

TRAITS, SKILLS, AND STYLES OF LEADERSHIP

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Learning Objectives

Upon completion of this chapter, you should be able to

- appraise the key role played by an individual's personal traits;
- describe the traits model of leadership and explain the importance of traits in the practice of public health leadership;
- explain the importance of leadership traits for the effective practice of public health leadership;
- discuss leadership skills and the skills model of leadership;
- identify key personality factors that affect the practice of leadership;
- define and contrast the different cognitive styles;
- explain the importance of social appraisal skills and emotional intelligence in the practice of leadership;
- describe the behavioral model of leadership and understand its importance in the twenty-first century;
- explain the importance of leadership styles in the practice of public health leadership; and
- compare leadership traits, skills, and styles and understand the difference between them.

Focus on Leadership Competencies

This chapter emphasizes the following Association of Schools and Programs of Public Health (ASPPH) leadership competencies:

- Describe the attributes of leadership in public health.

(continued)

- Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.
- Create a shared vision.

It also addresses the following Council on Linkages public health leadership competency:

- Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services.

Note: See the appendix at the end of the book for complete lists of competencies.

Introduction

trait

A distinguishing characteristic or quality possessed by a person.

Dating back to early civilizations, personal **traits** have been regarded as a key factor determining a person's ability to lead.¹ The Chinese philosopher Lao-Tzu wrote about the traits of effective leaders as far back as the sixth century BC.² Traits commonly associated with leadership have included ambition, conscientiousness, integrity, persistence, and honesty, among others. In the early period of leadership research, such traits were thought to define successful leaders, and investigators worked to identify the characteristics that contributed to leaders' effectiveness and advancement within organizations.

The first empirical leadership research was conducted in 1904, when scientists observed schoolchildren and sought to identify the qualities that differentiated leaders from nonleaders. The attributes found to characterize young leaders included congeniality, verbal fluency, **intelligence**, goodness, low emotionality, liveliness, and daring.³ These early studies advanced the idea that certain personal qualities are inherent in leaders and distinguish them from nonleaders; they also supported the belief that these traits can be identified and assessed. However, this line of thinking soon fell out of favor. As early as 1948, Stogdill⁴ found that possession of a certain combination of traits did not necessarily result in a person becoming a leader. Based on Stogdill's studies, researchers soon came to understand that models based solely on traits failed to explain the emergence of leadership or leader effectiveness.

intelligence

The capacity for understanding, reasoning, and perception, including the aptitude for grasping facts and the relationships between them.

Nonetheless, leadership trait research continued, and it has experienced a resurgence in an evolved form (with renewed interest stemming from research into various models of leadership, which will be discussed in later chapters). People bring certain strengths, qualities, and characteristics to their leadership roles,⁵ and these traits are apparent in the patterns of behavior that leaders exhibit.

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Consideration of these traits helps us better understand individual leadership styles and the ways that various behaviors relate to effective leadership. A cursory glance at successful leaders suggests that, even though certain characteristics may overlap, key traits, skills, and styles are in many ways unique to each individual. All public health leaders should understand their own leadership style and recognize their personal strengths as determined by their traits and skills.

Definition of Key Terms

The term *trait* has been variously defined by different investigators. Yukl^{6(p135)} says the term refers “to a variety of individual attributes, including aspects of personality, temperament, needs, motives, and values.” Daft^{5(p36)} describes traits as “the distinguishing personal characteristics of a leader, such as intelligence, honesty, self-confidence, and appearance.” Antonakis and his coauthors define the term as “relatively stable and coherent integrations of personal characteristics that foster a consistent pattern of leadership performance across a variety of group or organizational situations.”^{3(p104)} For our purposes, traits are various attributes possessed by individuals—including personality, temperament, abilities, needs, motives, disposition, and values—that produce consistent leadership performance regardless of the organizational situation. Qualities such as physical appearance and demographic attributes also play a role in effective leadership; however, for this discussion, we will focus on less tangible personal traits.

A thorough discussion of leadership traits requires that we clarify the definitions of key personal attributes. An individual’s **personality** is a combination of qualities and characteristics that form a distinctive character and tend to influence behavior in a particular manner. Examples of personality attributes include adaptability, emotional balance, enthusiasm, objectivity, resourcefulness, and **self-confidence**. **Temperament** deals with the individual’s level of emotionalism, irritability, or excitability, especially when displayed openly. **Abilities** represent the knowledge and skills that an individual possesses or acquires over time; for our purposes, we are focusing on intellectual abilities. **Needs** represent requirements or desires that are usually physiological in nature, such as hunger or thirst. **Motives** are similar to needs but social in nature; they are a response to certain social experiences or stimuli. Motives may include power, independence, esteem of others and self, personal achievement, or social affiliation. **Disposition** refers to the individual’s inclinations or tendencies toward a certain temperament. **Values** are the attitudes an individual holds concerning what is right and wrong, ethical and unethical, and moral and immoral. They influence the individual’s perceptions, preferences, and behavior choices.⁶ These attributes are distinguishing features of a leader’s personal nature, and they are reflected in the leader’s performance regardless of the organizational situation.

personality
The combination of qualities and characteristics that form an individual’s distinctive character.

self-confidence
Realistic certainty in one’s own judgment, ideas, ability, power, decision making, and skills.

temperament
A person’s nature, particularly with regard to emotionalism or excitability.

ability
Possession of the manner or skill to do something.

need
Something essential or strongly desired, usually physiological in nature.

motive
A reason for doing something in response to social experiences or stimuli.

disposition
A person’s inclinations or tendencies toward a certain temperament.

value
An attitude or belief dealing with ethics, morals, or what is right and wrong.

skill

The ability to perform activities in an effective manner.

technical skills

Skills relating to the use of things, such as tools and equipment.

interpersonal skills

Social skills and skills involving people.

conceptual skills

Skills that are cognitive in nature and based on concepts and ideas.

great man theory

An approach to leadership study, popular prior to 1950, that focused on the traits of individuals who were thought to be great men.

Skills—the ability to perform activities in an effective manner—are determined through a combination learning and heredity.⁷ Yukl^{6(p191)} has described skills “at different levels of abstraction, ranging from general, broadly defined abilities (e.g., intelligence, interpersonal skill) to narrower, more specific abilities (verbal reasoning, persuasive ability).” Building on the work of Katz⁸ and Mann,⁹ Yukl⁶ developed a taxonomy of skills that uses three main categories: technical skills, interpersonal skills, and conceptual skills. **Technical skills** are concerned with the use of things, such as tools and equipment. **Interpersonal skills** are social skills, and they involve people. **Conceptual skills** are based on concepts and ideas and are cognitive in nature. Other skill sets—such as administrative and strategic management skills—have also been proposed, though these areas tend to be directed more toward management than leadership.

