

**THE INFLUENCE OF NURSE MANAGERS' LEADERSHIP STYLES
ON STAFF OUTCOMES IN EASTERN REGION OF GHANA**

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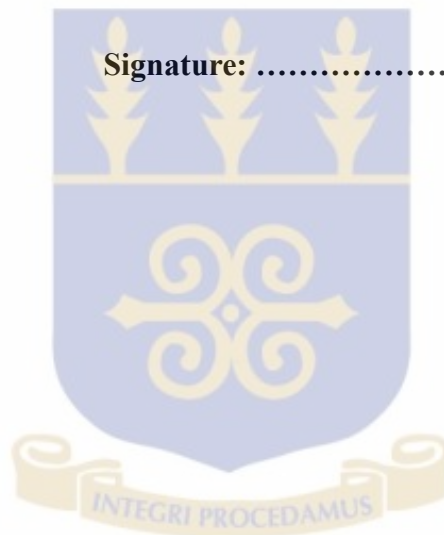
JUNE, 2015

DECLARATION

I, James Avoka Asamani hereby declare that this thesis is the outcome of my original research except for references made to other peoples' work and textbooks which have been duly acknowledged. The study was undertaken under the guidance and supervision of Dr. Florence Naab and Mrs. Adelaide Maria Ansah Ofei, both of the School of Nursing, University of Ghana. This work has not been partly or fully submitted for any other degree, neither has it been submitted concurrently in candidature for any other degree.

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Signature: **Date:**



CERTIFICATION

We hereby certify that this thesis was supervised in accordance with the procedures laid down by the University of Ghana. We therefore recommend for its acceptance.

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Signature:

Date:



ABSTRACT

Leadership is a critical determinant of success in any field of endeavour. Nursing is a people-centred profession and therefore the issue of leadership is crucial for success. Nurse Managers' leadership styles are believed to be important determinant of nurses' job satisfaction, retention and productivity. In the wake of a global nursing shortage, maldistribution, increasing healthcare cost and expanding workload, it has become imperative to examine the role of Nurse Managers' leadership styles on staff outcomes. Using the Path-Goal Leadership theory as an organising framework, this study investigated the leadership styles of Nurse Managers and how they influence nursing staff outcomes, namely job satisfaction, intentions to stay and perceived productivity in the Ghanaian context. The study employed a cross-sectional survey design to collect data from a sample 273 nursing staff in five hospitals in the Eastern Region of Ghana. The data was analysed using Statistical Package for Social Sciences (SPSS) version 18.0. Descriptive statistics, correlation and regression were the main statistical tools used in the data analysis. The findings show that Nurse Managers used varying leadership styles depending on the situation but were more inclined to the supportive leadership style followed by the achievement-oriented leadership style and participative leadership style. Directive leadership style was the least used by Nurse Managers. Nursing staff exhibited moderate levels of job satisfaction. A weak but significant negative correlation was found between directive leadership style and nursing staff job satisfaction. Nurse Managers' leadership styles together statistically explained 29% of staff job satisfaction. Only directive leadership style was not a significant predictor of job satisfaction. Intention to stay at current workplace which is often used as a proxy for staff retention was low (2.64 out of 5) among the nursing staff. More than half (51.7%) of the nursing staff intended to leave their current workplaces, 20% of whom were actively seeking opportunities to leave. A weak but positive correlation was found between supportive,

participative, and achievement-oriented leadership styles and staff intentions to stay. Nurse Managers' leadership styles statistically explained 13.3% of staff intention to stay but only participative leadership style significantly contributed to the predictive power of the regression model. The productivity of nursing staff was generally perceived to be high (8.39 out of 10, SD =1.28) in the last one month. Nursing staff believed that their own productivity had improved by 1.8% over the last six months and they perceive to be 10% more productive than their colleagues on the same unit/ward. Nurse Managers' leadership styles jointly explained only a small portion (6.9%) of the variance in perceived productivity. Only achievement-oriented leadership style statistically accounted for 18.4% of the variance in perceived productivity level explained by the Nurse Managers' leadership styles. The findings of this study have implications for human resource policy development as well as capacity building of current and future Nurse Managers.



DEDICATION

This work is dedicated to the memory of my late grandparents, Mr Asieb Asamani and Madam Afuug Asamani both of blessed memory. They used to light millet sticks to provide illumination for me to study and write my assignments.

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I wish to thank the Almighty God who abundantly endowed me with the determination and strength to undertake this study.

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LIST OF ABBREVIATIONS

GHS	-	Ghana Health Service
CHAG	-	Christian Health Association of Ghana
MOH	-	Ministry of Health
NM	-	Nurse Manager
LS	-	Leadership Style
AHWO	-	African Health Workforce Observatory
HRD	-	Human Resource Directorate
WHO	-	World Health Organisation
UG	-	University of Ghana
HRH	-	Human Resources for Health

CHAPTER ONE

INTRODUCTION

1.1 Background

The concept of leadership is complex and has attracted tremendous research effort from various disciplines. The resultant effect is a multiplicity of definitions and theories that describe or explain leadership or even predicts its outcome (Cummings et al., 2010). However, leadership remains an elusive concept which authors and researchers cannot agree on one definition but offers a variety of perspectives. However, the continued search for good leaders and/or good leadership outcomes justifies the development of many leadership definitions and theories (Chiok Foong Loke, 2001).

Leadership has been defined as a multifaceted process of identifying a goal, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals (Porter-O'Grady, 2003). Leadership is also said to have occurred anytime a person attempts to influence the beliefs, opinions or behaviours of individuals or groups (Hersey & Blanchard, 1988; Cherry & Jacob, 2008). According to Wehrich and Koontz (2005), leadership is defined as influence, that is, the art or process of influencing people so that they will strive willingly and enthusiastically toward the achievement of group goals. In the diversity of perspectives, at least there has been a consensus that, leadership involves influencing people to achieve goals. However, while leadership itself is a process, it is often exhibited in different styles.

Leadership styles refer to the behaviour patterns of a leader or an individual who attempts to influence others (Giltinane, 2013). Leadership styles may be task-oriented (directive in

nature) or relationship-oriented (supportive in nature) but there are as many leadership theories as there are leadership researchers, each describing variations of leadership styles (Cummings et al., 2010). These styles have been observed across different nursing settings and are noted to have varying influences on nurses' outcomes such as job satisfaction, intentions to stay in current jobs and productivity (Cummings et al., 2010; Grimm, 2010; Johansson, Andersson, Gustafsson, & Sandahl, 2010a; Kenmore, 2008; Negussie & Demissie, 2013; Rad & Yarmohammadian, 2006).

Staff outcomes refer to observed or expressed (or sometimes perceived) characteristics of staff (nurses) in relation to their work or the practice of their profession (Yoder-Wise, 2003). Staff outcomes may include but not limited to job satisfaction, intention to stay/leave, job performance and productivity.

Job satisfaction is an attitude that employees have about their jobs and the organizations in which they perform these jobs (Rad & Yarmohammadian, 2006). Generally, job satisfaction is seen as a multidimensional concept that encompasses aspects of employee contentment about their managers' leadership behaviours, pay, professional opportunities, benefits, organizational practices and relationships with co-workers (Alam & Mohammad, 2010). Job satisfaction is just as an important element in healthcare organizations as it is in the business sector and thus requires the attention of managers and researchers. Job satisfaction among nurses has attracted significant research effort but because there are many factors affecting nurses' job satisfactions which also tend to affect other staff outcomes, it continues to be a fertile ground for research opportunities.

Intention to stay is defined as the likelihood of a worker to stay in his/her present job (AbuAlRub & Alghamdi, 2012). However, Nurses' intention to stay is not only about remaining in their current jobs but also remaining in the nursing profession. Thus, intention to

stay is an important predictor of staff retention in an organization or the profession which is largely influenced by leadership practices of managers (El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009; Sellgren, Ekvall, & Tomson, 2007). In the wake of nursing shortage around the world, determining the influence of Nurse Managers' leadership styles on nurses' intention to stay is an important step to plan retention or replacement strategies.

Productivity is defined as the contribution made towards an organizational end result in relation to the amount of resources consumed (McNeese-Smith, 1997). In other words, productivity is a measure of one's contribution towards the attainment of objectives using the available resources. Productivity of individual nurses is difficult to measure and has rarely been studied in relation to the leadership styles of Nurse Managers. However, it is important to at least explore the perception of nurses about their own productivity and how it is affected by the style of leadership their managers practice.

Earlier studies have suggested an important link between leadership style on one hand and job satisfaction, intention to stay and productivity of nurses on the other hand. Nurses who are satisfied with their jobs are more likely to stay in the job (and the profession) and are more likely to exhibit higher levels of productivity than less satisfied nurses (AbuAlRub & Alghamdi, 2012; Casida & Parker, 2011; Chiok Foong Loke, 2001; Negussie & Demissie, 2013).

Nursing is described as a people-centred profession with emphasis on humanism (Azaare & Gross, 2011) and therefore the concept of leadership is crucial for the achievement of nursing goals. Nursing leadership is seen as the most crucial aspect of healthcare management since nurses represent the largest group of health professionals and rendering up to 90% or more of the health care services in the preventive, curative and rehabilitative dimensions (Van Lerberghe, 2008). Amidst global nursing shortage, increasing healthcare cost and emerging

competition in healthcare, it is even more important for Nurse Managers to exhibit leadership styles that positively influence staff outcomes so as to salvage healthcare systems from failing. A number of studies have demonstrated a significant relationship between Nurse Managers' leadership style and staff outcomes (Cummings et al., 2010; Haycock-Stuart & Kean, 2012; Rad & Yarmohammadian, 2006; Sellgren et al., 2007; Tomey, 2009).

For this reason, nursing leadership is constantly evolving under increasing scrutiny as the leadership styles of Nurse Managers continue to have strong implications on nurses' outcomes and ultimately the health care organizations. But the case has also been made that, nurses today are more educated and assertive and may no longer respond to traditional directive leadership practices but expect to participate in decision-making that affects themselves and their practice (Bondas, 2009). In addressing these and the myriad of other clinical nursing issues such as the delivery of care, staff shortages, and behaviours of workers, Nurse Managers must employ a specific or combination of leadership styles to be effective (Azaare & Gross, 2011; Bondas, 2009; Giltinane, 2013).

Studies in the western world and some parts of Asia have identified leadership styles or behaviours that foster positive staff outcomes (Anthony et al., 2005; Cummings et al., 2010; Rad & Yarmohammadian, 2006) in which the transformational leadership style has been frequently found to promote better staff outcome among nurses (Anthony et al., 2005; Giltinane, 2013; Wong & Cummings, 2007). However, these studies were conducted in the context of developed countries with advanced health care systems, better work environment and minimal or no nurses shortage. In such context, leadership styles such as directive (autocratic), participative (democratic), laissez faire, transactional or situational leaderships were found less favourable for both staff and patient outcomes but that may differ considerably in the under-resourced African setting.

Unfortunately, it appears that there are limited empirical studies in the African context that identify the leadership styles best suited for African nursing. For instance, a few studies of African origin explored some aspects of nursing leadership but fell short of determining which style(s) were best suited for the African context of nursing (Azaare & Gross, 2011; Negussie & Demissie, 2013; Ofei, Sakyi, Buabeng, Mwini-Nyaledzigbor, & Atindanbila, 2014).

Besides, many researchers who evaluated nursing leadership styles did so through self-reports from the Nurse Managers (AbuAlRub & Alghamdi, 2012; Anthony et al., 2005; Rad & Yarmohammadian, 2006). Self-reported studies have always harboured an inherent tendency for being biased so to truly understand leadership styles of Nurse Managers, it should be from the perspective of their followers (Yoder-Wise, 2003).

Azaare and Gross (2011) in their landmark qualitative study of the nature of nursing leadership in Ghana revealed that, knowledge about the kind of leadership style employed by Nurse Managers is unclear but claimed there is the perception that, Nurse Managers' style of leadership is one of hostility and lordship. It thus appears that, there is a significant gap in establishing the leadership styles used by Ghanaian Nurse Managers and how their leadership influences staff outcomes such as job satisfaction, intention to stay and productivity. This study seeks to fill this literature gap and will be guided by the Path-Goal Leadership theory.

1.2 Problem Statement

Ghana's health care is experiencing a transition due to changing disease patterns and shortage of professionals (AHWO, 2010) which is compounded by turbulent economic conditions. As a result, the health workforce levels do not meet international benchmarks but Government is constantly warned against massive recruitment. The World Health Organisation recommend a 2.02 to 2.54 (average 2.3) essential health care workers density but Ghana has about 1.24 suggesting a 61% deficit (AHWO, 2010; Saleh, 2012). This has placed increased responsibilities on Nurse Managers to plan for staff retention and ensure quality patient care with limited resources (Asamani, Kwafo, & Ansah-Ofei, 2013).

To compound this situation, a World Bank report shows that, health worker productivity is low across regions, districts and cadres in Ghana. The highest productivity was in the Ashanti, Brong Ahafo, and Central regions; the lowest was in Greater Accra (Saleh, 2012) culminating in substandard care. Since nursing staff represent about 50% of clinical health personnel in Ghana (AHWO, 2010), it suggests that they might share a large part of this problem. It is also argued that productivity is partly explained by employee job satisfaction and intention to stay (AbuAlRub & Alghamdi, 2012; McNeese-Smith, 2001; Wang, Tao, Ellenbecker, & Liu, 2012). Also, the interrelationships between job satisfaction, intention to stay and productivity may also be seen as the effects of leadership. It is thus important to find out what leadership styles are used by Nurse Managers and how those leadership styles influence the staff outcomes such as job satisfaction, intention to stay and productivity.

Furthermore, it has been claimed that, nurses are constantly on the lookout for opportunities to change their practice setting or profession (Cowden, Cummings, & Profetto-McGrath, 2011). A reflection of this claim is emerging in Ghana where anecdotal evidence show a modern pattern of brain drain in which young and brilliant nurses tend to leave the profession

to seek better job satisfaction with other professions such as medicine and other paramedical disciplines. Giltinane (2013) suggests that nurses do not change jobs because of pay or work environment but majority seek a change of the Nurse Manager's leadership style.

Despite the insufficient numbers, nurses in developing countries are also faced with the upsurge of workload but constantly reminded to do their work by international standards (Donkor & Andrews, 2011). This increased consciousness of maintaining high standards has led some stakeholders to argue that the standard of nursing in Ghana is falling. It is curious that whilst the level of nursing education in Ghana is appreciating, nursing care would rather be on the reverse. This mismatch has been partly blamed on inappropriate leadership behaviours of Nurse Managers (Azaare & Gross, 2011).

Yet nursing leadership in Ghana/Africa has attracted little investment and research as compared to Europe, America and parts of Asia (Anthony et al., 2005; Azaare & Gross, 2011; Cummings et al., 2010; Negussie & Demissie 2013). Even more importantly, most studies have rarely considered the influence of leadership styles on productivity. The attention has been on job satisfaction and intention to stay/leave. Even that, only few studies examined Nurse Managers' leadership styles from the perspective of nurses.

This study therefore examined the influence of Nurse Managers' leadership styles on nurses' job satisfaction, intention to stay and productivity from the perspective of their followers (nurses).

1.3 Purpose of study

The purpose of the study was to examine the relationship between Nurse Managers' leadership styles and nurses' outcomes such as job satisfaction, intention to stay and productivity.

1.4 Objectives of the study

The specific objectives of the study are to;

1. Describe the leadership styles adopted by Nurse Managers as perceived by nurses in the Eastern Region.
2. Examine the relationship between Nurse Managers' leadership styles and nurses' job satisfaction.
3. Examine the relationship between Nurse Managers' leadership styles and nurses' intention to stay.
4. Determine the influence of Nurse Managers' leadership styles on nurses' perceived productivity level.

1.5 Research questions

To achieve the research objective, the study was guided by the following questions.

1. What leadership styles are adopted by Nurse Managers in the Eastern Region?
2. What is the relationship between Nurse Managers' leadership styles and nurses' job satisfaction?
3. What is the relationship between Nurse Managers' leadership styles and nurses' intention to stay?
4. What is the influence of Nurse Managers' leadership styles on the perceived productivity of nurses'?

1.6 Significance of the study

The findings of this study will be an invaluable contribution to nursing knowledge in the area of nursing leadership and its influence on nurses' job satisfaction, intention to stay and productivity in Ghana as it appears to be limited or no local studies on the subject. The

findings of this study may also provide the Nurse Managers with the opportunity to examine their own leadership styles and reflect on how they affect staff outcomes. Findings of the study could form the basis for establishing structured in-service training courses for current and prospective Nurse Managers.

