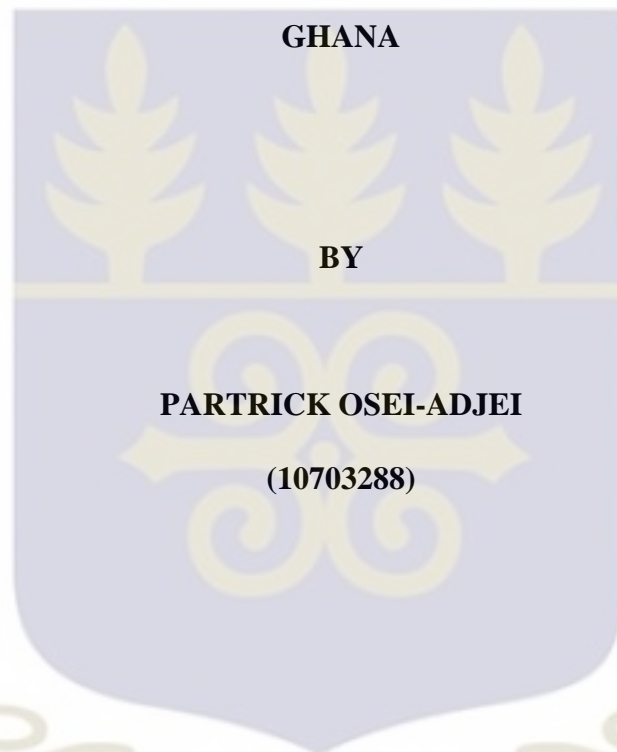


**SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA**

**ASSESSMENT OF THE EFFECT OF LEADERSHIP PRACTICES ON JOB
SATISFACTION AMONG NURSES IN THE GREATER ACCRA REGION OF**



**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON, IN PARTIAL FULFILMENT FOR THE AWARD OF
MASTER OF PUBLIC HEALTH DEGREE**

JULY, 2019

DECLARATION

I, Partrick Osei-Adjei, hereby declare that with exception of the references made to other people's work which I have duly acknowledged, this dissertation which is my original work has neither in whole nor in part been presented to the University or elsewhere for another degree.

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Date

.....

Prof. Justice Nonvignon
(Supervisor)

.....

Date

DEDICATION

This work is dedicated to God Almighty, my parents, Mr. Paul Adjei Osei and Mrs. Mavis Lydia Boateng, my siblings and all my loved ones.

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My deepest gratitude and appreciation go to the Almighty God for his guidance, love, and mercy in my life and for the bravery to rise above darkness and difficulties to undertake this Masters Programme.

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ABSTRACT

Background: The healthcare industry serves as one of the main sectors for national development in every country as it is central to the happiness and the wellbeing of the population (WHO, 2008) . Job satisfaction as explained by (Spector, 2008) as the level to which employees like the work they do, is of more importance in the health sector as it affects the delivery of services among nurses positively or negatively (Ahmad et al., 2017) . This study examined the role of nurse managers ‘/ unit heads leadership styles on nursing staff job satisfaction. Using the Kouzes and Posner Transformational Leadership Practices and Paul Spector Job Satisfaction Survey as an organizing framework.

Method: A cross-sectional quantitative study was used to conduct the research among nurses in the Greater Accra Region using the La General Hospital, Achimota Hospital, and Ledzekuku-Krowor Municipal Assembly Hospital scopes for the study. A total of 270 participants were involved in the study and the Stata version 15 was used to analyze the data. Linear regression was performed to determine the relationship between leadership practices and job satisfaction.

Results: It was found that Unit Heads demonstrated all the five leadership practices of the Kouzes and Posner Leadership Model but on a moderate level and depending on the situation they faced but were more inclined to the practice of “encouraging the heart’. Out of the 270 respondents, only 14.8% were satisfied, with 78.5% identified as ambivalent meaning they were either doubtful or uncertain about their satisfaction. 6.6% of the respondents reported certainly that they were not satisfied with their job. When a simple linear regression was run, total leadership practices were found to predict the job satisfaction levels of the subordinates.

Conclusion: The findings of the study revealed that the Kouzes and Posner Leadership Practices were moderately demonstrated by the various unit heads and also predicted the job satisfaction levels of subordinate nurses. The results of this research have consequences for the growth of human resource strategy as well as capacity building of present and future governance in health care.

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ABBREVIATIONS/ ACRONYMS

ANC	- Antenatal Care
ART	- Antiretroviral Therapy
CHN	- Community Health Nurse
CHAG	- Christian Health Association of Ghana
DDNS	- Deputy Director of Nursing Services
GHS	- Ghana Health Service
JSS	- Job Satisfaction Survey
LEKMA	- Ledzekuku-Krowor Municipal Assembly Hospital
Mgt	- Management
MNHWS	- Maternal and Newborn Health Workers
MO	- Midwifery Officer
MoH	- Ministry of Health
NO	- Nursing Officer
OPD	- Outpatient Department
PCHN	- Principal Community Health Nurse
PMO	- Principal Midwifery Officer
PNO	- Principal Nursing Officer
RCH	- Reproductive and Child Health
SCHN	- Senior Community Health Nurse
SD	- Standard Deviation
SMO	- Senior Midwifery Officer
SNO	- Senior Nursing Officer
SSM	- Senior Staff Midwife
SSN	- Senior Staff Nurse
WHO	- World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The healthcare industry serves as one of the main sectors for national development in every country as it is central to the happiness and the wellbeing of the population and also importantly contribute to the economic progress of the country WHO, (2008) . Job satisfaction as explained by Spector, (2008) is the level to which employees like the work they do, is of more importance in the health sector as it affects the delivery of services among nurses positively or negatively (Ahmad et al., 2017) . Nursing is described as a people-focus profession with emphasis on humanism (Azaare & Gross, 2011) and therefore the job satisfaction concept is crucial in achieving nursing goals.

It has been discovered that job satisfaction is a main factor that determines nurses' outcomes (service delivery and intention to leave/stay) and this world held view is not different from the results of a study by Aaron (2010) who found that job satisfaction and quality of care delivered by health workers to be positively correlated. This implies the greater the rates of health workers ' satisfaction, the more patients receive quality care. Another study by Janicijevic, (2013) concluded that healthcare workers satisfaction does impact patient satisfaction. Muhammad & Jamilha, (2010) explained job satisfaction as a multidimensional notion that includes elements of staff satisfaction with their manager's management behaviors, pay, professional possibilities, advantages, organizational procedures and interactions with employees and this shows how its needful for managers researchers to have a look at it.

Leadership, as identified by WHO, (2010) is one of the major health sector building blocks with; service delivery, health finance, health workforce, health information system, and

access to essential medicines is found as a major that predicts the job satisfaction of employees (Muhammad & Jamilha, 2010). Leadership in health is regarded as a salient theme in the development agenda since it serves as a central body for the achievement of any healthcare goal and this explains why it is part of the six building blocks. The concept of leadership has been explained by a lot of researchers and scholars (Cummings et al., 2010; Asamani, Naab, & Ofei, 2015; Cherry & Jacob, 2008) and throughout their definitions, it was realised that leadership is not just about having the authority to command but it a process of finding ways to achieve organisational goals through motivation, providing support, influencing subordinates, sharing ideas and putting into practice what the leader wants the subordinates to do.

Several studies have shown an important connection between leadership styles and results of nursing employees (Kean, & Haycock-stuart, 2012; Cummings et al., 2010; Tomey, 2009). Azaare & Gross (2011), In their study disclosed that understanding of the kind of leadership style employed by nursing executives was uncertain, but it was asserted that the style of management of nursing executives was one of hostility and lordship. A study done by Sojane, Klopper, & Coetzee, (2016) demonstrated that nurse managers significantly predicted nurses job satisfaction. They further stated that the job satisfaction levels also correlated with the nurse's intention to stay or leave. To support findings on leadership and job satisfaction in healthcare, (Mosadeghrad & Ferdosi, 2013) also found their study that leadership styles play an important role on employees job satisfaction. They further stated that leaders should not just employ participative leadership style in their organization but must demonstrate the best style that fits the given situation.

1.2 Problem Statement

Researchers ' attention has been drawn to the relationship between leadership and job satisfaction, as it is reported that leadership plays a key role in employee satisfaction.

Leadership has been identified by WHO as a building block to help strengthen the health system in the world (WHO, 2010). The confirmation by WHO on a global study and others specific to Ghana all confirms and requires the need for studies into leadership in the Ghanaian health system. Leadership practices contribute to job satisfaction of followers (Ahmad et al., 2017) which can be increased or decreased depending upon the style a leader possesses.

Studies in developed countries have identified leadership styles or behaviors to encourage favorable results in which the style of transformation leadership has often been seen to improve the outcome of nurses (Cummings et al., 2010). A study in the non-health setting which was done by Mcbee, (2013) among educational leaders also concluded that leadership practices influenced the outcome of students.

Job satisfaction has also been proven to have its effect on a lot of outcomes in the health sector. A study by Sojane, Klopper, & Coetzee, (2016) showed that job satisfaction was extremely correlated with nurses' intention to leave. The reduced the nurse's job satisfaction rates, the more the nurse wants to leave the work and vice versa. Janicijevic, (2013) also discovered that health workers' satisfaction also considerably determined patient satisfaction. The quality of nurse care was also discovered to be determined by nurse satisfaction in a research by Aron, (2015).

Notwithstanding the impact of leadership on job satisfaction recognized in the above research, leadership in Ghana and Africa as a whole has attracted little investment and research as compared to Europe, America and parts of Asia (Azaare and Gross,2011; Cummings et al., 2010).

Due to little research on leadership practices and other factors affecting job satisfaction Ghana runs the risk of further depletion or worsening of human resource challenges (nurses)

as stated by Global Equity Initiative (2008). This study therefore is essential in order to uncover potential threats to nurses retention, quality of care, patient satisfaction as well as capitalize on any strengths that are discovered. This study therefore seeks to assess the effects of leadership practices on job satisfaction among nurses in the Greater Accra Region of Ghana.

1.3 Research Question

The study was guided by the following research questions:

1. What leadership practices are demonstrated by unit heads?
2. What is the level of job satisfaction among nurses?
3. What is the relationship between leadership practices and job satisfaction?

1.4 Objectives

1.4.1 General Objective

The general objective of the study was to assess the influence of leadership practices on job satisfaction among nurses.

1.4.2 Specific Objectives

The specific objectives of the study were:

1. To identify the leadership practices demonstrated by the unit heads.
2. To assess the job satisfaction levels of subordinate nurses.
3. To determine the relationship between the leadership practices of unit heads and job satisfaction of subordinate nurses.

1.5 Significance of the Study

The results of this research will be of vital input to nursing understanding in the field of nursing management and their impact on the job satisfaction of nurses in Ghana as it appears to have a few studies in the local context. This research may also provide opportunities for

healthcare leaders to evaluate their own management styles as well as reflect on how they impact their subordinates' job satisfaction. Findings from this research can also form the foundation for setting up organized in-service training sections for present and future healthcare leaders.

1.6 Conceptual Framework

The figure below shows how independent variables in this study (Challenging the process, Inspiring the Shared Vision, Enabling Others to Act, Modeling the Way, Encouraging the heart) which are related to the demographic factors (unit heads experience, and perceived ability of subordinates) affect the job satisfaction of subordinate nurses. Working environment conditions are also seen as factors that influence the job satisfaction of subordinate nurses as identified by Muhammad & Jamilha, (2010).