The Trait Approach to Leadership

Prior to 1950, the trait approach to leadership was known as the **great man theory**, because it focused on the traits of individuals who were thought to be great men. The individuals who developed this model sought to identify the traits associated with leaders in comparison with traits of individuals not deemed to be leaders. Over time, however, research demonstrated poor correlation between personal traits and successful leadership, and studies of effective leaders suggested that leadership ability was not genetically based.³ By midcentury, researchers were using aptitude and psychological tests to study personality traits, as well as social and work-related characteristics.

In a seminal literature review, Stogdill⁴ examined 124 trait studies that had been conducted between 1904 and 1948. He demonstrated a pattern in which the concept of a leader was based on people acquiring status in an organization by exhibiting the ability to work with a group in attaining mutual goals. Stogdill found that relevant leadership traits included intelligence, self-confidence, alertness to others’ needs, understanding of tasks, initiative and persistence in addressing problems, and desire to take responsibility and hold positions of dominance and control.⁶ The key result of Stogdill’s work was the discovery that each trait was dependent on the specific situation and that none of the traits were themselves required to produce success in every situation. Thus, Stogdill hastened the demise of the great man theory of leadership.

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Consider This

“A person does not become a leader by virtue of the possession of some combination of traits. . . . the pattern of personal characteristics of the leader must bear some relevant relationship to the characteristics, activities, and goals of the followers.”

—Ralph Stogdill^{4(p64)}

If a combination of traits does not make a person a leader, why do you think that the traits found in leaders are important?

In 1974, Stogdill¹⁰ conducted a second literature review of 163 trait studies that had been conducted between 1949 and 1970. This review covered a wider variety of studies than the first one and included more skills and traits presumed to be related to leadership, as well as extensive measurement techniques. The review produced strong results, identifying many of the same traits as the first review and also finding additional traits and skills to be relevant. However, the review provided no evidence for universal leadership traits. Stogdill noted that some personal traits did appear to contribute to effective leadership, but he stressed that the organizational situation was key. Following Stogdill's work, some investigators moved away from attempting to identify universal leadership traits. Others turned their attention to the behavior of leaders and the consideration of leadership situations.

After Stogdill's first review, Mann¹¹ examined more than 1,400 findings dealing with personality and small-group leadership. His research avoided Stogdill's emphasis on contextual factors, and it suggested that the traits of intelligence, dominance, and masculinity were significantly related to perceived leadership, regardless of the situation. (The inclusion of masculinity reflects the fact that male leadership was dominant in the United States at this time.) Following Stogdill's 1974 review, Lord, DeVader, and Alliger¹² used meta-analysis to reassess—and largely support—Mann's findings. In 1991, Kirkpatrick and Locke¹³ found that, without doubt, leaders are not like other people. They proposed that traits differentiating leaders from nonleaders included drive, motivation, integrity, confidence, cognitive ability, and task knowledge. They also stated that these traits can be either inborn or learned.

During the 1990s, the study of leadership traits focused on understanding an individual's own behaviors, thoughts, and feelings, as well as those of others, and the appropriate actions pertaining to them. Studies during this period looked at a variety of social intelligence attributes, including social awareness, social acumen, and self-monitoring. By 2004, Zaccaro, Kemp, and Bader¹⁴ had included social intelligence attributes in their study of leadership traits. In 2013, Northouse¹⁵ conducted a review of past studies and examined lengthy lists of traits that had accumulated over a 60-year period. He ultimately proposed a set of five major leadership traits that individuals should possess or seek to develop: intelligence, self-confidence, determination, integrity, and sociability.

Leadership Traits

Intelligence

Intelligence, or intellectual or cognitive ability, includes mental capacity for understanding, reasoning, and perception, as well as the aptitude for grasping facts and the relationships between them. Zaccaro, Kemp, and Bader¹⁴

support the notion that leaders have higher intelligence than nonleaders, and the attributes of intelligence do generally appear to make individuals better leaders. However, research suggests that leadership may become impeded if a leader's intellectual ability is significantly different from that of the followers. Effective leaders must be unable to explain complex concepts in a manner that meets the needs of the followers.

Self-Confidence and Determination

Leaders who possess self-confidence have realistic certainties in their own judgment, ideas, ability, power, decision making, and skills. Such leaders know and trust themselves without pride or arrogance. They have a positive attitude about themselves and are able to press ahead with the belief that, if and when they make a wrong decision, any setback can be overcome. Effective leaders have self-assurance and self-esteem. They understand that their leadership can and will make a difference to their organizations and that the influence they have on others is right and appropriate.¹⁵

Determination is the motivation a leader needs to come to a decision, and it includes such characteristics such as energy, initiative, persistence, and tenacity. Leaders with determination have the persistence needed to see a job through to completion and to persevere in the face of obstacles.

Personal Integrity

Personal integrity—simply, the adherence to personal values in day-to-day behavior—is a predominant aspect of interpersonal trust.⁶ Effective leaders show their character by being ethical, trustworthy, and honest. With regard to integrity, leaders truly must “walk the talk.” Integrity is foundational in relationships between public health leaders and followers: Leaders who demonstrate integrity receive admiration, respect and loyalty from followers. But if leaders are not deemed trustworthy, they receive no loyalty from followers, and relationships with peers and superiors will be impossible to maintain. Being of service to followers and recognizing that loyalty is a two-way street are both signs of leadership integrity. Effective leaders live by the same rules that they establish for followers; to do otherwise violates the followers' trust.

Clearly, deception or lying to followers results in a loss of leadership credibility. Exploitation, manipulation, and failure to keep promises likewise compromise the leader's effectiveness. Leaders who act in their own self-interest lose the trust of their followers. If leaders fail to maintain the confidence of followers, effective communication and the flow of useful information become hampered. Leaders who refuse to take responsibility for their own actions and decisions are perceived as undependable or worse, especially if they try to cast blame on others for their own failures. When a breach of personal integrity becomes obvious, effective leadership ceases.

determination

The motivation a leader needs to come to a decision, to persevere in the face of obstacles, and to see a job through to completion.

personal integrity

Adherence to personal values in day-to-day behavior; the quality of being ethical, trustworthy, and honest.

When 1,500 managers were asked to name the most desired traits in leaders, integrity was at the top of the list.¹⁶ Kouzes and Posner^{16(p8)} write: “Honesty is absolutely essential to leadership. If people are going to follow someone willingly, whether into battle or into the boardroom, they first want to assure themselves that the person is worthy of their trust. They want to know that the would-be leader is truthful, ethical, and principled.” To be an effective public health leader, one must demonstrate ethical convictions in the daily routine of leading.

Leadership Skills

Leadership skills are the competencies and knowledge that a leader possesses and uses to successfully reach goals and objectives.¹⁵ Katz⁸ determined that effective leadership is based on three types of personal skills: technical skills, interpersonal or human skills, and conceptual skills. These skills are significantly different from leaders’ personal traits: Whereas traits define who the leaders are, skills determine what the leaders are able to accomplish.

