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SCHOOL OF NURSING AND MIDWIFERY

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA

NURSE MANAGERS' LEADERSHIP STYLES AND TURNOVER INTENTION AMONG NURSES IN BRONG AHAFO REGION - GHANA

BY

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THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MPHIL NURSING DEGREE

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DECLARATION

This is to certify that this thesis is the result of research undertaken by JUDITH BEATRICE MAGBITY towards the award of the Master of Philosophy Nursing degree in the School of Nursing and Midwifery, University of Ghana. No material in this write up has been submitted concurrently in candidature of other degree or certificate. Authors and Publishers whose works have been utilized in this study have been duly acknowledged in the text and list of references.

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DEDICATION

I dedicate this thesis to my beloved father, Mr. Thaddeus Jude Magbity of blessed memory who inculcated in his only daughter the value of education and my lovely mother Mrs. Elizabeth Florence Magbity for her words of encouragement, phone calls and prayerful wishes which always renewed my strength during this academic programme.

I also dedicate this study to my Religious Sisters, Handmaids of the Holy Child Jesus - Ghana Province, most especially, Berekum, Haatso and Cline Town Communities for their love, contribution, and prayerful support throughout my academic journey. This thesis is also dedicated to my precious friends for their unique contributions in diverse ways towards the success of my studies.

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LIST OF ABBREVIATIONS

CHAG - Christian Health Association of Ghana

FRL - Full Range Leadership

GHS - Ghana Health Service

NM - Nurse Manager

NGO - Non-Governmental Organisations

NMC - Nursing and Midwifery Council

NMIMR - Noguchi Memorial Institute for Medical Research

M - Mean

MDGs - Millennium Development Goals

MLQ - Multifactor Leadership Questionnaire

MOH - Ministry of Health

SD - Standard Deviation

SDGs - Sustainable Development Goals

TIS - Turnover Intention Scale

USA - United States of America

WHO - World Health Organization

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ABSTRACT

Turnover intention is the conceived idea by nurses to leave one hospital for another or to quit the nursing profession for another job. The shortage of nurses in healthcare organizations is a global concern. Retention of nurses can be ensured with effective leadership and managerial practices resulting in quality health care delivery. This study investigated the leadership styles of Nurse Managers and its influence on the turnover intention of nurses in Hospitals in the Brong Ahafo Region - Ghana. A quantitative approach using a cross-sectional survey was employed to collect data from two hundred and fifty (250) nurses working in five selected hospitals in Brong Ahafo Region - Ghana. Data were analyzed using descriptive and inferential statistics. Descriptive statistics revealed that Nurse Managers working in hospitals in Brong Ahafo Region – Ghana practices five leadership styles (Transformational, Transactional, Laissez-Faire, Participative and Autocratic). However, participatory and transformational leadership styles are predominantly practiced by Nurse Managers in the Units/Departments while transactional, autocratic and laissez-faire leadership styles are occasionally practiced. Correlation analysis revealed a negative and significant relationship between participative and transformational leadership styles and turnover intention. There was a positive and significant relationship between autocratic and laissez-faire leadership styles and turnover intention. Furthermore, demographic characteristics of nurses were not significantly related to turnover intention in this study. Using multiple regression, nurses work experience and leadership styles of their Nurse Managers were significant predictors for turnover intention. The study variables explained 38.4% of the variance in nurses' turnover intention. The findings of this study support and expand knowledge on the utilization of participative and transformational leadership styles by Nurse Managers over autocratic and laissez-faire styles in the Unit/Department to reduce turnover intention. Ghana Health Service should strengthen comprehensive in-service training programmes on leadership in nursing as a proactive strategy for preventing turnover intention among nurses.

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CHAPTER ONE

1.0 Introduction

This chapter presents an overview of leadership concept and turnover intention from a global perspective and also accentuates the roles and responsibilities of the Nurse Manager in the Unit/Department. This section also presents the objectives and purpose of the study and elaborates the problem statement and significance of the study. The operational definition of keywords used in the study, research questions and statement of hypotheses are also presented.

1.1 Background of the study

Moving healthcare organizations forward through strategic and effective leadership practices in recent times has become imperative. Healthcare organizations faced many challenges in the 21st century (Abualrub & Nasrallah, 2017). These challenges are a critical shortage of nurses, exponential demand on client satisfaction, explicit accountability of care providers, and technological advancements. This hinders the provision of a consistently high level of quality nursing care in a fast-changing health environment (Aiken, Cimottti, Sloane, Smith, Flynn & Neff, 2010; Smeltzer, Hinkle, Bare & Cheever, 2012).

Therefore, to gain a competitive advantage in today's challenging and turbulent environment, leadership and managerial skills are needed to strengthen the health care system. Effective health leaders are needed to develop sound strategies and structures that appeal to employees, inspires and support experienced staff, reward their commitment, and minimize their turnover intention (Dotse & Asumeng, 2014; Weselby, 2014).

Without good leaders, health facilities will find it difficult to maintain their workforce and sustain productivity in healthcare organizations. Therefore, for healthcare organizations

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to succeed there is the need for authentic leaders who can focus on effectively and continuously evaluating and improving organizational performance by retaining their workforce.

There are many perspectives about leadership in the literature, which makes it difficult to get a universal definition. However, Talat, Rehman, and Ahmed, (2015) assert that leadership is a broad spectrum process which calls for authority, responsibility, and delegation of power. This definition supports the fact that human beings are the largest asset in any organization; therefore, influencing their behaviour as a leader can boost their performances leading to achieving organizational goals.

According to Kim, Kumah, and Kumah (2014) leadership is considered essential for quality in management with the behaviour of a leader comprising of activities involving the direction and coordination of followers for the establishment of effective health care organizations for high productivity and quality of care. Another definition by Northouse (2013), states that leadership is a process whereby an individual influence a group of individuals to achieve a common goal. This definition is in line with Memon (2014), who views leadership as a process by which an individual influences the thoughts, attitudes and behaviours' of others. Leadership, therefore, is not only about the use of coercive power and authority but a role to guide, empower, inspire, motivate as well as encourage followers to perform efficiently towards the achievement of organizational objectives leading to enhanced productivity and improvement in health service utilization. In addition, leadership focuses on understanding the personal and interpersonal dynamics of how individuals influence each other toward collective goals (Northouse, 2015). It is established in the literature that there are different styles of leadership that are based on different assumptions and theories (Mosadeghrad, 2003, 2004). A Nurse Manager adopts either transformational, transactional,

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laissez-faire, autocratic or participatory/democratic styles to manage their nurses and many other problems in the hospital depending on the situation (Afzal, Waqas, Farooq & Husaain, 2016). Therefore, the style used by a Nurse Manager is based on a combination of their beliefs, values, and preferences as well as the situation which will encourage some styles and discourage others for a positive outcome (AbuAlRub & Alghamdi, 2011).

Transformational leaders possess special skills to galvanize confidence, communicate loyalty through a shared vision that results in increasing productivity, strengthening the morale of employees and job satisfaction whereas, in the transactional leadership style, the leader acts as a manager of change, making exchanges with employees that leads to an improvement in production. On the other hand, an autocratic leader makes all decisions without taking into consideration the opinions of employees as opposed to the laissez-faire leadership style where leaders do not make decisions and staff act without direction or supervision. Participatory or democratic leadership basically involves staff participation in decision - making the process for the organization (Frandsen, 2014).

In healthcare organizations, Nurse Managers also referred to as senior nurses, are most often appointed as leaders to manage a Unit/Department without necessarily having any formal training in leadership. The appointment of Nurse Managers is usually based on ranks and long service in the nursing profession and most times leadership roles are assumed based on chance or whoever is available at that point in time (Azaare & Gross, 2011). Nurses are not adequately prepared to succeed as leaders (Ofei, 2015) thus, this gap poses a challenge in the area of nursing leadership resulting in ineffective and unsuccessful outcomes. Successful operation of the shift, on-going staff morale, and the successful management of difficult or challenging situations depends greatly on the skills of the Nurse Manager (Frankel, 2008). An important area of Nurse Manager's leadership skills is the use of different leadership

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styles which are a combination of tasks and transactional behaviours' that influence people in achieving goals (Casida & Parker, 2011; Suhonen & Paasivaara, 2010). Therefore, it is important for Nurse Managers to possess a thorough understanding of different leadership styles as such knowledge increases the tools available to lead and practice effectively in health care institutions (Amanchukwu, Stanley & Ololube, 2015).

Nurse Managers use several leadership styles to achieve organizational goals which can be categorized into two distinct groups. The first group focuses on the task while the second group focuses on the individual and relationships between employees. Task-focused leadership styles include laissez-faire, transactional and autocratic leadership while relationship-focused leadership styles comprise transformational and participatory/democratic leadership (Cummings et al., 2010). The practice of leadership styles in a healthcare organization by a Nurse Manager can, therefore, play a pivotal role in promoting workplace empowerment, organizational commitment and job satisfaction among nurses (Efere, 2003).

Managing the complexities of a clinical Unit/Department is more difficult today than ever before due to the fact that the practices of the Nurse Manager can either affect the intention of nurses' to remain in their current position in the nursing profession or to move from one department to another or to change organization. A specific leadership style of a Nurse Manager can be the key factor in predicting and creating a professional hospital environment (Upenieks, 2003).

Shortages of qualified and experienced nursing staff, as well as nurses having the intention to turnover and the high cost of recruiting and training new staff, means that it is vitally important for Nurse Managers to prevent turnover in healthcare organizations (Duffield, Roche, Blay& Stasa, 2010).

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Turnover intention is a thought process in which a person decides to leave their job or organization (Al-Hussami, Darawad, Saleh & Hayajneh, 2014) and when they eventually leave, their valuable experiences, talents, skills, and knowledge will leave with them resulting in decreased work productivity. According to Rajan, (2013) poor leadership styles, long working hours, inadequate salary and poor job description are reasons for voluntary turnover among nurses.

Results of other researchers show that nurses' intention to leave poses many problems in relation to delivering services to patients (Clark & Aiken, 2003), including poor quality care (Aiken, Clarke, Sloane, Sochalski & Silber, 2002) and an increase in treatment costs (Rivers, Tsai & Munchus, 2004). The intention to leave among nurses is considered the most important factor preventing organizations from achieving their objectives (Newman, Maylor & Chansarkar, 2002) and high turnover intention among employees is one of the major concerns of human resource management in organanizations (Stordeur & D'Hoore, 2007). The World Health Organization (WHO, 2016), reports that the shortage of qualified nurses is a global phenomenon. This situation of a global deficit of nursing shortage has a negative impact on the health care delivery system (Buchan & Aiken, 2008).

Turnover rates in high-income countries vary significantly with the highest rate reported in New Zealand as 44.3%, followed by the USA 26.8 %, Israel 23%, Canada 19.9% and Australia 15.1% (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; Toren, et al. 2012). The European Commission expected that by the year 2020 there will be a scarcity of 590,000 nurses in Europe (Flinkman, Isopahkala-Bouret, & Salamantera, 2010). In the USA, researchers and government organizations have estimated that there will be a shortage of nurses from 300,000 to 1 million in 2020 (Juraschek, Zhang, Ranganathan, & Lin, 2012).

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A study which involved seven European countries indicated that Italy, along with France and Germany, have nurses with higher levels of intention to leave the profession (Li, Galatsch, Siegrist, Muller, & Hasselhorn, 2011). Furthermore, an Italian study (Ambrosi, Portoghese, Galletta, Marchetti, Battistelli, & Saiani, 2011), found that 34.4% of nurses have turnover intentions which imply that understanding the reasons for nurses' turnover behaviour is crucial to prevent this phenomenon and retain nurses. Nurses turnover intention is a major problem in Canadian hospitals with a forecasts shortage of 60,000 registered nurses by the year 2022 (Murphy, Birch, Alder, n.d.).

In upper-middle-income countries, Malaysia is facing a deficit of 7,000 nurses per year with an estimation that a total of 70,000 nurses will be required by the year 2020 (Siew & Chitpakdee, 2011). The Ministry of Health (2014), estimated that the nursing workforce in China was 2,244,000 persons with a ratio of 1.85 nurses per 1000 people. Again, 13% of newly registered nurses quit in the first year, 37% choose to leave their nursing profession, and the nursing shortage will reach 1.05 million by 2022 (Lyu, et al. 2016) and the total nurse turnover rate is 18.69% (Tang, 2012).

In lower-middle income countries such as Jordan, a study conducted in 21 Jordanian hospitals found that 36.6% of nurses left their current positions during the study period (Al-Hussami, Darawad, Saleh, & Hayajneh, 2014). Ghana as a lower-middle-income country is estimated to have about 0.2 to 1.9 nurses per 1,000 population which is below WHO recommended standard. Again, in the Philippines, the mean score turnover rate among nurses in 2017 was 2.43 (Labrague, Gloe, McEnroe, Konstantinos, & Colet, 2018a).

In low-income countries, studies conducted in Ethiopia have found that 50% to 61% of nurses say they intend to leave their current positions and move to another organization

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(Asegid et al. 2014; Engeda et al. 2014; Getie et al. 2015). Currently, in Ethiopia, the ratio of nurses and midwifery per 10,000 population is 2.5 which is 0.25 per 1000 which implies that the situation is critical (Gizaw, Lemma, Debancho, & Germossa, 2018). Similar, studies conducted in Sierra Leone and South Korea also indicates turnover rate among nurses as 40% and 36% respectively (Jibril, Aliyu, Umar, Strasser, & Ibraheem, 2014; Lee, Lim, Jung, & Shin, 2011).

Africa is the world's poorest region, with the greatest disease burden and a low density of nurses/midwives (WHO, 2016). The turnover trend among nurses in Africa is a clear indication that the Sustainable Development Goal 3 specifically target 3.c that seeks retention of the health workforce remains a challenge. Africa has only 1.2 nurses/midwives per 1000 population, a figure which does not meet the SDGs index threshold of 4.45 nurses/midwives per 1000 population.

Similar studies done in most developing countries have associated turnover intention among nurses with multiple factors including monetary incentives, work environment, leadership practices, chances for capacity building, employees characteristics and work record (El-Jardali, et al. 2013; Engeda, et al. 2014; Kaur, et al. 2013). Again, turnover intention is positively associated with nursing workload, work stress and burnout (Applebaum, Fowler, Fiedler, Osinubi, & Robson, 2010).

In Ghana, effective leadership is a critical and indispensable component of the health care system (Ghana Health Service Annual Report, 2007). Therefore, with the use of the Full Range Leadership model as a guiding framework, this study seeks to examine Nurse Managers' leadership styles and its influence on nurses' decision to leave their current organization for another organization or to quit the nursing profession.

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1.2 Problem Statement

The World Health Organization reported a severe international shortage in human resource for health, particularly among nurses in developed and developing countries (WHO, 2006). Shortage among nurses poses a challenge for healthcare systems and affects their level of productivity. The current turnover of nurses in most healthcare organizations is a global concern and international data indicates the shortage of nurses as a worrying phenomenon (Buchan & Aiken, 2008a; Johnson, Butler & Harootunian, Wilson & Linan, 2016). Studies suggest that about 4% to 54% of nurses worldwide intend to leave the nursing profession (Gizaw, Lemma, Debancho, & Germossa, 2018) which will result to inadequate staff in healthcare facilities and negative patient outcome. Thus, taking proper precautions to prevent nurses from quitting their current workplaces is important (Sabanciogullari & Dogan, 2015a).

In recent times, Nurse Managers' responsibilities have shifted from nursing and clinical nursing expertise towards leadership role which is seen as the hardest and most complex in healthcare organization (Thrall, 2006). Apparently, Nurse Managers lack the needed understanding of leadership styles to implement standard leadership behaviours that inspire nurses beyond their task to achieve a transformative effect for the decrease in turnover intention (Casida & Parker, 2011).

In Ghana, the Nursing profession has invested little in developing nursing leadership for the development of patient care (Bondas, 2006). Studies have shown a gap in knowledge about how nursing leadership is organized in Ghana even though a lot has been done in other parts of the world and there is a growing perception that Nurse Managers' style of leadership influences the decision of nurses to move from one health organization to another (Azaare & Gross, 2011).

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Leadership styles exhibited by Nurse Managers in District hospitals in Brong Ahafo Region remain unclear and movement of nurses from one health organization to another is a growing concern. Employees complain that turnover among nurses is as a result of poor leadership practices. The researcher has also observed a decrease in performance level and low productivity in District Hospitals in the Brong Ahafo Region as the trend of turnover among nurses continues. Again, the output of nurses working in District hospitals is questioned due to the fact that these hospitals keep losing experienced staff immediately they finish serving their sponsorship bond.

A continuous trend in turnover affects quality health care delivery and the overall effectiveness of health care systems (Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, & North, 2012). Surprisingly, no study has been conducted in the Brong Ahafo Region on leadership styles and its influence on turnover intention in District hospitals. Therefore, investigating factors that link to turnover intention is imperative to promote affordable and quality health care (AbuAlRub & Nasrallah, 2015).

1.3 Purpose of the Study

The purpose of this study was to determine the leadership styles of Nurse Managers' and its influence on nurses' turnover intention.

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1.4 Objectives of the Study

The objectives of the study are as follows:

1. To determine the leadership styles of Nurse Managers' in Hospitals in the Brong Ahafo Region.
2. To establish the relationship between Nurse Managers' Leadership styles and turnover intention.
3. To establish the relationship between the demographic characteristics of nurses' and turnover intention.
4. To determine the factors that predict nurses' turnover intention.