1.7 Definition of terms

Leadership: The process of influencing others, meeting goals by obtaining the co-operation from those around them and acquiring the resources to achieve their goal

Job satisfaction: job satisfaction as an employee's affective reaction to a job, based on a comparison between actual outcomes and desired outcomes

Intention to stay: the willingness of a nurse to remain in his/her current job under the same Nurse Manager

Productivity: nurses perception of their individual and collective contribution toward the achievement of organisational goals.

Nurse/Clinical Nurse: Professionals who have obtained training and is qualified to practice nursing in Ghana. They provide direct, hands-on, bedside, clinical patient care within hospitals and/or communities.

Nursing staff: Professional and auxiliary nurses and midwives who have obtained at least post-secondary school certificate awarded by the Nursing and Midwifery Council of Ghana

Nurse Manager: ward/unit in-charge, registered nurse who is officially appointed to be in - charge of a nursing unit (or ward) in a hospital.

Nursing unit/ward: a section of a hospital managerially headed by a Registered Nurse

Nurse executive: A registered nurse who is in top management position in the health facility in-charge of the entire nursing service

CHAPTER TWO

LITERATURE REVIEW

This chapter reviewed leadership styles in the context of clinical nursing management and examined the influence of leadership styles on staff outcomes such as job satisfaction, intention to stay and productivity. The literature review highlighted current research findings on the subject and identified gaps in the literature.

A systematic search of peer-reviewed, published literature was conducted from various databases including Google scholar, hinari, PubMed, pdfsearchengine, and CINAHL among others. Except for theoretical literature and a few landmark studies, articles were included if they were peer reviewed research and met at least one of the following criteria; (1) studies that measured leadership by nurses; (2) studies that measured one or more nursing staff outcomes (job satisfaction, intention to stay/retention and productivity); and (3) studies that examined the relationship between leadership styles and outcomes for the nursing workforce.

2.1 Theoretical foundation: Path-Goal Leadership Theory

Even though, there are many theories of leadership, only the contingency theories and particularly the path-goal theory emphasize the flexible use of different leadership styles to achieve many staff outcomes (job satisfaction, retention and productivity) which this study seeks to investigate. This study will therefore be guided by the path-goal leadership theory of House (1971) as an organising framework.

The Path-goal theory was originally developed by Evans in 1970 and later modified by Robert House in 1971 (Polston-Murdoch, 2013). The path-goal theory is one of the Contingency leadership models and it was designed to identify a leader's most practiced style as a

motivation to get subordinates to accomplish goals. House, (1971) proposed two basic assumptions of the theory. First of all, "One of the strategic functions of the leader is to enhance the psychological states of subordinates that result in motivation to perform or in satisfaction with the job" (House, 1971, p. 3). In other words, leaders need to consciously take the necessary steps to clarify goals, paths, and enhance employee job satisfaction and job performance. This hypothesis according to Ratyan and Mohd (2013) emphasizes that the subordinates consider the behaviour of leaders as a source of satisfaction in their current job. Furthermore, House and Mitchell (1974) argue that the leader's behaviour will be considered acceptable to his subordinates only when they feel that it is immediate source of their satisfaction or it can be useful to achieve their future job satisfaction.

Secondly, House asserted that, situation directed leadership behaviours enhances motivation for higher performance (Polston-Murdoch, 2013). This second hypothesis accordingly "considers the behaviour of leaders (as) motive (motivation) for their employees" (Ratyan & Mohd, 2013, p. 2). This implies that, if the leadership style of a manager is appropriate in a particular situation, it will motivate employees and lead to higher job performance and productivity (House & Mitchell, 1974; Polston-Murdoch, 2013; House & Dessler, 1974).

In contrast to other leadership theories that seek to identify dominant or the appropriate leadership style for managers/leaders, House believes that leaders can display more than one leadership style in response to the job satisfaction and motivational needs of their subordinates in order for them to 'stay on the path of goal achievement' (House, 1971, p. 5). However, House and Mitchell (1974) described two situational contingencies that determines which leadership style should be employed at a particular time for goal achievement. The first situational variable to be considered is group member's personal characteristics, and the second is the environment of work. This according to Ratyan and Mohd (2013) encourages

managers to avoid wholesale leadership styles for all employees at all times but rather consider the personal satisfaction needs of the employee so as to motivate him/her in the context of the work environment to keep the employee on the path of goal achievement. Simply put, a good leader should know which style to practice and when (Rad & Yarmohammadian, 2006).

The path-goal theory identifies four leadership behaviours to increase subordinates' satisfaction and motivation to stay on the path of goal achievement. According to Negron (2008), House and Mitchell (1974) based the four leadership styles on three attitudes exhibited by subordinates: (a) Subordinates' satisfaction, (b) subordinates' expectations of their leaders, and (c) subordinates' expectations of job performance (and productivity).

The four leadership styles suggested by this theory are participative, supportive, directive, and achievement-oriented leadership styles (House, 1971; House & Mitchell, 1974). Indeed, these leadership styles are similar to others described by other theories such as autocratic, democratic, transactional, and transformational leadership styles. Applying the path-goal theory, it means no manager should endeavour to either be a democratic, autocratic, transactional or transformational leader but rather know which one to exhibit at where and when (Polston-Murdoch, 2013; Rad & Yarmohammadian, 2006; Ratyan & Mohd, 2013). Perhaps, the major omission in this theory is the fact that it has not described a situation of lack of leadership (*laissez-faire* leadership style).

The four path-goal leadership styles that function to provide structure and/or reward to subordinates are directive, supportive, participative, and achievement oriented (Downey, Sheridan, & Slocum, 1975; House & Mitchell, 1974).

The directive leader clarifies expectations and gives specific guidance to accomplish the desired expectations based on performance standards and organizational rules (House & Mitchell, 1974). According to Negron (2008) which Polston-Murdoch (2013) agrees, the

directive style is appropriate when dealing with newly hired or inexperienced employees, highly unstructured jobs or in matters of urgency. This reflects the Kurt Lewin's autocratic leadership style in which the leaders is seen as controlling and dictating what must be done and how it should be done (Giltinane, 2013). Polston-Murdoch (2013, p. 3) asserts that research indicates that "the directive style is positively related to subordinates' satisfaction for subordinates who are employed to perform ambiguous, unstructured tasks". However, it is reported to be negatively related to satisfaction of subordinates whose job is well-structured (House, 1971; Negron, 2008).

The supportive leadership style is a responsive one of creating a friendly climate, and verbally recognizing subordinates' achievement in a rewarding modus (House, 1971; House & Mitchell, 1974). House (1971) asserts that, supportive leaders show respect for subordinates, treat everyone equally, and show concern for subordinates' well-being. As claimed by Negron (2008), supportive leaders tend to learn by observing consequences and how others react to their decisions. Thus, the supportive leadership style is suitable when employees show little motivation, confidence or ability to complete a given task. This style also mirrors the transformational leadership style propounded by Bass and Avolio (Bass & Bass, 2009).

The participative leader takes a consultative approach to dealing with employees. Polston-Murdoch (2013) describes this style in terms of soliciting suggestions for decision making. This leadership style allows the employees to have a say in the decisions made by their leaders even though the leader still retains the final decision authority (House & Mitchell, 1974). The participative leader thus shares responsibilities with employees by involving them in the planning, decision-making, and execution phases of the work (Negron, 2008; Ratyan & Mohd, 2013). This style is equivalent to the democratic leadership style in which the leader believe that followers are inherently motivated to do well so they seek autonomy and

opportunities to prove their worth (Bass, 2009) and hence the leader tends to embrace participation from their followers but the ultimate decision making is done by the leader (Giltinane, 2013).

According to proponents of the path-goal theory, the achievement-oriented leader “sets challenging goals, expects subordinates to perform at their highest level, continuously seeks improvement in performance and shows a high degree of confidence that the subordinates will assume responsibility, put forth effort and accomplish challenging goals” (House & Mitchell, 1974, p. 83). Negron, (2008) and Ratyan and Mohd, (2013) noted that the achievement-oriented style is suitable when there are clear reward systems to serve as extrinsic motivation which in turn triggers intrinsic motivation of the employee to remain on the path of higher performance to achieve personal and organisational goals.

Each of the four path-goal styles can be used by leaders in any combination with various employees and within different organizational contexts and situations (House & Mitchell, 1974). Accordingly, good leaders shape their leadership styles based on the situation (Rad & Yarmohammadian, 2006).

Malik, Hassan, and Aziz (2011) emphasize that, the relationship between all types of the path-goal leadership styles and employee job satisfaction is significant. This is corroborated Polston-Murdoch (2013) who also highlights the significance of each leadership style on job performance.

2.2 Conceptual framework

Based on the Path-Goal theory this study is guided by the conceptual framework below.

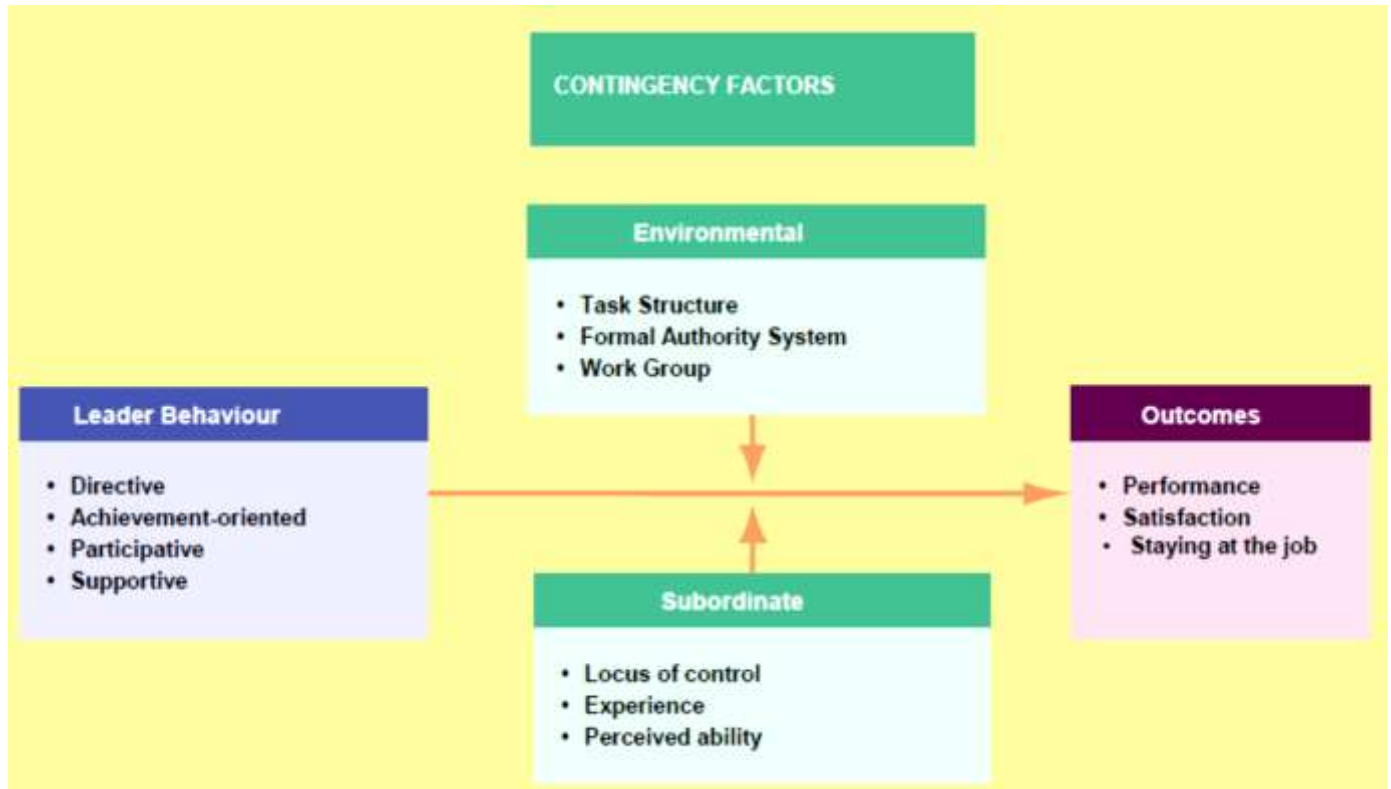


Figure 1: The Path-Goal Theory Conceptual Framework (House, 1971)

Recent literature has identified the Path-goal theory as one of the most pragmatic and the most effective contingency approach to leadership (Ratyan & Mohd, 2013) providing a clear theoretical framework, which helps to understand the effect of directive, supportive, participative, achievement-oriented leadership styles on the subordinates productivity, intentions to stay at current job and job satisfaction (Negron, 2008).

The major assumptions of the Path-Goal theory are that the leader should use any one or combination of the four leadership styles to “enhance the psychological states of subordinates that result in motivation to perform or in satisfaction with the job” (House, 1971, p. 3). This study therefore examined how the leadership styles of Nurse Managers according to the

theory are indeed related to the hypothesized staff outcomes (job satisfaction, intention to stay and productivity). However, the study did not examine the influence of the contingency factors identified in the theory.

In the empirical literature, several studies have also associated leadership styles with nurse job satisfaction (AbuAlRub & Alghamdi, 2012; Ahmad, Adi, Noor, Rahman, & Yushuang, 2013; Negussie & Demissie, 2013; Wang et al., 2012). Furthermore, satisfied employees tend to achieve higher productivity and tend to stay in their current jobs (AbuAlRub & Alghamdi, 2012; Chiok Foong Loke, 2001; Cowden et al., 2011; El-Jardali et al., 2009; McNeese-Smith, 2001; Wang et al., 2012).

2.3 Empirical literature on the Path-Goal Leadership Styles

The concept of leadership is complex and has attracted enormous research from various disciplines resulting in a multiplicity of definitions and theories that describe or explain leadership or even predicts its outcome (Cummings et al., 2010). However, leadership remains such an important but elusive concept which continues to attract research investments. Justifiably, the continued search for good leaders and/or good leadership outcomes explains the development of many leadership definitions and theories (Chiok Foong Loke, 2001).

In the diversity of perspectives, there has been a consensus among leadership researchers that leadership is a process of influencing people to achieve goals (Curtis, de Vries, & Sheerin, 2011; Grimm, 2010; Kenmore, 2008). However, whilst leadership itself is a process, it is exhibited in different behavioural patterns by leaders or individuals attempting to influence others. The different behavioural patterns exhibited by leaders in the leading process have been referred to as leadership styles. The path-goal theory on which this study is founded

describes four basic leadership styles. These are participative, supportive, directive, and achievement-oriented leadership styles (House, 1971; House & Mitchell, 1974).

2.3.1 Participative leadership style

The participative leader employs consultation with employees during decision making to allow the employees to have a say in the decisions made by their leaders even though the leader still retain the final decision authority (Polston-Murdoch, 2013). This style has also been described by others as the democratic leadership. Participative or democratic leaders believe that followers are inherently seeking to be involved (have a say) which motivates them to do well, seeking autonomy and opportunities to prove their worth (Bass, 2009). Practitioners of this leadership style tend to embrace participation from their followers but the ultimate decision making is done by the leader (Bass & Bass, 2009; Cummings et al., 2010; Giltinane, 2013). This style of leadership may be useful in clinical situations where an expert leader wants to involve his/her followers but maintains the ultimate decision making power as the expert.

Cummings et al. (2010) contends that, participative leaders have less control over their followers as compared to directive leaders, because they provide guidance to their followers rather than controlling them. Giltinane (2013) suggests that even though participative leadership can be less effective than other forms of leadership, it appear to be more flexible, and usually increases motivation and creativity among the followers which are important ingredients for productivity. This echoes the assertion that, nurses in the 21st century no longer respond to directive leadership forms but expect to participate in the decision making process (Bondas, 2009).

2.3.2 Directive leadership style

According to proponents of the path-goal theory, the directive leader clarifies expectations and gives specific guidance to accomplish the desired expectations based on performance standards and organizational rules (House & Mitchell, 1974; Ratyan & Mohd, 2013). This style has been termed autocratic leadership in which the leader is controlling, power-oriented and closed-minded in nature (Bass, 2009). Accordingly, directive leaders (autocratic) often stress on obedience, loyalty and strict adherence to the rules (Bass, 2009). This type of leadership style is extremely task-oriented and may often reward obedience with no hesitation to also punish disobedience (Burke et al., 2006). Consequently, directive (autocratic) leaders have often been disliked by their own teams but that could evolve into appreciation and fondness if positive results of their leadership become evident (Giltinane, 2013).