Technical Skills

Technical skills include knowledge about an organization’s work, structure, and rules; proficiency in specialized activities; and an understanding of the methods, processes, and equipment used by organizational units. Technical skills may be acquired through a variety of means, including formal education and on-the-job training and experience. Katz⁸ notes that technical skills are important for leaders in supervisory and middle management positions but somewhat less important for senior leaders and those in top management positions.

Effective Public Health Leaders . . .



. . . know that “the leader of an organization needs to be a role model.”

—Robert M. Gates^{17(p170)}

Interpersonal or Human Skills

Whereas technical skills involve working with things, interpersonal or human skills are all about working with people. Leaders should have a knowledge of human behavior and group processes, and they should be able to understand the feelings, attitudes, and motives of their followers. Interpersonal skills enable public health leaders to work cooperatively with subordinates, peers, and superiors, as well as with constituents and collaborators. One crucial component of the interpersonal skill set is **empathy**—the capacity to understand the values, motives, and emotions of other people. Empathy also involves the social insight to determine what behaviors are acceptable in particular situations.⁶

empathy

The capacity to understand the values, motives, and emotions of another person.

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The ability to select an appropriate influence strategy as a leader depends on knowing what followers want and how followers perceive a situation. Leaders who continually monitor themselves better understand their own behavior and the way it impacts their followers.¹⁸ Such leaders can adjust their behavior to match specific situations. Other interpersonal skills useful in the leadership influence process include oral communication ability and persuasiveness.

Effective leadership is fundamentally based on interpersonal competence.¹ Leaders with strong interpersonal skills enhance group cooperation, support the pursuit of common goals, and have success with influence and impression management tactics.¹⁹ Katz^{8(p34)} states: “Real skill in working with others must become a natural, continuous activity, since it involves sensitivity not only at times of decision making but also in the day-to-day behavior of the individual. . . . Because everything a leader says and does (or leaves unsaid or undone) has an effect on his associates, his true self will, in time, show through. Thus,

to be effective, this skill must be naturally developed and unconsciously, as well as consistently, demonstrated in the individual’s every action.”

For public health leaders, interpersonal or human skills can be summarized simply as the ability to get along with followers as they go about their own work. Such skills are important at all levels, from supervisors and middle management to the organization’s top management positions.



Consider This

“Interpersonal competence is fundamental to successful and effective leadership.”

— Bernard M. Bass^{1(p122)}

Why might one say that interpersonal competence—rather than technical or conceptual competence—is fundamental to effective public health leadership?

Conceptual Skills

Just as technical skills involve working with things and interpersonal skills involve working with people, conceptual skills involve working with ideas and concepts. Conceptual skills incorporate a variety of attributes, including judgment, intuition, creativity, and foresight. Some conceptual skills, such as inductive or deductive reasoning, logical thinking, analytical ability, and concept formation—can be measured using aptitude tests.⁶

Public health leaders must have significant conceptual skills to understand how their organizations operate and where the organizations should be going. Effective strategic planning—a key responsibility for shaping an organization’s future, particularly in economically difficult times—requires that leaders have the ability to predict the future based on current trends. Public health leaders must be able to deal with a variety of constituencies and complex relationships. They must understand how various organizational parts work together and how a change in one area might affect elements in a number of different areas. Intuition also plays an important role, and it develops in the leader’s

repertoire through experience with certain types of problems.²¹ Effective leaders often blend conscious reasoning with intuition, depending on the situation.

Conceptual skills are the most important skill set for senior public health leaders and upper-level managers. Without strong conceptual skills, senior leaders can place the entire organization at risk. Conceptual skills are of less importance for supervisory-level leaders (see exhibit 3.1).

Effective Public Health Leaders . . .



. . . remember that “half-finished work generally proves to be labor lost.”

—Abraham Lincoln²⁰

Personality

A leader’s personality is a set of processes and characteristics that reflects a relatively stable behavior approach that responds to people, objects, or ideas in the environment.³ Leadership effectiveness is influenced both by the leader’s own personality and by the leader’s ability to understand the personalities of followers. A number of investigators have examined the various aspects of personality, and over time they have identified the “big five” personality dimensions: (1) extraversion (or surgency), (2) agreeableness, (3) conscientiousness (or dependability), (4) emotional stability (or neuroticism), and (5) openness (or intellectance). This taxonomy was developed in the early 1990s, and particular versions are known by slightly different titles (e.g., the five-factor model).^{22,23} The big five dimensions correspond with specific personality traits as shown in exhibit 3.2. The dimensions can be viewed as continuums, and individual leaders may demonstrate a high, moderate, or low degree of each.

	Supervisory Management	Middle Management	Senior Management
Technical skills Knowledge or proficiency in specialized tasks and activities	High	High	Low
Interpersonal skills Understanding of people being led and of group processes	High	High	High
Conceptual skills Ability to work with ideas and concepts, including long-range vision	Low	High	High

EXHIBIT 3.1
Importance of Leadership Skill Sets at Different Levels

Source: Data from Katz, R. L. 1955. “Skills of an Effective Administrator.” *Harvard Business Review* 33 (1): 33–42.

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EXHIBIT 3.2
The Big Five
Dimensions
and Specific
Personality
Traits

Big Five Personality Dimensions	Specific Traits	
	Positive	Negative
Extraversion (surgency)	Energy level Assertion Expressiveness	Aloofness Shyness Passivity
Agreeableness	Cooperation Empathy Flexibility	Belligerence Rudeness Callousness
Conscientiousness (dependability)	Organization Precision Persistence	Disorganization Inconsistency Aimlessness
Emotional stability (neuroticism)	Emotional stability Self-control Independence	Insecurity Instability Gullibility
Openness (intellectance)	Curiosity Insight Creativity	Unimaginativeness Imperceptiveness Shallowness

Source: Data from Goldberg, L. R. 1990. "An Alternative 'Description of Personality': The Big-Five Factor Structure." *Journal of Personality and Social Psychology* 59 (6): 1216–29.

Extraversion

extraversion
One's degree of concern and engagement with what is outside the self.

Extraversion (also spelled *extroversion*) is one's degree of concern and engagement with what is outside the self. The traits and characteristics that make up this dimension strongly influence a leader's behavior in group settings. The degree to which individuals are comfortable talking with and meeting people is based on their sociability and the outgoing nature of their personality. Individuals who like to be in control and influence others often have a high degree of dominance and assertiveness. They have the self-confidence to seek positions of authority and are prepared to become competitive in doing so. Meanwhile, introverts may become physically or emotionally drained by social encounters and require time alone to reflect and regain energy.

Dominance, assertiveness, and other traits associated with extraversion are valuable to many leaders, but not every public health leader will possess a high degree of extraversion. In fact, one investigator found that four in ten top executives classify as introverts.²⁴ Thus, extraversion may not be as significant a leadership trait as is often thought. Furthermore, dominance can be a negative attribute if it is not offset by other dimensions such as agreeableness and emotional stability.

