The impact of charismatic leadership on followers' initiative-oriented behavior: A study in German hospitals

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Background: Organizations in the health care sector are undergoing extensive structural reforms. To face these challenges, management initiatives that foster employees' commitment to and support for organizational change are needed in hospitals.

Purposes: In literature, a charismatic leadership style has proved to be especially helpful in times of crisis and change as well as an essential antecedent of followers' discretionary behavior in organizations. Thus, the aim of the study was to investigate charismatic leadership as a means to enhance followers' initiative-oriented behavior in hospitals. In the hospital context, two situational conditions have to be taken into account. We hypothesized that both employees' job autonomy and stress in the workplace will moderate the positive relationship between charismatic leadership and followers' initiative-oriented behavior.

Methodology/Approach: We investigated 543 members of medical staff (physicians and nurses) in six German hospitals by using a questionnaire. The hypotheses were tested by conducting hierarchical regression analyses and interpreting main effects and interactions effects.

Findings: Charismatic leadership significantly predicted followers' initiative-oriented behavior. Moreover, our study confirmed the moderating effect of job autonomy. However, the moderating effect of followers' stress was not confirmed by our data.

Practice Implications: First, the results of our investigation point at the positive impact that charismatic leaders have on followers' initiative-oriented behavior in the hospital. Several studies have shown that training can improve leaders' abilities in charismatic leadership. Thus, a suggestion for supervisor development from this is not only to provide professional training but also to intensify efforts in training specialized on charismatic leadership. Second, to support followers' participation in change processes, hospital managers should consider if and how the degree of followers' job autonomy can be enhanced.

Similar to that of many member countries of the Organization for Economic Cooperation and Development, the German health care system is under-

going extensive structural reforms (Wendt & Thompson, 2004). Organizations in the health care sector thus face a broad spectrum of clinical, financial, and legal challenges (Ramanujam & Rousseau, 2006). For example, hospitals have to implement prescribed continuous quality management processes. Furthermore, rising efforts on cost reduction and the need to enhance efficiency have caused, for example, the implementation of hospital payment schemes and emphasis on high-quality health care (cf. Alexander, Weiner, & Griffith, 2006; Brechenkamp, Wiskow, & Laaser, 2007). Moreover, competition among hospitals is rising (Krukemeyer, 2004). Against this background, hospitals increasingly need to restructure their operational procedures; therefore, the

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successful management of change processes is a crucial requirement for hospitals (Ramanujam & Rousseau, 2006). However, to date, managerial efforts to foster organizational learning and change have been scarce and difficult to realize (Ramanujam & Rousseau, 2006).

To face the abovementioned challenges, hospital employees in all departments and on all hierarchical levels need to actively and responsively participate in the change process. Thus, there is a growing need for self-initiative and change-focused behavior in hospitals. Hospital managers thus have to think about ways to further followers' initiative-oriented behavior.

In this article, we define *initiative-oriented behavior* as the extent to which an employee engages in self-starting, future-oriented behavior that aims at supporting ongoing change processes in the work environment and improving work outcomes. Followers' initiative-oriented behavior (or more simple, initiative) can hardly be prescribed by formal regulation; rather, it is discretionary. Our definition of the construct initiative-oriented behavior is thus related to similar constructs, such as proactive behavior, the civic virtue dimension of organizational citizenship behavior (OCB), and individual task proactivity (for an overview, see Griffin, Neal, & Parker, 2007).

Charismatic leadership (cf. Judge, Woolf, Hurst, & Livingston, 2006; Waldman, Ramirez, House, & Puranam, 2001) is defined as a "relationship between an individual (leader) and one or more followers based on leader behaviors combined with favorable attributions on the part of the followers" (Waldman et al., 2001). Charismatic leaders are usually described as emphasizing change and communicating both a vision and high performance expectations (Waldman et al., 2001). This leadership style has proved to be especially helpful in times of crisis and change (Waldman et al., 2001). In addition, charismatic leadership has been found to enhance followers' discretionary behavior (e.g., Bettencourt, 2004).