According to Bass (2009), many followers possibly dislike directive leaders but tend to work well under them. Schoel, Bluemke, Mueller and Stahlberg (2011) in a study found that, well-liked leaders are sometimes perceived as ineffective while disliked leaders perceived as effective. This conforms to the claim by Bass (2009) that directive leaders tend to be effective because they create good structure, and they determine what needs to be done but not the followers. On the contrary, another school of thought has it that, followers of an autocratic leader may also heavily rely on their leader and could underperform in the leader's absence (Bondas, 2009).

However, unlike Bass (2009) and Schoel et al. (2011), in the landmark qualitative study by Azaare and Gross (2011), some Ghanaian Nurse Managers were largely autocratic (directive) in their leadership style but yet less effective in the view of their subordinates. In that study involving 20 staff nurses, the findings suggested that Nurse Managers employed intimidation and minimal consultation to control their employees which reflects the ideals of autocratic

(directive) leaders. Staff nurses however perceived the Nurse Managers as just 'figure-heads', who were weak. The researchers then concluded that staff nurses lacked confidence, trust and satisfaction with such autocratic style of leadership. However, the study did not examine staff nurses intention to stay or leave following the autocratic nature of their leaders.

Furthermore, as found in the work of Azaare and Gross (2011), the abusive tendencies of extremely directive leaders tend to create fear among followers which Giltinane (2013) and Schoel et al. (2011) acknowledges in their works.

Nonetheless, it cannot be discounted that, directive leadership style is appropriate when dealing with newly hired or inexperienced employees, highly unstructured jobs or in matters of urgency when there is no time for consultative participation of followers (Negron, 2008; Polston-Murdoch, 2013).

2.3.3 Supportive leadership style

Robert House in his path-goal theory described the supportive leadership style as a responsive one in which the leader creates a friendly climate and verbally recognizing subordinates' achievement in a rewarding modus (House, 1971; House & Mitchell, 1974). This leadership style is seen in modern leadership theories as the transformational leadership style, proponents of which describes it in terms of inspiring followers to go beyond the call of duty and act as mentors (Kenmore, 2008; Vinkenbunrg, van Engen, Eagly, & Johannesen-Schmidt, 2011). The basic idea of where leaders and followers aim to meet the organizational goals necessary to fulfil the team's vision, leaders display the skills required to develop successful relationships with followers is the logic behind transformational (or supportive) leadership style. This encourages followers to claim ownership of the team's vision and move towards achieving it thereby increasing morale. In so doing, the followers then become motivated to develop their own leadership skills (Giltinane, 2013; Rolfe, 2011).

Several studies have investigated the role of supportive (transformational) leadership in nursing many of which have shown positive outcomes for both staff and patient outcomes (Ahmad et al., 2013; Grimm, 2010; Malloy & Penprase, 2010; Thorpe & Loo, 2003; Vinkenburt et al., 2011; Zampieron, Spanio, Bernardi, Milan, & Buja, 2012). Even though no study in the last decade has reported adverse effects of supportive or transformational leadership in nursing, it is also important to put in context that, most studies have rarely paid attention to other leadership styles except supportive and achievement-oriented leadership behaviours.

2.3.4 Achievement-Oriented leadership style

In the words of the originator of the path-goal theory, achievement oriented leaders “sets challenging goals, expects subordinates to perform at their highest level, continuously seeks improvement in performance and shows a high degree of confidence that the subordinates will assume responsibility, put forth effort and accomplish challenging goals” (House & Mitchell, 1974, p. 83). This is often associated with using rewards as extrinsic motivation to followers when the desired goals are achieved (Negron, 2008; Ratyan & Mohd, 2013). This style is also described as the transactional leadership style in some theories (Sims Jr, Faraj, & Yun, 2009). However, unlike House’s achievement-oriented style, the transactional leaders are categorized into three distinct types. Contingent reward is a transactional leader’s characteristic where rewards are offered to followers if certain criteria are met. This matches House’s description of his achievement oriented leadership style.

However, another form of transactional leadership is management by exception-active in which leaders aim to intervene in followers’ behaviours before they become problematic. By contrast, management by exception-passive is a transactional leader’s characteristic where the leader do not intervene until followers’ behaviour becomes problematic (Giltinane, 2013;

Tomey, 2009). These other types of transactional leadership tend to vary in approach to the path-goal achievement-oriented leadership style.

A study by Burke et al (2006) suggests that transactional leadership based on contingent rewards (achievement-oriented) positively influences followers' satisfaction and performance. This significantly corroborates the assumptions of the path-goal theory that, leader behaviours especially achievement-oriented ones satisfy employees and enhance their performance (House, 1971; Ratyan & Mohd, 2013). However, in the work of Giltinane (2013), achievement-oriented and transactional leader are said to focus mainly on management tasks, and may not identify shared values of their team as compared to supportive or transformational leaders (Giltinane, 2013; Tomey, 2009). Both Curtis et al. (2011) and Giltinane (2013) assert that, the style is task-orientated in nature and can be effective when dealing with matters of urgency. Ratyan and Mohd (2013) also notes that the achievement-oriented style is suitable when there are clear reward systems to serve as extrinsic motivation which in turn triggers intrinsic motivational needs of the employee to strive for satisfaction through higher performance.

However, according to Cummings et al. (2010) which Giltinane (2013) agrees, such achievement-oriented (transactional) leadership can lead to partial nursing care. In their view, because nurses focus on the task they need to complete rather than the totality of the patient, care is often fragmented.

These studies have also not examined the influence of the leadership style on job performance and productivity. Notwithstanding, this style of leadership may prove useful in building the capacity of novice nurses and also safeguard patient interests in that subordinates strive to excel in their given roles because they anticipate rewards to follow their successes (Johansson, Andersson, Gustafsson, & Sandahl, 2010b; Kenmore, 2008; Sellgren, Ekvall, &

Tomson, 2006). Further exploration is thus needed to examine how achievement-oriented leadership may influence nurses' outcomes in terms of job satisfaction, intention to stay and productivity.

2.4 Leadership styles and Nurses' Job Satisfaction

It is well known that nurses play a pivotal role in the healthcare industry (Sanford, 2011) and hence it is also important for health care organizations to ensure that nurses have a high job satisfaction while providing their services to the patient. Rad and Yarmohammadian (2006) identified several factors that contribute to the job satisfaction of nurses in general. These include wages, benefits, accomplishment, independence, acknowledgment, communication, working job conditions, job importance, co-workers, professionalism, organisational climate, relationships, working for a reputable agency, supervisor support, job security, workplace flexibility, team environment and genetic factors. Many of these factors are sensitive to the leadership style of managers.

As a result, several studies have examined the influence of Nurse Managers' leadership styles on nurses' job satisfaction (AbuAlRub & Alghamdi, 2012; Chiok Foong Loke, 2001; Cummings et al., 2010; Negussie & Demissie, 2013; Rad & Yarmohammadian, 2006). For instance, in a survey by AbuAlRub and Alghamdi (2012) involving 308 Saudi nurses, job satisfaction was generally moderate among Saudi nurses but importantly, 32% of job satisfaction was explained by transactional and transformational (achievement-oriented and supportive) leadership styles. These findings are not in isolation, indeed it has been argued that leadership styles of managers play the most important role in nurses job satisfaction (Burke et al., 2006; Casida & Parker, 2011; Malloy & Penprase, 2010). However, Wang et al. (2012) found among Chinese nurses that co-worker relationships and demographic characteristics such as age and job position better influenced nurses level of job satisfaction

than the issue of leadership. A major limitation of the work of Wang and colleagues is that the study did not measure specific leadership styles to correlate with job satisfaction.

Furthermore, Cummings et al. (2010) in a broad systematic review found that of 53 studies reviewed, 24 (45.3%) reported that leadership styles focused on people and relationships such as supportive or transformational leadership were associated with higher nurses job satisfaction. On the other hand, another 10 (18.9%) of the studies reviewed found that leadership styles focused on tasks and achievements were associated with lower job satisfaction among nurses. Even though Azaare and Gross (2011) also found Ghanaian staff nurses dissatisfied with autocratic (directive) leadership style of their Nurse Managers, it was not obvious that they were not satisfied with their jobs. Thus, lower level of satisfaction with managers' leadership style may not automatically signify lower level of job satisfaction.

A recent Malaysian study (Ahmad et al, 2013) corroborating the findings of Cummings et al. (2010) concluded that transformational (supportive) leadership style has more contribution towards job satisfaction as compared to achievement-oriented leadership style. However, these studies have largely ignored the influence of the varied utilization of leadership styles depending on the employee characteristics and context, the fundamental prepositions of the path-goal theory. It is thus useful to establish the relationship between each leadership style and nurses job satisfaction in the specific context of the path-goal approach to leadership.

Unlike Azaare and Gross (2011) who used a qualitative approach involving a small sample size of 20 staff nurses, Negussie and Demissie (2013) studied 178 Ethiopian nurses in one hospital and found that, nurses tend to be more satisfied with the transformational (supportive) leadership than transactional leadership style. Overall, nurses showed higher intrinsic job satisfaction than extrinsic job satisfaction. This further strengthens the argument that, satisfaction with leadership style differs from job satisfaction. Even though the findings

of Negussie and Demissie (2013) are fairly consistent with earlier researchers (Chiok Foong Loke, 2001; Rad & Yarmohammadian, 2006), there appear to be an over concentration on relationship-oriented (supportive) leadership styles to the neglect of the directive and participative leadership styles (task-oriented ones). For instance, much of the comparisons have been between transformational (supportive) and transactional (achievement oriented) leadership styles. Little or no significant comparison is made involving participative (democratic) and directive (autocratic) leadership styles. In addition, even though the methods used in these studies are sound and valid, the data collection was not based on staff assessment of the Nurse Managers' leadership styles but staff opinions of leadership styles (AbuAlRub & Alghamdi, 2012; Negussie & Demissie, 2013) and in some cases self-reported studies.

Consequently, Giltinane (2013) advocates that, a situational or contingency approach to leadership (such as the path-goal leadership) should be given another look in the context of health care. In her opinion, healthcare organisations face constant change which requires adoption of the varied leadership styles, where effective leaders adapt their leadership style to manage particular situations. This therefore implies that all leadership styles may as well be relevant in nursing when applied in the right place, at the right time, to the right employees and in the right context. This, Rad and Yarmohammadian (2006) agree by pointing out that different situation needs different leadership style and so leaders might implement different types of skills in order to increase job satisfaction among the employees. In addition to that, according to a study reported by Kenmore (2008) the best Nurse Managers are flexible in their approach to leadership, and use the styles most appropriate to the situations and individuals concerned.

2.5 Leadership styles and Nurses' Intention to Stay

The global nursing shortage is reinforcing the need to retain nurses in their current jobs (Cowden & Cummings, 2011). The global nursing turnover rates are estimated to range from 10–21% per year (El-Jardali et al., 2009) and retaining nurses in their current positions will reduce the magnitude of consequences associated with the nursing shortage.

Intention to stay is seen as a positive predictor of staff retention just as intention to leave might be a predictor of staff turnover (Cowden & Cummings, 2011). As a result, a number of studies have investigated the influence of leadership styles on nurses intention to stay (or leave) indicating that low wages, poor job satisfaction as a result of bad leadership styles, poor motivation, inadequate training, heavy workload and lack of respect were the primary reasons why nurses left their work (AbuAlRub & Alghamdi, 2012; Anthony et al., 2005; Cummings et al., 2010; Sellgren et al., 2007; Strachota, Normandin, O'Brien, Clary, & Krukow, 2003).

In one Ethiopian study, Engeda, Birhanu, and Alene (2014) conducted an institution-based cross-sectional survey among 389 nurses and found that only 39.8% of the nurses intended to stay in the nursing profession. Age 40 to 49, being married, having a bachelor degree in nursing and satisfaction with autonomy and professional opportunities among others were the significant predictors of intent to stay in the nursing profession.

Among Saudi nurses in six Government hospitals, AbuAlRub and Alghamdi (2012) found no significant relationship between leadership styles and nurses intention to stay at work, but that transformational (supportive) leadership style was found to lower turnover rates. However, a weak but positive relationship was found between job satisfaction and nurses' intention to stay in their current job. Similarly, in the work of Sellgren et al. (2007), no significant direct relationship between leadership styles and staff turnover was found but staff turnover shows

statistically significant correlations with the job satisfaction. These suggest that, whilst there might be no direct empirical correlation between leadership styles and nurses' intention to stay, job satisfaction is the important mediator.

In contrast however, Sanford (2011) reported that, lists of reasons why nurses leave their jobs were compiled over a number of years and year-by-year analysis showed similar reasons. Importantly, about 56% of registered nurses cited poor nurse management skills as a reason they left their jobs. Even though this figure is alarming, it is even more so when considered with other related reasons. For instance, 91% of nurses who left their jobs also got worried over workload/staffing, 81% complained about peer and Nurse Manager relationships. It is obvious that all of these reasons can easily be connected to leadership style of the Nurse Managers. Sanford (2011) then concluded that any investment in nursing leadership development is a legitimate cost for health care facilities that want to retain the core of their nursing experts. However Sellgren et al. (2007) and Wang et al. (2012) discounts any direct impact of leadership styles on nurses intention to stay.

From the forgoing, it appears there is a very inconsistent relationship between leadership styles and nurses' intention to stay. However, is it also worth noting that, some of the studies reviewed specifically examined the relationship between transformational or transactional leadership style and nurses intention to stay. The influences of the other leadership styles on nurses' intention to stay also require research attention to establish a holistic picture of the phenomenon. In addition, even though the mediating role of job satisfaction has been cited (Sellgren et al., 2006; AbuAlRub & Alghamdi, 2012), further empirical examination is crucial to establish the nature and extent of such mediation.

2.6 Leadership styles and Nurses' Productivity

Across the world, employees' productivity is a major source of concern for all organizations since it is regarded as the difference between very successful and the least successful organizations (Dasgupta, 2013; Fournier, Montreuil, Brun, Wilodeau, & Villa, 2011; Shah et al., 2011).

Improving the productivity of health professionals especially nurses/midwives would certainly enhance the much needed efficiency of health care institutions in the wake of increasing healthcare cost and dwindling resources (Awases, Bezuidenhout, & Roos, 2013; Letvak & Buck, 2008). Substantial literature have blamed nurses/midwives for under-productivity but nurses/midwives on the other hand have blamed staff shortages, logistical challenges, organisational factors, low motivation, lack of appropriate technology and obsolete medical equipment among others as the contributing factors for non-achievement of targets (Al-khasawneh & Futa, 2013; Awases et al., 2013; Letvak & Buck, 2008; Pilette, 2005).

In the Ghanaian context, the World Bank asserts that health worker productivity in Ghana is low across regions, districts and cadres culminating in substandard care (Saleh, 2012). The highest productivity was said to be in the Ashanti, Brong Ahafo, and Central regions; the lowest was in Greater Accra which is also said to harbour the largest proportion of the health workforce in Ghana (Asabir, Witter, Herbst, & Dedzo, 2013; Saleh, 2012).

In the wake of nursing shortage across the world, productivity is indeed becoming an issue of deep interest to health care managers. It is established that nurses who are satisfied with their jobs are more likely to stay in those jobs (and the profession) and are more likely to exhibit higher level of productivity than less satisfied nurses (AbuAlRub & Alghamdi, 2012; Casida & Parker, 2011; Chiok Foong Loke, 2001; Negussie & Demissie, 2013; Wang et al., 2012).

However, even as much as the issue of productivity is important in nursing and health care (McNeese-Smith, 2001), the available nursing literature on the subject appear to be scanty and obsolete (Chiok Foong Loke, 2001; McNeese-Smith, 2001; McNeese-Smith, 1997). According to McNeese-Smith (1997) productivity in nursing is defined in terms of the contribution made towards an organizational end result in relation to the amount of resources consumed. It measures both quantitative and qualitative factors such as goal attainment and work accomplished (Bain 1982 as cited in McNeese-Smith, 1997).

However, the lack of a universal 'gold standard' measure of health workforce productivity (Vujicic et al, 2009) appears to account for the limited contemporary literature on the subject. Some researchers have assessed health worker productivity by determining levels of absenteeism from health facilities (Chaudhury and Hammer, 2004) or the share of time health workers spend on clinical care activities during working hours (Kurowski et al, 2007). Even though absenteeism is a good measure of individual commitment which might be a proxy of productivity, it cannot reliably determine a worker's level of productivity because the argument has been made that it is possible for a worker to always show up for work but yet remain largely unproductive. Other measures include the number of health services activities undertaken (such as number of patients seen at the OPD or number of inpatients) (Courtright et al, 2007). Counting the number of activities undertaken by a health worker is an important determinant of productivity level but unless it is measured against established and acceptable standards, issues of quality service could largely be neglected.