Agreeableness

agreeableness
The ability to get along with other people; a key characteristic for resolving conflict and gaining followers.

Agreeableness is the ability to get along with other people, and it is generally understood to include such characteristics as compassion, trust, cooperativeness,

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and having a good nature. Leaders who rate high in this dimension tend to come across as cheerful, approachable, optimistic, nurturing, and sympathetic. In short, they are seen to have warm personalities. Agreeableness is an especially important characteristic for public health leaders because of the collaborative nature of public health practice. A leader who is friendly and cooperative will typically be well liked and well equipped to resolve conflicts within the organization. Also, because public health leaders are often in the public eye, agreeableness can help them generate support and gain adherents to their cause. Individuals with high agreeableness often find a need for affiliation, both with other individuals and with organizations.

Conscientiousness

Conscientiousness, or dependability, is the degree to which a person is responsible, possesses personal integrity, and has a high need for achievement. Conscientious individuals can maintain focus on specific goals and pursue them in a purposeful manner; by contrast, people with low conscientiousness are often impulsive and easily distracted from the task at hand. With the dimension of conscientiousness, work is the object, not people. Public health leaders are drawn toward conscientiousness because of the nature of their practice. Intense focus is often necessary to resolve various community and population health issues that arise.

conscientiousness
The ability to remain focused on goals and to pursue them in a purposeful manner.

Emotional Stability

The personality dimension of **emotional stability** has been labeled as *neuroticism* in some versions of the taxonomy. Regardless of the phrasing, the dimension reflects how calm, secure, and well-adjusted a person is. Key components of this dimension include self-esteem, self-control, and self-confidence. Emotionally stable leaders are able to handle stress, deal with criticism, and take failures and mistakes in stride; leaders with low emotional stability, on the other hand, are often tense, irritable, anxious, depressed, or lacking in self-confidence. Emotional stability helps public health leaders develop good interpersonal relationships.

emotional stability
The degree to which a person is calm, secure, and well adjusted.

Openness

Openness—sometimes called *intellectance*—is the degree to which an individual is intellectually curious, inquisitive, open-minded, and learning oriented. Individuals with high degrees of openness tend to be imaginative, creative, and willing to consider fresh approaches and new ideas. Individuals with low openness, meanwhile, tend to have narrower interests and often prefer to do things the way they have always been done. Openness is an important quality in public health, particularly because the field so heavily emphasizes change over stability.

openness
The quality of being intellectually curious and inquisitive, open-minded and learning oriented, and experience based.

Research on the Big Five Dimensions and Leadership

The big five personality dimensions have been the subject of much research. In one meta-analysis of 78 leadership and personality studies, Judge and colleagues²⁵ found a strong relationship between the personality factors and leadership, and they determined that the dimensions varied in the strength of their association with effective leadership. Extraversion showed the strongest relationship to leadership, followed by conscientiousness, emotional stability, openness, and agreeableness.³ Similarly, Hogan, Curphy, and Hogan²⁶ summarized 70 years of leadership and personality research and determined that four of the five dimensions were consistently related to effective leadership. Leaders scoring high in extraversion, conscientiousness, agreeableness, and emotional stability were found to be most effective and successful. Openness was linked to higher performance in some leaders but not in others.

Additional research will help us more fully understand the degree to which the big five dimensions—as well as other factors—are predictive of leadership effectiveness. In the meantime, public health leaders can use their understanding of the big five dimensions to assess their own personalities, emphasize the positive aspects, and deemphasize the negative.³

Cognitive Style

cognitive style

The way one perceives, processes, interprets, and uses information.

Cognitive style is the manner in which individuals perceive, process, interpret, and use information. It plays an important role in leadership behavior as well as in leaders' efforts to relate to followers, peers, superiors, collaborators, and constituents. People differ in the ways they perceive and assimilate data, make decisions and solve problems, and relate to others; their preferred habits in these areas are based on their cognitive styles.

Many discussions of cognitive style have distinguished between “left-brain” and “right-brain” thinking patterns. A linear approach to thinking, emphasizing analytical and logical tendencies, is said to be based in the left side of the brain, whereas creative and intuitive thinking is said to be based in the right side. This construct oversimplifies complex physiological processes and is not entirely accurate, but it provides a useful model for two contrasting approaches to thinking. Left-brain individuals tend to possess strong language skills, whereas right-brain individuals are more likely to use visual images in thinking. In reality, all leaders use both left- and right-brain processes, but most have a dominant style.

Individuals' cognitive styles can also be assessed using two other approaches that we will discuss at length: Herrmann's Whole Brain Thinking model and the Myers-Briggs Type Indicator.

Herrmann's Whole Brain Thinking Model

The Whole Brain Thinking model, developed by Ned Herrmann²⁷ in the 1970s, uses a four-quadrant approach to represent four styles of thinking, as shown in exhibit 3.3. Quadrants A, B, C, and D have distinct characteristics, and an individual's preferences for each quadrant influence patterns of leadership, behavior, and communication. An assessment called the Herrmann Brain Dominance Instrument (HBDI) is used to determine an individual's preference for each style. Research has shown that some individuals favor a single quadrant whereas others use any or all of the styles found in the model

Quadrant A focuses on logical and analytical thinking, analysis of facts, and quantitative processing. People who favor Quadrant A think critically and rationally and engage strongly in technical matters, including work with numbers. They enjoy knowing how things work and are willing to follow procedures. Public health leaders utilizing this thinking style are often authoritative and directive in nature; they focus on the task at hand using specific information, often placing less importance on the opinions and feelings of others.

Quadrant B thinkers take a highly organized approach, developing detailed plans and working through problems in a sequential, linear manner. They use deadlines to ensure that tasks are completed on time. Such individuals are reliable and highly traditional, and therefore usually conservative, in their approach. Public health leaders favoring this quadrant are risk averse, seek a stable environment, and prefer to follow established rules regardless of circumstances.

Quadrant C is the part of the model where interpersonal relationships are most important. Quadrant C individuals are intuitive, emotional, and people oriented. They have an outgoing nature and enjoy interacting with, supporting, and teaching other people. They are often verbally expressive. Public health leaders with this style of thinking are usually friendly, empathetic, and trusting of others. They put people ahead of projects and are concerned with the feelings of their followers.

Quadrant D is primarily associated with conceptual thinking, in which facts and patterns are integrated and synthesized for a holistic view. Quadrant

Quadrant A	Quadrant B	Quadrant C	Quadrant D
<ul style="list-style-type: none"> • Logical • Analytical • Fact-based • Quantitative 	<ul style="list-style-type: none"> • Organized • Sequential • Planned • Detailed 	<ul style="list-style-type: none"> • Interpersonal • Feeling based • Kinesthetic • Emotional 	<ul style="list-style-type: none"> • Holistic • Intuitive • Integrating • Synthesizing

EXHIBIT 3.3

Herrmann's
Whole Brain
Thinking Model

Source: Data from Herrmann, N. 1996. *The Whole Brain Business Book*. New York: McGraw-Hill.