To the best of our knowledge, the impact of charismatic leadership on initiative-oriented behavior or related constructs has not yet been investigated in the hospital context. Our aim is to fill this gap by analyzing the relationship between charismatic leadership and followers' initiative-oriented behavior in the hospital context. We assume that charismatic leadership may be suitable to enhance doctors' and nurses' initiative-oriented behavior. However, at the same time, in the hospital context, two situational conditions (moderator effects) have to be taken into account. First, followers are likely to engage in initiative-oriented behavior only if they have sufficient individual autonomy (Hackman & Oldham, 1980) to do so. Second, a high level of followers' stress may threaten or impede followers' initiative-oriented behavior.

In the remainder of this article, we first develop hypotheses about the relationship between charismatic leadership and followers' initiative-oriented behavior and the assumed moderator effects in the hospital context. Second, we test these hypotheses in a sample of 543 doctors and nurses from six German hospitals. We discuss implications for the management and leadership of change processes in the hospital.

Theory

Charismatic Leadership and Followers' Initiative-Oriented Behavior

Given the need to foster change processes in hospitals, it is not sufficient that employees only react and adapt to new challenges. Instead, they should anticipate and act upon dynamic environments in a self-directed way to achieve effective outcomes. For example, employees need to identify improved ways of working under their own initiative, without relying on directions from supervisors. Initiative-oriented behavior, as defined earlier, includes continuously learning on and off the job, actively participating in ongoing change initiatives in the hospital, and volunteering for additional tasks and responsibilities.

However, initiative-oriented behavior cannot be expected to develop without carefully directed promotion. First, similar with other health care organizations, hospitals are heterogeneous because of multiple tasks, multiple hierarchies, and multiple cultures (Ramanujam & Rousseau, 2006). This "fundamental pluralism" (Ramanujam & Rousseau, 2006, p. 817) makes it difficult for the employees to identify with a common goal or to create a common social identity. Second, due to the high professionalism of the core of hospital staff (Alexander et al., 2006), professional identification is strong, whereas organizational identification tends to be low (Meyer, Allen, & Smith, 1993).

Low levels of hospital employees' identification with the organization and with organizational goals may constitute a serious barrier to their engagement for the hospital and, thus, for their initiative-oriented behavior. It can just be assumed that particular management efforts are required to assure employees' initiative. Empirical results from the hospital context suggest that leadership behavior enhances followers' engagement in quality improvement work (Nembhard & Edmondson, 2006). Accordingly, leadership behavior might be a possible mechanism to promote initiative-oriented behavior in that context. In particular, we assume that a charismatic leadership style will contribute to strengthen hospital employees' motivation to engage in initiative-oriented behavior by enhancing their identification.

Charismatic leadership is one of the most prominent concepts discussed among the new theories emerging in leadership research in the last two decades (Judge et al., 2006). Originally, the concept of charismatic leadership was introduced to the literature by Max Weber, who described charismatic leaders as individuals who are set apart from ordinary people through their exceptional powers and qualities (Judge et al., 2006). In current research, charismatic leaders are described as leaders who communicate a realistic vision of the future that can be shared by their followers (Waldman et al., 2001). At the same time, they show a high degree of determination and convey high performance expectations to their subordinates, motivating them to perform beyond expectations on behalf of organizational and group goals (Waldman et al., 2001). Because followers tend to admire, respect, and trust charismatic leaders, the latter have a particularly high influence on employees' behavior (e.g., Shamir, House, & Arthur, 1993). Charismatic leaders inspire their followers to achieve extraordinary outcomes by providing meaning, understanding, and identification with organizational goals (Shamir et al., 1993). Moreover, they offer support, mentoring, and coaching, which in turn contribute to followers' self-esteem. As a result, followers are willing to invest considerable time and energy on behalf of the organization and to make even personal sacrifices to reach organizational goals. Although there are examples of very exceptional charismatic leaders such as Martin Luther King or Mahatma Ghandi, recent scholars (e.g., Judge et al., 2006) usually assume that every leader displays charisma to a lesser or greater degree.