1.5 Significance of the study

The prime aim of nursing turnover research is to improve the quality of patient care, which is a major concern for healthcare administrators and policymakers given that turnover of healthcare staff negatively influences health care quality and costs (Al-Hussami, Darawad, Saleh, & Hayajneh, 2014). Again, investigating variables that are associated with the retention of nurses is important in promoting quality health care and reduction of work costs in health care organization (AbuAlrub & Nasrallah, 2015). Therefore, it is anticipated that the findings of this study will contribute to the body of knowledge in the area of leadership in the nursing profession for quality output and productive workforce of nurses. The study will contribute by helping to develop and strengthen the leadership and management skills of Nurse Managers in District hospitals.

The result of this study will also provide an opportunity for the researcher to gain broader knowledge about different leadership styles and its influence on staff turnover. Furthermore, this study will be a reference material for stakeholders in developing and

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implementing policies and strategies on staff retention in the area of human resource management.

1.6 Operational Definitions

The operational definition describes variables developed to investigate Nurse Managers' leadership styles and its influence on nurses' intention to leave their current workplaces.

Table 1.1: Operational Definition of Variables

Variable Name	Conceptual Definition	Operational Definition	Measure
Transformational Leadership Style	"The style of leadership in which the leader identifies the needed change creates a vision to guide the change with the commitment of the members of the group". (Northouse, 2013)	Leadership behaviour which inspires an employee to achieve a goal and make change happen.	Multifactor Leadership Questionnaire (MLQ – 5x)
Transactional Leadership Style	The style of leadership in which negative performance is punished and subordinates are motivated through rewards (Odumeru & Ifeanyi, 2013).	A leader who task employees to maintain organizational standards and gain reward or disobeys and receives punishment.	Multifactor Leadership Questionnaire (MLQ – 5x)
Laissez-faire Leadership Style	A "hands-off" style leadership where the manager provides little or no direction and gives employees as much freedom as possible (Tarsik, Norliya & Nurhidayah, 2014).	A Leader who is flexible and allow employees to make decisions in an organization without being involved.	Multifactor Leadership Questionnaire (MLQ – 5x)
Autocratic Leadership Style	A leader who makes decisions alone without direct or indirect input from others (Yukl, 2010).	A leader who takes unilateral decisions.	Questionnaire on Autocratic Leadership
Participative / Democratic Leadership Style	A leader who encourages followers to give their ideas and opinions during the decision-making process (Northouse, 2016).	A leader who makes decisions using the contribution of followers encouraging participation and a good relationship.	Questionnaire on Participative Leadership

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Variable Name	Conceptual Definition	Operational Definition	Measure
Nurse	A professional who has graduated with Degree, Diploma or Certificate from a recognized nursing training institution and has passed the licensing exams by Nursing and Midwifery Council and authorized to practice.	An individual who has the necessary skills and knowledge to nurse patients and client in a health facility.	Questionnaire
Nurse Manager	A nurse who directly supervises subordinates and is responsible establishing action plans, in solving problems, and monitoring results (Sellgren, Ekvall, & Tomson, 2008).	A senior nurse who coordinates the affairs of Unit/Department and work with junior nurses to achieve the goals and objectives of the hospital.	Questionnaire
Leadership styles	The style of a leader for providing direction, motivating people and implementing plans (Memon, 2014)	Leadership practices that influences subordinates to perform at their highest capability.	Questionnaire
Nurses' turnover intention	The thought process that involves the decision of nurses who are considering leaving their current job (Perez, 2014)	Conceived ideas by nurses to leave one hospital for another.	Questionnaire
Demographic Characteristics	Characteristics used to distinguish groups of a population (Vandenberghe & Ok, 2013)	Age, gender, work experience, qualification of a nurse.	Questionnaire

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the literature on the conceptual framework for the study. The review concerns a description of leadership styles and turnover intention. It goes further to do a formal assessment of literature between leadership styles and turnover intention. The chapter also further reviews the relationship between the demographic characteristics of nurses and turnover intention. A systematic search of published literature was conducted using Google scholar and various databases including but not limited to the following: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Science Direct, Scopus, Medline, and Wiley Online Library. Key terms used to search for journals/articles included Leadership styles, Nursing Leadership, Nurses' turnover intention, Leadership theories and Relationship between leadership styles and turnover.

The literature review was organized under the following headings:

- Conceptual framework
- Leadership styles
- Turnover Intention
- Nurse Managers' leadership styles and related turnover intention
- Nurses' demographic characteristics and related turnover intention
- Summary

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2.1: Conceptual framework

The Full Range Leadership model based on the theory of Bass (1985) underpins this study. According to Bass, a paradigm shift was required to understand how leaders influence and motivate followers for the greater good of their organizations in order to achieve optimal levels of performance. Therefore, Bass and Avolio reviewed the FRL theory and conceptualized transformational and transactional leadership styles as complementary constructs forming the basis of what is now a leadership theory; Full Range Leadership Theory (Bass & Avolio, 2004).

The Full Range Leadership model comprises three core constructs/typologies of leadership styles: transformational, transactional and laissez-faire. Leaders may use these leadership styles to varying degrees; however, they may have the tendency to use characteristics of one style more than the other (Avolio & Bass, 2004; Bass & Riggio, 2006; Marshall, 2011).

In the multidimensional approach of the full range leadership theory, leadership is conceptualized by the behavioral areas ranging from laissez-faire style through transactional leadership which focuses on the reward system and punishments to the transformational style which is based on inspiration and charisma. It depicts a continuum of leadership styles which is highly engaged at one end to highly avoidant on the other end. According to Northhouse (2007), the Full Range Leadership theory allows a variety of leadership behaviours and widely established in literature as the most predominant and researched theory on leadership. A number of studies found in literature that have used FRL Model includes: Perez, (2014), Casida & Parker, (2011), Negussie & Demissie, (2013), Magda, Hala & Naglaa, (2011), AbuAlRub & Alghamdi, (2012) and Morsiana, Bagnasco & Sasso, (2017).

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The FRL theory is relevant and appropriate for this study based on its wider and more detailed range of leadership factors which is likely to increase chances of tapping into the actual range of leadership behaviors exhibited by Nurse Managers' across different health organizational setting. However, the theory does not include participatory/democratic and autocratic leadership styles as the core constructs of the Full Range Leadership Model. Therefore, the researcher included these leadership styles as a way of expanding on the theory to fit the Ghanaian context in determining the relationship between leadership styles and turnover intention among nurses in District hospitals in Brong Ahafo Region.

Leadership styles of Nurse Managers' can influence nurses to move from one organization to another or even leave the nursing profession. Thus, transformational, transactional, laissez-faire, participatory/democratic and autocratic leadership styles can impact turnover intention. Again, nurses' demographic characteristics such as age, gender, work experience, and qualification can influence turnover intention.

Therefore, the major assumption of the conceptual framework for the study is that any one or the combination of the five leadership styles can predict turnover intention. Again, nurses' demographic characteristics can also predict turnover intention. Based on the aforementioned assumptions, the conceptual framework developed for this study constitutes three categories, which are Nurse Managers' leadership styles, demographic characteristics of nurses and turnover intention.

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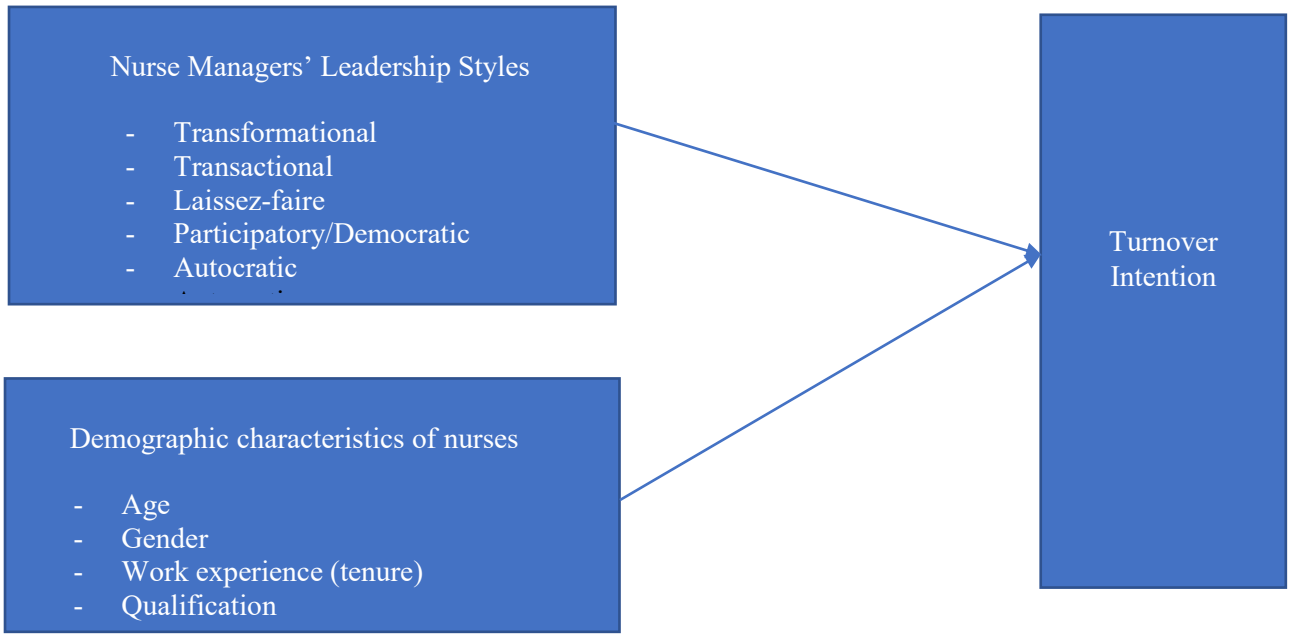
The conceptual framework used in the current study is presented in figure 2.1

Figure 2.1: Conceptual Framework for the study



2.2 Leadership Styles

This section presents the various leadership styles and turnover intention based on the framework for the study. It also covers Nurse Managers' leadership styles and related turnover intention. The demographic characteristics of nurses and related turnover intention are also presented in this section.

2.2.1 Transformational Leadership Style

Transformational leadership is the most favourable leadership style in recent day nursing that has captured the attention of individuals, according to Northhouse (2010; 2007). Again, Judge and Piccolo (2004), asserts that the transformational leadership style is the most

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recent and dynamic leadership behaviour found in literature. Yulk, (2010) defines transformational leadership skills as the process of changing and motivating staff by increasing innovative skills, building trust, and assisting them to achieve the objectives of the institution. Van Knippenberg and Sitkin, (2013) asserted that the process of transformational leadership is based on a close supervisory relationship which is expected to be the case in nursing whereby junior nurses are expected to practice under the mentorship of senior nurses. Transformational leadership is characterized by idealized influence (attribute and behaviour), inspirational motivation, intellectual stimulation and individual consideration (Doody & Doody, 2012). The positive relationship between transformational leadership and the behaviour of the followers is well documented in the literature. Two studies selected for this review looked at the transformational leadership styles employed by nurse leaders. One of the studies conducted by Olu-Abiodun and Abiodun, (2017) assessed the perception of 176 nurses who work in general hospitals in Ogun State. The findings of the study indicated that leaders who are perceived to have idealized influence, are generally unfailing in their words and deeds and aspire to do more and inspire their followers towards a common vision. A similar study was conducted by McGuire and Kennerly (2006) to explore the transformational leadership characteristics of Nurse Managers in relation to organizational commitment. The sample consists of 21 Chief Nursing Officers and 500 Registered Nurses in a not-for-profit hospital situated in the Midwest region of the United States. The findings of the study support the notion that transformational nurse leaders promote a higher sense of commitment in their followers and nurse executives who recruit and retain a committed workforce, bring a competitive advantage to their organizations, foster a healthier work environment, and gain a personal sense of accomplishment and success (McGuire and Kennerly, 2006). Transformational leadership style according to Kluger and Zaidel (2013)

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focuses on the development of employees as opposed to transactional leadership style, which is job-focused.

2.2.2 Transactional Leadership Style

Transactional leaders serve as a form of motivation to followers by offering some form of satisfaction based on needs such as salary on the job or other rewards in return for work effort (Sadler, 2003; Yulk, 2010). This behaviour most likely leads to subordinates producing the results that leaders expect. However, there is a possibility that subordinates fulfill leaders' requests because of the exchange or rewards offered by leaders, not because they are devoted to their jobs. With transactional leadership style, the leader usually involves the organization and pay team members in return for their effort and compliance. The leader has a right to punish team members if their work is not up to standard and this is done through creating clear structures, making work requirements clear and putting in place formal systems of discipline and punishment as Uzohue, Yaya and Akintayo (2016a) asserted.

Yulk (2010) argued that the exchange process is not likely to produce passion and commitment among followers but on the other hand Ivey and Kline, (2010) postulated that transactional leaders exchange things of value with followers to advance the requirement of both parties. Again, Northhouse (2007) reiterates that transactional leaders do not focus on an employees' personal development. As stated by Odumeru and Ifeanyi (2013), transactional-oriented leaders are more concerned with the accomplishment of goals and as a result of this concern they tend to be more passive.

A research by Edmund (2014) was to find out "the leadership behaviour of Nurse Managers through self-rating". The sample size consisted of 8 Nurse Managers, 4 nursing directors, and 258 staff nurses. Findings of Pearson correlation coefficient indicated a

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moderate correlation between transactional leadership style and outcomes: extra effort (*r*) = 60; effectiveness (*r*) = 70 and satisfaction (*r*) = 68 (Edmunds, 2014). Thus transactional style retards creativity and can adversely influence employees job satisfaction resulting in turnover intention (Zakeer, Nawaz & Khan, 2016).

Morsiani, Bagnasco, and Sasso (2017), investigated the impact of Nurse Managers' leadership styles with the use of the Multifactor Leadership Questionnaire (MLQ) and their influence on turnover intention. A mixed method approach was utilized with the phase 1 sample comprising of 87 staff nurses and phase 2 comprising of 3 focus groups (27 staff nurses). Results from the study revealed that Nurse Managers most likely adopted a transactional leadership style which is aimed at monitoring errors which had a negative impact on the intention of nurses to either stay or leave the organization.

2.2.3 Laissez-Faire Leadership Style

Laissez-faire, a French phrase for 'let it be' describes leaders who allow work without supervision and as such delegate responsibilities and avoid making decisions thereby giving complete freedom to employees to do their work and set their own deadlines (Chaudhry & Javed, 2012).

Findings of previous study by Hoel (2010) indicates that a laissez-faire style of leadership results in turnover intention among nurses. Negussie and Demissie (2013) also investigated the relationship between leadership styles of Nurse Managers and nurses' job satisfaction which can impact turnover intention using a sample of 186 nurses in Jimma University Specialized Hospital in Ethiopia. The study found that Laissez-Faire leadership style had either weak or negative relationship with both intrinsic and extrinsic job satisfaction. The main advantage of the laissez-faire leadership style is that it allows

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employees to become autonomous. However, though autonomy can lead to high job satisfaction and increase in productivity it can equally have a negative impact on an organization if employees do not have good time management qualities, or do not have the knowledge, skills, and motivation to do their work effectively. Ololube (2013) stated that Laissez-faire leadership style occurs when managers do not have sufficient control over their staff.

2.2.4 Autocratic Leadership Style

Autocratic leadership also known as authoritarian leadership encompasses controlling and coercive characteristics. Autocratic leaders pay no attention or very little attention to inputs from followers during decision making. These leaders take full control of the organization by enforcing rules that they make and see to it that these rules are obeyed without questioning authority. In actual fact, this kind of leadership style denies employee participation in the decision-making process. The denial means that employee suggestions are totally ignored.

It is clearly stated by Yukl (2010) that an autocratic leader makes decisions alone without direct or indirect contribution from others. However, Northouse (2016) argues that autocratic style should be used when followers are dogmatic and work in uncertain situations. Bass, (2011) on the other hand makes an assertion that autocratic leadership is known to take an abusive form and studies have shown that autocratic style decreases productivity and morale, and in turn increases turnover among employees. Consistent with this assertion, Lewin (2011) discovered in his experiments that the autocratic approach causes the worst level of discontent, low morale, bad feelings and revolution in healthcare situations. Nevertheless, in a state of emergency, when a quick decision is to be taken, there might not be time to consult employees, therefore this type of leadership is necessary and should work

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well. It might also work when employees, especially newly employed ones lack technical skills in working efficiently without supervision.

Futhermore, there is a perception in Ghana that Nurse Managers' style of leadership is one of hostility and 'lordship'. This assumption is supported by research findings revealed when a qualitative, explorative and descriptive design was employed in two hospitals in Ghana to explore the nature of leadership styles used by Nurse Managers' (Azaare & Gross, 2011).

2.2.5 Participatory/Democratic Leadership Style

Participatory leadership, also known as democratic leadership is defined by Somech, (2005) as a process of making joint decisions or sharing of ideas during decision making by the superior and his or her subordinates. Participatory leadership style is usually appreciated by the people, as this democracy concept implores and allows nurses to become involved in decisions regarding patient care delivery and cooperation with other health workers (Upenieks, 2003). With this leadership style, the leader retains the authority to make the final decision though some decision-making powers are given to employees.

