. It presupposes that certain traits are inherent in all leaders and these traits are transferable [24]. The traits approach attempts to explain leadership effectiveness in terms of the personality and psychological traits of the leader [25,26].

Behavioural theory is premised on the behaviour of a leader. It focuses on what leaders actually do rather than what their qualities are. One concern is whether one particular method of leading is appropriate for all situations [27].

In situational model, effective leaders diagnose the situation, identify the leadership style that will be most effective, and then determine whether they can implement the required style [7]. Situational theory focuses on the behavioural traits of the leader given the situation surrounding that leader [27]. It has been argued that there was no best leadership style [28]. Furthermore, these approaches have not been rigorously tested in practice and are too specific either in defining leadership in terms of traits, behaviours or situation [29].

1.5 However, major styles of leadership [30] are:

i. Autocratic: This is a situation where a leader behaves like a dictator. Downsides of such leadership style are that it could cause the development of frustration among subordinate staff; subordinate could shrink work and avoid responsibility; it could retard human development; and subordinates could plan to overthrow the dictator leader.

ii. Democratic: In this case powers of a leader are decentralized and followers are allowed to participate in decision making. Some of the major drawbacks are delayed decision-making; it is seen as a sign of managerial incompetence; it could cause loss of leaders control; may not be suitable when decisions are complex; and always associated with the phenomenon of passing the bulk.

iii. Laissez-faire: Here leaders are more or less onlookers while subordinates take charge of the organization. It minimizes the role of a leader; performance of subordinates is usually poor; subordinates may work at cross-purposes; and it is not suitable when subordinates are not educated, less educated or less skilled.

iv. Paternalistic: Leaders play fatherly roles toward their followers. This type of leadership could be unsuitable when there is lack of mutual trust between the leader and the followers; subordinates may take undue advantage of the leniency of the leader; any hard approach by the leader might meet a strong resistance by the subordinate; and leaders might be more involved in personal problems of subordinate than organizational issues.

Other leadership approaches are transactional and transformational leaderships [29]. Transactional leadership style has been described as a leadership style based on traditional bureaucratic authority and legitimacy[31]. It is driven by reward and punishment [29,31]. Transactional leaders are often involved in goal setting which is referred to as Management by Objectives [32].

Transformational leadership is regarded as a style of leadership where the leader collaborates with employees to identify the needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of the group. Transformational leaders are charismatic, motivate followers by appealing to their moral values, and induce them to transcend self-interests for the sake of organizational goals [33-35].

A study on transformational leadership style and its relationship with quality management practices in public hospitals in Saudi Arabia had revealed that transformational leadership style has a significant, positive relationship with quality management practices while

transactional and laissez-faire leadership styles were found to negatively relate to quality management practices [36].

Transformational leadership is usually characterized by elements which are usually seen as Charisma/ Inspirational, Intellectual Stimulation, and Individualized Consideration; while transactional leadership are made up of certain components such as contingent Reward, Active Management-by-Exception, and Passive–Avoidant Leadership [33].

2. MATERIAL AND METHODS

2.1 Research Design/Study Area

The study which was carried out between February, 2015 and March, 2016, was a cross sectional survey of registered pharmacists in five teaching hospitals in South -Western Nigeria. The study sites were Ladoke Akintola University Teaching Hospital (LAUTECH) Osun State, Lagos State University Teaching Hospital (LASUTH), Lagos State, Olabisi Onabanjo Teaching Hospital (OOUTH), Ogun State, University College Hospital Ibadan (UCH), Oyo State, and Lagos University Teaching Hospital (LUTH), Lagos State.