In the Ghanaian context, Vujicic et al (2009) developed a 'simple' method of measuring health workforce productivity, which involved aggregating the total number of health care services provided to the population into a Composite Services Index (CSI) and aggregating the relevant labour inputs into some a composite human resources for health measure

(CHRH). At that time the Ministry of Health was said to be interested in an aggregate labour productivity measure rather than that of individual health workers (Vujicic et al, 2009). Thus, this method gave an idea of macro level productivity of facilities, districts and regions but did not account for individual health worker's level of productivity. Therefore, irrespective of the empirical tool used in determining nurses/midwives level of productivity, the individual's perspective of their own level of productivity should also be taken into account. This is so because the case has been made that some critical thinking or thought processes or even amount of energy/strength required in performing certain tasks are often not accounted for by productivity tools (Chiok Foong Loke, 2001; McNeese-Smith, 2001).

Since the focus of many healthcare managers in recent times is about cost containment, worker productivity and efficiency, it is important explore how the leadership behaviours of managers themselves could influence nursing staff productivity. The path-goal theory of House (1971) asserts that a contingent application of one or more of the directive, supportive, participative and achievement-oriented leadership styles leads to increased subordinates' productivity (House & Mitchell, 1974).

McNeese-Smith (2001) used a semi structured questionnaire to elicit nurses' perception of their own productivity or lack of it. Even though the aim of the study was not to establish the relationship between leadership styles and productivity/non-productivity, it found that 13% of productivity and 90% of non-productivity was attributed to system and organizational factors respectively. Undoubtedly, system and organizational factors are often associated with leadership which suggests that Nurse Managers' leadership style plays a critical role in nurses' productivity. This buttresses the case made earlier that leadership behaviour enhances productivity (McNeese-Smith, 1992).

However, Germain and Cummings (2010) found that, nurses do not perceive nursing leadership as a factor affecting their performance or productivity. Rather, the factors perceived to affect the performance of nurses are intricately linked to leadership practices. Drawing on the work of several studies Germain and Cummings (2010) concluded that there was evidence to suggest an important relationship between nursing leadership and nurses' performance and productivity.

In the landmark study of Chiok Foong Loke (2001) involving 20 Singaporean Nurse Managers, nurses productivity was found to be significantly related to leadership behaviours. However, whilst 29% of job satisfaction and 22% of nurses' retention were explained by leadership behaviours, only 9% of productivity was statistically explained by the use of leadership styles. But more importantly, a connection can be observed from the study findings which suggest that appropriate leadership style have the tendency of enhancing productivity.

In another study that examined the relationship between leadership style and self-report productivity among managers of sport organizations. The results showed no significant relationship between leadership styles and self-reported productivity. The researchers concluded that that manager wishing to achieve high productivity should use a combination of leadership styles (Bahari, Azarnia, Piri, & Babaei, 2012).

In summary, the review so far indicates that, there is no ideal leadership style that best fit all situations. However, numerous studies have shown that, transformational (supportive) leadership is better preferred by nurses as compared to other leadership styles probably due to the fact that majority of researchers have concentrated on transformation and transactional leadership at the neglect of the so-called task-oriented leadership styles.

Furthermore, a plethora of studies have demonstrated statistically significant direct correlation between leadership styles and nurses' job satisfaction. However, mixed findings have been

reported of the relationships between leadership styles and intention to stay or even productivity. Indeed, as evidenced by obsolete literature, it appears that not many studies have focused on the phenomenon of how leadership styles influences nurses productivity. There is therefore an empirical lacuna which serves as a justification for an investigation of the influence of leadership styles on job satisfaction, intention to stay and productivity among nurses.

CHAPTER THREE

METHODOLOGY

This section describes how the research problem was investigated and why particular designs and techniques were used. It also describes the setting in which the study was carried out. The chapter also describes sampling technique, tool for data collection, data gathering procedure, analysis, validity and reliability, limitations of the study and ethical issues are all contained in this section.

3. 1 Study design

This study employed a quantitative approach using a cross-sectional survey design to collect data from nurses about their perception of their Nurse Managers' leadership styles and how it influences staff outcomes. The quantitative approach arises from the belief that human phenomena can be studied objectively (Parahoo, 2006). According to Babbie (2005), quantitative research uses a fixed design that organises in advance the research questions and a detailed method of data collection and analysis.

A cross-sectional survey enabled the researcher to obtain a snapshot description of the status and relationships among leadership styles of Nurse Managers and staff outcomes at time of the study (Polit & Beck, 2013). Cross-sectional design is also economical and relatively manageable but is often constrained by the problem of using 'snapshot' to make generalizations (Babbie, 2005). However, the survey approach to cross-sectional design usually allow for the collection of original data sufficient enough for generalization to the population of interest (Babbie, 2005; Parahoo, 2006; Polit & Beck, 2013).

3.2 Research setting

The study was carried out in five hospitals in the eastern region of Ghana, namely, Koforidua Regional Hospital, Kwahu Government Hospital, Kibi Government Hospital, Saint Dominic's Hospital - Akwatia and the Holy Family Hospital – Nkawkaw. These five hospitals were purposively selected from the twenty-four (24) government and mission hospitals in eastern region. The selection was carefully done to include primary and secondary hospitals as well as government and mission hospitals in the Eastern Region.

The Koforidua Regional Hospital is a secondary care facility that serves as the referral centre for the eastern region of Ghana. The regional hospital was included in the study because it is the largest and the only secondary care facility in the region. The hospital had a total nursing workforce of two hundred and eighty (280) at the time of the study.

The Kwahu Government Hospital in Atibie is a primary care hospital serving the Kwahu South and East districts. The hospital currently had a nursing population of one hundred and two (102). The Kwahu Government Hospital was included in the study because it is one of the largest government primary hospitals in the region located in a relatively rural area. The hospital is also largely regarded as a centre of excellence in quality assurance.

The Saint Dominic's Hospital in Akwatia is a mission hospital that had a total nursing population of ninety (90). It is regarded as the largest mission hospital in the eastern region of Ghana and even provides some specialised services that mimics a secondary care facility. The hospital was included in the study to represent the large but relatively rural mission hospitals.

The Holy Family hospital in Nkawkaw is a mission hospital with a nursing staff of sixty (60). The hospital was included in the study to represent small to medium size mission hospitals. Finally, Kibi Government Hospital had fifty-nine (59) nurses at the time of the study which

was included to represent relatively small government hospitals in the region. In total, the five hospitals had a total nursing population of five hundred and ninety-one (591) at the time of the study which represented 22.2% of nurses and midwives in the eastern region (Ghana Health Service, 2013).

3.3 Study population

The target population included all clinical nurses/midwives working in the wards or nursing units of the selected hospitals in the Eastern Region of Ghana.

3.4 Inclusion criteria

The inclusion criteria were full-time employees who were professional nurses/midwives or auxiliary nurses (enrolled nurses and community health nurses) with a minimum qualification of a certificate in nursing/midwifery. In addition, a minimum of six months working experience with their current Nurse Manager was required to participate in the study. This was to ensure that participants knew their Nurse Managers well enough.

3.5 Exclusion criteria

Qualified nurses/midwives on internship or temporary employees were excluded even if they had more than six months working experience with the Nurse Manager. Nurse Managers and their immediate assistants were also excluded in the study.

3.6 Sample and sampling technique

The five hospitals had a total of 591 nurses and midwives (Ghana Health Service, 2013). Using the total nurses and midwives population in these hospitals as the accessible population and an alpha level of 0.05, the sample size was calculated using the Yamane (1967) simplified sample size formula below;

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

Where: n = required sample size

N= Accessible population

e = alpha level or significance level

$$\text{Thus, } n = \frac{591}{1 + 591(0.05)^2} \approx 239$$

The sample size was calculated to be 239 but 15% was added to cater for non-response and possible bias; the sample size therefore rounded to 275 participants. The researcher used a multistage sampling strategy to recruit the participants. Each of the five hospitals was given a proportional quota based on their nursing and midwifery staff population. In each facility a convenience sampling strategy was used to recruit participants who met the inclusion criteria and consented to participate in the study. According to Polit and Beck (2013) quantitative researchers should select the largest sample possible so that it is representative of the target population to make it possible for generalization of findings.

Out of the 275 participants who were recruited for the study, 273 completed and returned the questionnaire representing a response rate of 99.3%.

3.7 Research instrument

Questionnaires were used as the main tool for data collection. Babbie (2005) contend that questionnaires are the best possible means of data collection in survey designs.

Standard tools were adapted and slightly modified to suit the methodology and objectives of this study. The modifications of the questionnaire were mainly the use of the terms 'Nurse Manager' and 'Nurse' in place of leader and subordinate respectively. The questionnaire was divided into five sections: Section A collected Socio-demographic data; section B contained the Path-Goal Leadership Questionnaire which has twenty (20) items measuring Nurse Managers' leadership styles on a five (5) likert's scale. Section C contained a seven (7)-itemed job satisfaction scale to measure job satisfaction of nurses. Section D also contains four (4) items that elicits nurses' intention to stay in their current jobs or workplaces and finally section E contain nine (9) items to elicit nurses' perception of their own productivity.

3.8 Data gathering procedure

Following ethical approval from the Ethics Committee for Humanities at the University of Ghana, the researcher obtained a letter of introduction from the School of Nursing to the management of the respective hospital to seek permission for the study. A copy of the research questionnaire was sent to each of the facilities for their perusal and permission to conduct the study.

Five research assistants (one in each hospital) was trained to help the researcher in data collection and whenever permission was formally granted by a hospital, the researcher and/or his assistant went to the hospital to personally administer the questionnaire. In each facility, the Nurse Executive (Matron/Senior Nurse Manager) was contacted to serve as a gatekeeper and help the researcher to identify prospective participants. Nurses/Midwives who met the inclusion criteria and agreed to participate in the study was given a voluntary consent form to sign and then followed by the questionnaire to answer and returned it as soon as it was completed.

3.9 Data analysis

According to Parahoo (2006 p. 375), data analysis is “an integral part of the research design” and it is a means of making sense of data and presenting them in an understandable manner. Analysis of the data was carried out using the computer packages, Statistical Package for Social Sciences (SPSS) version 18. In analysing the data, descriptive statistics was used to summarise the data and correlation and regression analysis was done to draw conclusions of relationships between variables (Khan, 2012; Opoku, 2005)

Leadership styles of Nurse Managers were assessed by their subordinates using the Path-Goal Leadership styles questionnaire. Each leadership style was measured using five items with scores ranging from 5 to 25. Scores below 12 indicated non-use of a particular leadership style; scores above 16 showed a moderate use and scores above 20 showed a typical (high) use of a particular leadership style.

A job satisfaction scale comprising seven (7) items with Likert's scale response was used to measure the level of job satisfaction of nursing staff. Higher scores indicated higher level of job satisfaction of the participants.

Staff intention to stay at their current workplaces (hospitals) was measured using a five (5) – point scale, where higher score reflected higher intention to stay.

A self-rating productivity scale was used to measure levels of productivity among the participants. Participants were asked to rate themselves and their colleagues on a ten-point productivity scale, where higher score reflected higher levels of productivity.

Multiple regression analyses and the Pearson Product Moment Correlation were used to establish the relationships between various leadership styles and staff job satisfaction, intentions to stay as well as staff perceived productivity levels. The data was fairly

symmetrical and both dependent and independent variables were measured on interval scale. Thus, basic assumptions for parametric analysis was met by the data.

3.10 Validity and reliability

Polit and Beck (2013) define the validity of a questionnaire as the degree to which the instrument measures what it is intended to measure. The questionnaire should adequately address all aspects of the issues being studied. Face validity and content validity are the validity issues most frequently reported in the literature (Parahoo, 2006). The original instruments adapted for this study have been widely used for similar studies in both business and healthcare settings and therefore are considerably valid and reliable (AbuAlRub & Alghamdi, 2012; Chiok Foong Loke, 2001; Downey et al., 1975; McNeese-Smith, 1997). In addition, the researcher thoroughly conceptualised the constructs of the study to ensure full capturing of the content domain, conducted extensive review of literature and the questionnaire was made up of sections that covered all the variables of investigation. The questionnaire was also scrutinized by peers and supervisors to reflect objectives of the study

Reliability of a questionnaire refers to 'that quality of measurement method that suggests that the same data would have been collected each time in repeated observations of the same phenomenon' (Babbie, 2005 p. 487 - 488). To enhance reliability, a pre-test of the research instrument was done with 15 nurses in the Donkorkrom Presbyterian Hospital to identify and modify areas of misunderstanding in the instrument. The Cronbach's alpha coefficient of reliability of the instrument was also determined and the overall Cronbach's alpha of the research questionnaire was 0.701 which is considered acceptable for newly developed or adapted instruments (Polit & Beck, 2013). The constituent scales also yielded acceptable levels of alpha coefficients. The Path-Goal Leadership style questionnaire yielded a

Cronbach's alpha coefficient of 0.831; the job satisfaction scale yielded 0.754; intention to stay scale yielded 0.695 and perceived productivity scale yielded 0.804.

3.11 Ethical considerations

According to Babbie (2005), ethics is mostly associated with morality and deals with issues of right and wrong among groups, society or communities. It is therefore important that everyone who is engaged in research should be aware of the ethical concerns. The researcher shall endeavour to follow sound ethical principles in this study. Khan (2012), Opoku (2005) and Polit and Beck (2013) identified the basic ethical consideration for research as; participants being fully informed about the aims, methods and benefits of the research, granting voluntary consent and maintaining the right of withdrawal. Babbie (2005) also highlights the importance of ensuring anonymity of the participants and the protection against any physical or psychological harm.

The study received ethical clearance from the University of Ghana Ethics Committee for the Humanities before its commencement. The researcher sought and obtained an introductory letter from the School of Nursing to the management of the study hospitals to obtain the requisite permission.

In addition, the purpose of the study, assurance of privacy, confidentiality and the right of withdrawal was explained to participants and a written informed consent obtained from participants before their participation. The names of the participants or identifying data were not collected to ensure anonymity of the data.

CHAPTER FOUR

FINDINGS

This chapter presents the results of the study and is divided into sections. The first section reports the demographic characteristics of participants. The rest of the sections present the results according to the objectives of the study.

4.1 Socio-demographic characteristics

The mean age of the participants was 29.6 (SD = 6.70) years with a modal age of 28 years. Majority of the participants (52%) were from district hospitals. Furthermore, most of the participants (78.0%) were females whilst only 21.3% were males. Participants in the senior staff grade (SSN/SSM) constituted the majority (37.7%) whilst those in the principal grade constituted only 1.5% of the sample. In addition, majority of the participants (16.8%) worked in the medical wards whilst only 4.4% worked in the maternity wards. Details of the demographic characteristics of participants are presented in table 4.1 below.

Table 4.1: Socio-demographic characteristics of participants

VARIABLE		FREQUENCY	PERCENT (%)
Type of Hospital	Regional	116	42.5
	District	142	52.0
	Missing Data	15	5.5
	Total	273	100
Age (Years)	20-29	157	57.5
	30-39	51	18.7
	40-49	8	2.9
	50-59	8	2.9
	60 and above	2	0.8
	Missing Data	47	17.2
	Total	273	100
Gender	Male	58	21.3
	Female	213	78.0
	Missing Data	2	0.7
	Total	273	100.0
Professional Rank	Staff nurse/midwife	54	19.8
	Senior staff nurse/midwife	103	37.7
	NO/MO	17	6.2
	SNO/SMO	12	4.4
	PNO/PMO	4	1.5
	Enrolled nurses	77	28.2
	Missing Data	6	2.2
	Total	273	100
Unit/Ward	Emergency	30	11.0
	Maternity	12	4.4
	Surgical	38	13.9
	Medical	46	16.8
	Children	35	12.8
	Theatre	16	5.9
	Out Patient Department	27	9.9
	Specialized unit	18	6.6
	Others (ANC, PNC etc.)	43	15.8
	Missing Data	8	2.9
	Total	273	100.0

4.2 Background information of Nurse Managers

As indicated in table 4.2 below, 28.6% (n = 78) of the respondent said their Nurse Managers' highest qualification was a first degree whilst 16.1% (n = 44) did not know the highest qualification of their Nurse Managers. Again, participants were asked whether their Nurse Managers had received training in management. Majority of the participants (42.9%, n = 117) thought their Nurse Managers had received training in management whilst as many as 111 (40.7%) did not know whether their Nurse Managers had received managerial training or not. Only a small number (14.7%, n = 40) said their Nurse Managers had not received the requisite managerial training.