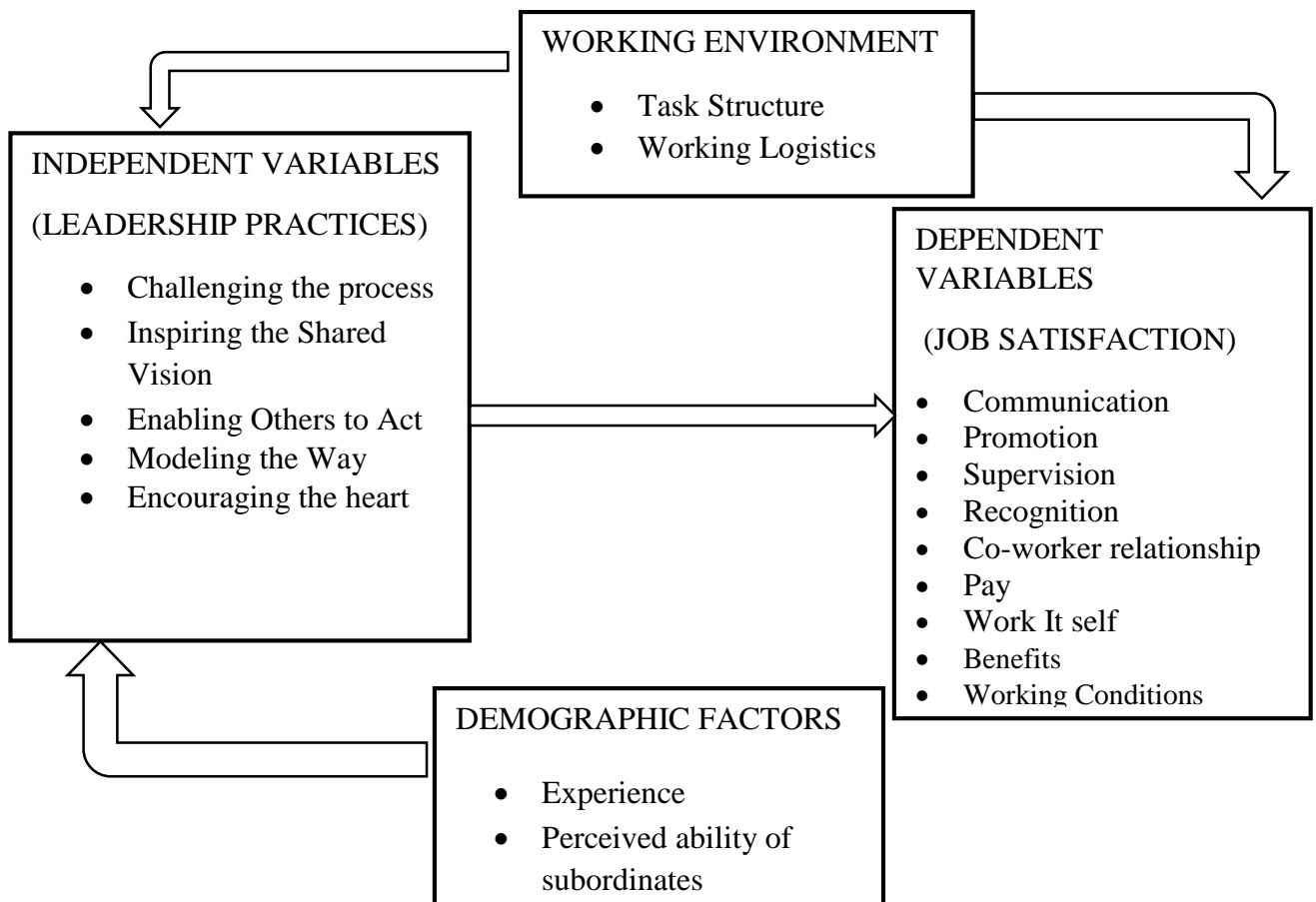


Figure 1: Conceptual Framework

Source: Figure 1 Author's Construct based on Transformational Leadership Practices Model (2012)

1.7 Organization of the Study

This study has been organized under five chapters. Chapter one covers the background of the study, the statement of the problem, research questions, objectives, hypotheses and the organization of the study. Chapter two reviews leadership practices and job satisfaction literature. Chapter three touches on the details of the study techniques, chapter four includes the presentation of the information and the evaluation of the outcomes, while chapters five and six looked at the debate of the outcomes, summary, conclusions and suggestions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The aim of this section is to review the appropriate literature on the primary constructs of leadership practices and job satisfaction. The review examines both theoretical and empirical results from different research that focus on leadership as the study's primary constructs. A literature review is conducted on job satisfaction to identify associated studies. Finally, the relationship between the two constructs, leadership and job satisfaction is examined and integrated.

2.2 Theoretical Foundation: Kouzes and Posner Transformational Leadership Model

Many theories on leadership exist but the Kouzes and Posner Transformational Leadership Model is about how leaders makes subordinates do the things they least expected they could do. This model is about the practices that make leaders transform values into actions, realities, innovations, solidarity, and rewards.

The operationalization of the leadership structure in this study is based on the transformational leadership model of Kouzes and Posner. Their research over nearly twenty years identified leadership not to be just a position but a collection of practices and behaviors. These practices provide leaders with guidance in achieving their achievements or "getting extraordinary things done" (Kouzes & Posner, 2012). These practices appear to be key elements of the transformative leadership concept. They were developed through intensive research on current leadership practices and were recognized as truly representative of highly effective leadership practices by many researchers. These practices include challenging the process, inspiring a shared vision, enabling others to act, modeling

the way, and encouraging the heart (Kouzes & Posner, 2012). The elements are described below:

Challenging the Process

For transformational leaders, challenging the process is a way of life. They do this by creating new ideas or identifying and supporting new ideas. These types of leaders always show their willingness to challenge the system in order to bring into action the ideas they have so as to adopt new products, processes, and services (Kouzes & Posner, 2012).

Inspiring the Shared Vision

This practice by transformational leaders looks at generating enthusiasm for the vision of others. They believe that to be able to bring people together in any organization, each person must be committed to a shared future that they seek to build (Kouzes & Posner, 2012).

Enabling Others to Act

One key thing that fosters collaboration, commitment, and empowerment in any organization is giving other people the opportunity to act. In doing that, it allows followers to do their job and also realize their full potentials or capabilities. This practice helps to create an atmosphere of dignity and trust and also helps followers feel capable (Kouzes & Posner, 2012).

Modeling the Way

To model the way means to take the first step as a leader. Leaders who are transformational set an example in everything they do so as to create momentum and also serve as a benchmark for followers. By setting examples, these leaders tell their followers that live by the values they advocate (Kouzes & Posner, 2012).

Encouraging the Heart

For people to be able to achieve goals or targets set by their organization, they need to be encouraged and motivated. Transformational leaders believe that by influencing employee motivation, leaders must reward and recognize the performance of its workers. When followers are celebrated for the job they do, it makes them feel that they are of something significant and also increases the sense of belonging (Kouzes & Posner, 2012).

Table 1: Practices and Commitment of the Kouzes and Posner Transformational Leadership Model

Leadership Practice	Commitment
Challenging the process	Search for opportunities by seizing the initiative and looking outward for innovative ways to improve.
Inspiring the Shared Vision	Experiment and take risks by constantly generating small wins and learning from experience. Envision the future by imagining exciting and ennobling possibilities. Enlist others in a common vision by appealing to shared aspirations.
Enabling Others to Act	Foster collaboration by building trust and facilitating relationships. Strengthen others by increasing self-determination and developing competence
Modeling the Way	Clarify values by finding your voice and affirming shared values Set the example by aligning actions with shared values.
Encouraging the heart	Recognize contributions by showing appreciation for individual excellence. Celebrate the values and victories by creating a spirit of community.

Source: Kouzes and Posner, 2012.

2.3 Theoretical Foundation: Spector Job Satisfaction Survey

Job satisfaction just as leadership has a lot of models or theories but the Job Satisfaction Survey developed by Spector (1985) is mostly used because the Job Satisfaction Survey (JSS) is based on the nine most commonly reported indicators which are common in every organization (pay, promotion, supervision, benefits, recognition, working conditions, co-workers, work itself and communication). Developed on the basis of samples from

community health centers, state psychiatric hospitals, state social service departments and nursing homes the JSS is one of the most frequently used tools for job satisfaction, the nine facets which serve as indicators of job satisfaction are further explained by thirty-six items in order to quantify employee satisfaction. These nine facets are defined below:

Pay/ Salaries

Pay satisfaction relates to the employees' consideration of compensation for the services rendered (Spector, 1985). Employees who are adequately compensated tend to feel obliged to reciprocate (Meyer and Allen, 1977 as quoted by Thamrin, 2012).

Promotion

Promotion is a common phenomenon which enhances the satisfaction of employees (Spector, 1985). Eslami and Gharakhani, (2012) reported a positive and significant correlation between job satisfaction (promotions, personal relationships, and favorable conditions at work).

Supervision

Supervision is a very important factor for all employees. Satisfaction with supervision arises where there is a better relationship with the supervisor. Experienced and older employees desire less supervision than fewer experience employees (Spector, 1985).

Co-workers

Co-workers play an important role in motivation and performance of employees. Employees desire to support, respect and recognition among colleagues. Satisfaction with co-workers arises from collegiality and interactions among colleagues (Spector, 1985).

Working conditions/environment

Working conditions relate to the environment within which an individual works in an organization. Working conditions like logistics encourage employees to perform their work

better and likely to cause a positive correlation on organizational commitment (Spector, 1985).

Work itself

Human beings like interesting and challenging assignments. Jobs which are exciting and challenging will cause an increase in job satisfaction (Spector, 1985).

Recognition

Recognition is the praise and appreciation a person gets from his supervisor or colleagues after a hard or excellent job done (Spector, 1985).

Benefits

This includes various types of non-wage compensation provided to employees in addition to their normal salaries (Spector, 1985).

Communication

This is explained as the transmission of information between employers and employees (Spector, 1985).

Table 2: Job Satisfaction Facets

FACET	MEANING
Pay/ Salary	I feel I am being paid a fair amount for the work I do.
Promotion	Those who do well on job stand the fair chance of being promoted
Benefit	The benefit I receive is as good as most other organizations offer
Recognition	When I do a good job, I receive the recognition for it that I should receive
Supervision	My supervisor shows interest in the feelings of subordinates.
Working conditions	Many of our rules and procedures make doing a good job difficult
Co-workers	I like the people I work with
Work itself	I like doing the things I do at work
Communication	Communication seems good within this organization

Source: Paul Spector, 1985.

2.4 Empirical Studies on Transformational Leadership Practices

Leadership is seen to have a complicated notion and has been given much attention from researchers with different backgrounds making it have a lot of theories that try to explain its concept (Cummings et al). The World Health Organisation identifies leadership to be a concept that seeks to provide strategic policy frameworks with efficient supervision, accountability, and alliance among organizations (WHO 2010).

Despite the different theories by different researchers and scholars, their findings come to a conclusion that leadership is basically about impacting the lives of people to make them meet their set targets or do extraordinary things (Grimm, 2010; Asamani, Naab, Maria, & Ofei, 2017)). Nonetheless Leaders or people trying to affect others display leadership in distinct patterns due to its different theories and explanations.

In using the Transformational Leadership Model, (Abu Tineh, Khasawneh, & Al Omari, 2008) found the principals in the Jordanian schools to be demonstrating the transformational

leadership practices. These researchers further stated that more attention should be given to this model since many researchers have acknowledged that it is truly representative of extremely efficient procedures and can also serve as a basis for school teachers to evaluate their strengths and weaknesses in management. Results from this study were not different from that of Anderson (2011) used this model in the nursing setting and he found out that nurse managers who demonstrated the transformational leadership practices were able to increase the job satisfaction levels of their subordinates. Moneke & Umeh (2014) also confirmed the results of Anderson (2011) by concluding that transformational leadership practices were mostly demonstrated by nursing managers and found it to be a good predictor of subordinates job satisfaction of nurses in the critical care unit.