2.2 Sampling Procedure

The sampling frame consists of all pharmacists in the selected teaching hospitals who had completed their internship and National Youth Service Corp(NYSC) programme. In Nigeria, new graduates of pharmacy are statutory required to undergo a compulsory one -year internship training under registered pharmacists in approved internship training centres. The internship programme is designed to introduce fresh pharmacy graduates to the practice of the profession, teach, train, and provide fresh graduates opportunities to perform all the skills and function of their profession under close supervision. This would enable them to develop competencies through continuing education and acquire the needed skills for optimal performance in the practice setting [37]. After the internship programme, all graduates of higher institutions in Nigeria including pharmacists, must undergo another one-year national service programme called the National Youth Service Corp in any part of the country. This exercise is intended to enhance

national integration, and foster unity among persons from devise geopolitical and ethnic divide or groups [38]

The study sample was obtained using stratified random sampling method. The Pharmacists were stratified into various strata such as Director, Deputy Director, Assistant Director, Principal Pharmacists, Senior Pharmacists and Pharmacists Grade 1.

2.3 Sample Size and Sample Population

Sample size was determined using formula for sample size calculation as prescribed by [39]. The total number of teaching hospitals in South-western Nigeria as at 2016 were eight. Out of this, five (5) were purposefully selected with the following number of Pharmacists namely, OOUTH (13), UCH (80), LASUTH (30), LUTH (53), and LAUTECH (16) with a total number of pharmacists of 192 which served as the sample frame. Yaro Yamane's formula was used to determine the sample size as follows:

$$n = \frac{N}{1 + N(\mathrm{e})^2}$$

Therefore, $192/\ 1+192(0.05)^2 = 130$

Where n = Sample size, N=Population size, and e = Tolerable error (5%)

2.3 Research Instruments

Multifactor leadership questionnaire (MLQ-5) developed by [40] was adapted in designing of the questionnaire. It was further modified to collect data which were related to pharmacy management practice and leadership styles. The questionnaire consisted of four sections A, B, C, and D. Section A, contained information on socio-demographic variables of respondents. While section B contained questions on core issues such as their positions or status of the respondents in their respective work place; and their job descriptions with emphasis on managerial functions which were not captured in the demographics. Section C was on management skills used by hospital Pharmacists, while questions on Leadership styles of the Head of Department were presented in section D. On the whole, full questionnaire was used for all the pharmacists irrespective of their managerial levels or positions. However, respondents were asked to fill the portions that concern them. Oral interview session was held with the various Heads of Department of Pharmacy, Principal Pharmacists, Deputy Directors, and Directors

because they were the main respondents targeted by the study since the study focus was mainly on managerial skills and leadership styles. The oral interview was conducted on a-one-on-one setting between the researcher and the research participants who were the hospital pharmacists in management positions. The interview was put on type-audio recording in order to free the researcher from the cognitive demands of note taking. Other advantages of personal interview are its adaptability to a time and place; confidentiality which allows the discussion of topics that may be perceived as socially stigmatized [41]. However, some disadvantages of oral interview are that it can be time consuming, developing sound interview skills require a lot of practice, and answers provided by informants represent their interpretations and memories of their actions [41].

2.4 Validity and Reliability of Research Instruments

Questionnaires were pre-tested at Adeoye Maternity and Teaching Hospital, Yemetu, Ibadan. Codes were given to each questionnaire and after 3 weeks the same questionnaires were re- administered to the same eight participants (Test-retest method). No pre-test participant was part of the sample used for the study. The pilot testing of the questionnaires was to ensure that the concepts being measured were understood and that the answers provided were germane to the concepts (face validity). Effort was also made to ascertain if the respondents to the piloted test understood what was asked for as contained in the questionnaire and if the question actually covered what was examined on managerial activities and leadership roles of managers who are hospital pharmacists [42]. Validity ensures that the instrument developed for measurement purposes truly represents the underlying construct [43-45]. Tests were carried out to check for reliability. The reliability coefficient of 0.8 was obtained. Content and face validity were confirmed using senior academics, supervisors and experienced researchers in Pharmacy practice research.