Table 4.2: Background information of Nurse Managers

VARIABLE		FREQUENCY	PER CENT (%)
Nurse Manager's highest qualification	Certificate	24	8.8
	Diploma	36	13.2
	Advanced Diploma	56	20.5
	First Degree	78	28.6
	Masters	17	6.2
	Others	9	3.3
	Don't know	44	16.1
	Missing Data	9	3.3
	Total	273	100
Nurse Manager had training in Management	Yes	117	42.9
	No	40	14.7
	I don't know	111	40.7
	Missing Data	5	1.8
	Total	273	100

4.3 Nurse Managers' Leadership Styles

One cardinal objective of the study was to describe the leadership styles of Nurse Managers using the Path-Goal Leadership theory.

The results show that the mean score for directive leadership style was 13.15 (SD = 2.52) which is moderate and indicates occasional use by Nurse Managers. Similarly, the mean score for supportive leadership style was 16.70 (SD = 3.90) which was also moderate and indicates occasional use by Nurse Managers. Furthermore, Nurse Managers also moderately used participative leadership style (Mean = 15.07, SD = 3.17) as well as achievement-oriented leadership style (Mean = 16.55, SD = 3.59).

Even though moderate scores were recorded for all the leadership styles, in descending order of frequent usage the results show that, Nurse Managers used the supportive leadership style (Mean = 16.70, SD = 3.903) more than any other. This was followed by achievement-oriented leadership style (Mean = 16.55, SD = 3.592) and the participative leadership style (Mean = 15.07). The least used leadership style was directive (Mean = 13.15, SD = 2.521). In accordance with the interpretation of the Path-Goal tool for leadership styles, the Nurse Managers were situational users of the leadership styles, applying each leadership style as and when the situation demanded. Details of the analysis are shown in table 4.3 below.

Table 4.3: Leadership styles used by Nurse Managers

LEADERSHIP STYLE AND ITS CHARACTERISTICS	Minimum	Maximum	Mean	SD
DIRECTIVE LEADERSHIP STYLE (TOTAL SCORE)	4	18	13.15	2.521
The Nurse Manager let subordinates know what is expected of them.	1	5	2.67	1.092
The Nurse Manager informs subordinates about what needs to be done and how it needs to be done.	1	5	2.66	1.064
The Nurse Manager asks subordinates to follow standard rules and regulations.	1	5	3.03	.917
The Nurse Manager explains the level of performance that is expected of subordinates.	1	5	2.37	1.227
The Nurse Manager gives vague explanations of what is expected of subordinates on the job (<i>Reversed Scored</i>).	1	5	2.42	1.292
SUPPORTIVE LEADERSHIP STYLE (TOTAL SCORE)	6	25	16.70	3.903
The Nurse Manager maintains a friendly working relationship with subordinates.	1	5	3.98	1.087
The Nurse Manager does little things that make it pleasant to be a member of the team.	1	5	3.12	1.174
The Nurse Manager says things that hurt subordinates' personal feelings (<i>Reversed Scored</i>).	1	5	3.59	1.209
The Nurse Manager helps subordinates overcome problems that stop them from carrying out their tasks.	1	5	3.00	1.213
The Nurse Manager behaves in a manner that is thoughtful of subordinates' personal needs.	1	5	3.01	1.202
PARTICIPATIVE LEADERSHIP STYLE (TOTAL SCORE)	5	25	15.07	3.168
The Nurse Manager consults with subordinates when facing a problem.	1	5	3.28	1.157
The Nurse Manager listens receptively to subordinates' ideas and suggestions.	1	5	3.46	1.163
The Nurse Manager act without consulting his/her subordinates (<i>Reversed Scored</i>).	1	5	2.58	1.180
The Nurse Manager asks for suggestions from subordinates concerning how to carry out assignments.	1	5	3.08	1.073
The Nurse Manager asks subordinates for suggestions on what assignments should be made.	1	5	2.67	1.181
ACHIEVEMENT ORIENTED LEADERSHIP STYLE (TOTAL SCORE)	7	25	16.55	3.592
The Nurse Manager let subordinates know that he/she expect them to perform at their highest level.	1	5	3.97	1.148
The Nurse Manager set goals for subordinates' performance that are quite challenging.	1	5	2.86	1.184
The Nurse Manager encourages continual improvement in subordinates' performance.	1	5	3.64	1.154
The Nurse Manager shows that he/she have doubts about subordinates' ability to meet most objectives (<i>Reversed Scored</i>).	1	5	3.54	1.158
The Nurse Manager consistently set challenging goals for subordinates to attain.	1	5	2.54	1.254

Total Score is a sum of the scores of the leadership style characteristics (Higher score indicates regular use of the leadership style).

Scores of leadership style characteristics is based on a 5-point scale

4.4 Nurse Managers' Leadership Styles and Staff level of Job Satisfaction

The study measured levels of job satisfaction of the participants and examined the relationship between Nurse Managers' leadership styles and subordinates' level of job satisfaction. This section presents the summary of staff job satisfaction scores and its relationship with leadership styles.

4.4.1 Nursing Staff Job Satisfaction

Staff level of job satisfaction ranged from 1 to 5 with an average of 3.13 (SD = 0.69). It means that nursing staff in this study had moderate levels of job satisfaction. Furthermore, nurses exhibited higher satisfaction with their relationship with the Nurse Managers (M = 3.65, SD = 1.01) whilst they were least satisfied with working at their current workplaces until retirement (M = 2.40, SD = 1.24). Details are shown in table 4.4 below.

Table 4.4: Summary of job satisfaction scores

ASPECTS OF NURSES JOB SATISFACTION	MIN.	MAX.	MEAN	SD
Nurses' Level of Job Satisfaction (Total score on a 5-point scale)	1	5	3.13	0.69
I am very satisfied with my job.	1	5	3.56	1.06
I feel that my co-workers are satisfied with their jobs.	1	5	3.16	0.93
I feel I would be happy to work here until I retire.	1	5	2.40	1.24
I feel that the health care facility provides a supportive work environment	1	5	2.67	1.21
I am very satisfied with my Nurse Manager's ability to coordinate activities in the ward	1	5	3.34	1.06
I am very satisfied with my Nurse Manager's leadership style	1	5	3.12	1.09
I am very satisfied with my relationship with my Nurse Manager	1	5	3.65	1.01
<i>Higher mean score reflects higher level of job satisfaction</i>				

4.4.2 Relationship between Leadership Styles and Nursing Staff Job Satisfaction

Results of Pearson's correlation show that there was a weak but significant negative correlation between directive leadership style and staff level of job satisfaction ($r = -0.263$, $p < 0.001$). Furthermore, supportive leadership style of Nurse Managers was positively correlated with staff levels of job satisfaction ($r = 0.462$, $p < 0.001$). Similarly, participative leadership showed a positive and significant but moderate association with staff job satisfaction levels ($r = 0.402$, $p < 0.001$). Achievement-oriented leadership style also correlated positively with staff job satisfaction levels ($r = 0.399$, $p < 0.001$). Table 4.5 below provides details of the linear correlation between Nurse Managers' leadership styles and staff job satisfaction.

Table 4.5: Relationship between Nurse Managers' leadership styles and staff job satisfaction

VARIABLES	STAFF JOB SATISFACTION	
	<i>r</i>	<i>p</i> - value (2-tailed)
Directive Leadership Style	-0.263	<.001
Supportive Leadership Style	0.462	<.001
Participative Leadership Style	0.402	<.001
Achievement Oriented Leadership Style	0.399	<.001

Criterion level: 0.05

A multiple linear regression analysis was used to determine if demographic characteristics (model 1) and Nurse Managers' leadership styles (model 2) significantly accounted for the levels of staff job satisfaction.

In the first model, nurses demographic characteristics (age, basic qualification, unit/ward of work and gender) jointly explained 5.2% of the variance in staff level of job satisfaction [$R^2 = 0.052$, $F_{(4, 226)} = 3.089$, $p = 0.017$]. When the predictors were evaluated for their individual

contributions to the model, only age and basic qualification were significant predictors in the model.

Furthermore, Nurse Managers leadership styles (Directive, Supportive, Participative and Achievement-oriented) together significantly predicted the levels of staff job satisfaction, which explained 29% of the variance in the levels of staff job satisfaction [$R^2 = 0.29$, $F_{(8, 222)} = 11.790$, $p < 0.001$]. Supportive leadership style, Participative leadership style and Achievement-oriented leadership style contributed 20.8%, 16.1% and 16.8% respectively to the model. On the other hand, directive leadership style did not significantly contribute to the model. Details of the analysis are indicated in table 4.6 below.

Table 4.6: Relationship between leadership styles and staff level of job satisfaction

PREDICTORS		Unstandardized Coefficients		Standardized Coefficients	t	p- value	Correlations
		B	Std. Error	Beta			r
MODEL 1	(Constant)	2.882	.227		12.673	<.001	
	Age	.017	.007	.167	2.568	.011	.155
	Basic Qualifications	-.127	.060	-.137	-2.109	.036	-.121
	Unit/Ward	-.002	.003	-.055	-.836	.404	-.028
	Gender	-.008	.005	-.092	-1.415	.158	-.084
Model 1 Summary: $R^2 = 0.052$, $F_{(4,226)} = 3.089$, $P = 0.017$							
MODEL 2	(Constant)	.720	.331		2.173	.031	
	Age	.016	.006	.158	2.763	.006	.155
	Basic Qualifications	-.085	.055	-.092	-1.547	.123	-.121
	Unit/Ward	-.001	.002	-.030	-.527	.598	-.028
	Gender	-.004	.005	-.047	-.825	.410	-.084
	Directive Leadership Style	-.031	.018	-.112	-1.737	.084	-.263
	Supportive Leadership Style	.037	.014	.208	2.642	.009	.462
	Participative Leadership Style	.035	.016	.161	2.233	.027	.402
	Achievement Oriented Leadership Style	.033	.013	.168	2.433	.016	.399
Model 2 Summary: $R^2 = 0.29$, $F_{(8,222)} = 11.790$, $P < 0.001$							
Dependent variable: Level of job satisfaction		Criterion level: 0.05					

4.5 Nurse Managers' Leadership Styles and Staff Intention to Stay

The study examined staff intentions to stay at their current workplaces and the extent to which that intention is explained by their Nurse Managers' leadership styles. This section presents results of staff intention to stay followed by the relationship between Nurse Managers' leadership styles and staff intentions to stay.

4.5.1 Nursing Staff Intention to Stay

Results indicated that the mean intention to stay was 2.65 (SD = 0.817). This means that staff had low intentions to continue to stay at their workplaces. However, a descriptive summary of the constituent sub-scales of the intention to stay tool indicated that, whilst 19.8% (n = 54) and 31.9% (n = 87) respectively reported that they will definitely or would probably leave their current workplaces, only 13.2% (n = 36) reported they would probably not leave and 9.9% (n = 27) agreed they would definitely not leave. Furthermore, 20.1% (n = 55) were presently looking for opportunities to leave and another 46.9% were considering leaving in the future. Only 10.3% (n = 28) intended to stay at their workplaces and another 4.4% (n = 12) were unlikely to ever consider leaving their current workplaces.

In addition, 37.7% (n = 103) of the participants preferred not to continue to work at their current workplaces but 24% (n = 67) preferred to continue to work there. About 34.1% (n = 93) felt it was of some importance for them to personally continue to work in their respective hospitals. Further details of the analysis of staff intentions to stay at their current workplaces are found in tables 4.7 and 4.8 below.

Table 4.7: Summary of staff intentions to stay

Nurses' Intention to Stay	N	Minimum	Maximum	Mean	SD
Nurses' Intention to stay (Score on a 5- point scale)	271	1	5	2.6531	.81654
Valid N	271				

Higher score reflect higher intention to stay at current workplace

Table 4.8: Aspects of staff intentions to stay

ASPECTS OF STAFF INTENTION TO STAY		FREQUENCY (n)	PERCENTAGE (%)
Choose the statement that most clearly reflects your feelings about your future with your Organisation	I definitely will leave	54	19.8
	I probably will leave	87	31.9
	I am uncertain	69	25.3
	I probably will not leave	36	13.2
	I definitely will not leave	27	9.9
	Total	273	100.0
How do you feel about leaving your hospital?	I am presently looking and planning to leave	55	20.1
	I am seriously considering leaving in the future	128	46.9
	I have no feelings about this one way or the other	50	18.3
	I intend to stay with my current hospital	28	10.3
	It is very unlikely that I would ever consider leaving this hospital	12	4.4
	Total	273	100.0
If you are free to choose would you prefer to continue working with the hospital?	I prefer very much not to continue working here	29	10.6
	I prefer not to continue working here	103	37.7
	I don't really care whichever way	53	19.4
	I prefer to continue working here	67	24.5
	I prefer very much to continue working here	21	7.7
	Total	273	100.0
How important is it to you personally to continue to work with this hospital?	It is of no importance to me	27	9.9
	I have mixed feelings about its importance	80	29.3
	It is of some importance	93	34.1
	It is fairly important	48	17.6
	It is very important for me to continue to be in this hospital	23	8.4
	Missing Data	2	0.7
Total		273	100.0

4.5.2 Relationship between Nurse Managers' Leadership Styles and Nursing Staff Intentions to Stay

Results of Pearson's correlation show that there was a weak but significant positive correlation between supportive leadership style and staff intentions to stay ($r = 0.221$, $p < 0.001$). Similarly, participative leadership style showed a positive and significant correlation with staff intentions to stay ($r = 0.243$, $p < 0.001$). Furthermore, achievement-oriented leadership style also correlated positively with staff intention to stay in their current workplaces ($r = 0.184$, $p = 0.003$). However, there was no significant correlation between directive leadership style and staff intentions to stay at their current workplaces. Table 4.9 below provides details of the linear correlation between Nurse Managers' leadership styles and staff intentions to stay.

Table 4.9: Relationship between Nurse Managers' leadership styles and staff intentions to stay

VARIABLES	STAFF INTENTION TO STAY	
	<i>r</i>	<i>p- value (2-tailed)</i>
Directive Leadership Style	0.074	0.230
Supportive Leadership Style	0.221	<0.001
Participative Leadership Style	0.243	<0.001
Achievement Oriented Leadership Style	0.184	0.003

Criterion level: 0.05

A multiple linear regression analysis was used to determine if the leadership styles of Nurse Managers significantly predicted their staff intentions to stay. Both the dependent variable (intentions to stay) and independent variables (Nurse Managers' leadership styles – directive, supportive, participative and achievement-oriented) were measured on interval scales. The demographic characteristics of participants (age, basic qualification, unit of work and gender) were first examined to find out if they significantly predicted staff intention to stay. The results indicated that demographic characteristics (age, basic qualification, unit/ward of work and gender) jointly explained 7.6% of the variance in staff intentions to stay [$R^2 = 0.076$, $F_{(4, 226)} = 4.627$, $p = 0.001$]. However, when the predictors were evaluated for their individual contributions to the model, only age and basic qualification were significant predictors in the model.

Furthermore, Nurse Managers leadership styles (Directive, Supportive, Participative and Achievement-oriented) together significantly predicted staff intentions to stay which explained 13.3% of the variance in staff intentions to stay [$R^2 = 0.133$, $F_{(8, 222)} = 4.263$, $p < 0.001$]. However, only participative leadership style significantly contributed to the model, accounting for 17.4% of the variance in staff intentions to stay ($B = 0.174$, $p = 0.036$). Further details of the relationships are shown in table 4.10 below.

Table 4.10: Relationship between Nurse Managers' leadership styles and staff intentions to stay

PREDICTORS		Unstandardized Coefficients		Standardized Coefficients	t	p Value	Correlations
		B	Std. Error	Beta			r
MODEL 1	(Constant)	9.219	1.057		8.726	.001	
	Age	.098	.031	.202	3.141	.002	.192
	Basic Qualifications	-.792	.279	-.183	-2.836	.005	-.170
	Unit/department of work	.000	.013	.002	.036	.971	.035
	Gender	-.032	.025	-.081	-1.264	.208	-.072
Model 1 Summary: $R^2=0.076$, $F_{(4,226)} = 4.627$, $P = 0.001$							
MODEL 2	(Constant)	4.457	1.731		2.574	.011	
	Age	.098	.031	.201	3.165	.002	.192
	Basic Qualifications	-.702	.286	-.162	-2.450	.015	-.170
	Which unit are you working in?	.002	.013	.008	.120	.904	.035
	Gender	-.023	.025	-.058	-.920	.358	-.072
	Directive Leadership Style	.044	.093	.034	.469	.640	.074
	Supportive Leadership Style	.036	.073	.043	.496	.620	.221
	Participative Leadership Style	.174	.083	.169	2.106	.036	.243
	Achievement Oriented Leadership Style	.046	.070	.051	.663	.508	.184
Model 2 Summary: $R^2=0.133$, $F_{(8,222)} = 4.263$, $P < 0.0001$							
Dependent Variable: Intentions to stay		Criterion level: 0.05					

4.6 Leadership Styles and Nursing Staff Perceived Productivity Levels

The study measured staff perception of their own level of productivity and examined if leadership styles influenced the levels of productivity. The sections below present results of staff productivity levels followed by the influence of Nurse Managers' leadership styles on staff productivity.