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D thinkers are intuitive by nature, and their curiosity may lead them to experiment, take risks, and pursue adventure. Public health leaders who favor this style tend to allow their followers a significant degree of freedom, because they themselves are quite flexible. Such leaders may also take risks as they experiment with changing processes.

The Whole Brain Thinking model does not propose that people will engage in cognitive processes strictly from one style. Reliance on only one quadrant would result in a stunted form of leadership and a limited breadth of options. Instead, the model assumes that an individual or leader will function using all four quadrants, even if one style tends to be dominant. Few individuals can ever be perfectly balanced in their cognitive approach, but leaders in public health should strive to develop aspects from all four quadrants for use in their day-to-day leadership. Efforts to develop and understand cognitive skills are especially important for public health leaders who are engaged in coalition building and collaborative enterprises; such leaders need to understand the thinking styles not only of followers but also of peers, constituents, and collaborators.

Myers-Briggs Type Indicator (MBTI)

A tool that identifies personality types through the assessment of individual preferences across four dimensions.

Carl Jung and the Myers-Briggs Type Indicator

A different approach to cognitive styles was introduced by psychologist Carl Jung²⁸ in the 1920s, and it held that differences in behavior were a result of individual preferences in dealing with information for evaluation and problem solving. Jung's model of personality encompassed three main dimensions: (1) extraversion and introversion, which describe the ways people interact with each other; (2) sensation and intuition, which describe the ways people gather information; and (3) thinking and feeling, which describe how people evaluate information.

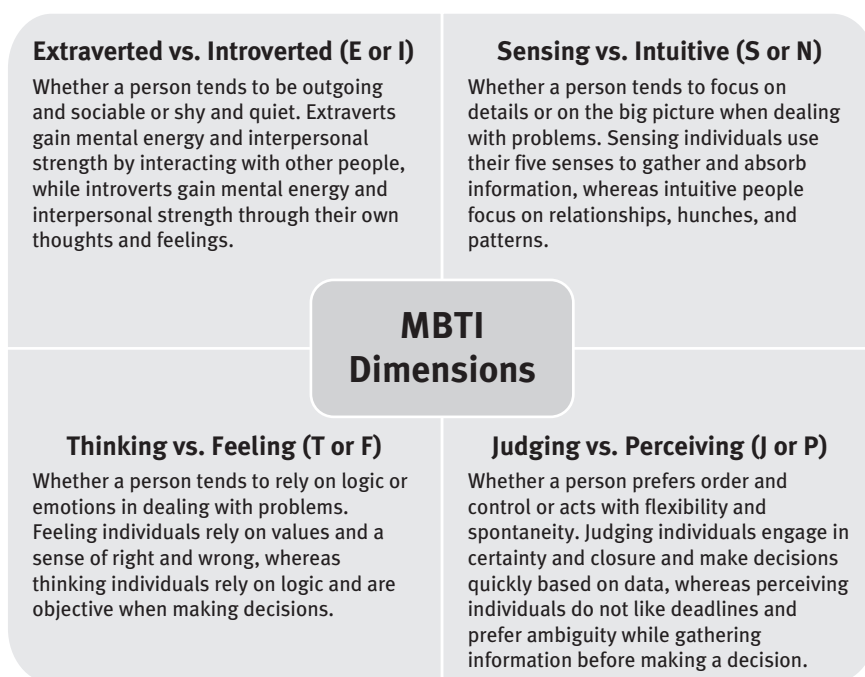
Jung had a powerful influence on Katharine Briggs and Isabel Briggs Myers, who developed the Myers-Briggs Type Indicator (MBTI) as an outgrowth of Jung's model.²⁹ In doing so, Briggs and Briggs Myers added a fourth dimension: judging and perceiving, which describes how people relate to the outside world.³⁰ A person's preferences across the four dimensions of the MBTI (shown in exhibit 3.4) can be used to identify that individual as one of 16 potential personality types. For instance, a person who prefers extraversion (E) over introversion (I), intuition (N) over sensing (S), thinking (T) over feeling (F), and judging (J) over perceiving (P) would have a personality type of extraversion + intuition + thinking + judging, or ENTJ.²⁹ Preferences are measured by the individual's answers to a questionnaire. A person's MBTI scores across the four dimensions may change over time



Check It Out

The Myers–Briggs Type Indicator instrument is a psychometric questionnaire that measures people's psychological preferences based on their perception of the world and the way they make decisions. For more information, visit the Myers & Briggs Foundation site at www.myersbriggs.org/my-mbti-personality-type/mbti-basics/home.htm.

EXHIBIT 3.4 Myers-Briggs Type Indicator Dimensions



Source: Data from Briggs Myers, I., M. H. McCaulley, N. L. Quenk, and A. L. Hammer. 1998. *MBTI Manual: A Guide to the Development and Use of the Myers Briggs Type Indicator*, 3rd ed. Sunnyside, CA: Consulting Psychologists Press.

based on life experiences, education, and training; however, very high scores in certain dimensions generally indicate styles that will remain relatively stable. No personality type is considered the “right” one or better than the others, and each type can result in either positive or negative behavioral consequences.

Public health leaders should seek to understand both their own cognitive style and the styles of their followers, and they should strive to develop their ability to work with individuals who have styles different from their own. Leaders should also realize that growth occurs not by focusing on their own current style but by looking at the personality traits of the style directly opposite from their own, as shown in the diagram in exhibit 3.5. Doing so helps leaders recognize their need for balance and their dependence on others, while at the same time opening them up to fresh experiences.³¹

Leadership Application Case: To Change or Not to Change

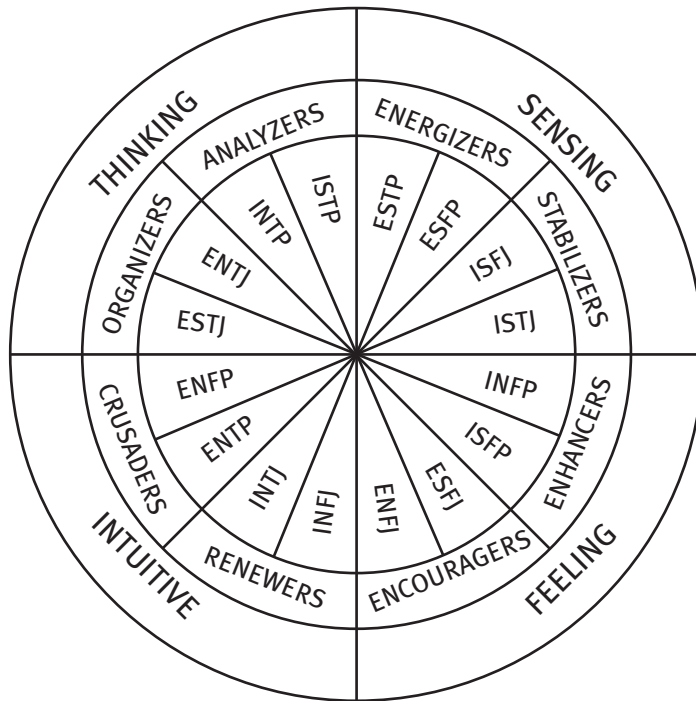


The Leadership Application Case at the beginning of this book provides realistic scenarios for the application of key leadership concepts covered in the text. See the section marked “Chapter 3 Application” for the scenario and discussion questions that correspond with this chapter.