2.5 Method of Data Collection

Primary data was collected using the pre-tested and structured questionnaire and oral interview of all Heads of Pharmacy Departments. The questionnaire elicited information on the types of managerial skill, leadership styles and influence of leadership styles on managerial

practices of the Pharmacists in the teaching hospitals. The content of the oral interview consists of questions on hospital pharmacists' leadership style as it affects managerial activities and effectiveness in the pharmacy department. In the beginning the type of personal interview was unstructured or in-depth interview where general questions were posed. Later the interview was narrowed down to specific issues(semi-structured) with the use of interview schedule or questions route which helped to guide the interview to semi-specific areas or topics of interest. This is known as focused interview (The interview elicited more information on the leadership styles and managerial practices of the Heads of Pharmacy Departments to complement information obtained using the questionnaire.

2.6 Method of Data Analysis

Data was analysed with the aid of SPSS Version 20, for descriptive statistics such as frequencies, percentages, means and standard deviation to identify the managerial skills and leadership styles. Inferential analysis, correlation technique was employed to assess the influence of such leadership styles on managerial practices of the hospital pharmacists.

2.7 Ethical Approval

Ethical approval was obtained from Health Research Ethics Committee (HREC), Institute of Public Health, Obafemi Awolowo University, and Ile-Ife, Nigeria with protocol number IPHOAU/12/474. Administrative approval was obtained from all the pharmacy departments in the teaching hospitals included in the study. Respondents were briefed of the purpose of the research and were asked to fill the consent form before the questionnaires were completed.

3. RESULTS AND DISCUSSION

The response rate for questionnaire administered was 80.5%. Out of the 170 questionnaires distributed, 137 were completed, retrieved and found suitable for analysis. Results showed that a larger percentage of the respondents were females. This also agrees with previous survey of hospital Pharmacists [46-49]. A larger part of the respondents had graduated as pharmacists within the last 5-10 years. The majority of the respondents had a B. Pharm qualification as their first degree (Table 1) and occupy

Table 1. Socio-demographic Characteristics of Respondents

Variables	Frequency	Percentage	Cumulative
		%	percentage
Sex			
Male	61	47	47
Female	69	53	100.0
Total	130	100.0	
Age (yrs)			
20-29	32	25	25
30-39	59	45	70
40-49	30	23.1	93.1
50-59	9	6.9	100.0
Total	130	100.0	
Name of Institution			
UCH	60	46.1	46.1
LAUTH	13	10.0	56.1
LUTH	30	23.1	79.2
LASUTH	17	13.1	92.3
OOUTH	10	7.7	100.0
Total	130	100.0	
Year of Graduation			
1-5yrs	33	25.4	25.4
5-10yrs	40	30.8	56.2
11-15yrs	20	15.4	71.6
15-20yrs	22	16.9	88.5
Above 20yrs	15	11.5	100.0
Total	130	100.0	
Years of experience			
<5yrs	51	39.2	39.2
5-10yrs	34	26.2	65.4
11-20yrs	36	27.7	93.1
Above 20yrs	9	6.9	100.0
Total	130	100.0	

various positions as Pharmacist 1, Senior Pharmacists, Principal Pharmacists, Chief Pharmacists, Assistant Director, Deputy Directors and Directors of Pharmacy.

Most of the respondents possessed all the three key types of skills namely technical, human, and conceptual [12] but at varying degrees (Table 2).

This finding reinforced the assertion made by other authors [12,13], that managers require three essen-tial generic skills to manage and achieve organizational objectives. The minimal managerial skill that was identified amongst the managers was the technical skill. This is also in tandem with the amount of technical expertise expected from professionals as seen even in related medical professions such as Nursing and Medicine [35]. Furthermore, human skill was the predominant skill type deployed by the Top managers (Directors and Deputy