Despite the concrete findings from the above studies, it's been realized that at each point, a specific practice was mostly demonstrated by the leaders under study which explains why Kouzes & Posner (2012) stated that leadership practices were used based on the situation that the leaders were faced with (Moneke & Umeh, 2014; Hugo, Marko & Stough, 2004; Kedir & Geleta, 2017; Clavelle et al., 2012; Alger, 2010; Uzoechina & Oguegbu 2015) .

In Loke, (2008), This research also revealed that the managers in the hospital practiced the Kouzes and Posner Leadership Model. The study concluded that it will be of importance if all managers are trained and retrained to incorporate their leadership practices into their management skill. In Maitra, (2007) study the researcher identified that the women leaders were found of practicing the Kouzes and Posner Leadership Model. The women leaders scored high in enabling others to act followed by modeling the way, encouraging the heart, challenging the process and inspiring a shared vision.

In using the Path-Goal Leadership Styles, Musinguzi et al. (2018) in Uganda also confirmed the argument of Kouzes and Posner when they found out in their study that health workers

in preferred leaders who were transformational compared with being transactional or laissez-faire. Leaders who demonstrated the transformational leadership style were found to positively predict motivation, job satisfaction, and teamwork among subordinates compared with those who demonstrated transactional skills or laissez-faire styles. Transformational leadership styles were also found to be dominantly demonstrated by managers in a study by Chang & Lee (2007) study to investigate the relationship among leadership, organizational culture, the operation of learning organization and employees' job satisfaction.

Another study by Thisera & Sewwandi, (2019) which used the Multifactor Leadership Model to find the association of transformational leadership and employee engagement came up with the finding that employees were mostly involved and champion the activities of organizations when their leaders demonstrated the transformational leadership style. The results from another researcher (Koppula, 2008) who also used the Multifactor Leadership Questionnaire to examine the relationship between transformational leadership and employee engagement gave a different finding from that of Thisera & Sewwandi, (2019). The researcher further stated that the study was clearly lacking in its ability to specifically delineate the nature of this relationship between the various subscales of transformational leadership with the subscales of employee job engagement.

2.5 Empirical Studies on Job Satisfaction

Job satisfaction of employees has received lots of attention in management and human resources literature both theoretically and empirically with inconsistent findings on whether workers were satisfied with their jobs due to the context, nature of work, pay where the study is done. It is believed that organizations that provide its employee's satisfaction does not improve just the image of the organization but goes on to increase the motivation and productivity of all employees as the success of any firm or institution is more dependent on the quality of the staff. These statements support that of Sona George (2012) which stated

that employees are the central forces of industry and only with their efficiency, an organization can move into success. Only with a group of satisfied employees, the company can lead to success. They further stated that for an employee to be satisfied, the institution or organization must provide adequate welfare measures to cater for their needs.

Studies (Asamani et al., 2015; Cummings et al., 2010, etc.) over the time has shown that employees productivity, intention to stay/ leave is highly dependent on the levels of satisfaction among employees. In a study by Ahmed & Azumah (2010) which examined the effect of the elements of job satisfaction on overall job satisfaction. They found out that employees in the survey were satisfied with overall job satisfaction and their satisfaction was linked to the salary they received and their workload.

Bateh, (2011) also contributed to the empirical studies on job satisfaction with his study which assessed the leadership styles and job satisfaction in the State University System of Florida. This study also added up to the existing findings showing that the workers were satisfied with their job and their satisfaction was as a result of the good supervision which has been determined by Paul Spector as a facet that determines the level of satisfaction of subordinate workers. Job satisfaction levels were found to be low for home care workers in a study by Chou, Fu, Kröger, & Ru-Yan (2011) which he justified that the major factors which determined the satisfaction of these workers were their pay, promotion, and their working environment but in this case the workers were not satisfied with any of these, therefore, leading to overall job dissatisfaction.

When the Herzberg's two-factor theory for job satisfaction was also used to understand the factors that influence employees' job satisfaction in the African context, (Dartey-Baah & Amoako, 2011; Akanbi, 2011; Worlu & Chidozie, 2012; Edoho *et al.*, 2015; Adegoke *et al.*, 2015). The above-stated studies identified that the level of job satisfaction among the

respondents in the studies was determined by the intrinsic and extrinsic factors. The researchers found that most factors like pay, promotion, leadership skills, and working environment were the main determinants of job satisfaction. In Peters, Chakraborty, Mahapatra, & Steinhardt, (2010) study on job satisfaction and motivation of health workers using the JSS, it was demonstrated that their study was consistent with earlier studies that used the JSS to identify the level of job satisfaction among health workers but the indices for which the instrument was used were not exactly the same.. Their study indicated that “good employment benefits” and “superior who recognizes work” were rated higher by workers in the public health sector than private-sector workers. This study also showed that job satisfaction is relative to the profession and place of work and therefore the facets/ determinants of the JSS must be a factor which the health workers can relate to.

2.6 Empirical Studies on Leadership and Job Satisfaction

A lot of research has been done on the relationship between leadership behaviours and job satisfaction (Nguni, Slegers, & Denessen, 2007; Topp, & AlYami, 2018; Boamah, Spence Laschinger, Wong, & Clarke, 2018; Andrews, Richard, Robinson, Celano, & Hallaron, 2012) and shown that leadership style affects job satisfaction in organizations at different levels. Transformational leadership style focuses on the need to maintain a high-quality relationship with followers which results in job satisfaction (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008), while transactional leadership emphasis is on the social exchange between the leaders and follower (Tracey & Hinkin, 1998). A study by Walumbwa (2004), showed that transformational leadership can improve the performance of subordinate staff by raising awareness on the importance of expected results, making them prioritize others over self, and transform subordinates level of needs. In a study conducted in Malaysia, Ling & Sing, (2011), found that both transactional and

transformational leadership styles have direct relationships with the employees' job satisfaction. Similar results have been reported in other studies. Thamrin (2012), reported that transformational leadership has a positive significant influence on job satisfaction.

In addition, Brady Germain & Cummings (2010) discovered in a systematic review that out of 53 studies reviewed, 24 (45.3%) reported that leadership styles concentrated on individuals and interactions such as supporting or transformational leadership were correlated with greater job satisfaction for nurses. On the other side, another 10 (18.9%) of the research reviewed discovered that management styles concentrated on duties and accomplishments were linked with reduced work satisfaction among nurses.

Although Azaare & Gross (2011) also discovered Ghanaian personnel nurses dissatisfied with their Nurse Managers' autocratic (directive) management style, it was not evident that they were not happy with their employment. Thus, a reduced level of satisfaction with the leadership style of executives may not automatically mean a reduced level of job satisfaction.

In summary, the review has identified that there is no one leadership style or practice that fit all situations. Many studies; Musinguzi, Namale, & Kekitiinwa, 2018) have considered the leadership style (transformational, transactional, authoritative, etc.) in general at the neglect of the practices of these leaders.

2.7 Conclusion

There has been a lot of research and discussions conducted on leadership and job satisfaction. Per the literature reviewed, it is clear that leadership plays a significant role in determining the job satisfaction of employees (Asamani, Naab, & Ofei, 2015; Azaare & Gross, 2011). Leadership practices (modeling the way, enabling others to act, inspiring a shared vision, encouraging the heart and challenging the process) in different studies (

Anderson, 2011; Loke, 2008) has been proven to also predict job satisfaction of employees. There have been only a few studies focusing on the leadership practices model of Kouzes and Posner and job satisfaction in the health sector and in the African context to serve as a base for health workers and policymakers to use in correcting errors of leadership practices and job satisfaction in Ghana and Africa as a whole.

As identified by literature, not many studies have focused on the phenomenon of how leadership practices affect nurse's job satisfaction. There is, therefore, an empirical gap which serves as a justification for an investigation of the effects of leadership practices on job satisfaction among nurses.

CHAPTER THREE

METHOD

3.1 Introduction

This chapter outlines the research methodology that was used to investigate the research problem. The chapter explained the research designs, sampling method, data collection, data analysis, validity, and reliability testing analysis, limitations of the study and ethical issues.

3.2 Study Design

This study used a cross-sectional design to determine the relationship between leadership practices and job satisfaction. The quantitative research design was adopted for this study. It was designed to capture data on the leadership practices of nurse managers as perceived by subordinate workers and its effects on the job satisfaction of the subordinates.

3.3 Research Setting

The study used three hospitals in the Greater Accra region of Ghana, namely Ledzekuku-Krowor Municipal Assembly Hospital (LEKMA Hospital), Achimota Hospital and the La General Hospital. These hospitals were selected from the over 64 government, private and mission hospitals in the region. The selection was done to involve only district hospitals which were previously under the Accra Metropolitan Assembly and also have a lot of people patronizing its services.

The Ledzekuku-Krowor Municipal Assembly Hospital is a primary care facility that provides service for basically the people within the Ledzekuku-Krowor Municipal Assembly and its surroundings. The hospital is included in the study because it is one of the primary facilities that provide care for a large population of people and the municipality was previously under the Accra Metropolitan Assembly. The hospital has a total nursing workforce of one-two hundred (200).

Achimota Hospital is also a primary facility located in Achimota. The hospital has a nursing population of one hundred and sixty-five (165) and provides services for the people within Achimota and its surroundings. The hospital is included in the study because it is also one of the government hospitals under the Accra Metropolis and provides care for a large population.

La General is a government primary hospital in La. It offers general services to the people of La Dade- Kotopon Municipality and it is surrounding. The hospital has a total nursing population of one hundred and eighty-nine (189). It was selected because it is a primary hospital. These three sites were selected because they were all first under the Accra Metropolitan Assembly and are also same in size.

3.4 Study Population

The population of target included all nurses working in the wards or units of the selected hospitals in the Greater Accra Region of Ghana.

3.4.1 Inclusion Criteria

Full-time workers (registered nurses and community health nurses) who are skilled nurses/midwives or auxiliary nurses. In addition, participants in the research were required to have at least 6 months of working experience with their present Unit Head. This was to guarantee that respondents were sufficiently familiar with their Unit Heads so that they could understand the problems that will be presented in the questionnaires and as such could not make significant contributions to the research.

3.4.2 Exclusion Criteria

Qualified nurses who had 6 months of working experience with their unit heads but were absent from work on the days of the data collection were excluded from the study. Those who also did not consent were also excluded.

3.5 Sample Size and Selection of Sample

There were a total of 554 nurses and midwives in the three hospitals. Using the total population of nurses and midwives in these hospitals as the accessible population and an alpha level of 0.05, the sample size was calculated using the simplified sample size of Yamane (1967) and the proportionate allocation method used to identify the number of questionnaires to be taken from each facility.

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

Where:

- n = required sample size
- N = Accessible population
- e = alpha level or significance level

$$\text{Thus, } n = \frac{554}{1 + 554(0.05)^2} = 233$$

Adding 10% so as to cater non-response and possible bias; the sample size, therefore, rounded to 256 participants. The proportionate allocation method was used to find the number to be done in each facility. The formula below was used:

$$\text{▪ } nh = n \times \frac{Nh}{N}$$

where

- n = calculated sample size
- Nh = total stratum
- e = total for all stratum

Thus, Achimota Hospital

$$\text{▪ } nh = 256 \times \frac{189}{554} = 87$$

Lekma Hospital

$$\text{▪ } nh = 256 \times \frac{200}{520} = 76$$

La General Hospital

$$\text{▪ } nh = 256 \times \frac{165}{520} = 92$$

In each facility, the purposive sampling strategy was used to focus on the particular group of nurses that were of interest to help answer the research questions. Though the study's sample size was 256, the study was able to get a total of 270 nurses to fill the questionnaire.