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EXHIBIT 3.5
Complementarity Among
Personality
Types



Source: Reprinted with permission from Johnson, R. 1999. *Your Personality and the Spiritual Life*. Gainesville, FL: Center for Applications of Personality Type, 163.

Social Appraisal Skills and Emotional Intelligence

social intelligence

The aptitude for understanding the thoughts, feelings, and behaviors of others, and of oneself, in social situations and for acting appropriately based on that understanding.

According to Zaccaro and his coauthors,^{32,33,34,35,36} social appraisal skills are at the heart of effective leadership. Such skills represent **social intelligence**, which is the aptitude for understanding the thoughts, feelings, and behaviors of others, and of oneself, in social situations and for acting appropriately based on that understanding.³⁷ Zaccaro states that social intelligence consists of social awareness, social acumen, response selection, and response enactment.³⁴ These components are based on leaders' ability to understand the behaviors, thoughts, and feelings of other people within their social sphere and their ability to choose responses that appropriately match situations in that sphere.⁴ Several studies have demonstrated that the self-monitoring aspect of social intelligence plays a major role in effective leadership.³⁸ Other studies have considered social intelligence in relationship to leadership, controlling for other types of intelligence (general or emotional). These studies have demonstrated that social intelligence either predicted leader emergence³⁹ or reflected leadership experience.⁴⁰ Day and Antonakis⁴ state that, taken together, the various studies of social awareness and social intelligence provide strong evidence linking social awareness skills to effective leadership.

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Understanding Emotional Intelligence

Because of the significant impact emotions can have on people's cognitive processes and behavior, **emotional intelligence** is a key attribute for effective leadership.⁴¹ Daft^{5(p146)} defines *emotional intelligence* as "person's abilities to perceive, identify, understand, and successfully manage emotions in self and others." An understanding of emotions helps leaders to effectively manage themselves and their relationships. Many researchers accept eight categories or families of emotions: anger, sadness, fear, enjoyment, love, surprise, disgust, and shame. These eight families do not represent all emotions, but they include the four universally recognized emotions that are expressed through facial expressions: anger, fear, enjoyment, and sadness.

Caruso, Mayer, and Salovey⁴² identify four distinct emotional intelligence skills: (1) emotion identification, which involves discerning and appraising one's feelings and the emotional expressions of others; (2) emotion use, which involves working with emotions to direct attention to important events and environmental cues; (3) emotion understanding, which involves assessing emotions within a larger network of causes and knowing how various emotions in oneself and others are connected; and (4) emotion management, which involves maintaining awareness of emotions and solving problems encumbered with emotional issues. Public health leaders who are in tune with their emotions as well as those of their followers can put this knowledge to use for the good of their organizations.

emotional intelligence
The ability to systematically review the emotions of oneself and other individuals, differentiating between various emotions, appropriately labeling them, and utilizing such information to guide behavior and thought.

Check It Out



For additional information about emotional intelligence, read Kendra Cherry's article "What Is Emotional Intelligence?" at www.verywell.com/what-is-emotional-intelligence-2795423.

The Emotional Competence Inventory

The Emotional Competence Inventory—developed by Goleman, Boyatzis, and Hay Group^{43,44}—is a framework for assessing specific competencies related to emotional intelligence. The inventory is based on a two-by-two matrix, with *behavior* and *awareness* arranged opposite *self* and *others*. The four quadrants represent distinct areas of ability: (1) self-awareness, (2) self-management, (3) social awareness, and (4) relationship management (see exhibit 3.6). Emotional intelligence can be improved as individuals strengthen their abilities in all four areas.

Self-awareness, which depends on accurate self-assessment, is at the core of the emotional competency framework. Self-aware leaders can recognize and understand their emotions, assess their personal strengths and weaknesses, and project a sense of self-confidence. They trust their gut instincts and recognize that their feelings provide useful information. **Self-management** ability is essentially emotional self-control. Individuals with strong self-management tend to be trustworthy, conscientious, optimistic, and adaptable. They are

self-awareness
The ability associated with self-assessment, recognizing and understanding one's own emotions, and knowing one's personal strengths and weaknesses.

self-management
The ability to keep one's emotions in balance; emotional self-control.

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EXHIBIT 3.6
The Emotional
Competence
Inventory

		AWARENESS			
		Self-Awareness <ul style="list-style-type: none"> • Emotional self-awareness • Accurate self-assessment • Self-confidence 	Social Awareness <ul style="list-style-type: none"> • Empathy • Organizational awareness • Service orientation 		
SELF		Self-Management <ul style="list-style-type: none"> • Emotional self-control • Trustworthiness • Conscientiousness • Adaptability • Optimism • Achievement orientation • Initiative 	Relationship Management <ul style="list-style-type: none"> • Development of others • Change catalyst • Inspirational leadership • Conflict management • Influence • Bond building • Communication • Teamwork and collaboration 	OTHERS	
		BEHAVIOR			

Source: Data from Wolff, S. B. 2005. *The Emotional Competence Inventory—Technical Manual*. Boston, MA: Hay Group.

often achievement oriented and willing to take the initiative to accomplish the work at hand. They are also able to control negative emotions and desires, particularly those that are unproductive, disruptive, or harmful to themselves or others. Public health leaders can improve their self-management by learning to balance emotions such as desire, anxiety, worry, anger, and fear. By managing their emotions—rather than suppressing or denying them—leaders can think more clearly, increase their effectiveness, and proactively deal with any situations that arise.⁵

Social awareness and **relationship management** deal with others rather than the self. Leaders with high social awareness exhibit empathy, understand other people's points of view, and sense others' emotions. Frost⁴⁵ states that effective leaders learn to engage their followers with a "professional intimacy" that allows them to exhibit compassion and concern without becoming entangled in others' emotions in a way that would interfere with judgment. Socially aware leaders understand organizational dynamics, and this understanding produces a service orientation that assists the organization, peers, and followers. A key element of social awareness is the leader's ability to work effectively with a variety of individuals with different backgrounds and emotions, which

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social awareness
The ability to understand the dynamics that occur in individual, group, and community relationships.

relationship management
The ability to relate to other individuals in a way that makes them feel understood and supported.

is essential for relationship management. Effective leaders are keen network builders, and they understand that networks help them achieve positive results. Habbel⁴⁶ found that leaders with strong relationship management skills treat other people with kindness, sensitivity, and compassion. Relationship management centers on the ability to connect with other people and build strong relationships, but it also includes developing people through inspirational leadership, building teamwork through collaboration, and resolving interpersonal conflicts. Leaders who excel in relationship management generally have good communication skills and are adept at using their influence to ensure positive results. Relationship management skills are particularly important for leaders in public health, given the highly collaborative nature of the field.