Empirical investigations confirm the beneficial impact that charismatic leaders have on follower behavior. Charismatic leadership is positively related to organizational performance in general (e.g., Kirkpatrick & Locke, 1996). Moreover, several researchers have shown that charismatic leadership is especially successful in enhancing followers' performance in situations that followers perceive as demanding (e.g., Waldman et al., 2001). Accordingly, charismatic leadership is positively associated with change initiative and innovation in organizations (Fiol, Harris, & House, 1999).

In their article on medical errors and quality care, Khatri, Baveja, Boren, and Mammo (2006) argue that transformational leadership may be very important for changing health care cultures and systems from control based to commitment based. In a commitment-based health care culture, employees are described to take initiative and responsibility; to actively engage in their work; and to be motivated, energized, and empowered. Charismatic leadership is an important component of transformational leadership (Judge et al., 2006). Following the argumentation by Khatri et al. (2006), we thus assume that charismatic leadership will be very

helpful to stimulate employees' initiative-oriented behavior in the hospital context.

This assumption may be further explained according to the self-concept-based motivational theory of charismatic leadership of Shamir et al. (1993). First, charismatic leaders enhance followers' identification with and trust in the leader. As was found by Sosik (2005), followers of charismatic leaders are willing to engage in discretionary behavior because of their favorable perceptions of the leader, based on their trust, loyalty, and obedience to the leader. Second, charismatic leaders enhance followers' identification with their task or role, namely, stimulating their self-worth and self-perceptions, their intrinsic motivation, and their willingness to commit themselves to performing the task successfully (Dvir, Eden, Avolio, & Shamir, 2002; Shamir et al., 1993). Third, charismatic leaders put emphasis on the collective identity of the group or unit. Thus, charismatic leaders strengthen followers' relationship with the collective, increasing their identification with the group and attachment to it. Accordingly, charismatic leadership has been found to enhance OCB via employee collective identification and group belongingness (De Cremer & Van Knippenberg, 2002).

In summary, charismatic leaders are likely to strengthen hospital employees' identification with the leader, the task, and the group, thus stimulating their willingness to proactively engage in initiative-oriented behavior.

Hypothesis 1: Charismatic leadership is positively related to followers' initiative-oriented behavior.

Charismatic Leadership and Initiative-Oriented Behavior: The Role of Job Autonomy and Stress

While charismatic leadership will contribute to the establishment of a commitment-based management, at the same time, elements of a control-based culture are present in actual health care cultures: "The prolonged exposure to jobs high in demands and low in controllability, typical in health care organizations, leads to stress-related mental and physical problems" (Khatri et al., 2006, p. 128). In this section, we therefore consider job autonomy and stress as moderators of the relationship between charismatic leadership and followers' initiative-oriented behavior.

Job autonomy refers to "the degree to which the job provides substantial freedom, independence, and discretion in scheduling the work and in determining the procedures to be used in carrying it out" (Hackman & Oldham, 1980, p. 79). In the literature, job autonomy is associated with a variety of positive outcomes such as

work motivation, job satisfaction, and performance (Hall et al., 2006). If individuals feel autonomous in their behavior, they experience themselves as initiators of their own behavior, being able to select desired outcomes and to have a choice on how to achieve them (Deci & Ryan, 1987). On the contrary, lack of autonomy leads to "the experience of having to do what one is doing" (Deci & Ryan, 1987, p. 1025).

Recent restructuring processes in hospitals include tendencies toward both rising standardization via control of work processes (e.g., new remuneration systems, introduction of a restrictive list of effective drugs, and development of treatment guidelines) and rising formalization of processes (development of directives and criteria for quality management in medical and dental care and introduction of computerized medical documentation; Brechenkamp et al., 2007; Ramanujam & Rousseau, 2006). Given this development, doctors and nurses will perceive increasing pressure to comply with regulations in their everyday work. Because freedoms in scheduling the work and determining the work procedures are systematically reduced, professional employees are likely to view these regulations as a threat to their professional autonomy (Alexander et al., 2006). Initiative-oriented behavior, however, requires a minimum of perceived job autonomy. Taking responsibility and initiative and engaging in discretionary behavior are impossible unless individuals are given the freedom to do so. Job autonomy allows followers to define their own role expectations (Beehr, 1998), thus providing opportunities for initiative-oriented behavior. Participating in team meetings and voluntarily taking extra tasks require sufficient freedom of scheduling one's own work. Continuous learning on and off the job and making suggestions to improve the workflow necessitate both scheduling freedoms and the freedom to determine work processes. Moreover, literature reveals that individuals with high self-efficacy actively pursue high-autonomy jobs (van Mierlo, Rutte, Vermunt, Kompier, & Doorewaard, 2006). Following our argumentation that charismatic leaders enhance followers' self-efficacy, the desire for job autonomy will be particularly high in charismatically led employees. We thus hypothesize that increasing followers' job autonomy will strengthen the positive relationship between charismatic leadership and initiative-oriented behavior.

Hypothesis 2: Followers' job autonomy will moderate the relationship between charismatic leadership and followers' initiative-oriented behavior, such that this relationship is stronger under high levels of job autonomy.

In the discussion about stress in the workplace, objective job stressors can be distinguished from subjective strain reactions. Strain is defined as employ-

ees' subjective reaction to stressors (Terry & Jimmieson, 1999). The level of strain that workers experience depends on both the kind and amount of stressors they experience at their workplaces and their individual perception and appraisal of this situation. A high level of objective stress will thus, *ceteris paribus*, lead to a high level of subjective strain. Strain may appear in the form of psychological, physiological, and behavioral reactions (Koslowski, 1998). Physiological symptoms of strain include high blood pressure, insomnia, and heart disease. Empirical studies reveal that hospital staff members suffer from emotional exhaustion and burnout to a considerable degree (e.g., Demerouti, Bakker, Nachreiner, & Schaufeli, 2000). Frequent behavioral responses to strain are withdrawal from or avoidance of the stressor, resulting in, for example, absenteeism and turnover.

In the hospital context, followers' stress is a frequently discussed topic (e.g., Butterworth, Carson, Jeacock, White, & Clements, 1999): Physically demanding work, high workload, and time constraints are known to be frequent stressors for both doctors and nurses (e.g., Demerouti et al., 2000).

We assume that a high level of strain that employees experience in a hospital is likely to impede initiative-oriented behavior. If an employee is exposed to stressors, he or she is likely to engage in coping behaviors to handle the stressful situation. The more individual resources (e.g., time and energy) an employee has to invest in such coping behaviors, the less resources will be available to engage in initiative-oriented behavior. Fatigue and exhaustion will reduce employees' ability to spend time trying to solve problems, to explore alternative solutions, or to reflect on and share their learning with others. Thus, they will no longer feel able to engage in initiative-oriented behavior. On the contrary, they will tend to limit their efforts to in-role instead of extra-role behavior. Accordingly, empirical studies reveal a negative correlation between strain and OCB (e.g., Chiu & Tsai, 2006). We therefore assume that a high level of followers' strain will reduce the positive impact of charismatic leadership on hospital staff's initiative-oriented behavior.

Hypothesis 3: Followers' strain will moderate the relationship between charismatic leadership and followers' initiative-oriented behavior, such that this relationship is stronger under low levels of strain.

Methods

Sample

Data for this study were collected from medical staff ($N = 543$), mainly doctors and nurses, from six public

and private German hospitals. The respondents (74% were women) had been working in their professions for an average of 15 years ($SD = 9.8$ years) and for an average of 11 years ($SD = 8.4$ years) in the organizations under study. The average respondent was 39 years old ($SD = 9.6$ years). All hospitals under study were participating in a total quality management program, which required interviewing employees about work issues. We had the possibility to include the items for this study in this questionnaire. Employees either received the questionnaires via mail and completed them at home or filled them in at a polling station at the hospital. Participation was voluntary and anonymous. In each hospital, the survey was supported by hospital management and by workers' representatives.

Measures

Charismatic leadership was measured using seven items by Waldman et al. (2001) referring to the direct supervisor of the individual interviewee (e.g., "I have complete confidence in my supervisor" and "My supervisor transmits a sense of mission"). We translated the items into German, applying the parallel blind technique recommended by Behling and Law (2000). To measure followers' initiative-oriented behavior, we modified the civic virtue scale from a questionnaire validated by Staufienbiel and Hartz (2000). Due to the hospital context, minor adaptations were necessary. The new scale consisted of four items: (a) "I try to keep abreast of changes within the hospital," (b) "I attend and participate actively in meetings regarding the hospital," (c) "I keep up with developments in the hospital," and (d) "I volunteer to take over additional responsibilities."

Job autonomy was operationalized with four items by Beehr (1998) and von Hippel, Greenberger, Mangum, and Heneman (2000): (a) "I have a lot of say over what happens on my job," (b) "I have enough freedom to decide on the sequence of my work tasks," (c) "The work I am doing significantly contributes to the success of my department," and (d) "I have some influence on how to do my tasks."

To measure followers' strain, we used the following three items suggested by Boerner, Gebert, Lanwehr, and Ulrich (2003): "When I come home from work, I am often too tired to do anything else," "I feel exhausted after work," and "My job makes me feel worn out at the end of the day."

All items were scored on a 6-point Likert scale (ranging from 1 = *totally disagree* to 6 = *totally agree*). As controls, gender (1 = female, 2 = male), age, years in profession, and organizational tenure were included in the questionnaire.

Findings

Preliminary Analyses

To test for construct validity, a confirmatory factor analysis was conducted for all constructs under study. As was expected, the four-factor model (comparative fit index = .88, root-mean-square error of approximation = .09, $Cmin/df = 5.1$) fitted the data better than a one-factor model did (comparative fit index = .48, root-mean-square error of approximation = .18, $Cmin/df = 18$).

Table 1 presents the mean scores, standard deviations, and zero-order intercorrelations of all study variables and Cronbach's α for study scales. All control variables were significantly related to initiative-oriented behavior. As can be seen from Table 1, the controls, age, years in profession, and organizational tenure were highly intercorrelated. Thus, in the further analyses, in addition to gender, we included only organizational tenure as a control variable because this variable showed the strongest correlation with our dependent variable, initiative-oriented behavior. With the exception of the control variables, all variables were centered around zero for further analyses.

Test of Hypotheses

We tested the first hypothesis using regression analysis. Moderation (Hypotheses 2 and 3) implies that the relationship between two variables varies as a function of one or more other factors—thus, a moderator suggests under what conditions a treatment produces its effect. Accordingly, the expected moderation effects were tested by conducting a hierarchical regression analysis including the interaction between the independent variable and the moderator variable (cf. Jaccard & Turrisi, 2003).

To test Hypothesis 1, initiative-oriented behavior was regressed on organizational tenure, gender, and charismatic leadership (see Table 2, Step 2). Charismatic leadership turned out to significantly predict followers' initiative-oriented behavior ($\beta = .192$, $p < .001$). Hypothesis 1, predicting a positive correlation between charismatic leadership and initiative-oriented behavior, was thus confirmed.