The danger of participatory/democratic leadership style is the tendency for it to falter in a situation where speed or efficiency is essential (Amanchukwu, Stanley, Olubube, 2015a). Nevertheless, research by Northhouse (2016), goes to say that the democratic leadership style encourages followers to give ideas and opinions to leaders so as to integrate followers in the decision-making process.

Lewin's study (2011) found that participatory leadership is generally the most effective style of leadership although it may not be the ultimate choice in a situation where there is a wide range of opinions and there is no clear way of reaching an equitable final

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decision. It is, therefore, important according to Bass (2011) for employees to have access to required needed information which will empower them to make decisions. The participatory leadership style was reported to be very important by half of the respondents (51.7%) in a study conducted by Vesterinen, Suhonen, Isola, Paasivaara, and Laukkala (2013). Moreover, previous studies by Bass (2008) on democratic leadership reports lower absenteeism and employee turnover, and high productivity in an organization.

2.3 Turnover Intention

Research by Evans, and Huxley (2009) found that there is a relationship between leadership behaviours' within an organization and employee turnover intention. The quality of the relationship between employees and leaders is a factor for employees to either remain or leave the organization (Watson & Abzug, 2010).

Turnover among nurses remains a pressing issue in health care systems and a worrying global phenomenon which affects the quality of health service. There is increasing evidence of voluntary turnover having negative effects on nurses, patients and health care organizations in general as asserted by Hayes, et al. (2012).

According to Takase (2010), turnover intention is a complex process that arises from a negative psychological response to specific occupational or organizational circumstances and this response grows either into the decision to leave or unfolds into withdrawal behaviours' that may entail the voluntary abandonment of the current job or actions to gain seemingly better job opportunities.

Scholars have identified factors predisposing to turnover intention in nurses which are classified into two areas; the organizational and individual-related factors. Individual related factors are linked to the nurses' decision to leave their institution. These include age,

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academic qualifications, gender, marital status, work experiences, working status and being childless (Labrague et al. 2018). Organizational related factors in literature known to influence turnover intentions among nurses are attributed to the inadequacy of team support, professional effectiveness, and the perceived lack of care and concern from employers (O'Brein-Pallas et al. 2010).

As reported by Tummers, Groeneveld and Lankhaar, (2013), low job autonomy, lack of career development opportunities and a poor working climate are factors associated with turnover intention. Also, Al Hamwam et al. (2015) identify lack of recognition from the immediate supervisor by a subordinate, leadership styles, unethical climate, poor staffing levels, high nursing workloads, poor relationships with co-nurses and Nurse Managers and the presence of workplace bullying as strong predictors of turnover intention.

Turnover in an organization according to Bae, Mark and Fred (2010) can be explained under five categories as follows: a) Functional and dysfunctional turnover: Functional turnover is a turnover in which poor performers leave while dysfunctional turnover is a turnover in which good performers leave. b) Avoidable and unavoidable turnover: A turnover that happens in avoidable circumstances is called avoidable turnover, whereas a turnover that happens in unavoidable circumstances is called unavoidable turnover. c) Voluntary and involuntary turnover: Voluntary turnover is the turnover in which employee has his/her own choice to quit or instances of turnover initiated at the choice of employees whereas involuntary turnover is one in which employees have no choice in their termination such as sickness, death, moving abroad or employer's initiated termination. d) Internal and external turnover: Internal turnover happens when employees leave their current position upon getting a new position within the same organization. It is related with the internal recruitment where organizations fill the vacant position by their employee or recruit within

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the organization. e) Skilled and unskilled turnover: Untrained, uneducated and unskilled positions often face high turnover rate. On the other hand, skilled and educated positions may create a risk to the organization when such employees leave. Therefore turnover for skilled and educated professionals incur replacement costs as well as a competitive disadvantage in the organization.

Furthermore, predictors of turnover according to Moyinhan and Pandey (2008) can be divided into three main factors. These are as follows: a) External environmental factors such as economic conditions; and poor work environment; b) Individual factors such as age, length of service in the organization, gender, family responsibilities, educational qualification, and sex; c) Organizational factors such as policies and practices, supportive management, organizational culture and supportive human resource policies.

2.4 Nurse Managers Leadership styles and related turnover intention

It is established in the literature that different leadership styles by Nurse Managers' can have significant direct as well as indirect influences on different individual and organizational outcomes. Perez (2014) identified several studies that used one construct or a combination of constructs of leadership styles or behaviours' and turnover intention.

The World Health Organization identifies this era as one where current healthcare delivery is facing a nursing shortage (WHO, 2013). According to Raiz and Haider, (2010), leaders in any organization are expected to carry out tasks with limited resources to the maximum level in order to maintain the competitive edge and to sustain profitability position of the organization. Nurses are hard and costly to replace as stated by Gess, Manojlovich & Warner, (2008) and high turnover has a direct impact on the work environment due to workforce shortages and the loss of experienced nurses according to Buffington (2012). It is

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therefore imperative that Nurse Managers adopt effective leadership styles which can promote workplace empowerment, organizational commitment and decrease turnover intention among nurses in hospital settings (Efere, 2003). Moreover, insufficient staffing levels can compromise patient safety (Aiken et al. 2014) and affects quality care (Stalpers, 2015). Thus, it is expected that the leadership behaviours of Nurse Managers should attract nurses to continue working in the facility.

Research conducted by Casida and Parker (2011) investigated leadership styles and its outcome using an exploratory correlational design with a sample of 278 nurses from four hospitals in the North Eastern United States. Participants were asked to rate the leadership style of 37 Nurse Managers using the Multifactor Leadership Questionnaire Form 5x Short. Data were analyzed using descriptive and inferential statistical methods. The study found that Nurse Managers' fairly often displayed leadership styles that were consistent with transformational leadership and contingent – reward leadership, as shown by MLQ mean scores of >2.6 (out of 4.0). Findings of the research revealed that transformational leadership has a positive, strong and significant correlation with leadership outcome: extra effort, satisfaction, and effectiveness. Conversely, the strength of positive and significant correlations between transactional leadership and leadership outcome was weak. However, a sub factor of transactional leadership style; contingent reward positively and significantly correlated with leadership outcomes and there were negative and strong correlations among management by exception (passive) which is a transactional leadership trait. The study supports and expands the knowledge of the frequent utilization of transformational leadership over transactional behaviours' by Nurse Managers' (Casida & Parker, 2011).

In another research, Negussie and Demissie (2013) investigated the "relationship between leadership styles of Nurse Managers and nurses' job satisfaction" with the view that

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satisfied nurses are more likely to stay not only in the profession but also in the healthcare organization which they are satisfied with (Abualrub & Alghamdimg, 2012). The result from the study of 186 nurses working in Jimma University Specialized Hospital in Ethiopia revealed that nurses tended to be more satisfied with the transformational leadership style than transactional leadership style.

This implies that a transformational leadership style promotes job satisfaction of nurses which leads to improved performance and goes a long way to reduce turnover of nurses. Multiple regression analysis results revealed that except contingent reward, other dimensions of transactional leadership styles had either weak or negative relationship with both intrinsic and extrinsic job satisfaction (Negussie & Demissie, 2013).

A descriptive, correlational study conducted in a teaching and research hospital in the South Eastern United States examined the relationship between the Nurse Managers leadership style and how each style impacts the nursing staff's intention to turnover (Perez, 2014). The study used a convenience sample of 32 Nurse Managers using the Multifactor Leadership Questionnaire (MLQ-5x) by Bass and Avolio. The result of the study revealed that behaviours' that comprise transformational leadership led to increased employee satisfaction, higher levels of engagement, and decreased staff turnover. However, according to Perez (2014), a correlation between the identified leadership style and the intent to turnover score did not reveal a significant difference. The current study sought to determine the statistically significant relationship that has been identified to exist between leadership styles and their impact on turnover intention.

On a similar note, Magda et al. (2011) investigated the relationship between management styles and nurses' retention in private hospitals. The sample consisted of 228

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nurses working in three selected private hospitals at Alexandria governorate. Findings revealed that the reasons for quitting among nurses can be classified into obligatory and non-obligatory reasons. It is apparent that the management styles of Nurse Managers can influence non-obligatory reasons for quitting. More than one-third of the respondents who had quit from hospitals specifically reported that their Managers used exploitive/authoritative management style (Magda, et al. 2011). This support the studies by Anthony (2004) and Duffield and Roche (2011) that management styles used by the Nurse Managers have an impact on reasons for quitting among staff nurses.

2.5 Demographic characteristics of Nurses' and related turnover intention

According to WHO (2011), nurses are the largest health professional group within the global healthcare system with a total of 19.3 million nursing and midwifery personnel around the world.

Quite a number of studies have examined the effect of demographic characteristics such as age, gender, qualification and work experience on nurses' intention to leave their organizations. In Israel, a national phone survey was undertaken which included a random sampling of registered nurses of working age in order to find out predicting factors of the turnover rate from the hospital setting to the community. Results indicated that young age, part-time work, lack of advanced professional education, academic education and low satisfaction with the nursing profession predict turnover intention (Toren, Zelker, Lipschuetz, Riba, Reicher & Nirel, 2012).

A similar study also revealed that socio-demographic variables are related to nurses' turnover. Nurses with the relatively high level of education have a greater tendency to leave their workplace for another facility or organization that enables professional

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development and advancement (Garrosa, Moreno-Jimenez, Liang, & Gonzalez, 2008) as compared to their colleagues with low educational background. In contrast, another study conducted in Israel reported that nurses with advanced clinical training tend to remain in the profession and to stay longer in their area of practice (Toren, Kerzman, Kagan (2011).

Research finding suggests a higher level of turnover intention among specific age groups such as 25 years to 44 years according to Moon et al. (2009) and 30 years to 44 years as stated by Estryn et al. (2007). Another research conducted by Mrayyan (2008), examined the predictors of nurses' intent to stay in Jordanian hospitals and the result found a positive correlation between the age of nurses and their intent to stay ($p < 0.00$).

Similarly, a study on the role of demographic variables in predicting turnover intention among registered nurses in Nigerian public hospitals by Abubakar et al. (2014), suggested that younger nurses are more likely to leave their organization or the profession than their older colleagues. Contrary to this, an inverse relationship was found between age, tenure, and turnover in another study. Again, older nurses, with more professional experience, tend to leave their organization less frequently (Eley et al. 2007; Simon et al. 2008).

The study by Ayalew et al. (2015) considered the factors which are predictors of turnover intention among nurses. Their study took place in Ethiopia where they randomly sampled 425 nurses at 122 facilities. Survey respondents rated the importance of 20 items in decisions to leave their jobs and reported whether they intended to leave their jobs in the next year. Data collected were analyzed using descriptive and inferential statistics to identify predictors of nurses' intentions to leave their jobs. Three significant predictors of turnover intentions among nurses were identified in the multivariate analysis: work experience,

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educational qualifications, and opportunities for professional development. Contrary to this finding, a study conducted in Malaysia revealed that age and educational level are not significant contributors to turnover intention (Omar, Anuar, Ahmed, Ismail & Din, 2015). This current study aims at determining significant predictors of turnover intention.

2.6 Summary

A number of studies in this review confirmed that transformational and participative leadership styles are the most effective leadership styles, as they tend to bring about positive outcomes such as increased job satisfaction and decreased staff turnover intention (Perez, 2014). Although this may be true, these studies were conducted mostly in the context of developed countries with advanced healthcare systems where autocratic and laissez-faire leadership styles are less practiced.

Bass et al. (2003) argued that adaptive leaders lead more effectively in a rapidly changing environment as they are more able to select an appropriate response to the challenge besides choosing a specific leadership style. The idea is that leadership behaviour is not static but evolving and that there is no specific leadership style that suits all situations and all contexts. Thus, effective leaders behave differently depending on the situation at hand. The effect leadership style may have on the desired outcome depends on the situation and the response of the leader as contended by Peus et al. (2013).

The literature reviewed revealed few studies conducted in Africa that investigated aspects of leadership styles that determines the style(s) best suited for District hospitals. This brings out a gap in literature given that leadership practices impact turnover intention. Moreover, other studies evaluated nursing leadership styles through self-reports by Nurse Managers (AbuAlRub, 2012; Anthony et al., 2005; Rad & Yarmohammadian, 2006). Self-

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reported studies, although may carry some amount of accuracy have always harboured an inherent tendency for being biased. Therefore, to investigate the leadership styles of Nurse Managers, it should be from the perspective of their followers as proposed by Yoda-Wise, (2003).

Studies also propose that a better understanding of nurses' turnover, costs, and interventions needed to ease nursing shortages would ultimately lead to the increased organizational capacity for the delivery of nursing services. This is mainly due to the fact that when nursing staff leaves an organization, a void is created that cannot be easily filled. Therefore, turnover results in an implication of lost clinical experiences that needs to be re-acquired. Perez, (2014) stated that the cost of recruiting, hiring and staff replacement, as well as the cost of orienting a newly hired nurse, can rather be used for staff development. Consequently, retention of nurses is critical to the success of attaining organizational efficiency and high productivity.

This current study seeks to investigate leadership styles used by Nurse Managers in the Unit/Department. Again, the study seeks to investigate the significant relationship between leadership styles and turnover intention. In addition, the study investigated the significant relationship between nurses' demographic characteristics and turnover intention. This study further seeks to determine predictors of turnover intention in the Brong Ahafo Region of Ghana.

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Based on the discussed literature the following hypotheses were tested:

H_1: There would be a significant relationship between Nurse Managers' Leadership styles and turnover intention.

H_2: There would be a significant relationship between nurses' demographic characteristics and turnover intention.

H_3: Leadership styles will significantly predict turnover intention.

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CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter provides the research method and design employed to describe and determine the leadership styles of Nurse Managers at the Unit Level and how this style impacts turnover intention among nurses'.

The chapter also elaborates on the technique for sampling respondents, tools for data collection, data collection procedure, data management, ethical consideration and data analytical strategy.

3.1 Research Design

A quantitative approach using a cross-sectional survey design was employed to study two hundred and fifty (250) nurses in four District hospitals and one Regional hospital in the Brong Ahafo Region of Ghana. The quantitative approach used for this study arises from the fact that human phenomena can be studied objectively using statistical, mathematical or computational techniques. Thus, the researcher is unbiased but rather objective in ensuring that, the data collected is accurate and findings are valid (McLiesh, Rasmussen & Schultz, 2018). Moreover, the value of this methodology explains and answers hypothetical questions about the effectiveness of a particular practice or intervention (Taylor, Richardson-Tench, Kermonde & Roberts, 2014).

The quantitative approach using the cross-sectional research design was chosen because it offered the researcher the opportunity to access primary data and the ability to analyze data and explain the predictors of the phenomenon under study at only one point in time. This method was relatively easier to handle and offered the researcher an original data adequate for generalization to the population of interest and to make conclusive suggestions

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about leadership styles used by Nurse Managers at the Unit level and their impact on nurses' turnover intention.

3.2 Research Setting

The study was conducted in five (5) convenience distinctively selected hospitals from among the fourteen (14) government and mission hospitals in the Brong Ahafo Region of Ghana. The selection includes primary, secondary, tertiary, government and mission hospitals with the existence of all categories of nurses and midwives.

The first hospital has a mission background and serves as a District hospital for Jaman South in Brong Ahafo Region. The hospital aims at promoting, rehabilitating and maintaining the health of people within the District and beyond and has a bed capacity of one hundred and sixteen (116) with fifty (50) employed nurses and midwives at the time of the study. The hospital provides services that cover General Medical care, Maternal and Child Health, Eye care services, Theatre services, Laboratory and Pharmacy services. This hospital is included in the study because it is a primary and medium-size mission hospital located in a relatively semi-urban area.

The second hospital is located in a peri-urban town. It is included in this study because it is the first and the largest hospital in the Municipality with a bed capacity of one hundred and eighty (180) and a workforce of eighty-nine (89) nurses and midwives at the time of the study. The hospital is best known for providing holistic, affordable and quality general and specialized health care services to all people regardless of their ethnicity, religion, gender, age, and nationality.

The third hospital is a relatively small Primary Health Care government hospital serving the Tano South District. It is included in this study because it is the only Ghana

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Health Service facility in the Tano South District in the Brong Ahafo Region. The facility has the following as its core values: people-centeredness, professionalism, teamwork, innovation and excellence, integrity and discipline. It has a bed capacity of seventy (70) and sixty-five (65) employed nurses and midwives at the time of the study. The hospital provides basic services which include General outpatient consultation, General inpatient care, Emergency medical care, Basic diagnostic services, Surgical interventions, Eye care, and Pharmaceutical services.

The fourth hospital is a Municipal hospital which is close to the border of Ivory Coast. The hospital has a vision of becoming the first and preferred choice in the Municipality. It serves as a referral hospital for neighbouring towns and villages. It has a bed capacity of one hundred and eighty (180) and seventy-nine (79) nurses and midwives at the time of the study. Main services provided by the hospital include General medicine, Paediatric nursing, Obstetrics/Gynaecology nursing, General surgery, Eye care, Pharmacy and Laboratory services. This hospital was selected for the study because it is the largest and only secondary care facility in Dormaa-Ahenkro municipality.