Research supports the idea that emotional intelligence serves as a strong base for public health leadership. Goleman⁴⁷ has found that effective leadership styles can arise from all four of the emotional intelligence quadrants, and Knight and colleagues⁴⁸ have observed that emotional intelligence among public health supervisors is related to conditions of trust among subordinates. Effective public health leaders learn to change or combine styles depending on the context or situation within which they are working. They are sensitive to emotions, both their own and those of others, and make adjustments to their leadership style accordingly.

The Behavioral Approach and Leadership Styles

During the 1950s, at a time when Stogdill and others were raising questions about the trait approach, many researchers shifted their attention to a behavioral approach, focusing on the behaviors used by effective leaders. Since behaviors are more readily learned than traits, this approach suggests that leadership skills can be developed by a broad array of people. Researchers soon identified two metacategories of effective leadership behavior—task-oriented behavior and people-oriented behavior—that were found to exist across time and situations.⁴⁹ In addition to examining leaders' behaviors, investigators also engaged in the study of **leadership styles**—the recurring patterns of behavior that leaders exhibit when dealing with followers. Researchers believed that, if one best style could be determined, effective leaders could be more easily trained.

Seminal studies of leadership styles were conducted by research teams at Ohio State University⁵⁰ and the University of Michigan.⁵¹ They focused on two dimensions of leadership style: the task to be accomplished and the people doing the work. The Ohio State researchers termed these two dimensions “initiating structure” and “consideration,” whereas the Michigan team labeled them “production-centered” and “employee-centered.” Regardless of the terminology, the two dimensions represented leaders with a high concern for the task and leaders with a high concern for people. Task-oriented leaders

leadership style
A pattern of behavior that a leader exhibits when dealing with followers.

define and plan the work to be accomplished, assign responsibilities, establish clear work standards, urge followers to complete the tasks, and monitor performance results. People-oriented leaders demonstrate a warm and supportive attitude, respect followers' feelings, and are sensitive to followers' needs. They maintain appropriate social relationships with followers, with trust as a key element. Although many initially believed that people-oriented leaders would be most effective, researchers over time concluded that effective leaders have high concern for both task and people.

The Leadership Grid

One of the most popular tools to emerge from behavioral leadership research has been the Managerial Grid developed by Blake and Mouton,⁵² which was later restated as the Leadership Grid by Blake and McCaule.⁵³ The grid consists of two nine-point scales—concern for production (or task) and concern for people—and the combination of scores could point to five “pure” styles of leadership⁵⁴:

1. *Team management*—high concern for both production and people (grid scores of 9, 9), with team members working together to complete a task; recommended for public health leaders
2. *Country club management*—low concern for production and high concern for people (1, 9)
3. *Authority-compliance management*—high concern for production and low concern for people (9, 1)
4. *Middle-of-the-road management*—moderate concern for both production and people (5, 5)
5. *Impoverished management*—the absence of a management philosophy, with little concern for interpersonal relationships or work accomplishment (1, 1)

Two additional leadership styles were later added to the framework, though they lack fixed points on the grid⁵³:

1. *Paternalistic management*—an emphasis on reward and punishment
2. *Opportunistic management*—a tendency to shift styles for the leader's own benefit



Check It Out

Visit www.12manage.com/methods_blake_mouton_managerial_grid.html for additional information on the Managerial/Leadership Grid.

The styles represented in the Leadership Grid correspond roughly with classic leadership approaches that have been observed for many years. As far back as 1938, Lewin and Lippitt⁵⁵ used the terms *autocratic* and *democratic* to describe leadership

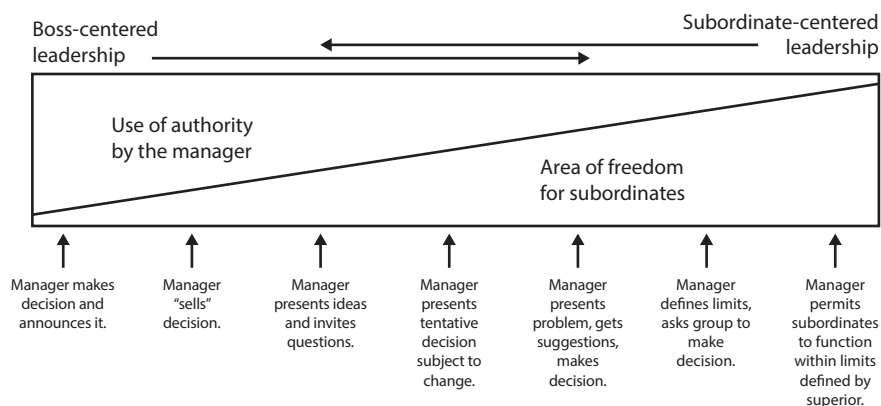
styles, and these terms remain in use today. Leaders described as autocratic typically function in a unilateral, command-and-control manner; such an approach aligns with the authority-compliance style from the Leadership Grid. Leaders with a democratic style place their emphasis on both people and task; such an approach corresponds with the grid's team management style. Another classic leadership style, known as a "human relations" approach, emphasizes people over task; it corresponds with the country club management style. Finally, the classic laissez-faire style of leadership shows little concern for the task and lets followers make decisions on their own; this approach corresponds with the impoverished management style, known for its careless "don't bother me" approach.

Research Findings

The early research on the classic leadership styles seemed to indicate that leaders were either autocratic or democratic in approach. However, in the 1950s, Tannenbaum and Schmidt⁵⁶ postulated that a continuum exists between the two styles of leadership and that leaders use a mix of autocratic and democratic actions (see exhibit 3.7). The particular style used by a leader is influenced by employee participation and organizational context. Heller and Yukl⁵⁷ found that leaders, regardless of style, could adjust their behaviors based on organizational circumstance or situational variables.

Leaders with high levels of concern for both tasks and people—often referred to as "high-high" leaders—have generally been assumed to be the most effective, and leadership training based on the Leadership Grid has aimed to develop leaders of this type. However, research has provided this position

EXHIBIT 3.7
Leadership
Continuum



Source: Reprinted with permission from *Harvard Business Review*. Exhibit 1 from "How to Choose a Leadership Pattern," by Robert Tannenbaum and Warren Schmidt, May–June 1973. Copyright © 1973 by the Harvard Business School Publishing Corporation; all rights reserved.

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with only limited support. Yukl^(p64-65) writes that “research based on critical incidents and interviews strongly suggests that effective leaders guide and facilitate the work to accomplish task objectives while at the same time maintaining cooperative relationships and teamwork.”

Case Study: New Jersey Ebola Quarantine

It was the fall of 2014, and an outbreak of the deadly Ebola virus in West Africa had the world on edge. American healthcare practitioners were on the ground helping address this frightening and, as yet, uncontrolled epidemic. The US Constitution empowers federal and state authorities in their handling of health matters, and ports and airports are governed by federal authority. Individual states have varying health laws, including laws governing the use of quarantine to control disease outbreaks. Many states had begun enacting quarantines to protect the public and dispel public fear.

In one widely publicized case, a Doctors Without Borders nurse, Kaci Hickox, returned to the United States after a month in Sierra Leone. Her flight entered the country in New Jersey, just days after New York Governor Andrew Cuomo and New Jersey Governor Chris Christie had issued a mandatory quarantine for healthcare workers who had been in West Africa and had contact with persons infected with Ebola. The quarantines exceeded federal standards and received backlash from the White House and medical practitioners. New York and New Jersey were two of the states (along with Maryland, Virginia, Pennsylvania, and Georgia) where more than 70 percent of air travelers from the hardest hit areas of West Africa (Liberia, Guinea, and Sierra Leone) were entering the United States.

Hickox was questioned for several hours upon landing at Newark Liberty International Airport, and despite having no symptoms of Ebola, she was placed under quarantine in a tent outside a New Jersey hospital. Hickox was released three days later after testing negative for Ebola, and she returned to her home state of Maine. She declined Maine’s voluntary quarantine, but Maine officials subsequently pursued a court order for mandatory home quarantine for 21 days. A judge ultimately rejected that order, allowing Hickox to be free of quarantine as long as she submitted to active monitoring for 21 days and agreed to notify health officials in the event that symptoms appeared. Hickox never developed Ebola.

World Health Organization officials and US disease experts argued that the state quarantines were unnecessary and could potentially deter healthcare workers from helping with the outbreak in Africa. Hickox would

(continued)

later file a civil rights lawsuit against New Jersey Governor Christie, former New Jersey State Health Commissioner Mary O'Dowd, and other health department employees, claiming that she was illegally held against her will. She would also file suit against the state government of Maine and its health officials.

Discussion and Application Questions

1. In your opinion, were the quarantines warranted? Why or why not?
2. What circumstances complicated an effective public health leadership response to the Ebola outbreak?
3. How could government and public health leaders have responded more effectively in such circumstances?
4. What leadership traits would prove most effective in leading a community through the process of establishing a quarantine?

Summary

An individual's personal traits have long been regarded as a key factor determining a person's ability to lead. Empirical research on this topic was first conducted in 1904, when scientists sought to identify the qualities that differentiated leaders from nonleaders. Early studies advanced the idea that certain personal qualities are inherent in leaders and that these traits can be identified and assessed. This line of thinking became less prevalent after 1950, but research on the traits, skills, behaviors, and styles of effective leadership has continued and evolved. More recent research has examined a variety of behavioral and cognitive aspects spanning the breadth and depth of leadership practice.

Traits are the various attributes possessed by individuals, including personality, temperament, abilities, needs, motives, disposition, and values. They represent core elements of every leader, and they contribute to consistent leadership performance regardless of the organizational situation. Public health leaders are known to their followers, peers, collaborators, and constituents by their key personal traits. Leaders also possess skills, which reflect the ability to perform activities in an effective manner. The skills taxonomy consists of three broadly defined categories—technical skills, interpersonal skills, and conceptual skills—all of which are important for the effective practice of public health leadership.

The trait approach to leadership is based on the great man theory, which focused on the personal traits of individuals who were thought to be great men. However, the great diversity of traits represented by these individuals suggested that leadership was not simply genetic. Stogdill demonstrated that

traits were based on specific situations and found no evidence for universal leadership traits—thus contributing to the demise of the great man theory. Still, some researchers determined that certain traits could distinguish leaders from nonleaders, and additional research suggested that leadership traits could be both inborn and learned. Over time, a lengthy list of leadership traits has developed. Such traits may not be universal in nature, but they at least suggest qualities that public health leaders can strive to possess.

Leadership skills are the competencies and knowledge that help leaders reach goals and objectives, and they fall under three categories: technical skills, interpersonal or human skills, and conceptual skills. Conceptual skills are the most important category for senior leaders and upper-level managers, whereas technical skills are more important for leaders in supervisory and middle management positions.

Personality—both the leader’s own and the leader’s ability to understand the personalities of others—strongly influences leadership effectiveness. Personality has many aspects, but researchers over time have identified a set of key dimensions known as the “big five”: (1) extraversion (or surgency), (2) agreeableness, (3) conscientiousness (or dependability), (4) emotional stability (or neuroticism), and (5) openness (or intellectance).

Leaders also must understand cognitive style, which deals with the way individuals perceive, process, interpret, and use information. Herrmann’s Whole Brain Thinking model is a four-quadrant approach to represent styles of thinking. Individuals may tend to have one style that is dominant, but effective leaders use all four styles. The Myers-Briggs Type Indicator is another tool for assessing cognitive styles and helping leaders understand themselves and others.

Another key attribute for effective leadership is emotional intelligence, which can be assessed using a framework called the Emotional Competence Inventory. The inventory presents four distinct areas of ability: (1) self-awareness, (2) self-management, (3) social awareness, and (4) relationship management. Socially aware leaders are adept at understanding the organizations in which they work.

The behavioral approach to the study of leadership focuses on behaviors rather than traits, and it distinguishes between two categories: task-oriented behaviors and people-oriented behaviors. One of the most popular tools in this area the Leadership Grid, which uses two nine-point scales (representing concern for task and concern for people) to identify leadership styles. The styles represented in the grid correspond roughly with classic leadership approaches that have been observed for many years. The use of the terms *autocratic* and *democratic* to describe leadership behavior dates to the 1930s, and the terms are still used today.

Public health leaders may possess particular traits, skills, and styles, but their leadership actions should be appropriate to the organizational context

or situation. Effective leadership is determined not by personality traits but by the leader's behavior.

Discussion Questions

1. Discuss the concept of leadership traits. How do such traits apply to public health leadership?
2. What traits do you think are the best predictors of effective public health leadership?
3. Describe how technical, interpersonal, and conceptual leadership skills are related to effective public health leadership.
4. Which types of skills are most important at the lower, middle, and higher levels of leadership?
5. Discuss social intelligence and how it is related to effective public health leadership.
6. Explain emotional intelligence. How does it relate to social intelligence and to the effective practice of public health leadership?
7. Consider the Myers-Briggs Type Indicator, and identify which two characteristics you believe would be most strongly associated with effective public health leadership. Support your opinion.
8. Review your own Myers-Briggs type, and explain how considering your complementary type might help your development as an effective public health leader.
9. How does the Leadership Grid assist public health leaders in understanding their own leadership style?
10. **For deeper thought:** Considering the importance of emotional intelligence to the effective practice of public health leadership, discuss how you can more fully develop your own emotional intelligence.

Web Resources

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