4.6.1 Staff Perceived Productivity Levels

As rated by participants, the mean productivity level of most nurses in their wards was 7.21 (SD=1.59). In the last six (6) months, participants rated themselves as having an average productivity of 8.21 (SD =1.28) and 8.39 (SD =1.22) in the last 30 days (one month). This indicates that participants perceived their level of productivity to have improved by 1.8% over the last six months which was statistically significant (Mean difference = 0.18, $p < 0.001$). Similarly, participants also considered themselves to be about 10% more productive than their colleagues in the same unit /ward (Mean difference = 0.996, $p < 0.001$).

The results show that participants on the average lost up to 6.06 hours of working time over the last one month whilst they also did an average of 24.78 hours of extra work. Table 4.11 below gives details of the perceived productivity of participants.

Table 4. 11: Staff perceived productivity

INDICATOR	MINIMUM	MAXIMUM	MEAN	STD. DEVIATION
Productivity rating of colleague nurses in your ward/unit (on a scale of 1 -10)	2	10	7.21	1.589
Productivity rating (self) in the last six months (on a scale of 1 -10)	2	10	8.21	1.275
Productivity rating (self) in the last 30 days (on a scale of 1 -10)	2	10	8.39	1.222
Lost hours in the last one month (Non-productive time)	0	168	6.06	14.046
Extra hours worked in the last one month (Overtime)	0	162	24.78	30.903
Net Hours lost or gained in the last one month)	-42	162	20.73	33.069

4.6.2 Relationship between Nurse Managers' Leadership Styles and Staff Perceived Productivity

Results of Pearson's correlation showed that there was significant but weak correlation between each of the leadership styles and staff perceived levels of productivity.

Directive leadership style correlated positively with and perceived levels of productivity ($r = 0.153$, $p < 0.013$). Furthermore, supportive leadership style of Nurse Managers positively correlated with perceived levels of productivity ($r = 0.157$, $p < 0.011$). Similarly, participative leadership style showed a positive and significant but weak correlation with perceived levels of productivity ($r = 0.134$, $p < 0.030$). Achievement-oriented leadership style also correlated positively with perceived levels of productivity ($r = 0.215$, $p < 0.001$). Table 4.12 below provides details of the linear correlation between Nurse Managers' leadership styles and perceived levels of productivity.

Table 4.12: Relationship between Nurse Managers' leadership styles and staff perceived productivity

VARIABLES	STAFF PERCEIVED LEVELS OF PRODUCTIVITY IN LAST 30 DAYS	
	r	p- value (2-tailed)
Directive Leadership Style	0.153	0.013
Supportive Leadership Style	0.157	0.011
Participative Leadership Style	0.134	0.030
Achievement Oriented Leadership Style	0.215	<0.001

A multiple linear regression analysis was used to determine if Nurse Managers' leadership styles significantly predicted staff level of productivity in the last 30 days. Both the dependent variable (productivity) and independent variables (Nurse Managers' leadership styles – directive, supportive, participative and achievement-oriented) were measured on interval scales. The demographic characteristics of participants (age, basic qualification, unit of work and gender) were first examined to determine if they significantly predicted staff perceived levels of productivity. The results show that the demographic characteristics (age, basic qualification, unit/ward of work and gender) jointly did not significantly explain staff level of productivity [$R^2 = 0.013$, $F_{(4, 226)} = 0.0721$, $p = 0.579$].

Furthermore, Nurse Managers leadership styles (Directive, Supportive, Participative and Achievement-oriented) together significantly explained only 6.9% of the variance in staff perception of their own level of productivity in the last 30 days [$R^2 = 0.069$, $F(8, 222) = 2.064$, $p = 0.040$]. However, only Achievement-oriented leadership style significantly contributed to the model, accounting for 18.4% of the variance in staff levels of productivity in the last 30 days ($B = 0.184$, $p = 0.022$). The other leadership styles; directive ($B = 0.065$, $p = 0.384$), supportive ($B = 0.042$, $p = 0.642$) and participative ($B = 0.005$, $p = 0.956$) did not

significantly predict staff level of productivity. Details of the analysis are shown in table 4.13 below.

Table 4.13: Relationship between Nurse Managers' leadership styles and staff productivity

PREDICTORS		Unstandardized Coefficients		Standardized Coefficients	t	p- Value	Correlations
		B	Std. Error	Beta			r
MODEL 1	(Constant)	8.811	.409		21.560	<.001	
	Age	-.017	.012	-.092	-1.387	.167	-.091
	Basic Qualifications	.049	.108	.030	.450	.653	.027
	Which unit are you working in?	.001	.005	.007	.100	.921	-.003
	Gender	-.008	.010	-.058	-.873	.383	-.060
Model 1 Summary: $R^2=0.013$, $F_{(4,226)} = 0.0721$, $P = 0.579$							
MODEL 2	(Constant)	7.047	.671		10.495	<.001	
	Age	-.017	.012	-.094	-1.435	.153	-.091
	Basic Qualifications	.083	.111	.051	.745	.457	.027
	Which unit are you working in?	.002	.005	.031	.460	.646	-.003
	Gender	-.007	.010	-.045	-.694	.488	-.060
	Directive Leadership Style	.031	.036	.065	.871	.384	.153
	Supportive Leadership Style	.013	.028	.042	.466	.642	.157
	Participative Leadership Style	.002	.032	.005	.055	.956	.134
	Achievement Oriented Leadership Style	.062	.027	.184	2.306	.022	.215
Model 2 Summary: $R^2=0.069$, $F_{(8,222)} = 2.064$, $P = 0.040$							
Dependent Variable: Perceived performance (productivity) rating in the last 30 days (on a scale of 1 -10)						Criterion level: 0.05	

4.7 Summary of findings

The average age of the sample was approximately 30 years with the modal age being 28. About 52% were working in district hospitals whilst 48% were in the regional hospital. Females constituted majority (78.0%) of the participants.

The study found that Nurse Managers used all four leadership styles (directive, supportive, participative and achievement-oriented) described by the Path-Goal leadership theory depending on the situation. However, in a descending order, the Nurse Managers used more of supportive (Mean = 16.70, SD= 3.90) and achievement-oriented (Mean = 16.55, SD= 3.59) in their leadership styles than participative (Mean = 15.07, SD= 3.168) and directive (Mean = 13.15, SD = 2.52).

Furthermore, nursing staff exhibited moderate levels of job satisfaction (Mean = 3.126, SD = 0.69 on a 5-point scale). Higher satisfaction was exhibited with Nurse Managers' relationship (Mean = 3.65, SD = 1.01) than his/her leadership style (mean = 3.12, SD= 1.09). Age and basic qualifications were demographic characteristics that significantly predicted nursing staff level of job satisfaction, explaining 16.7% and 13.7% of the variance respectively. Similarly, Nurse Managers' leadership styles jointly explained 29% of the variance in staff levels of job satisfaction.

In addition, nursing staff exhibited moderate intentions to stay at their current workplaces (Mean = 2.65, SD = 0.82 on a 5-point scale). About 20.1% of the nursing staff was actively looking for opportunities to leave their current workplaces and another 46.9% were considering leaving in the future. Just a total of 14.4% were definite on staying at their current workplaces. Age and basic qualifications accounted for 20.2% and 18.3% respectively of the staff intentions to stay.

Although Nurse Managers' leadership styles jointly explained 13.3% of staff intention to stay, only participative leadership style significantly predicted staff intentions to stay, accounting for 17.4% of the variance ($p = 0.036$).

Finally, it was found that nursing staff perceived their current (last 30 days) productivity levels to be 8.39 ± 1.22 on a 10-point scale (83.9%) which is reportedly a 1.8% improvement over their last six months productivity level ($p < 0.001$). They also reported being about 10% more productive than their peers in the same ward/unit ($p < 0.001$). Demographic characteristics were not significant predictors of staff productivity levels and Nurse Managers' leadership styles explained only 6.9% of the variance in staff productivity levels. Achievement-oriented leadership style emerged as the only style that significantly influenced (18.4%) nursing staff productivity levels ($p = 0.022$).

CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter presents the discussion of the findings of the study. The socio-demographic background of the participants is first discussed and the rest of the chapter is divided into sections according to the objectives of the study.

5.1 Socio-demographic characteristics

The mean age of participants was approximately 30 years ($SD = 6.70$) with a modal age of 28 years. This is consistent with the average age of nurses in Ghana which is said to be between 25 to 35 years (GHS annual report, 2013). Following acute shortage of nurses and midwives in Ghana during the late 1990s and early 2000s due to massive brain drain (Dovlo, 2005), there has been an extensive liberalization of nursing training culminating in a large cohort of young nurses. Even though this has brought about exuberance in the nursing profession, experience and quality appear to suffer. It also implies that many Nurse Managers might be in the same age bracket with little or no managerial experience or training.

The current study found that participants in the senior grade (Senior Staff Nurse, Senior Staff Midwife or Senior Enrolled Nurse) who might have only 3-5 years of working experience constituted majority (37.7%) of the sample whilst those in the penultimate grade (Principal Nursing Officer, Principal Midwifery Officer or Principal Enrolled Nurse) constituted just 1.5% of the sample. This buttresses the need for the health sector in Ghana to focus on building the competencies of the large cohort of young nursing staff through training and mentorship by the few experienced and ageing nurses and midwives.

Majority of the participants (52%) were working in four (4) district level hospitals as against 48% in one regional hospital that was included in the study. Even though this finding is not conclusive about the distribution pattern of nurses in Ghana, it further fuels concerns that staff distribution in the health sector is skewed towards higher level facilities and those in urban areas (AHWO, 2010).

Most of the participants (78.0%) were females whilst only 21.3% were males. This finding is consistent with the widely held view that nursing and midwifery are female dominated professions. However, it also suggests that this perception might be changing gradually with many males taking up nursing as a career.

5.2 Nurse Managers' Leadership Styles

Leadership is an important concept in nursing since nursing service operation in even a small agency is immensely complicated (Asamani et al., 2013) and so appropriate leadership styles are required to avoid waste, confusion and error.

The study found that Nurse Managers used all four leadership styles of the path-goal leadership theory depending on the situation. However, the supportive leadership style was most frequently used followed by achievement-oriented leadership style, participative leadership style and the directive leadership style was the least used by Nurse Managers. This means that Nurse Managers exhibited situational leadership approach without sticking to a particular leadership style. This approach has long been identified as being useful in nursing settings with the justification being that the delivery of nursing care is a dynamic process and in order to be successful, situational leadership style, is required to deal with specific circumstances as and when they arise (Giltinane,

2013). This possibly explains why the Nurse Managers exhibited all four leadership styles (supportive, achievement-oriented, participative and directive) in this study. In addition, it is common for Nurse Managers to tend to assist and support their subordinates like a mother just as they would exhibit such caring attitudes towards clients. This was further strengthened by the fact that the current study found nursing staff exhibiting higher levels of satisfaction with their relationship with the Nurse Managers ($M = 3.65$, $SD = 1.01$).

This finding is also in line with the work of Ofei and colleagues (2014) who concluded that Ghanaian Nurse Managers exhibit variable leadership styles but are more inclined towards supportive (transformational) leadership behaviour. They also conclude that the use of directive leadership was limited among Nurse Managers in Ghana as the relationship between nursing staff and Nurse Managers was that of a mother-daughter or father-son relationship.

Furthermore, the inclination towards the use of supportive and achievement-oriented leadership styles by Nurse Managers as found in the current study also corroborates the work of many researchers in nursing leadership who have emphasised that nurses were gradually moving away from directive leadership behaviours towards supportive (transformational) and achievement-oriented (transactional) leadership styles (Ahmad et al., 2013; Grimm, 2010; Malloy & Penprase, 2010; Thorpe & Loo, 2003; Vinkenburger et al., 2011; Zampieron et al., 2012).

However, the limited use of directive leadership style found in the current study appear to contradict the claims made by Azaare and Gross (2011) who suggest that Nurse Managers in Ghana largely exhibited autocratic (directive) and less effective leadership styles. Even though the current study and that of Azaare and Gross (2011) are both of Ghanaian origin, whilst the current study employed a quantitative approach, the work of Azaare and Gross (2011) adopted a

qualitative approach and therefore the methodological difference between the two studies might have accounted for the contrasting findings.

5.3 Leadership Styles and Job Satisfaction

Staff satisfaction is an important determinant of staff retention, motivation and performance (Chiok Foong Loke, 2001; Ofei et al., 2014; Rad & Yarmohammadian, 2006). The current study found that nursing staff level of job satisfaction was moderate (mean = 3.13, SD = 0.69) with higher satisfaction for their relationship with the Nurse Managers and least satisfied with working at their current workplaces until retirement.

There are a myriad of challenges facing Ghanaian nursing staff at the workplace including poor working environment, inadequate and obsolete equipment and insufficient remuneration with increasing workload (Asabir et al., 2013; Saleh, 2012). These partly explain why nurses only exhibited moderate levels of job satisfaction. This finding is consistent to those of AbuAlRub and Alghamdi (2012) who reported that job satisfaction among Saudi nurses was generally moderate. Similarly, Wang et al. (2012) reported that job satisfaction levels among Chinese nurses was moderate (mean = 3.25, SD = 0.48). However, a Singaporean study by Chiok Foong Loke (2001) found lower levels of job satisfaction (mean = 2.4) among nurses in that country. Therefore, it appears that nurses/midwives are generally not satisfied with their jobs across many countries, a situation that can potentially reduce productivity and/or exacerbate the current shortage of nurses and midwives.

The current study found a weak but significant negative correlation ($r = -0.263$) between directive leadership style and staff level of job satisfaction. This means that a unit increase in the

use of directive leadership style by Nurse Managers culminated in a corresponding decrease in staff level of job satisfaction by 26.3% and vice versa. This finding affirms the assertion of Azaare and Gross (2011) that Ghanaian staff nurses were dissatisfied with the autocratic (directive) leadership style of their Nurse Managers. The opportunity to feel part of making work-related decisions has always been seen to be a critical component of the factors that influence job satisfaction of workers (Rad & Yarmohammadian, 2006). Therefore it is not surprising that the participants in the current study exhibited significant dissatisfaction with directive leadership style used by Nurse Managers.

The deepening democratic values of Ghanaians appear to also play a role in employees demonstrating dissatisfaction with directive or autocratic leadership styles. This implies that in addition to the known extrinsic means of increasing staff job satisfaction including pay raise, stimulating work environment and professional development among others, Nurse Managers could improve the job satisfaction of their staff by limiting the use of directive leadership tendencies.

On the other hand, supportive, participative and achievement-oriented leadership styles positively correlated with staff levels of job satisfaction by 46.2%, 40.2% and 39.9% respectively. This means that increasing the use of one, or a combination of supportive, participative, and achievement-oriented leadership styles by Nurse Managers would lead to a corresponding increase in the nursing staff level of job satisfaction. This finding is in line with the work of earlier researchers from various contexts which concludes that nursing staff job satisfaction was better enhanced by supportive and participative leadership styles (AbuAlRub & Alghamdi, 2012; Cummings et al., 2010; Negussie & Demissie, 2013; Rad & Yarmohammadian, 2006).

The current study revealed that nursing staff demographic characteristics (age, gender, basic qualification and unit of work) explained 5.2% of the differences in staff levels of job satisfaction. However, only age and basic qualifications significantly contributed to the regression model. Whilst older nursing staff exhibited higher level of job satisfaction, those with higher basic qualification rather showed lower levels of job satisfaction. This is because older nursing staff might have reached or near the peak of their career with accompanying higher level of professional autonomy by virtue of which they are also likely to have higher levels of salary as compared to their younger counterparts. On the other hand, nursing staff with higher basic qualification such as bachelor's degree tend to easily feel easily frustrated by the Ghanaian nursing system that limits their autonomy in relation to patient care and managers also preferring those with lower qualifications for economic reasons. In the African context, a number of studies have assigned similar reasons for lower levels of job satisfaction among nurses/midwives (Engeda et al., 2014; Negussie & Demissie, 2013). Wang et al. (2012) also found a similar relationship between demographic characteristics such as age and nurses level of job satisfaction.