The fifth hospital is a Regional hospital, managed by Ghana Health Service. It is an ultramodern hospital with the state of art medical equipment and diagnostic facilities and services. It serves as a referral hospital in the Brong Ahafo Region with a bed capacity of three hundred and fifty (350) and two hundred and seventy-two (272) nurses and midwives at the time of the study. The Regional hospital was included in the study because it is the only Regional and referral hospital in the Brong Ahafo region.

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3.3 Target Population

The target population were clinical nurses/midwives working in the nursing Units/Departments of the selected hospitals in the Brong Ahafo Region.

3.4 Inclusion Criteria

The inclusion criteria were professional nurses/midwives registered with the Nursing and Midwifery Council of Ghana who have worked for at least six months in selected hospitals under the direct supervision of a Nurse Manager.

3.5 Exclusion Criteria

Professional nurses and midwives on internship were excluded. Nurse Managers, student nurses, Administrative staff and non-clinical staff did not take part in the study.

3.6 Sample Size

The five (5) hospitals have a total of 555 nurses and midwives (Hospital Annual Report, 2017). Using the total population of nurses and midwives in selected hospitals, the sample size was calculated using the following formula: (Yamane, 1967)

n = N/1+ N (e) 2

Where: N = population

1 = is the constant

e = alpha level or significance level

n = required sample size

Thus: **n = 555/1+555(0.05)2 = 232**

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The sample size was calculated to be approximately 232 respondents. Additional 10% was added to make room for non-responses and attrition. Thus, the sample size for each selected hospital was: 29 for the first hospital, 66 for the second hospital, 25 for the third hospital, 29 for the fourth hospital and a sample size of 101 for the fifth hospital. Therefore, the sample size for the study was 250.

3.7 Sampling technique

Quota sampling technique was employed by the researcher to recruit participants for the study. Quota sampling is an extension to convenience sampling whereby respondents are selected in proportions based on the population and not in a random manner (Leedy & Ormrod, 2010). The population for the study was divided into relevant subgroups thus, five selected hospitals in the Brong Ahafo Region. A nominal roll of nurses and midwives who met inclusion criteria for the study was obtained and calculated proportional quota was allocated to each hospital based on their nursing and midwifery population. Participants from each hospital were conveniently selected to take part in the study until the calculated quotas were filled making sure that the sample size is representative of the entire population. This technique was cost-effective and appropriate considering the timing for data collection.

3.8 Tools for Data collection

A modified instrument was utilized to suit the objectives of this study. The questionnaire, categorized into six sections comprise of four independent scales which assessed the constructs in the hypothesized model.

Section 1 collected socio-demographic data on respondents and Section 2 collected data on socio-demographic characteristics of the Nurse Manager. Section 3 contained a modified version of the Multifactor Leadership Questionnaire (MLQ 5x-short) to measure

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multidimensional nursing leadership styles on a five (5) Likert frequency scale ranging from 'Not at all' to 'All the time'. The MLQ is the standard instrument for assessing a range of leadership styles with its effectiveness proven in a number of settings and countries around the world (Judge & Piccolo, 2004). The modification of the questionnaire for this study was mainly the use of the term 'Nurse Manager' to fit the topic of interest. Again, the outcome factors: extra effort; leader effectiveness; and employee satisfaction are not included in this questionnaire, given that the study is interested in turnover intention.

The validity of the instrument is measured by Pearson Product Moment coefficient and reliability is measured by the formula for Cronbach-Alpha (Polit & Beck, 2013). The MLQ developed by Bass and Avolio has been tested for reliability and validity on several occasions and used in more than 200 theses and doctoral dissertations. Previous reliability established for the MLQ 5x-Short questionnaire with Cronbach's alpha coefficient ranged from 0.74 to 0.94 while the validity ratings for the items on the scale ranged from (r) = 0.79 for transformational leadership styles, (r) = 0.56 transactional leadership styles, and (r) = 0.84 for laissez-faire leadership style (Bass & Avolio, 2004).

To ensure the reliability of the instrument used for this study, the researcher pre-tested the questionnaire in a hospital in the Brong Ahafo Region using 10 % of the total sample size. The Cronbach's alpha coefficient calculated for the test items to ensure internal consistency yielded 0.90 which implies that each subscale used in the questionnaire has acceptable internal consistency and thus reliable. However, the MLQ questionnaire failed to include the participative and autocratic leadership items. Therefore, the researcher conceptualized the constructs for this study and developed a new scale on participatory and autocratic leadership styles based on extensive review of the literature. The prepared questionnaire contained a ten

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(10) item participative leadership style on a five (5) Likert frequency scale in Section 4 and ten (10) items on autocratic leadership on a five (5) Likert frequency scale in Section 5.

To ensure validity and reliability, the questionnaire was scrutinized by peers and supervisors to reflect objectives of the study and given to two nurses for feedback of their understanding of the questionnaire. The Cronbach alpha coefficient for the newly developed scales is 0.91 for participative leadership scale and 0.82 for autocratic leadership scale.

Section 6 measured turnover intention with a ten (10) item 4-point Likert scale ranging from 'strongly disagree' to 'strongly agree' to elicit the turnover intention of nurses. Turnover intention scale (TIS-6), developed by (Roodt, 2004) was modified by including items such as 'I have the free will to take personal decisions affecting my work in this hospital'; 'I feel secure working in this hospital'; 'I am not satisfied with my job'. The TIS-6 can be used as a reliable and valid measure in research to assess turnover intentions (Bothma & Roodt, 2013). Previous reliability in literature yielded a Cronbach alpha coefficient of 0.91 (Jacobs, 2005; Martin & Roodt, 2008; Martin, 2007) and 0.80 (Bothma & Roodt, 2013). The Cronbach alpha coefficient of turnover intention scale for this study yielded 0.82.

3.9 Procedure for data collection

To investigate Nurse Managers' leadership styles and its influence on nurses' intention to leave the organization, quantitative data was collected through the use of a questionnaire from January 12th to March 12^{th,} 2018. Two hundred and fifty questionnaires (250) were distributed and all returned giving a response rate of 100%.

Prior to data collection, a copy of the ethical clearance certificate obtained from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (NMIMR) was sent to each of the selected hospitals and permission was granted before data

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collection. An introductory letter from the school of Nursing and Midwifery, University of Ghana was also presented to the Administrative Heads of the selected hospitals for permission to undertake the study. The researcher recruited one nurse from each selected hospital for the study and trained them on how to collect data. The five nurses were given detailed background information about the study and they assisted the researcher with data collection throughout the time frame.

Detailed information concerning the study was made available to participants to gain their consent. A consent form was directly given to participants by either the researcher or the research assistants to sign allowing them to take a personal decision whether to take part in the study or not. The signing of the consent form by participants was followed by distribution of questionnaire for participants to answer and return as soon as it was completed. Thus, questionnaire distribution was done on a daily basis until a total of 250 participants were conveniently attained. The researcher continuously visited the hospitals and consistently contacted research assistants throughout data collection. This was to ensure a smooth and successful process.

3.10 Data management

To ensure data quality, standardized questionnaire with moderate modification to fit the context of the study was used and the researcher ensured that all questionnaires distributed were returned as soon as it was completed. Data acquired from the pre-test were used to estimate the coefficient of reliability, thus, the Cronbach's alpha. However, the result from the piloted questionnaire was not added to the study.

Data collected by researcher and trained research assistants were scrutinized carefully for completeness and consistency of responses. This approach aided in ensuring

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that questions were not left unanswered and that respondents answered questions with clarity. Editing and verification were done to minimize error and data were coded manually before entry and analysis with appropriate backup storage. Data management increase research efficiency, adds to the authenticity of data, ensures confidentiality and allows research continuity through secondary data use (Surkis & Read, 2015).

3.11 Ethical Consideration

Polit and Beck (2005) 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 the anonymity of the participants and their protection against any physical and psychological harm.

In view of this, Ethical clearance was sought from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (NMIMR) and permission was obtained from Administrative Heads of selected hospitals with an introductory letter from the school of Nursing and Midwifery, University of Ghana. An information sheet was prepared to clearly and adequately inform participants of the research topic. The purpose and objectives of the study, stating the confidentiality of their information as well as the anonymity of their identity were clearly stated. Furthermore, they were informed that research findings will be reported without using names. Ethical considerations such as respect for the lives of participants and protection from harm were ensured. Finally, a consent form was provided to be signed prior to participation and participants were informed about their right to participate or not.

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3.12 Data analytic strategy

A software tool option for data analysis is SPSS (Brezavscek, Sparl, and Znidarsic, 2014). Therefore, the Statistical Package for IBM Social Sciences (SPSS) version 22.00 was used to analyze data. The questionnaire was carefully coded and descriptive statistics presented in the form of percentages, mean and standard deviation to summarise data.

Inferential statistics such as Pearson Moment Correlation was used to examine the relationship between leadership styles and turnover intention. The Pearson correlation analysis is appropriate for determining the relationship between one variable and another (Chen, 2015). The variables of interest are assumed to be linearly related and the level of measurement was on an interval scale.

Multiple Regression analysis was utilized to determine the relationship between nurses' demographic characteristics and turnover intention and also to test the predictive power of the independent variables (leadership styles, demographic characteristics of a nurse) on the dependent variable (turnover intention). Multiple linear regression analysis is appropriate for the examination of the correlation between multiple predictor variables and a dependent variable (Chen, Li, Wu, & Liang, 2014; Field, 2013; Nathans, Oswald & Nimon, 2012). A (p) value of <0.05 was used to determine the level of statistical significance.

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CHAPTER FOUR
FINDINGS

4.0 Introduction

This chapter presents the analysis of Nurse Managers' leadership styles and turnover intention among nurses. The chapter is divided into sections and the first section reports the demographic characteristics of participants and Nurse Managers'. The rest of the sections present the results according to the objectives of the study.

4.1 Socio-Demographic data of participants

The mean age of the participants was 29.89 (*SD* = 5.62) years with a modal age of 28 years. Most of the participants (74.4%, *n* = 186) were females while only 21.3% (*n* = 86) were males. Participants in the staff nurse or midwifery grade constituted the majority (42.8%, *n* = 107) while those in the senior staff grade (SSN/SMO) constituted only 2.4% (*n* = 6) of the sample (*n* = 250). In addition, the majority of the participants 18.4% (*n* = 46) worked in the medical wards while only 2.8% (*n* = 7) worked in the labour wards. Furthermore, participants who have worked with their managers ranging from one to two years constituted the highest 42.8%, (*n* = 107).

Details of the demographic characteristics of participants are presented in Table 4.1.

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Table 4.1: Socio-Demographic data of Participants

Variables	Frequency (n)	Percentage (%)	Mean	St. Dev.
Type of Hospital				
Regional	101	40.4		
District	149	59.6		
Total	250	100		
Age of Respondents			29.89	5.62
20-29years	141	56.4		
30-39years	97	38.8		
40-49years	6	2.4		
50-59years	6	2.4		
Total	250	100		
Gender				
Male	64	25.6		
Female	186	74.4		
Total	250	100		
Department / Unit				
Emergency	33	13.2		
Maternity	20	8		
Labour Ward	7	2.8		
Surgical	28	11.2		
Medical	46	18.4		
Paediatric	30	12		
Theatre	10	4		
OPD	17	6.8		
Specialized unit	16	6.4		
Others	43	17.2		
Professional Rank				
Staff Nurse or Midwife	107	42.8	1.58	1.55
Senior Staff Nurse or Midwife	46	18.4		
NO/MO	32	12.8		
SNO/SMO	6	2.4		
PNO/PMO	9	3.6		
Enrolled Nurse	41	16.4		
Community Health Nurse	7	2.8		
Duration of work with NM's				
Less than a year	95	38.0		
1-2years	107	42.8		
2-4years	36	14.4		
4-6years	7	2.8		
6-8years	2	0.8		
8-10years	3	1.2		
Total	250	100.0		

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4.2 Socio-demographic data of Nurse Managers

Table 4.2 presents the demographic characteristics of Nurse Managers as inferred from the nurses. Nurse Managers' demographic characteristics include gender, professional rank, academic qualification, age and years of leadership experience. The mean age of Nurse Managers was 40.92 (*SD* = 8.95) years, with a modal age of 34 years. One hundred and eighty-five nurses 74% (*n* = 185) claimed their Nurse Managers were females which form the majority while male Nurse Managers were 26% (*n* = 65) which forms the minority.

Out of the two hundred and fifty respondents, 64.8% (*n* = 162) of the respondents said their Nurse Manager's highest qualification was a First Degree while 2.4% (*n* = 6) of their Nurse Managers' had Master's Degree. Again, participants were asked whether their Nurse Managers had received training in management. The majority of the participants (77.1%, *n* = 192) claimed their Nurse Manager had received training in management while 27 (8.4%) did not know whether their Nurse Managers have received managerial training or not. Only 14.5%, (*n* = 36) said their Nurse Managers had not received managerial training.

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Table 4.2: Socio-Demographic data of Nurse Managers

Variables	Frequency	Percentage (%)	Mean	St. Dev.
Age			40.92	8.95
20-29years	9	3.6		
30-39years	114	45.6		
40-49years	82	32.8		
50-59years	35	14		
60years	10	4		
Total	250	100		
Gender				
Male	65	26		
Female	185	74		
Total	250	100		
Rank				
Staff Nurse or Midwife	9	3.6		
Senior Staff Nurse	26	10.4		
NO/MO	59	23.6		
SNO/SMO	79	31.6		
PNO/PMO	73	29.2		
Enrolled Nurse	4	1.6		
Total	250	100		
Qualification				
Certificate	29	11.6		
Diploma	42	16.8		
Advanced Diploma	11	4.4		
First Degree	162	64.8		
Masters	6	2.4		
Total	250	100		
Training				
Yes	192	77.1		
No	36	14.5		
I don’t know	27	8.4		
Total	250	100		

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4.3 Nurse Managers' Leadership Styles

The Nurse Managers' Leadership styles are divided into five categories: Transformational, Transactional, Laisser-Faire, Participative and Autocratic leadership styles.

4.3.1 Transformational Leadership styles

Transformation leadership style consists of idealized attributes, idealized behavior, inspirational motivation, intellectual stimulation, and individual consideration. The results of the components of transformational leadership style are presented in Table 4.3

With reference to idealized attributes leadership behaviour, the Nurse Manager display a sense of power and confidence had the highest mean score (M = 4.06, SD = 1.09) while the Nurse Manager instill pride in me for being associated with him/her had the lowest mean score (M = 3.06; SD = 1.44). The overall mean score was 3.71 with a standard deviation of 0.92

For idealized behavior, the Nurse Manager who considers the moral and ethical consequences of decisions had the highest mean score (M = 3.91, SD = 1.15) while the Nurse Manager who talks about her most important values and beliefs had the lowest mean score (M = 3.20, SD = 1.21)**.** The overall mean score was 3.66 and a standard deviation of 0.899

In the case of inspirational motivation, the Nurse Manager who talks enthusiastically about what needs to be accomplished had the highest mean score (M = 3.90, SD = 1.15) while the Nurse Manager articulates a compelling vision of the future had the lowest mean score (M = 3.63, SD = 1.13). The overall mean was 3.81 and a standard deviation of 0.99

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Considering intellectual stimulation, the Nurse Manager who suggests new ways of looking at how to complete assignments had the highest mean score (M = 3.78, SD = 1.21) while the Nurse Manager gets me to look at problems from many different angles had the lowest mean score (M = 3.55, SD = 1.11). The overall mean was 3.65 and the standard deviation was 0.96

Furthermore, the study examined individual consideration. The Nurse Manager spends time teaching and coaching had the highest mean (M = 3.90, SD = 1.18) while the Nurse Manager considers me as having different needs, abilities and aspirations from others had the lowest mean score (M = 3.22, SD = 1.36) The overall mean was 3.54 and with standard deviation of 1.00

Details of the analysis are presented in Table 4.3

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Table 4.3: Transformational Leadership Styles

Transformational Leadership Styles	Min	Max	Mean	S. Dev
Idealized Attributes (Overall Score)	**1.00**	**5.00**	**3.71**	**0.92**
The Nurse Manager instill pride in me for being associated with her/him	1	5	3.06	1.44
The Nurse Manager goes beyond self-interest for the good of the group	1	5	3.7	1.27
The Nurse Manager acts in ways that build my respect for her/him	1	5	4.02	1.08
The Nurse Manager displays a sense of power and confidence	1	5	4.06	1.09
Idealized Behaviour (Overall Score)	**1.00**	**5.00**	**3.67**	**0.90**
The Nurse Manager talks about her most important values and beliefs	1	5	3.20	1.21
The Nurse Manager specifies the importance of having a strong sense of purpose	1	5	3.74	1.08
The Nurse Manager considers the moral and ethical consequences of decisions	1	5	3.91	1.15
The Nurse Manager emphasizes the importance of having a collective sense of mission	1	5	3.82	1.16
Inspirational Motivation (Overall Score)	**1.00**	**5.00**	**3.81**	**0.99**
The Nurse Manager talks optimistically about the future	1	5	3.74	1.15
The Nurse Manager talks enthusiastically about what needs to be accomplished	1	5	3.90	1.15
The Nurse Manager articulates a compelling vision of the future	1	5	3.63	1.13
The Nurse Manager expresses confidence that goals will be achieved	1	5	3.96	1.15
Intellectual Stimulation (Overall Score)	**1.00**	**5.00**	**3.65**	**0.96**
The Nurse Manager re-examines critical assumptions to question whether they are appropriate	1	5	3.58	1.16
The Nurse Manager seeks differing perspectives when solving problems	1	5	3.67	1.14
The Nurse Manager gets me to look at problems from many different angles	1	5	3.55	1.11
The Nurse Manager suggests new ways of looking at how to complete assignments	1	5	3.78	1.21
Individual Consideration (Overall Score)	**1.00**	**5.00**	**3.54**	**1.00**
The Nurse Manager spends time teaching and coaching	1	5	3.90	1.18
The Nurse Manager treats me as an individual rather than just as a member of the group	1	5	3.34	1.38
The Nurse Manager considers me as having different needs, abilities, and aspirations from others	1	5	3.22	1.36
The Nurse Manager helps me to develop my strengths	1	5	3.68	1.27

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4.3.2 Mean ranking of Transformational Leadership Styles

Table 4.4 presents the mean ranking of the five components of transformational leadership style from ascending order. The results show that inspirational motivation had the highest mean score of 3.81 (*SD* = 0.99), followed by idealized attributes with a mean score of 3.71 (*SD* = 0.92). In addition, Idealized behavior had an overall mean score of 3.67 (*SD* = 0.90) and intellectual stimulation had a mean score of 3.65 (*SD* = 0.96). The least mean score is 3.54 (*SD* = 1.00) for individual consideration. The overall mean score for the transformational leadership style was 3.68 (SD=0.80). This result indicates that transformational leadership style is mostly practiced by Nurse Managers who work in the Unit/Department.

Table 4.4: Mean ranking of Transformational Leadership Styles

Transformational Leadership	Mean	St. Dev
Inspirational Motivation	3.81	0.99
Idealized Attributes	3.71	0.92
Idealized Behaviour	3.67	0.90
Intellectual Stimulation	3.65	0.96
Individual Consideration	3.54	1.00
Overall	**3.68**	**0.80**

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4.3.2 Transactional Leadership styles

Transactional leadership style was divided into Contingent Reward, management by exception -active and management by exception – passive leadership behaviors.

Table 4.5; indicates that the overall mean score for contingent reward was 3.44 (*SD* = 0.96). The Nurse Managers expresses satisfaction when I meet expectation had the highest mean score (*M* = 3.83, *SD* = 1.25) while the Nurse Manager provides me with assistance in exchange for my work had the lowest mean score (*M* = 3.14, *SD* = 1.37).

The overall mean score for Management by Exception – Active was 3.26 (*SD* = 1.11). The Nurse Manager focuses attention on irregularities, mistakes, exceptions, and deviation from standard had the highest mean score (*M* = 3.45, *SD* = 1.33) while the Nurse Manager concentrates her attention on mistakes, complaints and failures had the lowest mean score (*M* = 3.10, *SD* = 1.33).

The overall mean for Management by Exception - Passive was 2.03 (*SD* = 1.15). The Nurse Manager shows a firm belief in "if it is not broken, don't fix it" had the highest mean score (*M* = 2.13, *SD* = 1.34) while the Nurse Manager waits for things to go wrong before taking action had the lowest mean score (*M* = 2.00, *SD* = 1.33).

Details of the analysis are shown in Table 4.5

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Table 4.5: Transactional Leadership Styles

	Min	Max	Mean	SD
Contingent Reward (Overall Score)	**1.00**	**5.00**	**3.44**	**0.96**
The Nurse Manager provides me with assistance in exchange for my work	1	5	3.14	1.37
The Nurse Manager discusses in specific terms who is responsible for achieving performance targets	1	5	3.36	1.20
The Nurse Manager makes it clear what I can expect to receive when performance goals are achieved	1	5	3.44	1.25
The Nurse Manager expresses satisfaction when I meet expectations	1	5	3.83	1.25
Management by Exception: Active (Overall Score)	**1.00**	**5.00**	**3.26**	**1.11**
The Nurse Manager focuses attention on irregularities, mistakes, exceptions, and deviations from standards	1	5	3.45	1.33
The Nurse Manager concentrates her attention on mistakes, complaints, and failures	1	5	3.10	1.33
The Nurse Manager keeps track of all mistakes	1	5	3.21	1.27
The Nurse Manager directs her attention toward failures to meet standards	1	5	3.27	1.34
Management by Exception: Passive (Overall Score)	**1.00**	**5.00**	**2.03**	**1.15**
The Nurse Manager fails to interfere until problems become serious	1	5	2.11	1.32
The Nurse Manager waits for things to go wrong before taking action	1	5	2.00	1.33
The Nurse Manager shows a firm belief in “if it is not broken, don’t fix it”	1	5	2.13	1.34
The Nurse Manager demonstrates that problems must become chronic before taking action	1	5	1.89	1.31

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4.3.2.1 Mean Ranking of Transactional Leadership Styles

Table 4.6 presents the results of the three transactional leadership styles used by Nurse Managers in the Unit/Department in ascending order. Contingent Reward shows the highest mean score of 3.44 (*SD* = 0.96). This implies that the contingent reward behavior is practiced by Nurse Managers in the Unit.

Management by Exception – Active is also moderately used by Nurse Managers in the Unit with mean score (*M* = 3.26, *SD* = 1.11). Management by Exception - Passive with mean score (*M* = 2.03, *SD* = 1.15) is also occasionally practiced by Nurse Managers in the Unit/Department.

The overall mean score for the transactional leadership style is 2.91 (*SD* = 0.73) which reveals that transactional leadership is used occasionally by Nurse Managers in the Unit/Department.

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Table 4.6: Mean Ranking of Transactional Leadership Style

Transactional Leadership	Mean	St. Dev.
Contingent Rewards	3.44	0.96
Management by Exception: Active	3.26	1.11
Management by Exception: Passive	2.03	1.15
Overall	**2.91**	**0.73**

4.3.3 Laissez-Faire Leadership Style

Table 4.7, presents details of the analysis and results of the Laissez-faire leadership style used by Nurse Managers in the Unit/Department. The Nurse Manager avoids getting involved when important issues arise had the highest mean score (M = 2.17, SD = 1.43) while the Nurse Manager delays responding to urgent questions had the lowest mean score (M = 2.10, SD = 1.37). Overall mean score for Laissez-Faire leadership style is 2.07 (SD = 1.18). The results indicate that Laissez – Faire leadership style is occasionally practiced by Nurse Managers in the Unit/Department.

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Table 4.7: Laissez-Faire Leadership Style

	Mean	Std. Dev
Laissez-Faire (Overall Score)	**2.07**	**1.18**
The Nurse Manager avoids getting involved when important issues arise	2.17	1.43
The Nurse Manager is absent when needed	2.05	1.39
The Nurse Manager avoids making decisions	1.98	1.33
The Nurse Manager delays responding to urgent questions	2.10	1.37

4.3.4 Participative/Democratic Leadership Style

Table 4.8 presents details of the analysis and results of the participative/democratic leadership style practiced by Nurse Managers in the Unit/Department.

The Nurse Manager maintains a friendly working relationship with subordinates had the highest mean score (M = 4.12, SD = 1.07) while the Nurse Manager asks subordinates for suggestions on what assignments should be made had the lowest mean score (M = 3.75, SD = 1.10).

The overall mean score for participative/democratic leadership style was 3.94 (SD = 0.80). The high mean score reveals that participative/democratic leadership is predominantly practiced by Nurse Managers in the Unit/Department.

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Table 4.8: Participative/Democratic Leadership Style

Participative/Democratic Leadership Style	Mean	Std. Dev
Participative (Overall Score)	**3.94**	**0.80**
The Nurse Manager let subordinates know what is expected of them	4.04	1.11
The Nurse Manager maintains a friendly working relationship with subordinates	4.12	1.07
The Nurse Manager consults with subordinates when facing a problem	3.90	1.03
The Nurse Manager listens receptively to subordinates' ideas and suggestions.	4.07	1.02
The Nurse Manager informs subordinates about what needs to be done and how to do it	4.09	1.03
The Nurse Manager asks for suggestions from subordinates concerning how to carry out assignments.	3.83	1.09
The Nurse Manager encourages continual improvement in subordinates' performance	3.97	1.10
The Nurse Manager helps subordinates overcome problems that stop them from carrying out their tasks.	3.84	1.08
The Nurse Manager asks subordinates for suggestions on what assignments should be made.	3.75	1.10
The Nurse Manager ask for subordinates ideas and input into upcoming plans and project	3.83	1.17

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4.3.5 Autocratic Leadership Style

Table 4.9 present details of the analysis and results of the autocratic leadership style used by Nurse Managers' in the Unit/Department. The Nurse Manager tells subordinates what has to be done and how to do it had the highest mean score (M = 3.40, SD = 1.27) while the Nurse Manager who do not consider suggestions made by employees as he/she doesn't have time for them had the lowest mean score (M = 2.27, SD = 1.41). The overall mean for autocratic leadership style is 2.82 (SD = 0.94). This result indicates that the autocratic leadership style is occasionally used by Nurse Managers in the Unit/Department.

Table 4.9: Autocratic Leadership Style

Autocratic Leadership	Mean	Std. Dev
Autocratic Leadership (Overall Score)	**2.82**	**0.94**
The Nurse Manager always retain the final decision-making authority within my department	2.99	1.34
The Nurse Manager do not consider suggestions made by employees as he/she doesn't have time for them	2.27	1.41
The Nurse Manager tell subordinates what has to be done and how to do it	3.40	1.27
When I make a mistake the Nurse Manager tells me not to ever do that again and make a note of it	3.20	1.36
The Nurse Manager does not allow me to make any decision unless it is approved by him/her first	2.50	1.46
When something goes wrong in the department, the Nurse Manager informs subordinates that a procedure is not working correctly and he/she establishes a new one	3.16	1.21
The Nurse Manager likes the power that his/her leadership position holds over subordinates	2.75	1.44
The Nurse Manager punishes subordinates in order to get them to achieve the organizational objectives	2.74	1.31
The Nurse Manager does not explain his/her actions	2.38	1.36
The Nurse Manager wears an officious look most of the time	2.84	1.51

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4.3.6 Mean Ranking of Nurse Managers' Leadership Styles used at the Unit level

One of the main objectives of the study was to describe the leadership styles of Nurse Managers used at the Unit level. Table 4.10, presents the results of leadership styles used by Nurse Managers in the Unit level. From ascending order, participative/democratic leadership style have the highest mean score (M = 3.94, SD = 0.80) followed by transformational leadership style (M = 3.68, SD = 0.80). Transactional Leadership Style is next with mean score (M = 2.91, SD = 0.73). This is followed by Autocratic Leadership style with mean score (M = 2.82, SD = 0.94) and then Laissez-Faire Leadership style with mean score (M = 2.07, SD = 1.18).

These findings reveal that participatory/democratic leadership and transformational leadership styles are mostly used by Nurse Managers in the Unit while transactional, autocratic and laissez-faire leadership styles are occasionally practiced by Nurse Managers' in the Unit/Department.

Table 4.10: Mean Ranking of Nurse Managers' Leadership Styles used at the Unit Level

Leadership Styles	Mean	St. Dev
Participative/Democratic Leadership Styles	3.94	0.80
Transformational Leadership Style	3.68	0.80
Transactional Leadership Style	2.91	0.73
Autocratic Leadership Style	2.82	0.94
Laisser-Faire Leadership Style	2.07	1.18

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4.4 Nurse Managers' Leadership Styles and Nurses Turnover Intention

The study examined nurses' intention to turnover and the extent to which that intention is explained by their Nurse Managers leadership styles. This section presents results of nurses' intention to turnover followed by the relationship between Nurse Managers' leadership styles and nurses' intention to turnover.

4.4.1 Nurses' Turnover Intention

The overall mean score for turnover was 2.01 (*SD* = 0.61). This result shows that nurses' have low intentions of staying at their current workplaces.

A descriptive summary of the constituent sub-scales of the intention to turnover tool show that, 45.2% (*n* = 113) of the respondents reported that they will definitely leave their current workplaces, another 35.2% (*n* = 88) reported that they will probably leave and 30.8% *(n* = 77) were thinking of leaving in the next twelve months. Additionally, 44.8% (*n* = 112) of the respondents were dreaming of getting another job that will suit their personal values and 42.8% (*n* = 107) reported that their personal values were compromised at work. Furthermore, 37.2% (*n* = 93) of the respondents were not satisfied with their job, another 35.6% (*n* = 89) were emotionally agitated at work and 32.8% (*n* = 82) felt they were not secured. Tables 4.11 and 4.12, presents the overall mean and descriptive results of nurses' intention to leave their organization.

Table 4.11: Overall Mean Score of Nurses' turnover intention

	Min.	**Max.**	**Mean**	**SD**
Intention to Turnover (Score on a 4 point-Likert scale)	1	3.70	**2.01**	**0.61**

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Table 4.12: Aspect of Nurses' Turnover Intention

Intention to Turnover		Frequency (n)	Percentage (%)
I think of leaving my current workplace	Not willing to leave	137	54.8
	Willing to leave my workplace	113	45.2
	Total	250	100
I scan newspapers and the internet in search of alternative job opportunities	Not searching for an alternative job	162	64.8
	Searching for an alternative job	88	35.2
	Total	250	100
My personal values are compromised at work	I personal values are not compromised at work	143	57.2
	My personal values are compromised	107	42.8
	Total	250	100
I dream about getting another job that will suit my personal needs	I don't dream of getting another job	138	55.2
	I am dreaming of another job	112	44.8
	Total	250	100
I am willing to accept another job at the same salary level should it be offered to me	I am not willing to accept another job at the same salary level	162	64.8
	I am willing to accept another job at the same salary level	88	35.2
	Total	250	100
I am emotionally agitated at work	I don't get agitated at work	161	64.4
	I get agitated at work	89	35.6
	Total	250	100
I am planning to look for a new job within the next 12 months	I am not planning to leave	173	69.2
	I am planning to leave	77	30.8
	Total	250	100
I am not satisfied with my job	I am satisfied with my job	157	62.8
	I am not satisfied with my job	93	37.2
	Total	250	100
I have the free will to take personal decisions affecting my work in this hospital	I am autonomous	189	75.6
	I am not autonomous	61	24.4
	Total	250	100
I feel secure working in this hospital	I feel secure	168	67.2
	I don't feel secure	82	32.8
	Total	250	100

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4.4.2: Relationship between Nurse Managers' leadership styles and Nurses turnover intention

Table 4.13, presents the linear correlation between Nurse Managers' leadership styles (Transformational, Transactional, Laisser-Faire and Participative Leadership Styles) and nurses' turnover intention. The results of Pearson's correlation shows that there was a weak but significant negative correlation between Transformational leadership style and nurses intention to turnover ($r = -0.38$, $p < 0.00$). This implies that when Nurse Managers' exhibits the transformational leadership style, nurses' intention to turnover decreases. Similarly, participative leadership showed a negative and significant but weak correlation with nurses intention to leave ($r = -0.46$, $p < 0.00$). This relationship explains that when Nurse Managers' practice more of participative leadership style, nurses' intention to turnover decreases. On the other hand, Autocratic leadership style correlated positively with Nurses intention to leave ($r = 0.38$, $p < 0.00$). This implies that when Nurse Managers' practice more of autocratic leadership style, Nurses' intention to turnover increases. Furthermore, Laisser-Faire leadership style of Nurse Managers was positively correlated with nurses' intention to leave ($r = 0.42$, $p < 0.00$). This explains that when Nurse Managers' practice more of the Laisser-Faire leadership style, nurses' intention to turnover increases. There was no significant relationship between Transactional leadership style and turnover intention.

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Table 4.13: Relationship between Nurse Managers' leadership styles and Nurses turnover intention

Leadership Styles	Correlation(r)	p-value
Transformational Leadership Style	-0.38**	0.00
Transactional Leadership Style	0.05	0.48
Laisser-Faire Leadership Styles	0.42**	0.00
Participative Leadership Styles	-0.46**	0.00
Autocratic Leadership Styles	0.38**	0.00

Criterion level: 0.05

4.5 Demographic Characteristics of Nurses and Turnover Intention

Table 4.14, shows demographic characteristics of nurses (Age of participants, Gender of participants, Duration of work with Nurse Managers and Qualification of participants) and how it relates with their intention to leave the organization. A multiple linear regression analysis was used to determine if demographic characteristics of nurses' significantly accounted for their turnover intention.

The demographic variables of nurses jointly explained 1.5% of the variance in their intention to leave [R^2 =0.015, $F_{(4,245)}$ = 0.941, P-value = 0.441]. When the predictors were evaluated for their individual contributions to the model, none of the variables were significant predictors in the model.

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Table 4.14: Relationship between Demographic Characteristics of Nurses' and Turnover Intention

Variables	coeff.	Std. Error	t-value	p-value
(Constant)	1.93	0.15	13.33	0.00
Age of Participants	0.04	0.06	0.75	0.45
Gender of Participants	0.06	0.09	0.72	0.47
Duration of work with NM	-0.05	0.04	-1.27	0.21
Qualification of participants	0.06	0.05	1.41	0.16

Dependent variable: Nurses intention to leave; Criteria level: 0.05
Model Summary: R^2 =0.015, $F_{(4,245)}$ = 0.941, P-value = 0.441

4.6 Predictors of nurses' turnover intention

Multiple linear regression analysis was used to determine if any Nurse Manager's leadership styles significantly predicted nurses' turnover intention. Table 4.15, present results of predictors for nurses' intention to leave their organization. The dependent variable (Nurses' turnover intention) and independent variable (Nurse Managers' leadership styles) were measured on an interval scale. The demographic characteristics of participants (Gender, Age, Unit, and Duration of service with Nurse Manager) were first examined to determine if they significantly predicted nurses' turnover intention. The results show that the demographic characteristics (Gender, Age, Unit and Duration of service with Nurse Managers) jointly did not significantly explain nurses' turnover intention$[R^2 = 0.014, F(4,244) = 0.857, p = 0.490]$. Nurse Managers' leadership styles together significantly explained 35% of the variance in nurses intention to turnover$[R^2 = 0.350, F(9,239) = 15.831, p = 0.00]$. Participative Leadership Style significantly contributed to the model, accounting for 21.2% of the variance in nurses

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intention to turnover $(B = -0.28, p = 0.00)$. Autocratic and Laissez-faire Leadership

Styles significantly contributed to the model, accounting for 13.4% and 12.4% of the variance in nurses intention to turnover, respectively

$(B = 0.21, p = 0.00)$,$(B = 0.24, p = 0.00)$. Furthermore, participants duration of work with their Nurse Managers' also significantly contributed to the model accounting for 0.8% of the variance in nurses intention to turnover (B = -0.077, p = 0.03).

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Table 4.15: Predictors of Nurses' Turnover Intention

Predictors		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t-value	P-value
Model 1	(Constant)	1.98	.15		13.60	.00
	Age of participants	.08	.06	.08	1.17	.24
	Gender of participants	.09	.09	.06	.96	.34
	Unit/Department	-.01	.01	-.06	-.80	.42
	Duration of work with NM's (Participants)	-.05	.04	-.08	-1.28	.20
Model 1 Summary: R^2 =0.014, $F_{(4,244)}$ = 0.857, P = 0.490						
Model 2	(Constant)	.47	.24		10.23	.00
	Age of participants	.09	.05	.10	1.76	.08
	Gender of participants	.09	.07	.07	1.30	.20
	Unit/Department	-.01	.01	-.06	-.97	.34
	Nurses' duration of work with NM's	-.08	.03	-.12	-2.23	.03
	Transformational Leadership Style	-.10	.06	-.13	-1.71	.09
	Laissez-Faire Leadership Style	.12	.04	.24	3.34	.00
	Transactional Leadership Style	.02	.06	.03	.37	.71
	Participative Leadership Style	-.21	.05	-.28	3.96	.00
	Autocratic Leadership Style	.13	.04	.21	3.42	.00
Model 2 Summary: **R^2 =0.350, F(9,239) = 15.831, P = 0.000**						

Dependent Variable: Nurses intention to Turnover (on a scale of 1 - 4) Criterion level: 0.05

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4.7 Summary of key Findings

Two hundred and fifty participants (n = 250) took part in this study. Out of these, 40.4% were working in the Regional hospital and 59.5% were working in District hospitals. Most of the respondents (74.4%) were females. With reference to professional rank, 42.8% of the respondents were staff nurses or staff midwives and 64.8% % are First degree holders in nursing.

Considering the background of Nurse Managers, nurses reported that 74% of their Managers were females while 25.6% (n = 64) were males with mean age of (M=40.92, SD=8.95). The majority of respondents reported the leadership experience of their Nurse Managers ranging from 1-5years 64.8%. Additionally, the nurses reported that about 60.8% of their Managers were First degree holders and 77.1% of them had received a form of leadership training.

The study found that Nurse Managers used all five types of leadership styles (Transformational, Transactional, Laissez-Faire, Participative/Democratic and Autocratic) at the Unit level. However, the Nurse Managers in the Unit/Department used more of participative leadership style (M = 3.94, SD = 0.80) followed by transformational style (M = 3.68, SD = 0.80), then transactional (M = 2.91, SD = 0.73) and autocratic leadership styles (M = 2.82, SD = 0.94). The least practiced leadership style is Laissez-faire (M = 2.07, SD = 1.18).

In addition, the study examined nurses' turnover intention and the extent to which that turnover is explained by their demographic characteristics and the leadership styles of their Nurse Manager. Nurses' exhibited intention of leaving their facilities with an overall mean score of (M = 2.01, SD = 0.61 on a 4 point-Likert scale).

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About 45.2% (n = 113) nurses reported that they will definitely leave their current workplace, another 35.2% (n = 88) reported that they will probably leave and 30.8% (n = 77) were thinking of leaving in the next twelve months.

There was a weak but significant negative correlation between transformational leadership style and nurse intention to turnover (r = -0.38, p < 0.00). Similarly, participative leadership showed a negative and significant but weak association with nurses intention to turnover (r = -0.46, p < 0.00). Additionally, Laisser-Faire leadership style of Nurse Managers was positively correlated with nurses intention to leave (r = 0.42, p < 0.00). Similarly, autocratic leadership style correlated positively with nurses' turnover intention (r = 0.38, p < 0.00). Thus, the first hypothesis for this study is retained.

Demographic characteristics of nurses (age of participants, the gender of participants, duration of work with Nurse Managers and qualification of participants) explained 1.5% of the variance of their intention to turnover. However, when the predictors were evaluated for their individual contributions to the model, none of the variables were statistically significant. Thus, the second hypothesis for this study is rejected.

Furthermore, multiple linear regression analysis was used to determine if leadership styles significantly predicted Nurses' intention to Turnover. The dependent variable (Nurses Turnover Intention) and independent variable (Nurse Manager Leadership styles) were measured on an interval scale. The results show that the demographic characteristics jointly did not significantly explain nurses' intention to

turnover$[R^2 = 0.014, F(4,244) = 0.86, p = 0.49]$. However, leadership styles

(Transformational, Laisser-Faire, Participative and Autocratic) together significantly

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explained 35% of the variance in nurses turnover

intention [$R^2 = 0.350, F(9, 239) = 15.831, p = 0.00$].

Participative Leadership Style significantly contributed to the model, accounting for 21.2% of the variance in nurses intention to turnover ($B = -0.28, p = 0.00$). Autocratic and Laissez-faire Leadership Styles significantly contributed to the model, accounting for 13.4% and 12.4% of the variance in nurses intention to turnover, respectively ($B = 0.21, p = 0.00$), ($B = 0.24, p = 0.00$). This finding suggests leadership styles as a predictor for turnover intention. Thus the third hypothesis for this study is retained.

Participants duration of work (work experience) with Nurse Manager also significantly contributed to the model accounting for 0.8% of the variance in nurses turnover intention (B = -0.12, p = 0.03).

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CHAPTER FIVE
DISCUSSION OF FINDINGS

5.0 Introduction

This chapter presents the discussion of the findings of the study. The socio-demographic background of respondents is discussed in the first section, followed by the rest of the sections based on the research objectives.

5.1 Socio-demographic characteristics

The mean age of the sample population investigated was 29 years. This is consistent with the data provided by the Ghana Health Service (GHS, 2013), which shows that most nursing professionals are in the age group of 25 to 35 years. In Ghana, there is a large cohort of young nurses as a result of the proliferation of Health training schools and also large intake of students by the Nursing and Midwifery Training Colleges. This decision in an effort to increase the number of young nurses who are not getting the requisite training in most of the Health training schools can pose a negative impact on health care delivery such as poor quality of nursing care and ineffective leadership and innovative skills.

Regarding the distribution by gender, the majority of respondents (74.4%) were females while only (25.6%) were males. This result can be traced back to the history of nursing in the mid-nineteenth century, with nursing established as women's profession (Hsiu-Hsu, Sheng-Hwang, Hsing & Jiunn-Hong, 2018). In addition, Cottingham, (2014) contends that men account for a small minority of the nursing profession because nursing is traditionally considered a predominantly female profession. However, the influx of male nurses in recent times keep accelerating, and the sex ratio in the nursing profession is also changing (Chan, Lo, Tse & Wong, 2014). Male nurses may have the high intention of

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staying at their current workplaces as compared to females who may give reasons such as marital issues or family responsibilities for leaving one organization to another.

This current study revealed that the majority of participants (42.8%) constituted staff nurses/midwives which is consistent with the largest nursing workforce in developed countries. (Department for Professional Employees Fact Sheet, 2015). The low percentage of nurses in the senior grade (3.6%) indicates that experienced nurses in the Department/Unit with organizational knowledge are inadequate to act as mentors and role models in building the capacity and capability of the nursing profession in the area of leadership for the large cohort of young registered nurse and midwives. Again, when these few experienced nurses leave the Unit/Department for another, the quality of care given to patients is compromised due to the fact that the young nurses may not have the requisite experience in giving holistic nursing care.

Majority of respondents (60.8%) were diploma holders as a result of entry level for Nursing Training Colleges in Ghana. However, Roets, Botma and Grobler, (2016) contends that qualified nurses with diploma certificate will not address the health needs of a country and there is strong evidence that the mortality rate of hospitalized patients decrease when majority of nursing staff are degree holders and have acquired more in-depth study on leadership and management (Aiken, Sloane & Bruneel, 2014). Therefore, nurses should be motivated to pursue degree programmes and gain a higher educational qualification which prepares them to take up leadership position thereby enhancing staff retention and improvement in quality healthcare delivery.

In this study, nurses reported that the majority (31.6%) of their Nurse Managers were in the senior grade while (1.6%) were enrolled, nurses. This result explains the traditional

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selection of ward in-charges based on their clinical expertise rather than their leadership competence and therefore, generally lack formal education in management and mentoring skills (Baxter & Warshawsky, 2014; Titzer, Shirey & Hauck, 2014; Watkins, Wagner & Martin, 2014). To prepare leaders with the necessary knowledge and skills to function successfully in today's healthcare system, advanced graduate education specific to nursing administration with the goal of producing graduates who can lead others and make a positive difference must be the standard (Cardin & McNeese-Smith, 2005; Freed & Dawson, 2006). Though Master's education in nursing focuses on quality care, promotes learning, supports inter-professional care teams, designs innovative practice, and translates evidence into practice (Schuettner, Van & Sheriff, 2015), only 2.4% of Nurse Managers had Master's Degree as reported by the surveyed nurses. This explanation justifies the fact that education can significantly influence the level at which nurses will appreciate the usage of leadership styles. Higher education in nursing gives the individual satisfaction and a sense of self-actualization which decreased the intention of moving from one organization to another.

5.2 Nurse Managers' Leadership Styles

The importance of leadership has become apparent in the health care system thus, Nurse Managers are expected to be visionary, innovative, educated on health care reform, be able to manage diverse groups of employees, focus on evidence-based practice and performance improvement, fiscally responsible, clinically competent, and motivating (Schuettner, Van & Sheriff, 2015).

The study found that nurses perceived their Nurse Managers as using all the five leadership styles (Transformational, Transactional, Laissez-Faire, Participative and Autocratic). This explains the fact that a combination of leadership styles is of high relevance in nursing practice given that Nurse Managers encounter different situations in the

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Unit/Department, therefore, the need for them to be flexible in their leadership styles. This approach is congruent with Xu (2017), who states that applying different leadership styles to different situations is effective and thus, Nurse Managers must know when to exhibit a particular approach to achieve personal and organizational goals. An effective leadership approach can also motivate subordinates to attain their goals.

In this current study, participative leadership style was mostly practiced (M = 3.94, SD = 0.80) among others. This finding is in line with the study of Ofei and colleagues (2014), who concluded that Ghanaian Nurse Managers exhibited more of participatory leadership behavior. Perez, (2014) also contended that Nurse Managers must explore and adopt leadership practices that are participatory whereby, staff will feel empowered and included in the decision-making process.

Bass and Avolio's Full Range Leadership model was used as the theoretical framework for this study which constitutes three leadership behaviors' (Bass and Avolio, 2002). The result of this study shows that all three leadership behaviors' (Transformational, Transactional, and Laissez-Faire) are practiced by Nurse Managers in various Unit/Department in the hospital. However, among these styles, Nurse Managers mostly displayed leadership style consistent with transformational Leadership (M = 3.68, SD=0.80) with inspirational motivation (M = 3.81, SD = 0.99) as the highest dimension. This finding is congruent with the work of AbuAlRub and Nasrallah, (2017) which contends that nurses perceived the leadership behavior of their Nurse Managers as transformational.

Furthermore, a study by Negussie and Demissie (2013) concluded that nurses appeared to be more satisfied with a transformational leadership style especially with inspirational motivation. The use of transformational leadership approach by Nurse Managers

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in the Unit/Department can be attributed to the fact that majority (64%) of Nurse Managers at the time of the study were First degree holders which confirms the study by Kelly, Wicker, and Gerkin; (2014) that the educational level of nurse leaders enhances the application of their leadership practices and behavior.

This study also found that transactional leadership behaviour (M = 2.91, SD = 0.73) with contingent reward approach (M = 3.44, SD = 0.96) was moderately practiced by Nurse Managers. The findings, therefore show that Nurse Managers in the Units/Departments in exchange for work, provide nurses with assistance and makes it clear to them what they can expect when goals are met. This practice is in line with the explanation given by Bass and Avolio, (2002) that contingent reward involves leaders who give subordinates what they want in exchange for their support and makes clear what the latter can receive if performance meets prescribed standards. This is also congruent in a study conducted by Negussie and Demissie (2013) that, nurses consider Contingent Reward as a transformational leadership characteristic feature. The transactional leadership style can only influence the intention of nurses to remain at the workplace if they are satisfied with the reward they gain from Nurse Managers. Nurses' may tend to leave if they see the behavior of their Nurse Managers as punishment for their actions.

Additionally, the findings of this study reveal that autocratic style of leadership is occasionally used by Nurse Managers in the Units/Departments which contradicts the findings of Azaare and Gross (2011) that Nurse Managers style of leadership in Ghana is one of hostility and 'lordship'. The current study is rather consistent with the study of Asamani (2015) whose findings revealed that the use of directive leadership style by Nurse Managers is limited in the Units/Departments. Again, Ofei (2014), and colleagues concluded in their study that the use of intimidation by Nurse Managers' is not popular. Most of the junior

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nurses in the Units see their Nurse Managers as leaders who play motherly roles and most often refer to them as such.

Nurse Managers' adopting more of participative leadership style over the autocratic style in this study may probably be as a result of them getting some form of leadership training during the First degree programme. Currently, most of the private universities in Ghana in addition to the public universities are offering a First degree programme in nursing which has increased the number of graduate nurses. Thus, it is very important to consider the level of qualification of nurses before appointments are made into management and administrative positions in order to decrease turnover intention among nurses.

Laissez-faire leadership had the least mean score in this study (M = 2.07, SD = 1.18). This finding is congruent with Ofei, (2014) and colleagues who emphasized that this type of leadership style is highly inappropriate in nursing because some errors can never be rectified thus fresh graduates need to work under the keen direction of their leaders. Nurse Managers should avail themselves during decision-making process and be present to address pressing issues in the Unit/Department. A Unit/Department that is managed by a laissez-faire Nurse Manager can be chaotic making the environment very stressful.

5.3 Relationship between Nurse Manager Leadership styles and nurse turnover intention

According to to O'Brien-Pallas, Duffield and Hayes, (2006) there is a direct correlation between Nurse Manager leadership styles and staff nurse retention. Turnover of nurses' is highly costly in terms of temporary replacement, recruitment, loss of productivity, and lower quality of care (Kurnat-Thoma, Ganger, Peterson & Channell, (2017). Therefore, Leadership behavior of nurses is considered an important factor in enhancing retention among nurses and controlling health care cost (AbuAlRub and Nasrallah, (2015).

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This current study revealed that staff had low intention to continue staying at their workplaces with an overall mean score of (M = 2.01, SD = 0.61). This means that staff may or may not think of leaving their organizations depending on the circumstances or the situation in which they find themselves. The intention to leave is one of the most realistic predictors of real staff turnover (Kash, et al., 2010). According to a worldwide survey by the International Nursing Association, only 53% of nurses' expressed their intention to stay in nursing in 5 years.

This study revealed that majority of nurses (45.2%) were definitely going to leave their current workplaces, another (35.2%) will probably leave and (30.8%) were thinking of leaving in the next twelve months. This finding is in line with literature which suggests that nurses' turnover intention ranges from 4% to 68% (El-Jardali, et al. 2009; Flinkman, et al. 2010; Hasselhorn, et al. 2008; Sabanciogullari and Dogan, 2015). Turnover can compromise the quality of health care delivery and the overall effectiveness of health care systems (Hayes, et al. 2012a) leading to low staff morale, decreased productivity in the organization and shortage in the national nursing workforce. However, the finding of 30.8% nursing staff thinking of leaving is less than the 33% of staff nurses who are intending to leave their current hospital facility in a cross-sectional observational study conducted in 10 countries (Heinen, et al. 2013).

Furthermore, the study revealed that 37.2% of nurses were thinking of leaving their facilities as a result of job dissatisfaction. This result confirms the evidence in literature that there is a positive association between work satisfaction and nurses' intention to stay (Al-Hamdan, et al. 2017; Koy, et al. 2015). The finding is also consistent with the study of Cho, (2012) and his colleagues which revealed that nurses who were not satisfied with their current work tended to quit their current job as compared to nurses who were happy and content.

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This is due to the fact that District hospitals that lack effective Nurse Managers may not have adequate equipment and supplies to work with and nurses are forced to improvise. The absence of structured policies, processes, procedures and poorly developed programs for professional nursing development can also discourage nurses and influence their turnover intention.

Most nurses' value Nurse Managers who encourage them in building up innovative and creative skills and to use them freely. This explains why 42.8% intend leaving their facilities because their personal values are compromised at work and 44.8% are thinking of quitting the nursing profession for other jobs that will suit their personal values. These are burning issues that clearly call for a greater focus by management intervention to enhance nurse job satisfaction. The turnover intention of nurses can be prevented with a participatory/transformational leader in the Unit/Department who improves staff satisfaction with workplace policies, improves work environments, provides equipment and supplies, provide career advancement programs and timely career promotion (Mosadeghrad, 2013).

The current study found a weak but significant negative correlation between transformational (r = -0.377), participative (r = -0.455) leadership styles and nurses' turnover intention. This result is consistent with the study of Goh, et al. (2018) and the study of Nasser, et al. (2017) who jointly found that transformational leadership and turnover intention has a significant negative correlation. The findings can be explained that the more transformational and participatory leadership styles are practiced in a health facility the higher the levels of staff intention to stay at their current workplaces. Therefore, Nurse Managers are to develop more of transformational and participative leadership behaviors which demand meeting customer needs on the spot; capturing opportunities; and adapting to organizational changes in order to enhance retention of nurses. This finding is also congruent

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with AbuAlRub and Nasrallah (2017) who asserted that transformational leadership styles of Nurse Managers enhance positive hospitals' culture as well as the intention of nurses to stay at work. Kleinman (2004) also stated that the important leadership characteristic that is considered as a key contributor to staff retention is transformational leadership. Similarly, AbuAlRub (2012) and his colleagues found that Jordanian nurses intend to stay more when participative/democratic leadership style was practiced and Tremblay-Lavoie (2016) and her colleagues indicated that transformational leadership practices potentially leads to high-quality care and weak intention to quit the health facilities.

On the other hand, this finding was in contrast with AbuAlRub and Alghamdi (2012) who indicated that the relationship between transformational leadership style and the intention of staff to stay was statistically insignificant and also Perez (2014) who did not find significant correlations among leadership practices of Managers and turnover intention. These differences may be attributed to the different sample sizes used in their study and the setting of the study.

This study found a positive relationship between autocratic ($r = 0.38$) leadership style and nurses turnover intention. This finding is consistent with Tremblay-Lavoie, (2016) and her colleagues who found that autocratic leadership practices lead to the strong intention of nurses to quit the health facilities and the nursing profession. This result explains that the autocratic style of leadership which is characterized by hostility and intimidation should not be practiced by Nurse Managers as it leads to dissatisfaction which is a major cause of turnover intention. The attitude of rage and shouting and the use of force by Nurse Managers when junior nurses make mistakes in the presence of patients and other staff can lead to frustration and aggression. Insults, shouting and intimidation from a Nurse Manager will not transform nurses positively but will rather decrease their motivation as well as commitment

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and trust in the leader and makes them more timid towards taking up leadership positions and eventually leaving their current workplaces.

Furthermore, in this current study, laissez-faire ($r = 0.42$) was positively correlated to turnover intention which is consistent with the study of Baysak and Yener, (2015) that passive-avoidant leadership (laissez-faire leadership) has a positive relationship with work related-stress which is a predictor of turnover intention among hospital employees. Therefore, the attitude of Nurse Managers being physically present at the post but failing to carry out their leadership duties according to subordinates expectations especially when they need the presence of a leader should not prevail in the Unit/Department. A Nurse Manager who works with proficient staff may be tempted to practice laissez-faire style but this should be done with caution when newly graduated nurses are present in the Unit to prevent mistakes. According to Hoel, (2010) and his colleagues lack of intervention by leaders, corresponding to laissez-faire leadership style can be a reason for nurses' decision to leave an organization. Therefore, Nurse Managers should take part in decision-making process, be available to respond to the needs of staff, respond without delay to important issues in order to avoid stress and frustration in the Unit/Department which can lead to staff turnover intention.

It is of interest to note that this study did not find any significant relationship between transactional leadership style and turnover intention. This finding is consistent with AbuAlrub and Alghamdi's, (2012) but contrasts with the findings of Naseer, (2017) and his colleagues who found that Transactional leadership style has a significant positive relationship with turnover intentions. Several studies have predicted transactional leadership behavior as a constructive leadership style with outcomes related to subordinate job satisfaction or organizational effectiveness. This current study did not find such a relationship

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which may be attributed to Nurse Managers using more of management by exception-passive over action and contingent reward which are dimensions of transactional leadership style.

5.4 Relationship between demographic characteristics of nurses' and turnover intention

The core mission of the nursing profession is service and caring for humanity in their time of health and sickness. Therefore, nurses are the linchpins of healthcare organizations and their turnover behaviour can seriously affect quality of care outcomes, such as rate of medical errors, in addition to financial outcomes (Gaudine, 2018; Hall, & Doran, 2007; Homburg , Chandra & Weaver, 2009; Laschinger, Finegan & Wilk, 2009; Liu, et al. 2012). Turnover intention among nurses has become a major issue in healthcare organizations around the world.

The third objective of this study was to find out the relationship between the demographic characteristics of nurses and turnover intention. According to Chan, Luk, Leong, Yeung and Van (2008) characteristics of nurses can affect their intention to leave the organization. Similarly, Barak, (2012) and his colleagues acknowledged that demographic characteristics are frequently used in nursing research as predictors of turnover intention.

The findings in this study show that; age, gender, work experience, and qualification jointly explained 1.5% of the variance of nurses' intention to leave their organizations. However, when the predictors were evaluated for their individual contributions to the model none of the variables were significant predictors in the model. The findings of this study also indicate that 1.5% variation in turnover intention is explained by the demographic characteristics of nurses and the relationship between demographic characteristics and turnover is not statistically significant. This result is congruent with the study of Cai and Zhou (2009) who found no significant relationship between demographic

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factors and the intention of nurses to leave their organization. This explains that the turnover intention of nurses in this current study can also be attributed to other factors such as personal or family issues, work environment, geographical location, financial consideration, and career advancement opportunities. This implies the importance of further research in the area of turnover intention.

5.5 Predictors of nurses' turnover intention

In this study, predictors of turnover intentions were identified using multiple linear regression. Although nurses' duration of work with the Nurse Manager was not found to be associated with turnover intention in this study, yet it showed a predictive power to turnover intention when it was entered in regression analysis with other independent variables. The study findings showed nurses duration of work (work experience) to be a predictor of turnover intention. This finding is consistent with studies of nurses in Southern Ethiopia, (Asegid, et al. 2014a; Ayalew, et al. 2015), also in Ghana; (Bonenberger, et al. 2014), Tanzania, Malawi, South Africa (Blaauw, et al. 2013; George, et al. 2013) and Lebanon (El-Jardali, et al. 2013b). Also, this finding is consistent with Chan, et al. (2008) who found that work experience as a nurse predicts turnover intention. Similarly, Crossley, et al. (2007) and O'Brein-Pallas, et al. (2010) also revealed in their study that work tenure predicts turnover intention in an organization.

These findings can be explained by the fact that nurses who have shorter lengths of work tenure with their Nurse Managers may not have invested much of themselves in the facility and as such can easily leave as compared to nurses with longer length of work experience. On the other hand, Liou and Cheng, (2010) contended that older nurses above 35 years and with more than 10 years of working experience at their current hospital had greater potential to leave than nurses under 25 years who had worked less than a year at their current

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hospital. Again, Abubakar, et al. (2014) and Takase, et al. (2015) contended that nurses with longer job tenure are more inclined to leave their jobs.

Error rates may increase in a health facility without adequate and experienced staff, and patient satisfaction may as well decrease (Rothrock, 2007). It can be argued that nurses with longer years of experience may have become used to their duties as well as their colleagues and as a result have developed a high sense of commitment to their work, position and the organization. Thus, they do not intend to leave their organization for another or quit their profession. Studies by Kalifa, (2016) and his colleagues also conclude that the longer an employee works for an organization, the less the employee considers leaving the organization.

The current study found leadership styles (Laissez-faire, participative and autocratic) as significant predictors of turnover intention after controlling for other predictor variables. This finding is congruent with the study of Gul, et al. (2012) who found that leadership styles have an impact on staff nurses' job retention. Similarly, Perez, (2014) contended that leadership styles of Nurse Managers' significantly predicts nurse turnover intention.

The role of the Nurse Manager is pivotal in the development and retention of nurses, and it predicts a wide variety of performance outcomes (Bass & Bass, 2008). This implies that Nurse Managers play vital roles in the health institution and their leadership styles have a significant effect on nurses' intention to turnover**.** It is therefore imperative for Nurse Managers to incorporate retention strategies in their strategic plans and adopt effective leadership styles to decrease turnover intention among nurses for smooth workflow in health facilities. This finding is also congruent with previous studies which suggest that leadership

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styles have the greatest impact on turnover intention as compared to other factors (Naseer, et al. 2017). Thus, nurse turnover intention can be decreased with effective and efficient leadership practices by the Nurse Manager. Moreover, Nurse Managers can work towards ensuring support, equity, trust and inspiration among junior staff nurses' to decrease the issue of turnover in the facility for quality healthcare delivery and high productivity.

The result also shows that Nurse Manager leadership styles jointly explained 35% variance of nurse intention to turnover, meaning that approximately 65% of variance remained unexplained indicating that there are other important unmeasured and potentially unknown predictors of turnover intention among nurses (Tourangeau & Cranley, 2006). Therefore, there is still much work to be done in the area of exploring factors that causes turnover intentions and how it can be decreased. Nurse researchers keep exploring concepts which might promote retention rate among nurses as an effort to promote quality of care. Therefore, identifying the predictors that impact staff retention is essential for creating responsive strategies (AbuAlRub, 2010).

In summary, this study found that Nurse Managers exhibited all the leadership styles which are in line with the Full Range Leadership theory. Leadership styles were also found to have predicting effect on turnover intention. Transformational leadership style was found to be mostly practiced by Nurse Managers as compared to transactional and laissez-faire leadership styles.

However, Participatory and autocratic leadership styles were not constructs in the model yet participatory leadership was the predominant leadership behavior practiced by Nurse Managers in various Unit/Department. Participatory and transformational leadership styles are widely believed to be the most effective leadership styles in health care delivery and it is

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empirically documented that nurses' turnover trend is correlated with participated governance and transformational leadership style (Gormley, 2011; and Raup, 2008). Thus, practicing these styles results in positive outcomes, increased job satisfaction and decreased staff turnover intention. Again, this study revealed that autocratic leadership style was positively correlated to turnover intention which implies that ineffective leadership style increases turnover intention among nurses. The researcher also discovered that the full range leadership model was used mostly in developed countries. Therefore, it is imperative that future review of this model takes into consideration participatory and autocratic leadership styles to allow its usage in both developed and developing countries.

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CHAPTER SIX
SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS

6.0 Introduction

This final chapter of the thesis presents the summary and conclusion of the research. The chapter outlines the implications of the study findings for nursing practice, nursing education, further research, and policy. The chapter also outlines the limitations of the study and recommendations.

6.1 Summary of the study

Nursing as a profession has an emphasis on humanism because it is people-centered and this has greatly influenced leadership behaviors (Sellgren, Ekvall & Tomsom, 2006) and generated increased interest in leadership research in the health industry. The profession is changing through new roles, new technology, financial constraints, and greater emphasis on participation, cultural diversity and education. Thus, leadership should not be viewed as an optional role or function for Nurse Managers (Zydziunaite & Suominen, 2014; Curtis, Vries & Sheerin, 2011). Nurses need Managers who can be responsible for the quality of patient care, effective leading of the Unit/Department and work towards the satisfaction and well-being of staff. The lack of positive image of the nursing profession and inability of Nurse Managers to participate in decision making is found to be correlated with employee job satisfaction in the nursing profession leading to turnover intention (Kvist, Voutilainen, Mantynen & Vehvilainen-Julkunen, 2014). Thus, in the wake of a nursing shortage as a worrying global phenomenon, the leadership behavior of Nurse Managers is considered an important approach in controlling turnover intention among nurses in health organizations. Nurse Executives should be aware of factors that enhance nursing retention and work to develop appropriate strategies (AbuAlRub & Nasrallah, 2017). This study investigated the

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leadership styles of Nurse Managers and its influence on turnover intention among nurses in the Ghanaian context. The study employed a cross-sectional survey design in collecting data from a sample of two hundred and fifty nurses in five selected hospitals in the Brong Ahafo Region of Ghana. A structured and modified research questionnaire containing 66 items was used to collect data. The research questionnaire was divided into six sections covering socio-demographic characteristics of participants, Nurse Managers' socio-demographic characteristics, multifactor leadership style, participative leadership style, and autocratic leadership style and turnover intention. Data were analyzed using the Statistical Package for IBM Social Sciences (SPSS) version 22.00. Descriptive statistics were utilized to determine the demographic profile of participants and Nurse Managers and also to determine the leadership styles Nurse Managers practiced in the Unit/Department. Pearson's Product Moment Correlation (r) was used to test the relationship between Nurse Managers' leadership styles and turnover intention while multiple regression was used to determine the extent to which Nurse Managers leadership styles and demographic characteristics of nurses predict turnover intention.

The findings show that Nurse Managers used varying leadership styles depending on the situation in the Unit/Department. However, Nurse Managers exhibited more of participative/democratic leadership style than the other leadership styles. This was followed by transformational leadership style, transactional leadership style, then autocratic leadership style and laissez-faire leadership style which is the least practiced style.

This study revealed that generally, nurses have low intention to continue staying at their current workplaces. About 45.2% will definitely leave their current workplaces, another 35.2% will probably leave and 30.8% were thinking of leaving in the next twelve months. The study findings also showed a weak but significant negative correlation between

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transformational leadership style and turnover intention and thee same weak but significant negative correlation between participative leadership style and turnover intention. On the other hand, there was a positive correlation between the autocratic leadership style and turnover intention and a similar positive correlation between laissez-faire leadership style and turnover intention. The study did not find any significant correlation between transactional leadership style and turnover intention which is an original contribution to knowledge.

Demographic characteristics of nurses can affect their intention to leave the organization. However, this study revealed that the correlation between the demographic characteristics of a nurse and turnover intention is not statistically significant. Nursing staff demographic characteristics (age, gender, work experience, and qualification) explained just 1.5% of their turnover intention.

With the use of multiple linear regression, this study identified predictors of turnover intention considering turnover intention as the dependent variable and demographic characteristics and leadership styles as independent variables. When the predictors were statistically evaluated for their individual contributions to the model, only participants duration of work (p-value = 0.03), Laisser-Faire Leadership Style (p-value = 0.00), Participative Leadership Style (p-value = 0.00) and Autocratic Leadership Style (p-value = 0.00) were statistically significant determinants of nurses turnover intention. Nurse Manager's leadership styles and demographic characteristics statistically explained 35 % of nurses' turnover intention.

The findings of this study show that Nurse Managers exhibited all the leadership styles which are consistent with the full range leadership theory which increases chances of tapping into the actual range of leadership behaviors by Nurse Managers across different

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health organizational setting for a positive outcome. Nurse Managers are to apply a range of leadership styles as an effective approach to managing a Unit/Department to decrease turnover intentions. However, it is important to note that participatory and transformational leadership styles are the most effective leadership styles that decrease staff turnover intentions in health care delivery. This study suggests that the Full Range Leadership theory can be applicable in influencing turnover intention in the context of nursing.

6.2 Implication for nursing practice and management

The study found that the leadership styles of Nurse Managers in the Unit/Department are a determinant of staff turnover intentions. For instance, transformational and participative leadership styles had a statistically significant negative relationship with turnover intention while autocratic and laissez-faire leadership styles had a statistically significant positive relationship with turnover intention. These findings imply that Nurse Managers need to practice more of transformational and participative leadership styles in the Unit/Department to retain staff for the provision of quality health care services and to enhance productivity. On the other hand, autocratic and laissez-faire leadership styles increase turnover intentions among staff thus, this practice should be used only when the situation demands it. Nurse Managers should, therefore, create a positive workplace climate that enhances cooperation and collaboration among staff thereby, providing peer and social support.

The study also found that leadership styles predict turnover intention. However, a portion of Nurse Managers had not received any training in management prior to or after their appointment as Nurse Managers. This implies that those Nurse Managers may not have the requisite leadership skills and competence that can retain staff, a situation that requires a

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designed leadership and management training on leadership concept for current and future Nurse Managers within and outside academic settings.

In the area of practice, it is important for hospital administrative Heads to focus on the moral and professional obligations to assist Nurse Managers in the Unit/Department in acquiring and demonstrating the best evidenced-based leadership practices such as transformational and participative leadership styles. Nursing Directors should place emphasis on using transformational and participative leadership as a guiding framework for assisting and mentoring young nurses and student nurses who come to the ward for clinical practice.

6.3 Implication for Policy on Human Resource Management

This study has significant implication for policy on Human Resource Management. The study found that a total of 45.2% of nurses will definitely leave their current workplace, another 35.2% will probably leave and 30.8% were thinking of leaving in the next twelve months. This implies that nurses have a high tendency of turnover intention within the health sector. Therefore, an innovative policy intervention strategy is required as well as the importance of creating opportunities to retain nursing staff at their current workplaces. Recruitment and selection policy of managerial positions should be based on qualification and competencies instead of the length of service and seniority. Policies on respect for nurses' desires, more incentives, and timely professional development helps to strengthen staff retention. Again, consideration for job satisfaction, creating minimum job-related stress and getting periodic feedback from nurses are immediate actions that may decrease turnover intention.

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6.4 Implication for Nursing Education

The study found leadership as a very important concept which can be taught at all levels in nursing education. Leadership and management courses included in the curriculum are to be updated regularly for all categories of nursing schools in the country to maximize the use of transformational and participative leadership styles and minimize the use of autocratic and laissez-faire leadership styles. Developing courses using the integrative approach to leadership that will build up the competencies of student nurses in the area of mentorship will promote situational leadership practices.

6.5 Implication for Further Research

- Nurse researchers should think of replicating this study in other regions in Ghana and in other developing countries.
- Researchers should consider examining the relationship between demographic characteristics of nurses and all leadership styles.
- Researchers should identify other variables that may impact turnover intention in healthcare organizations.
- A comparative study can also be carried out on leadership styles and turnover intention across nurses in private and public hospitals.

6.6 Limitations of the study

The research design for this study was cross-sectional which may not give a greater indication for turnover intentions and may not highlight stronger underpinning associations as compared to longitudinal studies that can measure actual turnover changes over time. The use of the cross sectional design does not create the possibility to infer a cause-and-effect relationship among variables. The study may not also represent the general situation in Ghana since it was conducted in five hospitals in one of the ten regions in Ghana.

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Again, data collection was based on the rating of leadership styles of Nurse Managers by nurses which might create a reporting bias by surveyed nurses. However, participants were asked to give genuine responses in filling out the questionnaire. Another limitation of this study was the use of convenience sampling strategy for data collection. However, the findings of this study are consistent with findings of other studies in literature, therefore, results of this study can be generalized.

6.7 Conclusion

The study met the outlined objectives and answered the research questions. The study also tested the stated hypotheses and established significant relationships between leadership styles and turnover intention. The application of the Full Range Leadership theory is useful in determining the leadership styles of Nurse Managers in various Unit/Department and its influence on nurses' turnover intention. This current study supports and expands knowledge on the utilization of participative and transformational leadership styles over autocratic and laissez-faire styles in order to retain those expensive and brilliant nurses who are thinking of leaving the profession. Therefore, transformational and participative leadership styles must be the basic competency requirement for recruitment and appointment of Nurse Managers. Improving the quality of leadership in nursing is a good strategy for reducing turnover intention, enhancing performance and productivity level and providing quality healthcare services to patients. It is also suggested that participative and autocratic leadership styles be included as major constructs of the full range leadership model.

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6.8 Recommendations

Based on the findings of the study, the following recommendations are made to the Ministry of Health (MOH), the Ghana Health Service (GHS) and Christian Health Association of Ghana (CHAG), Nursing and Midwifery Council of Ghana (NMC) and Hospital Facility. These recommendations are intended to guide the various organizations and individuals in their decision-making process regarding leadership styles and retention of nurses.

6.8.1 Ministry of Health (MOH)

- The Ministry of Health (MOH) should collaborate with Non-Governmental Organizations in increasing funds for nursing programmes that feature management and leadership training in District hospitals to prevent turnover intention.

6.8.2 Ghana Health Service (GHS) and Christian Health Association of Ghana (CHAG)

- Continuous strengthening of in-service programmes on Management and Leadership skills in District hospitals will retain nurses.
- Review and implement the policy of giving lucrative compensation packages to nurses who work in less endowed District hospitals as a motivation to retain them.
- Evaluate and strengthen comprehensive retention strategies for nurses on regular basis to address the consequences of turnover intention among nurses in District hospitals.
- Review and improve the system for promotion and career development as a way of motivating and retaining nurses to ensure a committed workforce.
- Encourage large scale research in order to have more representative findings on nurses' turnover intention.

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6.8.3 Nursing and Midwifery Council of Ghana

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

- Ensure that the concept of Leadership styles are clearly spelled out when developing curriculum for healthcare training institutions.
- Ensure that staff participates in continuous professional development programmes on Leadership and Management for the renewal of Professional Identification Number.

6.8.4 Hospital Facility

- Nurse Managers should strengthen the consciousness and capability of nurses in the area of research on Leadership and Turnover.
- Nurse Managers should practice more of situational leadership styles as an efficient tool to retain nurses.
- Nurses should avail themselves for training and supervision in acquiring leadership and management skills before assuming leadership positions in healthcare institutions.
- Administrative Heads in hospital facilities should strengthen policies that improve effective leadership practices as a durable solution for retaining nurses and be flexible with sponsorship bonds which is a temporal measure.

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APPENDICES

Appendix A: Participant Information Sheet and Consent Form

Title: Nurse Managers' leadership styles and turnover intention among nurses in Brong Ahafo Region

Principal Investigator: Judith Beatrice Magbity

Address: School of Nursing and Midwifery
P.O. Box LG 43
University of Ghana, Legon

General Information about Research

Research is a systematic inquiry that uses disciplined methods to answer questions and solve problems. The study seeks to examine nurse managers' leadership styles and its influence on nurses' intent to leave the organization. Leadership styles exhibited by nurse managers to a large extent influences health care organizationally valued outcomes such as low employee turnover, reduced absenteeism, customer satisfaction, and organizational effectiveness. The aim of the study is to describe your perception of the leadership styles of your immediate nurse manager. Studies show that effective leadership styles are related to turnover that is why your participation is being sought for. You will answer the questionnaire within 20 to 30 minutes. The study will require that you give your demographic information such as your age, gender, rank, qualification, ward/unit and number of years you have worked with your immediate nurse manager. You are required to willingly sign the consent form before you are administered the questionnaire. The study is expected to provide reference material for stakeholders in developing and implementing policies and strategies on staff retention in the area of human resource management.

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Possible Risks and Discomforts

The study may involve minimal risk. However, if you encounter any discomfort during the time of consenting and data collection, you are free to take a break and continue later.

Possible Benefits

You may not receive any direct benefit from the study, however, findings gathered from this research will help to create opportunities to attract and retain nurses by developing and strengthening the leadership and management skills of nurse managers. In addition, findings of this study will contribute to the body of knowledge in the area of leadership and turnover in the nursing profession

Confidentiality

In order to ensure that nobody identifies you by the information you provide, your name will not be recorded. The consent form will be given a code. The information you provide will not be known to anyone except the researcher and the supervisor. After the study, data will be kept safely in the office of the researcher for five years. It will be destroyed after five years.

Compensation

You will be given a medium size lux bathing soap and a face towel as an appreciation of the time spent in the study. These items will be provided at the end of data collection.

Voluntary Participation and Right to Leave the Research

Your involvement in this research is unconditionally voluntary. You will not lose anything if you decide to withdraw from the study neither will you be punished. Kindly inform the researcher if you wish to withdraw from the study at any point in time.

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Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh

VOLUNTEER AGREEMENT

The above document describing the benefits, risks, and procedures for the research title ***(Nurse Managers' leadership styles and turnover intention among nurses in Brong Ahafo Region)*** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Name and signature or mark of volunteer

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.

_____ _____

Date Name and signature of witness

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

_____ _____

Date Name Signature of Person Who Obtained Consent

Contacts for Additional Information

Kindly contact the under listed if you have any questions. You may also use the same contact in case you are confronted with challenges and any research-related injury.

Name: Judith Beatrice Magbity

Tel: 0208168307

Email: jbmagbity@st.ug.edu.gh

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Appendix B: Questionnaire

UNIVERSITY OF GHANA SCHOOL OF NURSING AND MIDWIFERY

RESEARCH QUESTIONNAIRE FOR NURSES/MIDWIVES

Dear Respondent,

This questionnaire is for a research study carried out on **"Nurse Managers' Leadership styles and Turnover Intention among Nurses in Brong Ahafo Region"**. It is purely for academic purposes and your responses shall be kept in confidence. However, you can withdraw from the study even though your participation is much valued and appreciated.

Kindly take some time to honestly fill out this questionnaire. 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**: [**Please, tick only ONE**]
   - Staff Nurse/Midwife [ ]
   - Senior staff nurse/midwife [ ]
   - NO/MO [ ]
   - SNO/SMO [ ]
   - PNO/PMO [ ]
   - Enrolled Nurse [ ]
   - Community Health Nurse [ ]
   - Others (Specify).....

4. **Qualification** [**Please, tick only ONE**]:
   - Certificate [ ]
   - Diploma [ ]
   - Advanced Diploma [ ]
   - First Degree [ ]
   - Masters [ ]
   - Others (Specify).....

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5. Which Department/ Unit do you work in now?

Emergency	[ ]
Maternity	[ ]
Labour Ward	[ ]
Surgical	[ ]
Medical	[ ]
Paediatric Ward	[ ]
Theater	[ ]
OPD	[ ]
Specialized unit	[ ]
Others	

(Specify).....

6. How long have you worked with your immediate Nurse Manager.....

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

Not heavy	[ ]
Increasingly Heavy now	[ ]
Always heavy	[ ]
Sometimes heavy	[ ]
Always heavy	[ ]

SECTION B: DEMOGRAPHIC CHARACTERISTICS OF THE NURSE MANAGER

Please indicate by writing or ticking (√)

1. Age of your nurse manager: .....

2. Gender:

Male	[ ]
Female	[ ]

3. **Rank: [Please, tick only ONE]**

Staff Nurse/Midwife	[ ]
Senior staff nurse/midwife	[ ]
NO/MO	[ ]
SNO/SMO	[ ]
PNO/PMO	[ ]
Enrolled Nurse	[ ]

4. **Qualification [Please, tick only ONE]:**

Certificate	[ ]
Diploma	[ ]

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Advanced Diploma [ ]
First Degree [ ]
Masters [ ]
Others (specify).....

5. Has your Nurse Manager (NM) received any training or courses in management/administration? (Please indicate).
   Yes [ ]
   No [ ]
   I don't know [ ]

6. Years of leadership of your nurse manager? .....

7. How many years has he/she spent as nurse manager in your current Department.....

SECTION C: FULL RANGE LEADERSHIP STYLES QUESTIONNAIRE

Instructions: The term Nurse Manager represents Ward/Unit In-Charge.
This table provides a description of your Nurse Manager's leadership style. Kindly tick (√) how frequently each statement fits your Nurse Managers' leadership behavior.
Please, be honest about your responses, there are no right or wrong answers.

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

Please tick the appropriate box

No.	Statement	1	2	3	4	5
	Transformational Leadership					
	Idealized Attributes					
1.	The Nurse Manager instills pride in me for being associated with her/him					
2.	The Nurse Manager goes beyond self-interest for the good of the group					
3.	The Nurse Manager acts in ways that build my respect for her/him					
4.	The Nurse Manager displays a sense of power and confidence					
	Idealized Behavior					
1.	The Nurse Manager talks about her most important values and beliefs					
2.	The Nurse Manager specifies the importance of having a strong sense of purpose					
3.	The Nurse Manager considers the moral and ethical consequences of decisions					
4.	The Nurse Manager emphasizes the importance of having a collective sense of mission					
	Inspirational Motivation					
1.	The Nurse Manager talks optimistically about the future					
2.	The Nurse Manager talks enthusiastically about what needs to be accomplished					
3.	The Nurse Manager articulates a compelling vision of the future					
4.	The Nurse Manager expresses confidence that goals will be achieved					

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	Intellectual Stimulation					
1.	The Nurse Manager re-examines critical assumptions to question whether they are appropriate					
2.	The Nurse Manager seeks differing perspectives when solving problems					
3.	The Nurse Manager gets me to look at problems from many different angles					
4.	The Nurse Manager suggests new ways of looking at how to complete assignments					
	Individual Consideration					
1.	The Nurse Manager spends time teaching and coaching					
2.	The Nurse Manager treats me as an individual rather than just as a member of the group					
3.	The Nurse Manager considers me as having different needs, abilities and aspirations from others					
4.	The Nurse Manager helps me to develop my strengths					
	Transactional Leadership					
	Contingent Reward					
No.	**Statement**	**1**	**2**	**3**	**4**	**5**
1.	The Nurse Manager provides me with assistance in exchange for my work					
2.	The Nurse Manager discusses in specific terms who is responsible for achieving performance targets					
3.	The Nurse Manager makes it clear what I can expect to receive when performance goals are achieved					
4.	The Nurse Manager expresses satisfaction when I meet expectations					
	Management by Exception: Active (MBEA)					
1.	The Nurse Manager focuses attention on irregularities, mistakes, exceptions, and deviations from standards					
2.	The Nurse Manager concentrates her attention on mistakes, complaints and failures					
3.	The Nurse Manager keeps track of all mistakes					
4.	The Nurse Manager directs her attention toward failures to meet standards					
	Passive / Avoidant Behavior					
	Management by Exception: Passive (MBEP)					
1.	The Nurse Manager fails to interfere until problems become serious					
2.	The Nurse Manager waits for things to go wrong before taking action					
3.	The Nurse Manager shows a firm belief in "if it is not broken, don't fix it"					
4.	The Nurse Manager demonstrates that problems must become chronic before taking action					
	Laissez-Faire (LF)					
1.	The Nurse Manager avoids getting involved when important issues arise					
2.	The Nurse Manager is absent when needed					
3.	The Nurse Manager avoids making decisions					
4.	The Nurse Manager delays responding to urgent questions					

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PATICIPATIVE LEADERSHIP QUESTIONNAIRE

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

Please tick the appropriate box

NO.	STATEMENT	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 to do it					
6	The Nurse Manager asks for suggestions from subordinates concerning how to carry out assignments.					
7	The Nurse Manager encourages continual improvement in subordinates' performance					
8	The Nurse Manager helps subordinates overcome problems that stop them from carrying out their tasks.					
9	The Nurse Manager asks subordinates for suggestions on what assignments should be made.					
10	The Nurse Manager ask for subordinates ideas and input into upcoming plans and project					

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AUTOCRATIC LEADERSHIP QUESTIONNAIRE

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

Please tick the appropriate box

NO.	STATEMENT	Not at all 1	Once in a while 2	Sometimes 3	Fairly Often 4	All the Time 5
1	The Nurse Manager always retain the final decision-making authority within my department					
2	The Nurse Manager do not consider suggestions made by employees as he/she doesn't have time for them					
3	The Nurse Manager tell subordinates what has to be done and how to do it					
4	When I make a mistake the Nurse Manager tells me not to ever do that again and make a note of it					
5	The Nurse Manager does not allow me to make any decision unless it is approved by him/her first					
6	When something goes wrong in the department, the Nurse Manager informs subordinates that a procedure is not working correctly and he/she establishes a new one					
7	The Nurse Manager likes the power that his/her leadership position holds over subordinates					
8	The Nurse Manager punishes subordinates in order to get them to achieve the organizational objectives					
9	The Nurse Manager does not explain his/her actions					
10	The Nurse Manager wears an officious look most of the time					

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Section Three: QUESTIONNAIRE ON TURNOVER INTENTION

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 = Agree, 4 = Strongly Agree

Response (Please tick the appropriate boxes and express your view in the last box).

		SD	D	A	SA
1.	I think of leaving my current workplace				
2.	I scan newspapers and internet in search of alternative job opportunities				
3.	My personal values are compromised at work				
4.	I dream about getting another job that will suit my personal needs				
5.	I am willing to accept another job at the same salary level should it be offered to me				
6.	I am emotionally agitated at work				
7.	I am planning to look for a new job within the next 12 months				
8.	I am not satisfied with my job				
9.	I have the free will to take personal decisions affecting my work in this hospital				
10.	I feel secure working in this hospital				

Thank you very much for participating in this study!

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Appendix C: Introductory Letter

UNIVERSITY OF GHANA
SCHOOL OF NURSING

Ref. No.SONM/F.11 October 20, 2017

GHANA HEALTH SERVICE
RECEIVED
30 NOV 2017
P. O. BOX 27
BIA REG. HOSPITAL-SUNYANI

TO WHOM IT MAY CONCERN

INTRODUCTORY LETTER

I write to introduce to you Rev. Sr. Judith B. Magbity, an M.Phil Year II student of the School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon. She is seeking your permission to collect data for her research on the topic **"Nurse Managers' Leadership Styles and Turnover Intention among Nurses in Brong Ahafo Region."**

I should be most grateful if you could kindly assist her with the information that she may require.

Thank you.

Yours faithfully,

Dr. Adelaide M. Ansah Ofei
Senior Lecturer

(2) HOD/DONS

Pls We comply,

30/11/17.

(3) AM

Make a copy for the Research officer to assist.

04/12/17

Received
5-12-17

COLLEGE OF HEALTH SCIENCES

P. O. Box LG 43, Legon, Accra, Ghana.
• Tel: +233 (0) 302 513 250 / 0289 531 213 • Email: son@chs.ug.edu.gh • Website: www.nursing.ug.edu.gh

Appendix D: Ethical Clearance

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INSTITUTIONAL REVIEW BOARD

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Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF.22
Your Ref. No:

10th January, 2018

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 018/17-18 **IORG 0000908**

On 10th January, 2018, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL : **Nurse Managers' Leadership styles and turnover intention among nurses in Brong Ahafo Region**

PRINCIPAL INVESTIGATOR : **Judith Beatrice Magbity, Mphil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 9th January, 2019. You are to submit annual reports for continuing review.

Signature of Chair: .....

Mrs. Chris Dadzie
(NMIMR – IRB, Chair)