3.6 Study Variables

Table 3: Study Variables (Socio-demographic)

VARIABLES	INDICATORS	OPERATIONAL DEFINITION	SCALE OF MEASUREMENT
Sociodemographic	Age	Age of respondents	Ordinal
	Sex	Sex of respondents	Categorical
	Qualification	Educational qualification of respondents	Categorical
	Additional Qualification	Additional qualification of respondents	Categorical
	Unit of work	Unit of work of respondents	Categorical
	Unit Head Qualification	Qualification of the unit head	Categorical
	Training in management/administration	Unit Head trained in management/administration	Categorical
	Years of service of the unit head	Number of years unit head has served as a nurse/midwife	Continuous
	Unit Head years in the present position	Number of years unit head has been headed the unit	Continuous
	Years served with the unit head	Number of years respondent has worked with the unit head	Continuous
Workload	The workload of respondents	Continuous	
Other factors affecting Job satisfaction	Availability Working Logistics Task structure Experience Subordinates Capabilities	Other issues that affect job satisfaction of nurses	Categorical

Source: Author's Construct, 2019

Table 4: Study Variables (Independent)

INDEPENDENT VARIABLE	INDICATORS	OPERATIONAL DEFINITION	SCALE OF MEASUREMENT
Leadership practices	Challenging the process	Search for opportunities by seizing the initiative and looking outward for innovative ways to improve. Experiment and take risks by constantly generating small wins and learning from experience.	Continuous
	Inspiring the Shared Vision	Envision the future by imagining exciting and ennobling possibilities. Enlist others in a common vision by appealing to shared aspirations.	Continuous
	Enabling Others to Act	Foster collaboration by building trust and facilitating relationships. Strengthen others by increasing self-determination and developing competence	Continuous
	Modeling the Way	Clarify values by finding your voice and affirming shared values Set the example by aligning actions with shared values.	Continuous
	Encouraging the heart	Recognize contributions by showing appreciation for individual excellence. Celebrate the values and victories by creating a spirit of community.	Continuous
	Challenging the process	Search for opportunities by seizing the initiative and looking outward for innovative ways to improve. Experiment and take risks by constantly generating small wins and learning from experience.	Continuous

Source: Author's Construct, 2019.

Table 5: Study Variables (Independent)

DEPENDENT VARIABLE	INDICATORS	OPERATIONAL DEFINITION	SCALE OF MEASUREMENT
Job satisfaction	Pay/Salary	I feel I am being paid a fair amount for the work I do.	Continuous
	Promotion	Those who do well on job stand the fair chance of being promoted.	Continuous
	Benefit	The benefit I receive is as good as most other organizations offer.	Continuous
	Recognition	When I do a good job, I receive the recognition for it that I should receive.	Continuous
	Supervision	My supervisor shows interest in the feelings of subordinates	Continuous
	Working Conditions	Many of our rules and procedures make doing a good job difficult.	Continuous
	Co-Workers	I like the people I work with.	Continuous
	Work Itself	I like doing the things I do at work.	Continuous
	Communication	Communications seem good within this organization.	Continuous

Source: Author's Construct, 2019.

3.7 Data Collection Tools and Techniques

The study used a questionnaire as the main tool for data collection. The questionnaire included the demographic characteristics, leadership practices questionnaire and job Satisfaction questionnaire.

The Leadership Practice Questionnaire was adopted from the Kouzes and Posner Leadership Practice Inventory Tool and modified to fit the objective of the study. It took into consideration five areas to assess leaders' practices. These areas are, encouraging the heart,

modeling the way, inspiring a shared vision, challenging the process and enabling others to act. A five-point Likert scale (1= not at all, 2= once in a while, 3= sometimes, 4= fairly often, 5= all the time) was used to determine the perceived leadership practices of nurse managers by their subordinates.

The Job Satisfaction Questionnaire was also adopted from the Spector Job Satisfaction Survey and modified to suit the methodology and objectives of this study. This study made use of nine of the antecedents of the Spector Job Satisfaction tool (pay/ salary, promotion, communication, recognition, supervision, co-workers, benefit, working condition and work itself) which was used to measure the job satisfaction of nurses. Satisfaction of the nurses was determined by the usage of a six-point rating scale (1= disagree very much, 2=disagree moderately, 3= disagree slightly, 4=agrees slightly, 5= agree moderately and 6= agree very much) to know their level of satisfaction in all the antecedents and overall satisfaction. 3.8

Validity and Reliability.

The original instruments adapted for this study has been widely used for similar studies in both business and healthcare settings and therefore are considered valid and reliable (Kouzes & Posner, 2012; Mcbee, 2013; Goewey, 2012; Abu Tineh, Khasawneh, & Al Omari, 2008; Maitra, 2007). The researcher thoroughly conceptualizes the constructs of the study to ensure full capturing of the content domain, conducted an extensive review of the literature to make sure the questionnaire covered all the variables of investigation (demographic data; age, sex, rank, level of education, etc., leadership practices and job satisfaction). The questionnaire was also scrutinized by peers and supervisor to reflect objectives of the study.

To enhance reliability, a pre-test of the research instrument was done with 15 nurses at Impact Hospital which helped to identify and modify areas of misunderstanding in the instrument. The Cronbach alpha coefficient of reliability of the instrument was also

determined and the overall Cronbach alpha of the research questionnaire was 0.701 which is considered acceptable for newly developed or adapted instruments. The constituent scales also yielded acceptable levels of alpha coefficients. Leadership Practices questionnaire yielded a Cronbach's alpha coefficient of 0.731; the job satisfaction scale yielded 0.854.

3.8 Ethical Considerations

There is a need for every researcher to follow sound ethical principles in their study. It's been identified that 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.

The study sought for ethical clearance from the Ghana Health Service Ethics Committee before its commencement. The researcher obtained an introductory letter from the School of Public Health to the management of the study hospitals to obtain the requisite permission.

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

The results of the study will be made available to the Ministry of Health (MoH), Ghana Health Service (GHS), University of Ghana and the various health facilities where the study was done. The findings of the study will be presented at scientific seminars where necessary, published in peer-reviewed journals, and a copy of thesis made available at the University of Ghana School of Public Health's library for easy access.

CHAPTER FOUR

RESULTS

4.1 Introduction

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

4.2 Socio-demographic Characteristics of Respondents

The mean age of the respondents was 29.6 (SD = 0.535) years with the majority (68.2%) of them being between the age of 20-29 years. Most (83.3%) of the respondents were females. Respondents in the Staff grade (staff nurse/midwife/CHN) constituted the majority (70.4%) whilst those in the principal grade (PNO/PMO/PCHN) constituted only 0.7% of the sample. Regarding respondent's qualification, (53.0%) were working with diploma whilst only (13.3%) were working with a first degree. In addition, the majority of the participants (14.8%) worked in the medical wards whilst only 3.7% worked in the ANC units. Details of the demographic characteristics of participants are presented in table 6 below.

Table 6: Sociodemographic characteristics of respondents.

VARIABLE		FREQUENCY	PERCENT (%)
Age (Years)	20- 29	184	68.2
	30- 39	80	29.6
	40- 49	5	1.9
	50- 59	1	0.3
	Total	270	100
Sex	Male	45	16.7
	Female	225	83.3
	Total	270	100
Profession Rank	Staff Nurse/ Midwife/ CHN	190	70.4
	Snr Staff Nurse/ Midwife	37	13.7
	NO/ MO	25	9.3
	SNO/ SMO/ SCHN	16	5.9
	PNO/PMO/PCHN	2	0.7
	Total	270	100
Qualification	Certificate	79	29.3
	Diploma	143	53.0
	Advance- Diploma	12	4.4
	Bachelors Degree	36	13.3
	Total	270	100
Unit/ Ward	Emergency	18	6.7
	Maternity	26	9.6
	Surgical	15	5.6
	Medical	40	14.8
	Children	35	13.0
	ANC	10	3.7
	OPD	26	9.6
	Specialised (Chest, Abortion)	6	2.2
	PHU	29	10.7
	RCH	32	11.9
	OTHERS (Isolation, ART, etc.)	33	12.2
Total	270	100	
Workload	Less than 10 patients	26	9.6
	Between 10-15 patients	50	18.5
	Between 16-20 patients	20	7.5
	21 and above patients	174	64.4
	Total	270	100

Source: Author's Construct, June 2019.

4.3 Background Information on Unit Heads

As shown in table 7, 51.1% of the respondent reported that the highest qualification of their Unit Heads was Advanced Diploma whilst 1.11% reported that they did not know the highest qualification of their Unit Heads. When respondents were asked whether their Unit Heads had received training in management or administration, majority of them (54.8%) responded no whilst 34.5% said yes and 10.7% of the respondents did not know whether their Unit Heads had received the training. Many of the respondents, (51.1%) had worked with their Unit Heads for (1-5 years) with 33.7% and 15.2% of them working with their Unit Heads for (6- 10 years) and (11 years and above) respectively.

Table 7: Background Information on Unit Heads

VARIABLE		FREQUENCY	PERCENT (%)
Unit Heads Highest Qualification	Certificate	3	1.1
	Diploma	32	11.9
	Advance-Diploma	138	51.1
	Bachelor's Degree	44	16.3
	Masters	53	19.6
	Don't Know	3	1.11
	Total	270	100
Unit Head Had Training in Management	Yes	93	34.5
	No	148	54.8
	Don't Know	29	10.7
	Total	270	100
Unit Head Working Years	1-10years	68	25.2
	11-20 years	32	11.9
	21 years and above	36	13.3
	Don't Know	134	49.6
	Total	270	100
Unit Head Position Years	1-5years	126	46.7
	6-10 years	13	4.8
	11 years and above	4	1.5
	Don't Know	127	47.0
	Total	270	100
Years Respondents has worked with Unit Head	1-5years	138	51.1
	6-10 years	91	33.7
	11 years and above	41	15.2
	Total	270	100

Source: Author's Construct, June 2019.

4.4 Leadership Practices of Unit Heads

As part of the study, one of the objectives was to identify the leadership practices of the Unit Heads as perceived by their subordinate nurses using the Kouzes and Posner Leadership Practices Inventory. The results in Table 8 show that generally, Unit Heads demonstrates the leadership practices with a mean score of 17.87 out of 25.00 (SD= 4.16) which shows a

moderate use of the leadership practices in a whole. Challenging the process as a leadership practice had a mean score of 3.25 (SD= 1.16) which shows moderate use. Inspiring the shared vision also showed a moderate use with a mean score of 3.43 (SD= 1.08). Unit Heads were also seen as leaders who enabled others to act with a mean of 3.69 (SD= 1.10) and similarly modeling the way as a practice also had a mean of 3.69 (SD= 1.04). Lastly, a mean score of 3.81 (SD= 1.11) was recorded for Unit Heads who encouraged the heart which also is in moderate use.

Though all the practices recorded a moderate score, it can be identified from the Table below that some of the leadership practices were demonstrated more often than others. In descending order, Unit Heads demonstrated more the practice of encouraging the heart (3.81, SD= 1.11). Modeling the way, enabling others to act, inspiring a shared vision and challenging the process followed respectively with the following mean scores and SD, (3.69; SD=1.04, 3.69; SD=1.10, 3.43; SD=1.08, 3.25; SD=1.160). Per the interpretation given in the previous chapter on the leadership practices, it can be concluded that the leadership practices are moderately demonstrated thus the Unit Heads apply them as at when the situation demands.