Furthermore, AbuAlRub and Alghamdi (2012) found that 32% of nursing staff job satisfaction in Saudi Arabia was explained by achievement-oriented and supportive leadership styles. In the current study, Nurse Managers' leadership styles statistically explained 29% of the variance in staff job satisfaction with supportive, participative and achievement-oriented leadership styles accounting for 20.8%, 16.1% and 16.8% respectively of the predictive power of the regression model. Similarly, the landmark study of Chiok Foong Loke (2001) reported that 29% of job satisfaction among Singaporean nurses was explained by leadership behaviours of Nurse Managers. This means that Nurse Managers can increase nearly one-third of the level of the job satisfaction of their nursing staff by just manipulating their leadership behaviours. Thus,

leadership styles appear to be one of the most important tools for improving job satisfaction without huge recurrent financial implications.

However, there are growing concerns that many Nurse Managers in Ghana tend to lack the requisite educational preparation for their leadership roles because they are appointed into such positions based on seniority and long service rather than academic preparation and competence (Asamani et al., 2013). If this is the case, then the Nurse Managers might not have the appropriate knowledge of manipulating their leadership behaviours to enhance the job satisfaction of their subordinates. This view which was alluded to by Azaare and Gross (2011), could be addressed by the nursing administration and policy makers by putting together ‘a budget for regular management and leadership training for Nurse Managers [and potential Nurse Managers]’ (Ofei et al., 2014, p. 2).

5.4 Leadership Styles and Staff Intentions to Stay

Staff intention to stay is often used as a proxy of staff retention or attrition. This study found that staff had low intentions to continue to stay at their current workplaces ($M = 2.65$, $SD = 0.82$). This means that the nursing staff may or may not wish to stay at their current workplaces depending on the circumstances. Majority (51.7%) intended to leave their current workplace, 20% of who were actively seeking opportunities to leave. Even though the potential attrition associated with this finding is likely to be internal (from one health facility or region to another within the public health sector), it has the potential of exacerbating the lingering problem of maldistribution of health workers in Ghana.

However, the 51.7% of nursing staff intending to leave is relatively small as compared to 67.5% of nurses reporting intent to leave within the next 1 to 3 years in Lebanon (El-Jardali et al., 2009). This tend to give credence to the assertion that nurses are constantly on the lookout for opportunities to leave their current jobs (Casida & Parker, 2011; Kenmore, 2008). It is also consistent with the findings of Engeda, Birhanu and Alene (2014) who found only 39.8% intent to stay among Ethiopian nurses. Lack of professional autonomy as well as low and varied levels of salary was said to be largely responsible for the low intent to stay among the Ethiopian nurses. In the Ghanaian context, nurses and midwives also grapple with limited professional autonomy but unlike Ethiopia, salary and remuneration are similar across the public health sector. Thus, leaving one health facility to another might not necessarily lead to improved remuneration. However, nursing staff tend to seek transfer to other facilities in the urban areas where they can explore other opportunities such as part time work and education for themselves or their children. However, the phenomenon of low intention to stay or high intention to leave appear to be similar across many countries especially in Saudi Arabia, India, United Kingdom and Canada among others (AbuAlRub & Alghamdi, 2012; Alsaqri, 2014; T. Cowden et al., 2011; T. L. Cowden & Cummings, 2011; Kenmore, 2008).

The current study found a weak but significant positive correlation between supportive ($r = 0.221$), participative ($r = 0.243$) and achievement-oriented leadership styles ($r = 0.184$) and staff intentions to stay. However, these findings are in contrast with those of AbuAlRub and Alghamdi (2012) who found no significant relationship between leadership styles and nurses intention to stay and Sellgren et al. (2007) who also found no significant direct relationship between leadership styles and staff turnover. The contrast between the current study and these

earlier studies could be attributed to differences in sample characteristics and the work and cultural context of each country.

The demographic characteristics of staff (age, basic qualification, unit of work and gender) jointly explained 7.6% of nursing staff intent to stay but only age and basic qualification were statistically significant predictors in the model. Older staff exhibited higher intentions to continue to stay at their current workplaces indicating that they do not wish to leave their workplaces soon. This might be so because, they might have built their family lives in those places and are also preparing themselves for upcoming or future positions (succession planning). On the other hand, younger staff appears to be easily dissatisfied with their workplaces especially if their spouses or partners are in different locations. This is substantiated by the Ghana Health Service report (2014) which show that the most transfers within the Ghana Health Service is usually on marital grounds. Other studies also found similar patterns of younger nurses with higher levels of turnover intention (Brown, Fraser, Wong, Muise, & Cummings, 2013).

Again, the current study found that staff with higher education had lesser intentions to stay at their current workplaces. This finding is consistent with findings of a Jordanian study which reinforces the claim that staff with higher qualifications tends to seek better job opportunities with higher remuneration and recognition (Al-Hussami, Darawad, Saleh, & Hayajneh, 2014). In Ghana, nursing staff with higher education are sometimes encouraged by peers and employers to take up teaching jobs rather than clinical jobs. It is therefore not surprising that staff intention to stay negatively correlated with academic qualification.

Furthermore, Nurse Managers' leadership styles (Directive, Supportive, Participative and Achievement-oriented) jointly explained significant portion (13.3%) of nursing staff intentions to

stay but only participative leadership style significantly contributed to the model. This means that nursing staff would be more likely to stay at their current workplaces if Nurse Managers exhibited more participative leadership style. Unlike other studies that discounted the influence of leadership styles on nursing staff intentions to stay (AbuAlRub & Alghamdi, 2012; Sellgren et al., 2007), the current study strengthens the view that Nurse Managers can improve staff retention in a cost effective manner by exhibiting more participatory leadership.

This finding also corroborates the assertion by Sanford (2011) that any investment in nursing leadership development is a legitimate cost for retention of nursing experts in healthcare facilities.

5.5 Leadership Styles and Staff Perceived Productivity

Nursing staff perceived that the productivity of their peers was 7.21 out of 10 (SD=1.59) whilst their own productivity in the last six (6) months was rated 8.21 out of 10 (SD =1.28) and 8.39 out of 10 (SD =1.22) in the last 30 days (one month). This means that participants believed that their productivity had improved by 1.8% over the last six months and they were 10% more productive than their colleagues in the same unit /ward. This finding appear to contradict the claims that health worker productivity in Ghana including nurses is generally low across regions, districts and cadres (Addai & Bosomprah, 2007; Asabir et al., 2013). Results of the current study further shows that the nursing staff worked an extra 24.78 hour each in the last one month. The contrasting finding is attributable to methodological differences. Whilst the current study is based on nursing staff perspectives of their own workload levels, the earlier studies used desk reviews and analysis of secondary data (patient attendance). Indeed, the World Bank caution that the methodological assumption made by Addai and Bosomprah (2007) and Asabir et al., (2013) in

arriving at the conclusion of low health worker productivity was very contentious and therefore the findings should be interpreted with significant caution (Saleh, 2012). For instance, whilst Addai and Bosomprah, (2007) assumed that staff absenteeism was negligible or the same across facilities, the current study found that lost productive time was about 6.06 hours per month per staff which was statistically significant. Even though the current study is based on self-reports and should also be interpreted with caution, it provides the first empirical evidence of productivity levels of nursing staff in Ghana. Since there is no gold standard for accurately measuring nursing staff productivity, irrespective of the empirical tool used in determining nurses/midwives level of productivity, the individual's perspective of their own level of productivity should also be taken into account (Chiok Foong Loke, 2001; McNeese-Smith, 1997, 2001; Saleh, 2012).

The current study found a weak but statistically significant correlation between each of the leadership styles and staff perceived levels of productivity. This means that each of the leadership styles to some extent could be used to improve staff productivity levels depending on the context. Perhaps this is why there is a seeming lack of literature consensus as to which leadership style brings about the best performance of employees. However, there is the need to examine the proportion of worker productivity attributable to leadership styles individually or jointly.

Using regression analysis, the study revealed that Nurse Managers' leadership styles jointly explained only a small portion (6.9%) of the variance in nursing staff perceived level of productivity. This finding is in line with those of Chiok Foong Loke (2001) who found that leadership behaviours of Singaporean Nurse Managers statistically explained 8.8% of nursing staff productivity. However, whilst the work of Chiok Foong Loke (2001) did not establish the

impact of each leadership style on the employees' productivity, the current study show that only achievement-oriented leadership style statistically accounted for 18.4% of the variance in perceived productivity level explained by the Nurse Managers' leadership styles. This means that Nurse Managers could improve nursing staff productivity in a cost effective manner by exhibiting achievement-oriented leadership style as and when necessary.

It has been empirically documented that nurses who are satisfied with their jobs are more likely to stay in those jobs and are more likely to exhibit higher level of productivity than less satisfied nurses (AbuAlRub & Alghamdi, 2012; Casida & Parker, 2011; Chiok Foong Loke, 2001; Negussie & Demissie, 2013; Wang et al., 2012). Even though this study did not examine the mediation and/or moderation factors between job satisfaction, intention to stay and productivity, the findings show that whilst supportive, participative and achievement-oriented leadership styles were all significant predictors of nursing staff job satisfaction, only participative style was a significant predictor of nursing staff intention to stay and only achievement-oriented style statistically predicted perceived productivity.

From the forgoing discussion, it appears that no one particular leadership style is ideal in achieving maximum staff satisfaction, intentions to stay and productivity levels at the same time. Therefore, it is increasingly becoming imperative for Nurse Managers to constantly scan their environment to identify their subordinates' need for a particular leadership style in order to appropriately navigate between the various leadership styles to achieve the desired staff outcomes. This view is particularly articulated by proponents of the path-goal leadership theory (House, 1971; House & Mitchell, 1974) which was used as an organising framework of the current study.

In summary, Nurse Managers exhibited all the four leadership styles (supportive, participative, directive and achievement-oriented) depending on the situation. This is in line with the path-goal leadership theory which is one of the situational leadership theories with emphasizes on the use of different leadership styles individually or in combination depending on the situation. In this context, job satisfaction was better predicted with the use of supportive, participative and achievement-oriented leadership styles. Thus, if the desired outcome is to increase job satisfaction, all the four leadership styles could be employed except directive leadership style. Similarly, only participative leadership style significantly predicted staff intention to stay and only achievement-oriented leadership style also predicted staff perceived productivity. Consistent with the organising framework used (path-goal leadership theory), the current study has demonstrated that no single leadership style is ideal for all situations; the style is situation dependent.

CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

This chapter presents a summary of the entire study, discusses the implications of the study, limitations, conclusion, and makes recommendations based on the findings.

6.1 Summary

Nursing is a people-centred profession and therefore the issue of leadership is crucial for success. Nursing leadership is seen as a critical aspect of healthcare management since nurses represent the single largest group of professionals rendering up to 90% of the health care services (Van Lerberghe, 2008). In the wake of a global nursing shortage, increasing healthcare cost and workload, Nurse Managers' leadership styles have become an important determinant of staff outcomes. This study investigated the leadership styles of Nurse Managers and how they influence nursing staff outcomes, namely job satisfaction, intentions to stay and productivity in the Ghanaian context. The study employed a cross-sectional survey design to collect data from a sample of 273 nursing staff in five hospitals in the Eastern Region of Ghana. A structured research questionnaire containing 51 items was used for the data collection. The research questionnaire was divided into five sections covering socio-demographic characteristics, Nurse Managers' leadership styles, nursing staff job satisfaction, intention to stay and perceived productivity. The data was analysed using the Statistical Package for Social Sciences (SPSS) version 18.0. Pearson's Product Moment Correlation (Pearson's r) was used to test the relationship between Nurse Managers' leadership styles and staff outcomes whilst multiple

regressions was used to determine the extent to which Nurse Managers' leadership styles predicts staff outcomes (job satisfaction, intention to stay and productivity).

The findings show that Nurse Managers used varying leadership styles depending on the situation. However, Nurse Managers exhibited more supportive leadership style than any other. This was followed by the achievement-oriented leadership style, then participative leadership style and directive leadership styles were the least used by Nurse Managers.

Nursing staff exhibited moderate levels of job satisfaction, higher satisfaction was about their relationship with the Nurse Manager and the least satisfaction was concerned with working at their current workplaces till retirement. A weak but significant negative correlation was found between directive leadership style and nursing staff job satisfaction. Nursing staff demographic characteristics (age, gender, basic qualification and unit of work) explained just 5.2% of their job satisfaction. Nurse Managers' leadership styles statistically explained 29% of staff job satisfaction. Only directive leadership style was not a significant predictor of job satisfaction.

Staff intention to stay is often used as a proxy of staff retention on one hand and attrition on the other hand. Generally, nursing staff had low intentions to continue to stay at their current workplaces. More than half (51.7%) of the nursing staff intended to leave their current workplaces, 20% of whom were actively seeking opportunities to leave. The findings also showed a weak but significant positive correlation between supportive, participative, and achievement-oriented leadership styles and staff intentions to stay. Nurse Managers' leadership styles statistically explained a significant portion (13.3%) of nursing staff intention to stay but only participative leadership style significantly contributed to the predictive power of the regression model.

The productivity of nursing staff was generally perceived to be high. Nursing staff scored the productivity of their peers as being 7.21 out of 10 (SD=1.59) whilst their own level of productivity in the last six (6) months was rated 8.21 out of 10 (SD =1.28) and 8.39 out of 10 (SD =1.22) in the last one month. The staff believed that their own productivity had improved by 1.8% over the last six months and perceived to be 10% more productive than their colleagues in the same unit /ward. Nurse Managers' leadership styles jointly explained only a small portion (6.9%) of the variance in nursing staff perceived productivity level. Only achievement-oriented leadership style significantly contributed to the regression model, accounting for 18.4% of the variance explained by leadership styles.

The findings are consistent with the constructs of the path-goal leadership theory that the use of different leadership styles is required during different situations to achieve desired staff outcomes. Even though the current study did not explore the organizational environment and subordinates' characteristics espoused by the theory as moderating situations in the use of various leadership styles, the leadership styles of Nurse Managers indeed predicted various staff outcomes. Three of the leadership styles (i.e. supportive, participative and achievement-oriented styles) were significant predictors of job satisfaction whilst only one leadership style (i.e. participative) predicted staff intention to stay. Similarly, only achievement-oriented leadership style predicted staff perceived productivity levels. These findings indeed support the assertion of the path-leadership theory that different leadership behaviours are necessary (individually or in combination) for attainment of staff job satisfaction, retention and productivity. From the findings of this study, the Path-Goal Leadership theory is applicable in influencing staff outcomes in the context of nursing.

6.2 Implications of the study

The findings of this study have implications for the nursing profession and health care management in general. The implications are grouped into nursing practice and management, policy making, nursing education and research.

6.2. For nursing practice and management

The study found that different leadership styles are required to achieve different outcomes; hence no one leadership style is ideal for all situations. For instance, whilst three leadership styles (supportive, participative and achievement-oriented) significantly predicted staff job satisfaction, only participative leadership style explained a significant portion of staff intention to stay and achievement-oriented leadership style was the only predictor of perceived productivity levels. These findings imply that Nurse Managers need to understand their own leadership styles and constantly assess their subordinates' need for a particular leadership style to maximise staff job satisfaction, retention and productivity. Furthermore, a significant portion of Nurse Managers had not received any training in management prior to or after their appointment as Nurse Managers. This implies that these Nurse Managers might not have sufficient knowledge and competence to navigate between the various leadership styles for optimum staff outcomes, a situation that necessitates the training of current and future Nurse Managers in the area of management and leadership.

6.2.2 For Policy on Human Resource Management

This study has significant implications for policy making in the area of human resources for health. The study found that a total of 51.7% of nursing staff intended to leave their current workplaces, 20% of whom were actively seeking opportunities to leave. This implies that there is

a high tendency of nursing staff attrition within the health sector. Even though this type of attrition is likely to be internal (movement from one health facility or region to another health facility or region), it has the potential of exacerbating the lingering maldistribution of health workforce in Ghana. An innovative policy intervention is thus needed to retain nursing staff at their workplaces and also streamline inter-facility and inter-regional transfers.

The study found that perceived productivity was high (8.39 out of 10) among nursing staff who also believed that productivity level has been improved by 1.8% over the last six months. However, there are concerns about the general levels of productivity of Ghanaian health workers in the public sector. This implies that there is the need to strengthen supervision and establish performance benchmarks within the public health sector against which actual staff performance would be measured.