Table: 2. MULTIVARIATE ANALYSIS OF RESPONDENTS SKILL TYPES

	Number	Status of Staff	Management Level	Technical Skills	Human Skills	Conceptual Skills
UCH	1	Director	Leaders.	VL	H	VH
(61)	4	Deputy Director	Leaders.	VL	M	VH
	6	Assistant Director	Middle level	L	H	H
	12	Principal Pharmacist	managers.	M	H	M
	15	Senior Pharmacist	Line managers.	H	L	H
	23	Pharmacist Grade 1	Line managers.	M	VL	VH
LUTH	1	Director	Leaders.	L	H	VH
(29)	2	Deputy Director	Leaders.	VL	H	VH
	4	Assistant Director	Middle level	L	H	H
	9	Principal Pharmacist	managers.	VL	L	VH
	4	Senior Pharmacist	Line managers.	L	M	H
	9	Pharmacist Grade 1	Line managers.	L	H	VH
LASUTH	1	Director	Leaders	L	H	VH
(17)	1	Deputy Director	Leaders	VL	H	H
	1	Assistant Director	Middle level	L	H	H
	6	Principal Pharmacist	managers.	L	M	VH
	3	Senior Pharmacist	Line managers.	VL	H	H
	5	Pharmacist Grade 1	Line managers.	VL	H	VH
LAUTECH	1	Director	Leaders	L	H	VH
(13)	1	Deputy Director	Leaders	L	VH	H
	3	Assistant Director	Middle level	VL	H	VH
	2	Principal Pharmacist	Managers.	L	M	H
	4	Senior Pharmacist	Line managers.	VL	H	VH
	2	Pharmacist Grade 1	Line managers.	VL	M	V
OOUTH						
(10)	1	Director	Leaders	L	H	VH
	1	Deputy Director	Leaders	VL	M	H
	1	Assistant Director	Middle level	L	VH	H
	2	Principal Pharmacist	managers	L	H	VH
	3	Senior Pharmacist	Line managers	VL	M	H
TOTAL(130)	2	Pharmacist Grade 1	Line managers	VL	H	H

Scale: VL=Very Low (1), L=Low (2), M=Moderate (3), H=High (4), VH= Very high (5) Directors &Deputy Directors are Leaders, Assistant Directors &Principal Pharmacists are Middle level managers while Senior Pharmacists &Pharmacists Grade 1 are Line managers.

Table 3. Leadership Types in Pharmacy Departments of the Teaching Hospitals

Institutions	Number	Status of Staff	Management Level	Transactional	Transformational	Laissez-faire
UCH	1	Director	Top Managers			
(61)	4	Deputy Director				
	6	Assistant Director	Middle Level	4	57	0
	12	Principal Pharmacist				
	15	Senior Pharmacist	Line Managers			
	23	Pharmacist Grade 1				
LUTH	1	Director	Top Managers			
(29)	2	Deputy Director		9	20	0
	4	Assistant Director	Middle Level			
	9	Principal Pharmacist				
	4	Senior Pharmacist	Line Managers			
	9	Pharmacist Grade 1				
LASUTH	1	Director	Top Managers			
(17)	1	Deputy Director				
	1	Assistant Director	Middle Level	1	16	0
	6	Principal Pharmacist				
	3	Senior Pharmacist	Line Managers			
	5	Pharmacist Grade 1				
LAUTECH	1	Director	Top Managers			
(13)	1	Deputy Director				
	3	Assistant Director	Middle Level	2	11	0
	2	Principal Pharmacist				
	4	Senior Pharmacist	Line Managers			
	2	Pharmacist Grade 1				
OOUTH						
(10)	1	Director	Top Managers			
	1	Deputy Director				
	1	Assistant Director	Middle Level	3	7	0
	2	Principal Pharmacist				
	3	Senior Pharmacist	Line Managers			
	2	Pharmacist Grade 1				
TOTAL	130			19	111	0

Table 4. Elements of Transactional and Transformational Leadership Styles in Pharmacy Teaching Hospitals

Variables	No	Min	Max	Mean	Std. Dev.
Idealized influence Attributed	119	0	16	11.03	3.55
Idealized Influence Behavours	111	3	16	11.62	3.20
Inspirational Motivation	118	3	16	12.07	3.35
Intellectual Simulation	95	0	16	10.09	3.53
Individualized Consideration	122	1	16	9.43	3.26
Contingent Reward	114	0	16	10.33	3.57
Management by Exception(Active)	118	0	16	9.04	4.07
Management by Exception(Passive)	120	2	14	5.71	2.71

Table 5. Correlation between leadership styles and managerial skills in the teaching hospital

Variables	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11	X12
X1	1.000											
X2	.396**	1.000										
X3	.335*	.536*	1.000									
X4	.502	.751*	.735*	1.000								
X5	.301	.721	.832*	.540**	1.000							
X6	.367	.892*	.798	.648	.674	1.000						
X7	.408*	.930**	.941*	.581	.621	.60	1.000					
X8	.674*	.810**	.830*	-.600	.537*	-.472	.613*	1.000				
X9	.632*	.828*	.815*	.590	.705	724*	.688	.654	1.000			
X10	.506	.668*	.684*	.416	.244*	.126	-.097	.092	-.062	1.000		
X11	.425	.501	.566	.227	.312	.367	.258	.187	.239	.056	1.000	
X12	.325	.259	.269	.283	.400	.493	.351	.186	.326	.057	.404	1.000

Levels of significance are 0.01** and 0.05* respectively for 2-tailed test

Key

X_1= Technical Skill
X_2= Human Skill   Managerial Skills
X_3= Conceptual Skill

X_4=Idealized Influence Attribute
X_5=Idealized Influence Behaviour
X_6=Inspirational Motivation
X_7=Intellectual Simulation   Transformational leadership components
X_8=Individualized Consideration
X_9=Contingent Reward
X_{10} = Management by Exception (Active)
X_{11} = Management by Exception (Passive)   Transactional leadership components
X_{12} = Laissez -Faire Leadership

Directors) of the selected teaching hospitals surveyed, in their daily routine (Table 2). This result is expected because hospital pharmacist/ managers frequently interact with people, subordinates, and patients in pursuit of organizational objectives especially in ensuring optimal therapeutic outcome for patients. Conceptual skills were made use of used by top managers. This finding is in consonance with our apriori expectation because hospital environment is usually made up of a critical mass of highly skilled professionals from various medical and non-medical fields. Top level managers actually need conceptual skills to think through and conceptualize abstract and complex problems [33,34] in order to understand the relationships among various subunits and visualize how the pharmacy department can fit into its broader environment. However, they are expected to lead, facilitate and guide their subordinates to simplify the complex problems for early solutions. This is the hallmark of high performing leadership which sees a leader as a team builder and as a motivation stimulator. Team building involves promoting team solving problems while a motivation stimulator cares about subordinates, help people bring out the best in themselves, identify their unique talents and abilities, and ensure that subordinates understand how they can contribute to the overall plan and vision of the organization [21].

Two leadership types namely transactional and transformational were identified as frequently being used. However, the transformational leadership was more prominent among the various HODs (Table 3). Transformational leadership style has the ability to not only influence behaviour of subordinates [17] but also organizational culture, structure, and performance [18, 20].

The application of the components of transformational and transactional types of leadership (Table 4) was skewed more toward inspirational motivation, intellectual stimulation and idealized influence behaviour (transformational leadership) than contingent reward and idealized attribute (transactional leadership). This finding is in agreement with the result obtained in a similar study elsewhere [33].

The influence of leadership styles on managerial practices of pharmacists in the teaching hospitals, revealed that there was a positive correlation between human skills and technical skills as well as between conceptual skills and human skills. There was also a positive correlation between various components of transformational leadership style. However, a negative correlation was observed between transformational and transactional leadership style components (Table 5).

4. CONCLUSIONS

The study concluded that transformational leadership style was the dominant managerial practice by pharmacists' managers in the teaching hospitals irrespective of their managerial skills. The influence of leadership styles on managerial practices was dependent on contingent reward, inspirational motivation, intellectual stimulation, individualized consideration, and idealized influence behaviour. Laissez-faire leadership and passive management by exception negatively influenced managerial practices.

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