Table 8: Leadership Practices of Unit Heads

LEADERSHIP PRACTICES	MINIMUM	MAXIMUM	MEAN	SD
Total Leadership Practices Score	5	25	17.87	4.16
Challenging the Process	1	5	3.25	1.16
Inspiring the Shared Vision	1	5	3.43	1.08
Enabling others to Act	1	5	3.69	1.10
Modeling the Way	1	5	3.69	1.04
Encouraging the Heart	1	5	3.81	1.11

Source: Author's Construct, June 2019.

4.5 Job Satisfaction Levels of Respondents

From the results, respondents were mostly not satisfied with their pay and benefits which had a (Mean= 2.62, SD= 1.48 and Mean= 2.70, SD=1.35) respectively. It was realized that the respondents liked the people they work with which gave a mean score of 5.06, SD=1.21 for the facet Co-Worker. It can be identified from Table 9 that the respondents were satisfied with just four of the facets (supervision, co-workers, work itself and communication) which all had a mean score of 4 and above. Dissatisfaction was also found for facets (pay/ salary, promotion, benefit, recognition and working conditions) which also scored a mean below 4. Total satisfaction of the respondents (Mean=35.2, SD=6.82) also showed that most of the participants were not satisfied with their work. This can be identified in fig. 2, where out of the 270 respondents, only 14.8% were satisfied with 6.67% being not satisfied and majority of the respondents 78.52% were identified as ambivalent meaning they were either doubtful or uncertain about their satisfaction.

Table 9: Job Satisfaction Levels of Respondents

JOB SATISFACTION FACETS	MINIMUM	MAXIMUM	MEAN	SD
Job Satisfaction (Total Score)	9	54	35.22	6.82
Pay/Salary	1	6	2.62	1.48
Promotion	1	6	3.40	1.68
Benefit	1	6	2.70	1.35
Recognition	1	6	3.32	1.51
Supervision	1	6	4.60	1.41
Working Conditions	1	6	3.23	1.51
Co-Workers	1	6	5.06	1.21
Work Itself	1	6	4.80	1.33
Communication	1	6	4.94	1.40

Source: Author's Construct, June 2019.

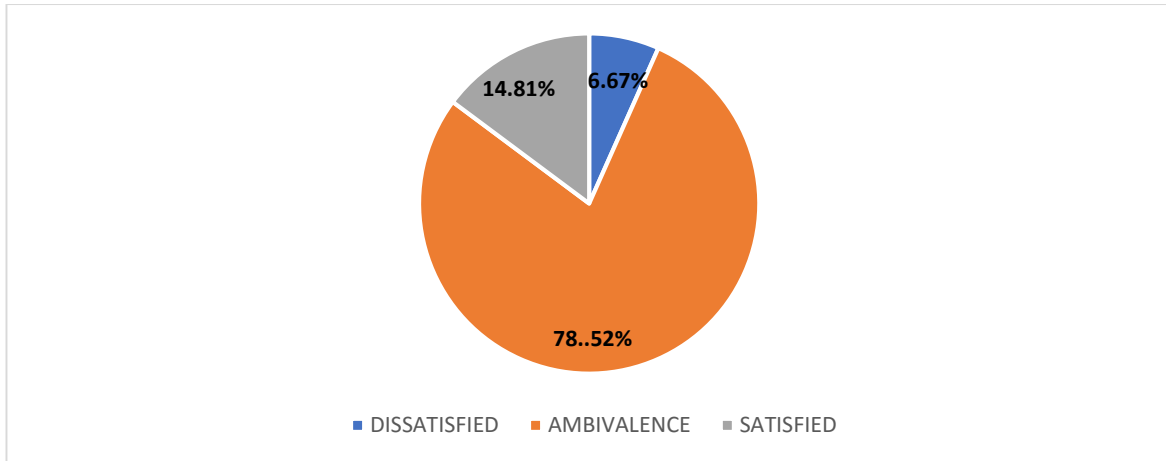


Figure 2. Job Satisfaction Levels of Respondents

Source: Author's Construct, June 2019.

4.6 Leadership Practices and Job Satisfaction of Respondents

A simple linear regression was done to demonstrate the relationship of the Total Leadership practices and Job satisfaction of the respondents. Total Leadership Practices accounted for a variance of 1.5% of respondents job satisfaction [$R^2=0.0185$, $F(1,268) = 5.05$, $p=0.025$]. The result found Total Leadership Practices to be a predictor for the respondent's job satisfaction.

An adjusted multiple linear regression using the total leadership practices and the sociodemographic variables as predictors for the respondent's job satisfaction. Total leadership practices was still found to be significant. In addition, the rank of the respondent, the number of years the unit head had worked and the number of years the unit head had served in position were also found to predict the job satisfaction of the subordinate nurses.

Table 10: Relationship between leadership practices and job satisfaction of nurses.

PREDICTORS		Coef.	[95% C I]		P> t
MODEL 1					
UNADJUSTED	Total Leadership Practices	0.202	0.025	0.380	0.025
Summary: $R^2=0.0185$, $F(1,268) = 5.05$, $P < 0.025$					
ADJUSTED	Total Leadership Practices	0.204	0.032	0.377	0.021
	Age	-0.809	-2.189	0.571	0.249
	Sex	-0.428	-2.349	1.492	0.661
	Profession Rank	-1.073	-1.923	-0.223	0.014
	Qualification	-0.307	-1.130	0.515	0.463
	Unit/ Ward	0.053	-0.158	0.266	0.620
	Unit Heads Highest Qual.	0.313	-0.499	1.127	0.448
	Unit Head Had Training in Mgt	0.123	-0.686	0.933	0.764
	Unit Head Working Years	0.922	0.170	1.674	0.016
	Unit Head Position Years	0.422	0.054	0.898	0.082
	Years Respondents has worked with Unit Head	-0.570	-1.420	0.280	0.188
	Workload	0.286	-0.444	1.017	0.440
Summary: $R^2=0.166$, $F(12, 257) = 4.26$, $P < 0.000$					

Source: Author's Construct, June 2019.

In the model two, a multiple linear regression was run on the various leadership practices to demonstrate which of them specifically predicts the job satisfaction of the nurses. The leadership practices together gave 4.89% of the variance in respondents job satisfaction [$R^2=0.0489$, $F(5,264) = 2.71$, $P < 0.021$]. In this model, only “encouraging the heart” was found to significantly contribute to the respondent’s job satisfaction with $p > 0.048$. When a stepwise analysis was done on this model, challenging the process and inspiring the shared vision also contributed significantly for the respondent’s job satisfaction with $p > 0.023$ and $p > 0.018$.

The unadjusted part of this model combined both the socio-demographic characteristics and leadership practices as predictors and performed a multiple linear regression to know which of the predictors shows a significant relationship with job satisfaction. The model explained 19.5% of the level of job satisfaction [$R^2=0.1950$, $F(16,253) = 3.83$, $P < 0.0000$]. This

model identified four factors (Respondents rank, number of years the unit head had worked, challenging the process and modeling the way) which significantly predicted the job satisfaction of the respondents.

Table 11: Relationship of leadership practices, socio-demographic characteristics and job satisfaction of nurses.

	PREDICTORS	Coef.	[95% C I]		P> t
MODEL 2					
UNADJUSTED	Challenging the process	0.629	-0.17	1.43	0.121
	Inspiring the shared vision	0.567	-0.32	1.45	0.208
	Enabling others to act	-0.275	-1.18	0.63	0.550
	Modelling the way	-0.779	-1.67	0.11	0.086
	Encouraging the heart	0.817	0.01	1.63	0.048
Summary: R2=0.0489, F (5,264) = 2.71, P < 0.021					
ADJUSTED	Challenging the process	0.884	0.09	1.68	0.03
	Inspiring the shared vision	0.605	-0.27	1.48	0.18
	Enabling others to act	-0.088	-0.95	0.78	0.84
	Modelling the way	-0.864	-1.72	-0.01	0.05
	Encouraging the heart	0.435	-0.36	1.24	0.27
	Age	-0.628	-2.02	0.76	0.37
	Sex	-0.000	-1.95	1.95	1.00
	Profession Rank	-1.128	-1.97	-0.28	0.01
	Qualification	-0.194	-1.03	0.64	0.65
	Unit/ Ward	0.083	-0.13	0.30	0.45
	Unit Heads Highest Qual.	0.349	-0.47	1.16	0.40
	Unit Head Had Training in Mgt	0.175	-0.64	0.99	0.67
	Unit Head Working Years	0.953	0.19	1.71	0.01
	Unit Head Position Years	0.455	-0.03	0.94	0.06
	Years Respondents has worked with Unit Head	-0.442	-1.29	0.41	0.31
	Workload	0.216	-.512	0.94	0.56
	Summary: R2=0.166, F (12, 257) = 4.26, P < 0.000				

Source: Author's Construct, June 2019.

Lastly, respondents were asked whether they had any other factors aside leadership practices which affected their job satisfaction. 51.4 % of the respondents reported that the availability of working logistics affects their job either negatively or positively. 16.6% identified task

structure as a predictor of their job satisfaction whilst 18.1% and 13.7% of the respondents said their unit heads experience and personal abilities also contribute to the satisfaction of their jobs.

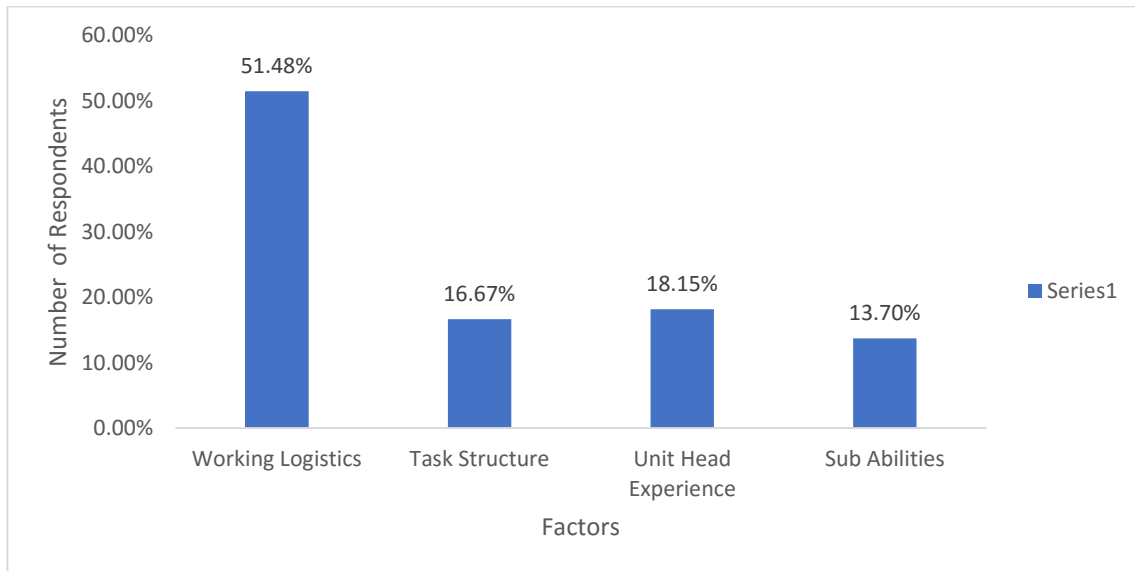


Figure 3: Non- Leadership Factors That Affects Respondents Job Satisfaction

Source: Author’s Construct, June 2019.

In summary, this study identified that unit heads in the study sites demonstrated the Kouzes and Posner Transformational Leadership Practices and found encouraging the heart as a frequently demonstrated leadership practice. The study found out that respondents were mostly not satisfied with their pay and benefits they received from their facilities. Also, most of the respondents were doubtful of their job satisfaction.