6.2.3 For nursing education

The study found that many Nurse Managers lack educational preparation in management and leadership before their appointment as Nurse Managers. This implies that the training of nurses and midwives should include substantial management and leadership courses because they are usually the frontline leaders and managers in the health sector. Particularly, nursing management and administration need to be seen as a sub-specialty of nursing and midwifery with post-graduate or post-basic specialization opportunities for Nurse Managers and those aspiring to be Nurse Managers.

6.3 Limitations of the study

All research studies irrespective of methodology, aim to produce findings that can be applied in other settings. However, no study can provide findings that are universally generalizable

(Coughlan, Cronin, & Ryan, 2007; Khan, 2012). This study was conducted in five hospitals in only one of the ten regions of Ghana to give an overview of current leadership styles used by Nurse Managers and how they influence nursing staff outcomes (job satisfaction, intention to stay and perceived productivity levels) but may not necessarily represent the holistic situation in Ghana.

Again, as a limitation for all socially oriented self-reporting studies (Opoku, 2005) the questionnaire might not be a tool absolutely sensitive to determine the true opinions of participants. However, caution was taken at all levels to make the questionnaire clear and unambiguous so as to obtain the needed data. Coughlan et al. (2007) asserts that, virtually all research studies contain some flaws and this study may not be exception.

6.4 Conclusion

Over the years, researchers and practitioners have been searching for the “best” style of leadership for effective nursing care. This study found no single ‘all-purpose’ leadership style suitable for all circumstances.

Nurse Managers used varied leadership styles depending on the circumstance of subordinates and the goals to be achieved which is in line with the tenets of the contingency leadership theories such as path-goal leadership theory which was used as the organising framework of the study. Nursing staff exhibited moderate levels of job satisfaction. Nursing staff also indicated low intentions to stay at their current workplaces, a fifth of whom were actively seeking opportunities to leave. Only participative leadership style was a significant predictor of nursing staff intent to stay.

Perceived productivity was high (8.39 out of 10) among nursing staff who also believed that their productivity level had improved by 1.8% over the last six months. However, Nurse Managers' leadership styles explained only 6.9% of the variance in perceived productivity with achievement oriented leadership style being the only significant predictor. The findings of this study therefore suggest that policy and managerial initiatives are required from the Ministry of health, Ghana Health Service, Christian Health Association of Ghana, and the Nursing and Midwifery Council of Ghana to improve nursing staff job satisfaction, retention and productivity as well as build the management and leadership competencies of current and future Nurse Managers.

6.5 Recommendations

Based on the findings of the study, the following recommendations are made to the Ministry of Health and its agencies, the Nursing and Midwifery Council of Ghana, Nurses and Nurse Managers, and Researchers.

6.5.1 To the Ministry of Health

The Ministry of Health (MoH) should undertake the following:

-  Develop a performance management framework and benchmarks within the public health sector against which actual staff performance would be measured.
-  Collaborate with academic institutions to introduce postgraduate nursing specialization in clinical management and leadership.

6.5.2 To the Ghana Health Service and Christian Health Association of Ghana

The Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG) should undertake the following:

- ✚ Open the appointment of Nurse Managers to competition based on competence and educational preparation rather than the present consideration of long service.
- ✚ Strengthen supervision and establish performance benchmarks within the public health sector against which actual staff performance would be measured
- ✚ Develop a structured in-service training programme for current and prospective Nurse Managers.

6.5.3 To the Nursing and Midwifery Council of Ghana

The nursing and Midwifery Council of Ghana should undertake the following:

- ✚ Review the nursing and midwifery curriculum at the diploma, post-basic and post-graduate levels to include substantial management and leadership courses since they eventually become the frontline leaders and managers at various levels of the health sector.
- ✚ Liaise with academic institutions and the Ghana College of Nurses and Midwives to introduce a post-graduate specialty in nursing management and administration for Nurse Managers and those aspiring to be Nurse Managers in the future.

6.5.4 To Nurses and Nurse Managers

Nurse Managers and prospective Nurse Managers should undertake the following:

- ✚ Experienced Nurse Managers should coach and mentor the young nurses and midwives to become competent managers in the future.
- ✚ Seek and demand adequate educational preparation in management and leadership before or after taking up managerial positions.

6.5.5 To Nurse Researchers

- ✚ Researchers in the field of nursing, management and human resources for health should consider replicating the study in other regions and sectors of Ghana to provide holistic view of the subject.
- ✚ Researchers should consider examining the factors affecting staff job satisfaction, retention and productivity in the Ghanaian context since this study only examined the influence of leadership styles on these staff outcomes.
- ✚ Researchers should also consider a time-motion study to estimate the ‘true’ productivity levels of nursing staff since this study only examined perceived productivity levels.

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APPENDICES

Appendix I: Research Questionnaire

UNIVERSITY OF GHANA SCHOOL OF NURSING

RESEARCH QUESTIONNAIRE FOR NURSES/MIDWIVES

Dear Respondent,

This questionnaire is in respect of a research being carried out on “**The influence of Nurse Managers’ leadership styles on staff outcome in Eastern Region**”. It is purely for academic purpose and your responses shall be kept in strict confidence and will not be disclosed to anyone. You also reserve the right to withdraw from the study but your participation is much valued and appreciated.

Please kindly take some time off your busy schedule and fill out this questionnaire honestly.

Thank you.

Type of hospital ☐ Regional ☐ District

SECTION A- DEMOGRAPHIC CHARACTERISTICS OF THE NURSE/MIDWIFE

(Please indicate by writing or ticking (✓) what applies to you)

1. Age:

2. Gender:

Male ☐

Female ☐

3. Rank:

Staff Nurse/midwife ☐

Senior staff nurse/midwife ☐

NO/MO ☐

SNO/SMO ☐

PNO/PMO ☐

Enrolled Nurses ☐

4. Basic Qualifications [Please, tick only ONE]:

Certificate ☐

Diploma ☐

Advanced Diploma

First Degree ☐

Masters

Others (specify)

5. What is the highest qualification of your Nurse Manager? (Pls. choose the most appropriate answer)

Certificate ☐

Diploma ☐

Advanced Diploma ☐

First Degree ☐

- Masters []
Others (specify) []
Don't know []

6. Which unit are you working in?

- Emergency []
Maternity []
Surgical []
Medical []
Children []
Theatre []
OPD []
Specialized unit []
Other (specify)

7. Has your nurse-manager (NM) received any training in management/administration? (Please indicate).

- Yes []
No []
I don't know []

8. How long has your Nurse Manager worked as a nurse/midwife?

9. How long has your Nurse Manager worked as a Nurse Manager?

10. How long have you worked with this Nurse Manager?

11. What is the level of workload in your ward/unit?

- 1) Very heavy always []
2) Heavy always []
3) Heavy sometimes []
4) Not heavy []

SECTION B: PATH-GOAL LEADERSHIP STYLES QUESTIONNAIRE

Instructions: This table provides a description of your Nurse Manager's leadership style. The descriptive statements are listed below. State by ticking (✓) how frequently each statement fits your Nurse Managers leadership behaviour.

Please, be honest about your responses as there are no right or wrong answers

Definitions: The word "us, subordinates or people" represent you the nurses working under the Nurse Manager. The term Nurse Manager represents Ward/Unit In-Charge

[KEY: 1= Not at all, 2 = Once in a while, 3 = Sometimes, 4 = Fairly often, 5 = All the time]

NO.	STATEMENT	RESPONSE (please, tick in the appropriate boxes)				
		Not at all 1	Once in a while 2	Sometimes 3	Fairly often 4	All the time 5
1.	The Nurse Manager let subordinates know what is expected of them.					
2.	The Nurse Manager maintains a friendly working relationship with subordinates.					
3.	The Nurse Manager consults with subordinates when facing a problem.					
4.	The Nurse Manager listens receptively to subordinates' ideas and suggestions.					
5.	The Nurse Manager informs subordinates about what needs to be done and how it needs to be done.					
6.	The Nurse Manager let subordinates know that he/she expect them to perform at their highest level.					
7.	The Nurse Manager act without consulting his/her subordinates.					
8.	The Nurse Manager does little things that make it pleasant to be a member of the team.					
9.	The Nurse Manager asks subordinates to follow standard rules and regulations.					
10.	The Nurse Manager set goals for subordinates' performance that are quite challenging.					
11.	The Nurse Manager says things that hurt subordinates' personal feelings.					
12.	The Nurse Manager asks for suggestions from subordinates concerning how to carry out assignments.					

NO.	STATEMENT	RESPONSE (please, tick in the appropriate boxes)				
		Not at all 1	Once in a while 2	Sometimes 3	Fairly often 4	All the time 5
13.	The Nurse Manager encourages continual improvement in subordinates' performance.					
14.	The Nurse Manager explains the level of performance that is expected of subordinates.					
15.	The Nurse Manager helps subordinates overcome problems that stop them from carrying out their tasks.					
16.	The Nurse Manager shows that he/she have doubts about subordinates' ability to meet most objectives.					
17.	The Nurse Manager asks subordinates for suggestions on what assignments should be made.					
18.	The Nurse Manager gives vague explanations of what is expected of subordinates on the job.					
19.	The Nurse Manager consistently set challenging goals for subordinates to attain.					
20.	The Nurse Manager behaves in a manner that is thoughtful of subordinates' personal needs.					

SECTION C: JOB SATISFACTION QUESTIONNAIRE

Instruction: Please indicate by ticking (✓) in the appropriate box the extent to which you agree or disagree with each statement.

[KEY: 1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree]

STATEMENT		RESPONSE				
		1	2	3	4	5
1.	I am very satisfied with my job.					
2.	I feel that my co-workers are satisfied with their jobs.					
3.	I feel I would be happy to work here until I retire.					
4.	I feel that the health care facility provides a supportive work environment in which I work.					

5.	I am very satisfied with my Nurse Manager's ability to coordinate activities in the ward					
6.	I am very satisfied with my Nurse Manager's leadership style					
7.	I am very satisfied with my relationship with my Nurse Manager					

SECTION D: INTENTION TO STAY QUESTIONNAIRE

Please, tick (✓) the option that best represent your view.

- Choose the statement that most clearly reflects your feelings about your future with your organization.
 - I definitely will not leave []
 - I probably will not leave []
 - I am uncertain []
 - I probably will leave []
 - I definitely will leave []
- How do you feel about leaving your hospital?
 - I am presently looking and planning to leave []
 - I am seriously considering leaving in the future []
 - I have no feelings about this one way or the other []
 - I intend to stay with my current hospital []
 - It is very unlikely that I would ever consider leaving this hospital []
- If you are free to choose would you prefer to continue working with the hospital?
 - I prefer very much to continue working here []
 - I prefer to continue working here []
 - I don't really care whichever way []
 - I prefer not to continue working here []
 - I prefer very much not to continue working here []
- How important is it to you personally to continue to work with this hospital?
 - It is of no importance to me []
 - I have mixed feelings about its importance []
 - It is of some importance []
 - It is fairly important []
 - Is very important for me to continue to be in this hospital []

SECTION E: PERCEIVED PRODUCTIVITY QUESTIONNAIRE

INSTRUCTIONS: This section asks questions regarding your productivity at work. Please, be honest and tick **the response** that best fits your view.

- How many days of work did you miss in the past 30 days? (Your **off days** or **annual leave** or **maternity leave** are not included)
 - [] None)
 - [] One
 - [] More than one (specify number) _____

2. How many days in the past 30 days did you either **come to work late** or **you had to leave work early**?
☐ None (*if none go to question 4*)
☐ One
☐ More than one (specify number) _____
3. How many hours did you miss on that day or on average for each of those days?
☐ 1 hour or less
☐ 2 hours
☐ More than 2 hours
4. How many days in the past 30 days did you start work too early?
☐ None
☐ One
☐ More than one (specify number) _____
5. How many days in the past 30 days did you close from work too late?
☐ None
☐ One
☐ More than one (specify number) _____
6. On the average, how many extra hours of work did you work that day (or those days)?
☐ 1 hour or less
☐ 2 hours
☐ More than 2 hours

The table below contains a rating scale of job performance. The scale ranges from 1 to 10, where 1 is the worst job performance anyone could have at your ward/unit and 10 is the best performance of a top worker.

In your candid view, respond to the following statements by ticking the appropriate rating

	STATEMENT	Rating from 1 to 10 (Please, tick the appropriate box)									
		1	2	3	4	5	6	7	8	9	10
7.	How would you rate the job performance of most nurses in your ward/unit?										
8.	How would you rate your own job performance in the last six months?										
9.	How would you rate your own job performance in the last 30 days?										

Thank you for participating in this study

Appendix II: Consent form

UNIVERSITY OF GHANA



Official Use only Protocol number

OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT
Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Influence of Nurse Managers' Leadership Styles on Staff Outcomes in Eastern Region
Principal Investigator:	Asamani James Avoka
Certified Protocol Number	ECH 076/13-14

Section B- CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

It is believed that the leadership styles of Nurse Managers have far reaching influence on nurses and how they perform their jobs. The purpose of this study is to find out the leadership styles of Nurse Managers and it influences on nurses' job satisfaction, nurses' intentions to stay and nurses perception of their own productivity.

Only fulltime employed nurses who have worked with their current Nurse Manager for at least six (6) months may participate in this study. If you agree to participate, you will be required to sign this form, and then a questionnaire will be given to you to complete. The questionnaire contains questions about your background such as age, sex, rank and qualification(s). It also contains statements relating to styles of leadership in which you will be required state how often your Nurse Manager practices them. In addition it contains questions relating to your job satisfaction, your intention to stay in your current job and your views of your own productivity. Completing the questionnaire may take you 20 to 25 minutes. The questionnaire will be collected when you finish

filling it but if you do not have enough time now you can take the questionnaire home and answer it at your convenience and then return it to me the next day

Benefits/Risk of the study

There are no physical, social or psychological risk associated with participating in this study.

There are no direct benefits to you as a participant in this study. However, it is hoped that the findings from this research may be used to train Nurse Managers to adopt leadership styles that will enhance nurses' job satisfaction, retention and increased productivity.

Confidentiality

No identifiable information about you will be collected on the questionnaire. All identifiable information about you such as your name and signature on the consent form will be de-identified, labelled with a protected number and kept under lock and key for about five years. Only the researcher and his supervisors will have access to this information, your consent thus authorizes such access as and when necessary. The views you express will be aggregated with others' for analysis and the results will be presented in figures and charts without your identifying information. Also any publication from this study will not include any of your identifying information, only group data (numbers) will be used.

Compensation

There will be no compensation for your participation in this study. However, you will be given a soft drink after completing the questionnaire if you feel hungry.

Withdrawal from Study

You participation in this study is voluntary and you reserve the right to decide whether to participate or not. You may also withdraw from the study without any penalty. Withdrawing from this study at any time will not adversely affect you personally or your job as a nurse. Also be assured that, you or your legal representative will be informed in a timely manner if any information becomes available that may be relevant to your willingness to continue participation or withdraw. Your participation in the study will be terminated if you have not voluntarily signed the consent form.

Contact for Additional Information

If you need more clarification about this research or in case of any unforeseen mishap during your participation, you can contact me or my supervisors as follows:

James Avoka Asamani (Researcher)

C/O School of Nursing,

University of Ghana,

P. O. Box LG43

Legon

Mobile: 0209409458 / 0246822379

Email: avokaj@yahoo.com

Adelaide Ansah Ofei (Supervisor)

School of Nursing, University of Ghana, Legon.

Mobile: 0244653065

Email: adelaideofei@yahoo.com

Dr. Florence Naab

School of Nursing, University of Ghana, Legon.

Email: florencenab@yahoo.com

Section C- VOLUNTEER AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Volunteer

Signature or mark of volunteer

Date

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date

Appendix III: Ethical approval letter**UNIVERSITY OF GHANA**
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)*P. O. Box LG 74, Legon, Accra, Ghana*

My Ref. No.

20th May, 2014

Mr. James Avoka Asamani
Department of Nursing
University of Ghana
Legon

Dear Mr. Asamani,

**ECH 076/13-14 NURSES ASSESSMENT OF THEIR NURSE MANAGERS' LEADERSHIP STYLES
INFLUENCE ON STAFF OUTCOMES IN EASTERN REGION**

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities and the following actions taken subject to the conditions and explanation provided below:

Expiry Date: 13/11/14
On Agenda for: Initial Submission
Description: 25/04/14
ECH Action: Approved
Reporting: Quarterly



Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante
ECH Chair

Tel: +233-303933866

Email: ech@isser.edu.gh