To test Hypotheses 2 and 3, we conducted a hierarchical regression model with followers' initiative-oriented behavior as the dependent variable. First, initiative-oriented behavior was regressed on the control variables (gender and organizational tenure), charismatic leadership, strain, and job autonomy (Table 2, Step 3). Again, charismatic leadership ($\beta = .146$, $p < .01$) significantly predicted followers' initiative-oriented behavior; the same was true for job autonomy ($\beta = .179$,

Table 1
Descriptive statistics and intercorrelations for all study variables

	<i>M</i>	<i>SD</i>	<i>n</i>	α	2	3	4	5	6	7	8
1. Gender	1.3	0.44	522		.098*	-.026	-.042	-.050	.122**	-.001	.027
2. Age	39	9.6	487			.792**	.579**	.000	.125**	-.081	.001
3. Years in profession	15	9.8	500				.729**	-.066	.135**	-.077	.029
4. Organizational tenure	11	8.4	507					-.041	.092*	.003	.056
5. Charismatic leadership	4.4	0.93	543	.889					.201**	-.159**	.236**
6. Initiative-oriented behavior	4.5	0.83	543	.761						-.074	.211**
7. Strain	4.0	1.1	543	.885							-.179**
8. Job autonomy	4.4	0.77	543	.709							

Note. Gender: 1 = female, 2 = male. Variables 2 to 4 were measured in years; Variables 5 to 8: 1 = *totally disagree* and 6 = *totally agree*.

* $p < .050$.

** $p < .010$.

$p < .01$). However, followers' strain did not predict initiative-oriented behavior. Next, the interaction terms between charismatic leadership and job autonomy as well as between charismatic leadership and strain were included in the regression model (Table 2, Step 4). The interaction between charismatic leadership and strain was not significant. Thus, Hypothesis 3 was not confirmed by our data. However, the interaction between

charismatic leadership and job autonomy turned out to be a significant predictor of initiative-oriented behavior ($\beta = .110$, $p < .05$). Hypothesis 2 was thus supported by our data. Including the interaction terms in the fourth step resulted in a significant increase in R^2 ($\Delta R^2 = .011$, $p < .05$). The plot in Figure 1 shows that charismatic leadership was more positively related to initiative-oriented behavior if followers' perceived job autonomy

Table 2
Multiple regression analysis (test of hypotheses)

Step	Dependent variable	Independent variable	β	<i>t</i>	<i>R</i>	Adjusted R^2
1	Initiative-oriented behavior	Organizational tenure	.099	2.2*	.139**	.015
		Gender	.102	2.3*		
2	Initiative-oriented behavior	Organizational tenure	.107	2.4*	.237***	.050
		Gender	.113	2.6*		
		Charismatic leadership	.192	4.4***		
3	Initiative-oriented behavior	Organizational tenure	.094	2.2*	.296***	.078
		Gender	.106	2.5*		
		Charismatic leadership	.146	3.3**		
		Strain	-.020	-0.5		
		Job autonomy	.179	4.0***		
4	Initiative-oriented behavior	Organizational tenure	.096	2.2*	.316*	.087
		Gender	.113	2.6**		
		Charismatic leadership	.149	3.3**		
		Strain	-.015	-0.3		
		Job autonomy	.201	4.4***		
		Charismatic leadership $\times$ Strain	-.012	-0.3		
		Charismatic leadership $\times$ Job autonomy	.110	2.5*		

Note. β = standardized regression coefficient. $n = 499$.

* $p < .050$.

** $p < .010$.

*** $p < .001$.

Figure 1

**Interaction effect of job autonomy
and charismatic leadership on
initiative-oriented behavior**

was high. If followers perceive a low level of job autonomy, the impact of charismatic leadership on their initiative-oriented behavior is much lower than that in the case of high perceived job autonomy.

Implications

Summary

In this article, we investigated the potential of charismatic leaders to stimulate followers' initiative-oriented behavior in the hospital. Because charismatic leaders are likely to enhance followers' identification with the leader, the task, and the group, we hypothesized that charismatic leaders will enhance followers' initiative-oriented behavior (Hypothesis 1). This assumption was confirmed by the significant and positive relationship we found between charismatic leadership and initiative-oriented behavior.

However, in the hospital context, particular situational conditions have to be considered. First, doctors and nurses have to increasingly follow directions, prescriptions, and guidelines in their daily work. Initiative-oriented behavior may thus be threatened. As was assumed (Hypothesis 2), employee's individual job autonomy moderated the relationship between charismatic leadership and initiative-oriented behavior. Second, followers' stress may reduce their capacity to engage in initiative-oriented behavior. However, the hypothesized moderating effect of stress on the relationship between charismatic leadership and initiative-oriented behavior was not confirmed in our data. In

part, this finding may be due to our operationalization of strain. We measured strain by three items that possibly did not cover all relevant stressors in the hospital setting. Further research will have to explore if the assumed moderating effect will be confirmed for other symptoms of strain. In particular, it seems promising to include strain resulting from health care work as emotional labor (e.g., stress of caregiving and death of patients; Glazer, 2005; Siegall, 2000).

Limitations

Because all the study variables were collected from the same respondents, our results may be biased by the single-subject method consistency bias. However, as Fuller, Coleman, Patterson, and Stringer (1996) found, an autocorrelative overestimation is not coercive. Moreover, under the condition of an autocorrelative overestimation of the relationship between charismatic leadership and initiative-oriented behavior, moderating effects would be more difficult to discover (McClelland & Judd, 1993). We thus tested our moderator hypotheses under even more difficult conditions. Another limitation pertains to the chosen cross-sectional design of our study. Because we measured all variables at the same point of time, our results do not allow for assumptions to be made about the causality of the relationships studied. A longitudinal design measuring dependent and independent variables at different times would have been clearly more revealing than a cross-sectional study. Lastly, the results presented in this study are limited to the context of German hospitals. Thus, implications for non-German hospital settings are only possible as far as the settings are comparable.

Implications

Recent organizational challenges in the health care sector increasingly require that hospital employees in all departments actively and responsively participate in organizational change processes. Doctors and nurses are thus supposed to behave in an initiative-oriented rather than a reactive manner. However, processes of organizational learning and change are difficult to manage in hospitals. Accordingly, to date, managerial efforts to foster organizational learning and change have been scarce and difficult to realize (Ramanujam & Rousseau, 2006).

First, according to the frequent calls for efforts to better prepare leaders at all levels in health care organizations (McAlearney, 2006), our study suggests to put emphasis on leadership style. The results of our investigation point at the positive impact that charismatic leaders have on followers' initiative-oriented behavior in the hospital. As was shown, the positive impact of

charismatic leaders on followers' initiative-oriented behavior is working even if followers experience high levels of stress. Thus, fatigue and exhaustion do not necessarily reduce employees' ability to spend time trying to solve problems, to explore alternative solutions, or to reflect on and share their learning with others. Because high levels of stress are reported to be frequent in the hospital context, this result seems worth to note.

Supervisors in hospitals should thus choose a charismatic leadership style to encourage followers' initiative-oriented behavior. A careful recruitment and selection of supervisors experienced in charismatic leadership may be a first step. Furthermore, leadership development in the hospital context should thus not be limited to training in professional skills. Rather, one suggestion for supervisor development from our study is to intensify efforts in leadership development and leadership training. Several studies have shown that training can improve leaders' abilities in charismatic leadership (Avolio, 1999). For example, Dvir et al. (2002) demonstrated a training to become more charismatic to be effective. Because it may be hard to train people to be charismatic in a short training program, hospitals could additionally establish mentoring and coaching programs to support the training of charismatic leaders.

Second, conclusions can be drawn for hospital management: Our study demonstrates the beneficial impact that followers' job autonomy has on their initiative-oriented behavior. Our analyses reveal that followers' job autonomy is positively related to their initiative-oriented behavior ($r = .211$, $p < .010$; see Table 1). In addition, the positive impact that charismatic leaders have on followers' initiative-oriented behavior is strengthened when followers perceive high levels of job autonomy. Hence, to support followers' participation in change processes, hospital managers should consider if and how the degree of job autonomy can be enhanced. Options to enhance job autonomy include allowing substantial freedom, independence, and discretion in both work procedures and scheduling the work.

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