Finally, the study realized that aside leadership practices, other predictors like the respondent’s rank, the number of years the respondent has worked with the unit head, the workload of the respondents, the unit heads working experience and others were determinants for the subordinates job satisfaction.

CHAPTER FIVE

DISCUSSIONS

5.1 introduction

This chapter discusses the findings of the study with regards to leadership practices and job satisfaction of respondents according to the result of the study. The discussion also includes findings from other studies related to the objectives of this study.

5.2 Socio-demographic Characteristics of Respondents

Majority of the respondents were found to be between the ages of 20-29 years (68.1%) with 29.6% falling within the ages of 30-39 years. Respondents within the ages of 40-49 years and 50-59 years were found to be just 1.8% and 0.3% respectively. These figures as compared to the age distribution of nurses and midwives as stated in the 2016 annual report of the Ghana Health Service (Ghana Health Service, 2017) shows an increment. This report stated that 63.5% of nurses and midwives who were on the payroll were below the ages of 25-35 years, age group.

Out of the 270 participants, 83.3% were females with only 16.6% of them being males. This attests to the broad view of people that nursing is a female-dominated profession.

This study found 70.3% of the respondents to be either a staff nurse/ staff midwife/ staff community health nurse who may have 1- 3 years of working experience. This shows that the nursing profession has a young working force and their capabilities and competencies can be improved through mentorship and training by the staff in the higher ranks (PNO/PMO/PCHN) who made up only 0.7% of the respondents and maybe having 25 years and above working experience.

Regarding the workload of the respondents, 64.4% of them were found to be seeing 21 and above patients a day. A study by Buppert (2010) identified that in an 8-hour working day, a

nurse is expected to see 20 patients. This means seeing over 20 patients a day will lead to the nurse's burnout and exhaustion as stated by Portoghese et al (2014).

Most of the unit heads were found to have served as professional nurses/midwives/community nurses for 1- 10 years (25.1%) with only 13.3% serving in the profession for over 20 years. With such a number of the unit heads serving for 1- 10 years explains the previous finding indicating that the current nursing profession has a young workforce.

5.3 Perceived Leadership Practices

Leadership and Governance in health is an essential area of the health system as it is a cross-cutting theme connected with issues surrounding accountability, quality of care and regulations (WHO, 2010), this means leaders in the health sector must demonstrate the right and positive leadership practices to prevent poor accountability and regulations.

The study found that the Kouzes and Posner Leadership Model was generally moderately demonstrated by the unit heads and this was seen in all the leadership practices. All the five leadership practices had a mean score between 3 – 3.8 showing a moderately demonstrated practice. This finding is in line with a study by Abu-Tineh, Khasawneh, & Al-Omari (2008) which also found the leadership practices to be moderately demonstrated which was justified with the lack of in-depth knowledge and experience in this model by the respondents. It can be said that the unit heads demonstrated the practices per the situation encountered as established by Giltinane (2013) that a leader needs to find ways to deal with specific circumstances as and when they arise.

Though the respondents perceived that their leaders demonstrated these practices moderately, encouraging the heart was found to be mostly demonstrated that the other practices which is a good move in an era where health workers in the country are faced with a lot of challenges like (insufficient logistics for work and poor working conditions, it

requires greater exhibition of an effective practice dimension of encouraging the heart to make the nurses do what they are expected to do. Other studies (Lingam & Lingam, 2015; Abu-Tineh et al., 2008) done in developing countries have also shown that encouraging the heart as a practice was mostly demonstrated by leaders.

Modeling the way and enabling others to act were found to be the second most demonstrated leadership practice by the unit heads. In modeling the way, leaders are expected to clarify values by finding their voice and affirming shared values and also set the example by aligning actions with shared values. Leaders demonstrating the behavior of modelling the way means that the unit heads of the respondents always make an effort to direct and also serve as role models for their subordinates as Loke (2001) stated that modeling the way, leads to a glad and pleased institution where intense commitment to corporate goals can be bred and where increased productivity follows. Enabling others to act which was also found to be the second most demonstrated practice also talks about leaders being able to foster collaboration by building trust and facilitating relationships and also strengthen others by increasing self-determination and developing competence. Though it is moderately demonstrated by the leaders, this study still finds it to be significant and justifies it with Loke (2001) conclusion that it helps to build reliability and acceptance amongst nurses and helps to prevent confusion as a result of new development which may negatively affect organizational survival.

The fourth leadership practice which was moderately demonstrated was “inspiring a shared vision” which seeks to envision the future by imagining exciting and ennobling possibilities and also to enlist others in a common vision by appealing to shared aspirations. The findings of this study on inspiring a shared vision did not conform with that of (Arthur, 2009; Suheyla, 2008) which found this specific leadership practice to be the least demonstrated

practice by leaders. This means over the years; leaders have come to understand the essence of supporting the visions of subordinates.

Lastly with subordinate's perception on their unit heads leadership practices, challenging the process was found to be the least demonstrated practice by the unit heads. This practice seeks to search for opportunities by seizing the initiative and looking outward for innovative ways to improve and also experiment and take risks by constantly generating small wins and learning from experience. Unit heads less likely to put this practice in use is quite interesting because looking at the current health issues with it challenging existing processes, such a practice will be helpful to seek out new opportunities to improve the institution.

Unit Heads must be aware of the leadership practices and know at what point each of them is to be demonstrated. Furthermore, 54.81% of the Unit heads had not received any training in management prior to or after their appointment as Unit Head implies that these Heads might not have sufficient knowledge and competence to apply the various leadership practices to achieve the satisfaction of nurses. Therefore, calls for the training of current and prospective heads in this area.

5.4 Job Satisfaction Levels of Respondents

Job satisfaction among nurses is a key predictor of nurses productivity, intention to stay and their delivery of services to patients (Asamani et al., 2015). This study found that out of 270 participants used for this study, only 14.81% expressed their satisfaction for their jobs, 6.67% stated that they were not satisfied with their job and a majority of them, 78.52% said they were ambivalent with their job meaning they were doubtful of their job satisfaction or dissatisfaction. This finding of nurse's ambivalence on job satisfaction is consistent with other studies on nurse's job satisfaction from other researchers (Boafo, 2018). As described

by Agbokey (2014) in his study to find the level of job satisfaction among nurses in Ghanaian hospitals, this study also found some variables (pay/salary, benefits, recognition and working conditions) as the predictors of their dissatisfaction. These findings explain why Saleh (2012) concluded that Ghanaian nursing employees at the workplace face a host of problems, including bad working conditions, inadequate and outdated facilities, and insufficient remuneration with increased workload.

Studies (Alghamdi, Topp, & AlYami, 2018; Asamani, Naab, Maria, & Ofei, 2017 Agbokey, 2014) have reported nurses not to be satisfied with their work therefore giving an impression that nurses across many countries are not satisfied with their work which in a way might affect their delivery of services. The low levels in job satisfaction of nurses imply that there is a high tendency of nursing staff not providing the quality of services demanded by the population. Innovative policy intervention is needed to help provide nursing staff with the needed items to help do their work. This policy must look at their pay, benefits, promotion, and supervision.

5.5 Leadership Practices and Job Satisfaction

The last objective of this study was to determine whether leadership practices in a way had an influence on the job satisfaction of subordinate nurses. This study found total leadership practices to have a significant relationship with job satisfaction with a p-value of $p=0.025$. This finding confirms previous empirical studies which also suggest that nurse managers who employed the transformational leadership practices determined the job satisfaction of nursing unit team (Anderson, 2011). This shows that unit heads and healthcare leaders must be well informed on the transformational leadership practices since there is a lack of knowledge and experience in this model as justified by Abu-Tineh et al.,(2008).

When a multiple linear regression was done on the various leadership practices, only encouraging the heart was found to be a predictor of job satisfaction with a p-value 0.048 and coefficient of .817 meaning an increased use in this leadership practice increases the job satisfaction level of the nurses. As this leadership practice tends to recognize contributions by showing appreciation for individual excellence and also celebrate the values and victories by creating a spirit of community. This finding is line with other studies (Corsalini, 2014; Cummings et al., 2010; Rad & Yarmohammadian, 2006) that has also identified leaders who support their subordinates enhanced their job satisfaction.

This study also confirmed the findings of Muhammad & Jamilha, (2010) which identified that both the working environment and demographic variables also affect job satisfaction of the employee. Demographic characteristics (age, sex, workload, unit head working years, unit head position years, years respondents have worked with unit head, rank, and qualification) explained 11.5 % of the differences in staff level of job satisfaction. Out of them, only the respondents rank and the years the unit head had worked predicted the job satisfaction of the nurse. The rank of the respondents showed a negative coefficient meaning respondents with lower ranks had a lower level of job satisfaction while respondents with higher ranks exhibited a higher level of job satisfaction. This could be attributed to the fact that higher-ranked nursing staffs received higher levels of salary than lower-ranked nursing staffs, therefore, making lower rank staff much dissatisfied with pay/salary as a facet for job satisfaction.

A number of studies have assigned similar reasons (sociodemographic characteristics) to have a relationship with levels of job satisfaction among nurses/midwives (Corsalini, 2014; Muhammad & Jamilha, 2010; Asamani et al., 2015). The findings of the above-stated studies were not dissimilar when respondents were asked to choose other factors aside

leadership practices which affected their job satisfaction, 58% of the respondents selected working logistics as a predictors, 16.67% choose the task structure of their work, 18.15% said their unit heads working experience and 13.70% accepted that their capabilities also affect their job satisfaction. These findings firmly confirm Muhammad & Jamilha, (2010) argument that both the working environment and demographic variables also affect job satisfaction of the employee.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This section of the dissertation provides a summary of the study, findings, contribution to understanding, recommendations, study limitations, and lastly the direction for future studies.

6.2 Summary

The findings of this study are summarized as follows:

The study found that the unit heads moderately demonstrated the transformational leadership practices of Kouzes and Posner.

Another important aspect of the finding is with the job satisfaction levels of the subordinate nurses. The study found that out of 270 participants used for this study, only 14.81% expressed their satisfaction for their jobs, 6.67% stated that they were not satisfied with their job and a majority of them, 78.52% said they were ambivalent with their job meaning they were doubtful of their job satisfaction or dissatisfaction.

Lastly, leadership practices were found to have a significant relationship with job satisfaction of the subordinate nurses. The study also found that demographic characteristics (the respondents rank and the years the unit head had worked) predicted the job satisfaction of the nurse. These findings confirm the claim of the Kouzes and Posner Leadership Practices that in achieving the goals of any organization, leaders must apply different practices depending on the situation at hand. In order for Unit heads to improve upon the job satisfaction of subordinates, leaders must demonstrate all the leadership practices frequently for the attainment of nurse's job satisfaction.

6.3 Conclusion

In conclusion, total leadership practices significantly predict the job satisfaction of nurses. In as much as the total leadership practices predict job satisfaction, there is no one leadership practice which best fits all situations but at every point in time, leaders used varied leadership practice. Majority of the nurses were found not to be satisfied with their job with pay, benefits, recognition, working logistics, supervision and working experience of unit heads as factors leading to this situation.

The findings of this study, therefore, suggest that policy and managerial initiatives are required from all bodies in charge of the nursing workforce to improve upon leadership in healthcare and nurses job satisfaction.

6.4 Recommendations

Based on the findings of the study, the following recommendations are made.

- The Ghana Health Service (GHS) must develop a structured in-service training program for current and prospective healthcare leaders on leadership practices.
- The nursing and Midwifery Council of Ghana should review the nursing and midwifery curriculum at the diploma, post-basic and post-graduate levels to include substantial management and leadership courses since they eventually become the frontline leaders and managers at various levels of the health sector.
- Nurses should be provided with the benefits they deserve, promoted at their designated time and be paid an amount which is equivalent to the work they do so as to boost their level of satisfaction.

REFERENCES

- Abu, Tineh, A. M., Khasawneh, S. A., & Al-Omari, A. A. (2008). Kouzes and Posner's transformational leadership model in practice: The case of Jordanian schools. *Leadership & Organization Development Journal*, 29(8), 648–660. <https://doi.org/10.1108/01437730810916613>
- Ahmad, A. R., Nazir, M., Adi, M., Noor, H., Ghafar, A., & Rahman, A. (2017). *The Influence of Leadership Style on Job Satisfaction among Nurses*. 9(9), 172–178. <https://doi.org/10.5539/ass.v9n9p172>
- Alghamdi, M. G., Topp, R., & AlYami, M. S. (2018). The effect of gender on transformational leadership and job satisfaction among Saudi nurses. *Journal of Advanced Nursing*, 74(1), 119–127. <https://doi.org/10.1111/jan.13385>
- Andrews, D. R., Richard, D. C. S., Robinson, P., Celano, P., & Hallaron, J. (2012). The influence of staff nurse perception of leadership style on satisfaction with leadership: A cross-sectional survey of pediatric nurses. *International Journal of Nursing Studies*, 49(9), 1103–1111. <https://doi.org/10.1016/j.ijnurstu.2012.03.007>
- Aron, S. (2015). *Cornerstone: A Collection of Scholarly and Creative Works for Relationship between Nurses' Job Satisfaction and Quality of Healthcare They Deliver*. Retrieved from <http://cornerstone.lib.mnsu.edu/etds>
- Asamani, J. A., Naab, F., Maria, A., & Ofei, A. (2017). *Leadership styles in nursing management : implications for staff outcomes*. (April).
- Asamani, J. A., Naab, F., & Ofei, A. M. A. (2015). *The influence of nurse managers' leadership styles on staff outcomes in Eastern Region of Ghana*. (10295015).
- Assibi Rita, A., Atindanbila, S., Prudence Portia, M.-N., & Abepuoring, P. (2013). the Causes of Stress and Job Satisfaction Among Nurses At Ridge and Pantang Hospitals in Ghana. *International Journal of Asian Social Science*, 3(3), 762–771.
- Avolio, B. J., Gardner, W. L., Walumbwa, F. O., Luthans, F., & May, D. R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors. *Leadership Quarterly*, 15(6), 801–823. <https://doi.org/10.1016/j.leaqua.2004.09.003>
- Azaare, J., & Gross, J. (2011). *in nursing management*. 20(11).
- Bateh, J. T. (2011). *Leadership Styles and Faculty Satisfaction in the State University System of Florida*.

- Batura, N., Skordis-Worrall, J., Thapa, R., Basnyat, R., & Morrison, J. (2016). Is the Job Satisfaction Survey a good tool to measure job satisfaction amongst health workers in Nepal? Results of a validation analysis. *BMC Health Services Research*, *16*(1), 1–13. <https://doi.org/10.1186/s12913-016-1558-4>
- Boafo, I. M. (2018). The effects of workplace respect and violence on nurses' job satisfaction in Ghana: A cross-sectional survey. *Human Resources for Health*, *16*(1), 1–10. <https://doi.org/10.1186/s12960-018-0269-9>
- Boamah, S. A., Spence Laschinger, H. K., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook*, *66*(2), 180–189. <https://doi.org/10.1016/j.outlook.2017.10.004>
- Brady Germain, P., & Cummings, G. G. (2010). The influence of nursing leadership on nurse performance: A systematic literature review. *Journal of Nursing Management*, *18*(4), 425–439. <https://doi.org/10.1111/j.1365-2834.2010.01100.x>
- Chang, S. C., & Lee, M. S. (2007). A study on the relationship among leadership, organizational culture, the operation of learning organization and employees' job satisfaction. *Learning Organization*, *14*(2), 155–185. <https://doi.org/10.1108/09696470710727014>
- Chou, Y. C., Fu, L. Y., Kröger, T., & Ru-Yan, C. (2011). Job satisfaction and quality of life among home care workers: A comparison of home care workers who are and who are not informal carers. *International Psychogeriatrics*, *23*(5), 814–825. <https://doi.org/10.1017/S104161021000219X>
- Clavelle, J. T., Drenkard, K., Tullai-Mcguinness, S., & Fitzpatrick, J. J. (2012). Transformational leadership practices of chief nursing officers in magnet® organizations. *Journal of Nursing Administration*, *42*(4), 195–201. <https://doi.org/10.1097/NNA.0b013e31824ccd7b>
- Corsalini, N. N. (2014). *Relationship Between Leadership Styles of Nurse Managers and Nurses' Job* ORIGINAL ARTICLE RELATIONSHIP BETWEEN LEADERSHIP STYLES OF NURSE MANAGERS AND NURSES' JOB SATISFACTION IN JIMMA. (March 2013).
- Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., ... Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, *47*(3), 363–385. <https://doi.org/10.1016/j.ijnurstu.2009.08.006>

- Ghana Health Service. (2017). *2016 Annual Report. Accra.* (June), 2. Retrieved from http://ghanahealthservice.org/downloads/GHS_ANNUAL_REPORT_2016_n.pdf
- Giltinane, C. L. (2013). *LS Theories 4.* (Cook 1999), 39–44.
- Goewey, D. F. (2012). *Examining the Kouzes and Posner leadership practices of elementary principals in central New York.* 136.
- Grimm, J. W. (2010). Effective Leadership: Making the Difference. *Journal of Emergency Nursing, 36*(1), 74–77. <https://doi.org/10.1016/j.jen.2008.07.012>
- Haycock-Stuart, E., Kean, S., & Haycock-stuart, E. (2012). *Does nursing leadership affect the quality of care in the community setting ?* 372–381. <https://doi.org/10.1111/j.1365-2834.2011.01309.x>
- The initiative, J. L. (n.d.). *Human Resources for Health Overcoming the crisis t s i r y f e o h t t e s i r h h t o F i n v e n d e h a s a t o t i m w e r c e g e h d u t o l e e t o s r e n o w o m a t s l t h c k r e a r e y e e h t v i t h t h o a l a l q u h e b t o.*
- Journal, A. (2012). *Organizational Commitment and Job Satisfaction.* 2(2), 85–91.
- Kedir, K., & Geleta, A. (2017). Leading Educational Change: The Practices of Transformational Leadership in the Ethiopian Technical Vocational Education and Training (TVET) Institutions. *Online Submission, 9*(5), 46–61. <https://doi.org/10.5897/IJVTE2017.0233>
- Koppula, R. (2008). Examining the relationship between transformational leadership and engagement. *156, (PG-),* 51–59. Retrieved from NS -
- Kotei, M. (2014). *Job satisfaction among nurses in Ghanaian hospitals: The case of University of Ghana hospital (UGH).* (July 2015). Retrieved from https://www.academia.edu/9646924/JOB_SATISFACTION_AMONG_NURSES_IN_GHANAIAN_HOSPITALS_THE_CASE_OF_UNIVERSTITY_OF_GHANA_HOSPITAL_UGH
- Kouzes, J., & Posner, B. (2012). *The Leadership Challenge, Fifth Edition.*
- Ling, V. M., & Sing, N. K. (2011). *The influence of leadership styles on employees ' job satisfaction in public sector organizations in Malaysia.* (May 2014).
- Lingam, G. I., & Lingam, N. (2015). Are They Fit for Leading? Teachers' Perceptions of Leadership Practices of ...: EBSCOhost. *International Studies in Educational Administration, 43*(1), 35–47. Retrieved from <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=b5d01fd3-3bbd-409f-a194-1fd89e592cac%40sessionmgr4008>

- Loke, J. C. F. (2001). Leadership behaviors: Effect on job satisfaction, productivity, and organizational commitment. *Journal of Nursing Management*, 9(4), 191–204.
- Maitra, A. (2007). An analysis of leadership styles and practices of university women in administrative vice presidencies. *ProQuest Dissertations and Theses*, (August), 181.
- Mansoori, Z., Saffar-Avval, M., Basirat Tabrizi, H., & Ahmadi, G. (2002). Modeling of heat transfer in turbulent gas-solid flow. *International Journal of Heat and Mass Transfer*, 45(6), 1173–1184. [https://doi.org/10.1016/S0017-9310\(01\)00234-4](https://doi.org/10.1016/S0017-9310(01)00234-4)
- Mcbee, J. M. (2013). *Perceptions of the Leadership Practices of Male and Female Field Directors At a Pharmaceutical Company – Are There Differences?* Retrieved from <http://www.tntemple.edu/application/files/Academics/DMin/J.McBee.pdf>
- Mohammad Mosadegh Rad, A., & Hossein Yarmohammadian, M. (2006). A study of the relationship between managers' leadership style and employees' job satisfaction. *Leadership in Health Services*, 19(2), 11–28. <https://doi.org/10.1108/13660750610665008>
- Moneke, N., & Umeh, O. J. (2014). Leadership practices influence job satisfaction. *Nursing Critical Care*, 9(2), 33–36. <https://doi.org/10.1097/01.CCN.0000444000.77693.21>
- Mosadeghrad, A., & Ferdosi, M. (2013). Leadership, Job Satisfaction and Organizational Commitment in the Healthcare Sector: Proposing and Testing a Model. *Material Socio Medica*, 25(2), 121. <https://doi.org/10.5455/msm.2013.25.121-126>
- Muhammad, M. A., & Jamilha, F. M. (2010). Level of job satisfaction and intention to leave among Malaysian nurses. *Business Intelligence Journal*, 3(1), 124–137. <https://doi.org/10.1007/s00287-009-0374-1>
- Musinguzi, C., Namale, L., & Kekitiinwa, A. (2018). *The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda*. 21–32.
- Nguni, S., Slegers, P., & Denessen, E. (2007). *Transformational and transactional leadership effects on teachers' job satisfaction, organizational commitment, and organizational citizenship behavior in primary schools: The Tanzanian case*. *Transformational and Transactional Leadership Effects on Tea*. 3453. <https://doi.org/10.1080/09243450600565746>
- Peters, D. H., Chakraborty, S., Mahapatra, P., & Steinhardt, L. (2010). Job satisfaction and motivation of health workers in public and private sectors: Cross-sectional analysis from two Indian states. *Human Resources for Health*, 8, 1–11. <https://doi.org/10.1186/1478-4491-8-27>

- Portoghese, I., Galletta, M., Coppola, R. C., Finco, G., & Campagna, M. (2014). Burnout and workload among health care workers: The moderating role of job control. *Safety and Health at Work*, 5(3), 152–157. <https://doi.org/10.1016/j.shaw.2014.05.004>
- Sojane, J. S., Klopper, H. C., & Coetzee, S. K. (2016). Leadership, job satisfaction and intention to leave among registered nurses in the North West and Free State provinces of South Africa. *Curationis*, 39(1), 1–10. <https://doi.org/10.4102/curationis.v39i1.1585>
- Solutions, S. (1985). *Job Satisfaction Survey (JSS)*. 1–3.
- Sona George. (2012). “A Study on Job Satisfaction of Employees in BPCL Kochi Refinery Limited” \n. *International Journal of Human Resource Management and Research (IJHRMR)*, 2(1), 26–34. Retrieved from <http://www.tjprc.org/download.php?fname=--1330611386-A STUDY ON JOB - Sona George - Paid.pdf>
- Thamrin, H. M. (2012). *The Influence of Transformational Leadership and Organizational Commitment on Job Satisfaction and Employee Performance*. 3(5). <https://doi.org/10.7763/IJIMT.2012.V3.299>
- The leadership challenge*. (2008). 94103.
- The leadership challenge*. (2009). 94103.
- The World Health. (2008). Primary Health Care: Now More Than Ever The World Health Report 2008. *The World Health Report*, 26, 148. <https://doi.org/10.12927/hcpol.2013.22778>
- Thisera, T. J. R., & Sewwandi, E. P. I. (2019). *Administration and Management Transformational Leadership and Employee Engagement in the Hospitality Sector in Sri Lanka* *Transformational Leadership and Employee Engagement in Hospitality Sector in Sri Lanka* . (December 2018).
- Tomey, A. N. N. M. (2009). *Nursing leadership and management effects work environments*. (2002), 15–25. <https://doi.org/10.1111/j.1365-2834.2008.00963.x>
- Tracey, J. B., & Hinkin, T. R. (1998). *Transformational Leadership or Effective Managerial Practices ? Transformational Leadership or Effective Managerial Practices ?* <https://doi.org/10.1177/1096348003256602>.
- Uzoehina, G. O., & Oguegbu, A. (n.d.). *Principals’ leadership styles: A Kouzes and Posner model-based assessment of principals’ leadership practices*. 1(1), 1–18.

- Walumbwa, F., Avolio, B., Gardner, W., Wernsing, T., & Peterson, S. (2008). *Authentic Leadership : Development and Validation of a Theory-Based Measure Authentic Leadership : Development and*. <https://doi.org/10.1177/0149206307308913>
- WHO. (2010). Health - United Nations Sustainable Development. *Who*, 1–92. <https://doi.org/10.1146/annurev.ecolsys.35.021103.105711>
- سلامة.م . (2011). *No Title*. 2002.

APPENDICES

APPENDIX I- RESEARCH QUESTIONNAIRE

Dear Respondent,

I am Partrick Osei-Adjei, a student at the School of Public Health of the University of Ghana and I would need your co-operation to answer this questionnaire on “Assessment of the effects of leadership practices on job satisfaction among nurses in the Greater Accra Region of Ghana” Be assured that information provided would be used strictly for academic purposes and confidentiality is fully assured. The questionnaire should take about 20 minutes to fill

Code number: _____ Interview Date: ___/___/2019 Name of Facility:

SECTION A

**DEMOGRAPHIC CHARACTERISTICS OF THE NURSE/ MIDWIFE
(Please indicate by writing or choosing what applies to you)**

1. Age:
2. Sex:
 - A. Male
 - B. Female
3. What is your rank?
 - A. Staff Nurse/midwife/ CHN
 - B. Senior staff nurse/midwife
 - C. NO/MO
 - D. SNO/SMO/SCHN
 - E. PNO/PMO/ PCHN
4. What is your qualification [Please, tick only ONE]
 - A. Certificate
 - B. Diploma
 - C. Advanced Diploma
 - D. First Degree
5. Do you have any additional qualification?
 - A. Yes
 - B. No
- 5a. If yes, what is it?

- A. Masters
- B. PhD
- C. Others (specify)

6. Which unit are you working in?

- A. Emergency
- B. Maternity
- C. Surgical
- D. Medical
- E. Children
- F. ANC
- G. OPD
- H. Specialized unit
- I. Other (specify)

7. What is the highest qualification of your Unit Head? (Pls. choose the most appropriate answer).

- A. Certificate
- B. Diploma
- C. Advanced Diploma
- D. First Degree
- E. Masters
- F. Don't know
- G. Others (specify)

8. Has your Unit Head received any training in management/administration? (Please indicate).

- A. Yes
- B. No
- C. I don't know

9. How long has your Unit Head worked as a nurse/midwife/medical officers?

- A. 1yr- 10yrs
- B. 11yrs- 20yrs
- C. 21 and above
- D. Don't know

10. How long has your Unit Head served in this position?

- A. 1yr- 5yrs
- B. 6yrs- 10yrs
- C. 11yrs- 16yrs
- D. 16yrs and above
- E. Don't know

11. How long have you worked with this Unit Head?

- A. 1yr- 5yrs
- B. 6yrs- 10yrs
- C. 11yrs and above

12. How many patients do you attend to in a day?

- A. less than 10
- B. between 10- 15
- C. between 15- 20
- D. above 20

SECTION B

LEADERSHIP PRACTICES QUESTIONNAIRE DERIVED FROM THE KOUZES AND POSNER TRANSFORMATIONAL LEADERSHIP MODEL

Instructions: This table provides a description of leadership practices. The descriptive statements are listed below. State by ticking (√) how frequently each statement fits your Unit Head’s leadership practice. Please, be honest about your responses as there are no right or wrong answers

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

Which of the following leadership practices are demonstrated by your Unit Head?

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

LEADERSHIP PRACTICE	COMMITMENT	RESPONSE (Please, tick in the appropriate box)				
		Not at all 1	Once in a while 2	Sometimes 3	Fairly often 4	All the time 5
13. Challenging the process	<ul style="list-style-type: none"> • Search for opportunities by seizing the initiative and looking outward for innovative ways to improve. • Experiment and take risks by constantly generating small wins and learning from experience. 					
14. Inspiring the Shared Vision	<ul style="list-style-type: none"> • Envision the future by imagining exciting and ennobling possibilities. • Enlist others in a common vision by appealing to shared aspirations. 					
15. Enabling Others to Act	<ul style="list-style-type: none"> • Foster collaboration by building trust and facilitating relationships. • Strengthen others by increasing self-determination and developing competence 					
16. Modeling the Way	<ul style="list-style-type: none"> • Clarify values by finding your voice and affirming shared values 					

	<ul style="list-style-type: none"> Set the example by aligning actions with shared values. 					
17. Encouraging the heart	<ul style="list-style-type: none"> Recognize contributions by showing appreciation for individual excellence. Celebrate the values and victories by creating a spirit of community. 					

SECTION C

JOB SATISFACTION QUESTIONNAIRE DERIVED THE PAUL SECTOR JOB SATISFACTION SURVEY.

Instruction: PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.

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

FACETS	MEANING OF THE FACETS						
		Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
18. Pay/Salary	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
19. Promotion	Those who do well on job stand the fair chance of being promoted.	1	2	3	4	5	6
20. Benefit	The benefit I receive is as good as most other organizations offer.	1	2	3	4	5	6
21. Recognition	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
22. Supervision	My supervisor shows interest in the feelings of subordinates	1	2	3	4	5	6

23. Working Conditions	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
24. Co-Workers	I like the people I work with.	1	2	3	4	5	6
25. Work Itself	I like doing the things I do at work.	1	2	3	4	5	6
26. Communication	Communications seem good within this organization.	1	2	3	4	5	6

27. Which of these factors aside leadership affects your job satisfaction?

- A. Availability of Logistics
- B. Task structure
- C. Experience
- D. Others (specify):

Appendix II: **Information Sheet**

STUDY TITLE: ASSESSMENT OF THE EFFECTS OF LEADERSHIP PRACTICES ON JOB SATISFACTION AMONG NURSES IN THE GREATER ACCRA REGION OF GHANA.

INTRODUCTION: I am Partrick Osei-Adjei, a student at the University of Ghana School of Public Health offering a Master's degree in Public Health. I am conducting a research on the topic "Assessment of the effects of leadership practices on job satisfaction among nurses in the Greater Accra Region of Ghana" in partial fulfillment of the award of a Master's Degree. My contact details are as follows;

Mobile: 0279351425

E-mail: bayeldengpat@gmail.com

Location: University of Ghana Campus

BACKGROUND AND PURPOSE OF RESEARCH: Leadership is a critical determinant of job satisfaction in any field of endeavor. Nursing is a people-centered profession and therefore the issue of leadership is crucial for success. Nurse Managers' leadership styles are believed to be important determinants of nurses' job satisfaction. However, there is a limited study done on leadership and job satisfaction in the country to inform policymakers and programs that address the Nurse Manager's leadership.

NATURE OF RESEARCH: This study is to assess the leadership practices of Nurse Managers on the job satisfaction of subordinates. This study will take place at the La General hospital, LEKMA Hospital and the Achimota Hospital where a total of two hundred and sixty-two (262) nurses will be interviewed.

PARTICIPANTS INVOLVEMENT: Participants will be required to fill a short questionnaire, which will not take more than thirty (30) minutes of their time. The questionnaire is designed in a friendly form though some of the questions may seem a bit unfriendly. Participants are reassured that their responses will not be used against them and it will be used solely for the purposes of the research.

BENEFITS: There are no direct benefits to the participant in this study. However, it is hoped that the findings from this research may be used to train Nurse Managers to adopt leadership practices that will enhance nurses' job satisfaction.

RISK: Taking part in this study will not expose to risk. The interview will only cost you some part of the time you will allow for the interview

COST: In this study, no cost will be incurred for participants who will be involved.

COMPENSATION: There will be no compensation for the Participants who partake in the study. However, it is hoped that a token will be given to participants.

CONFIDENTIALITY: Code numbers will be used for the participants and not their personal names and the data collected will be kept under lock and key and used solely for the purpose of research.

VOLUNTARY PARTICIPATION/WITHDRAWAL: Participation is voluntary and participants have the right to decline to participate and also withdraw from the study at any time without penalty and without having to give any reasons.

OUTCOME AND FEEDBACK: The data collected will be analyzed and interpreted for the purpose of the research. After which the data collected will be discarded some months after the study is entirely completed. The results of the study will be published in journals and social media platforms to allow everyone the opportunity to know the finding and to be used as existing literature for future research.

FUNDING INFORMATION: The Principal Investigator solely funds this study.

SHARING OF PARTICIPANTS INFORMATION/DATA: Participants are reassured that the data collected will not be shared with any individual or organization and will be used solely for research purposes by the Principal Investigator.

PROVISION OF INFORMATION & CONSENT FOR PARTICIPANTS: A copy of the Information sheet and consent form will be given to you after it has been signed or thumb-printed to keep.

For further clarifications or questions, kindly contact the following;

Mr. Partrick Osei-Adjei	Dr. Justice Nonvignon	Ms. Hannah Frimpong
Prin. Investigator	Supervisor	GHS-ERC Administrator
0279351425	0249832313	0302681109
bayeldengpat@gmail.com	justice.novignon@gmail.com	
Hannah.Frimpong@ghsmail.org		

APPENDIX III - CONSENT FORM FOR NURSES

STUDY TITLE: Assessment of the Effects of Leadership Practices on Job Satisfaction among Nurses in the Greater Accra Region of Ghana

PARTICIPANTS INFORMATION

I acknowledge that I have read the purpose and contents of the participants' Information Sheet read and that all questions have been satisfactorily explained to me in a language I understand (English). I fully understand the contents and any potential implications as well as my right to change my mind (thus, withdraw from the study) even after I have signed/thumb printed this form.

I voluntarily agree to be part of this research.

Respondent Initials.....

Signature: Date.....

INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the details of this study at large have been thoroughly explained to the participant and all questions and clarifications raised were duly attended to.

Researcher Name.....

Signature..... Date.....

APPENDIX IV: Ethical Approval Letter

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

MyRef: GHS/RDD/ERC/Admin/App/197203
Your Ref. No.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
GPS Address: GA-050-3303
Tel: +233-302-681109
Fax + 233-302-685424
Email: ghserc@gmail.com
20th June, 2019

Patrick Osei-Adjei
University of Ghana
School of Public Health
Legon

GHS-ERC Number	GHS-ERC056/04/19
Project Title	Assessment of the Effects of Leadership practices on the job satisfaction among Nurses in the Greater Accra Region of Ghana
Approval Date	20 th June, 2019
Expiry Date	19 th June, 2020
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.
- Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....

DR. CYNTHIA BANNERMAN
(GHS-ERCCHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra