



Dr Adelaide Ansah Ofei (Ghana)

*Nurse managers' leadership styles
and intention to stay at current
workplace among nurses in Ghana*



Nurse Managers' leadership styles and intention to stay at current workplace among nurses in Ghana.

Dr. Adelaide Maria Ansah Ofei

Senior Lecturer/HOD

Department of Research, Education and Administration

School of Nursing and Midwifery

University of Ghana

Outline of Presentation

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Introduction

- Enabling effective leadership is significant to safeguard continuous improvement of quality health services, maximization of productivity and efficiency (Kumar & Khijee, 2015).
- Leadership is perceived as the ability to mobilize, influence and communicate the organizational mission and vision to motivate, empower and inspire others to act willingly toward achieving organizational goals (Aberese-Ako, Agyepong, & Van Dijk, 2018; Perfecto G. Aquino, 2015).
- Leadership styles are the behavioural pattern used to influence others (Giltinane, 2013) to create a positive work climate that arouses motivation and drives performance.
- NMs are expected to employ leadership styles to enable efficiency and effectiveness (Boamah, Spence Laschinger, Wong, & Clarke, 2018; Cummings et al., 2018).
- NMs leadership styles influence the intention of nurses to stay in the profession or the present workplace (Simone, Planta, & Cicotto, 2018; Asamani, Naab, & Ofei, 2016).

Problem Statement

- Intention to stay is a major determinant of staff retention and is largely influenced by the managers' leadership styles (Goh, Ang, & Della, 2018).
- Inadequate staffing levels of critical healthcare professionals, difficult economic conditions and changes in disease pattern is transitioning healthcare across the world (GHWO, 2010).
- In 2017 Ghana increased the density of nurses, midwives, and doctors to 2.65 per 1,000 population (GHS, 2018).
- Health Sector Staffing norms (2017), estimated that the GHS will have only 67% of the required Registered Nurses by May 2018 but the numbers of nurse specialists will further reduce.
- Exploring the influence of NMs' leadership styles on nurses' intention to stay is significant in developing strategies that would foster job satisfaction.

Objectives of the study

Using the Full Range Leadership model (1985) as the organizing framework,

- The study explored NMs' leadership styles and their influence on nurses' intention to stay at their current workplace
- The Full Range Leadership theory is chosen because
 - it comprises of varied leadership styles,
 - it is widely recognized in literature as the most predominant and researched theory on leadership (Morsiani, Bagnasco, & Sasso, 2016; Negussie & Demissie, 2013; Perez, 2014)

Methods

- Cross-sectional self-report survey
- 38 (22.1%) purposively selected hospitals representing primary, secondary and tertiary levels of the functional health system
- Sample size: 348 nurses
- Inclusion criteria:
 - (1) respondents should be registered nurses or midwives,
 - (2) respondents should have been certified by the Nursing and Midwifery Council (NMC),
 - (3) respondents should have worked for at least a year in the hospital, and
 - (4) respondents should have at least worked for three months with the NM.
- Quota sampling technique.
- Convenient selection of respondents from the hospitals
- Ethical clearance was obtained from Noguchi Memorial Institute for Medical Research-IRB, University of Ghana
- 12 weeks (January to March 2019) was used to collect data

Methods

- Modified MLQ-5x standardized questionnaire to suit the objectives of the study
- Previous reliability for MLQ 5x-Short questionnaire ranged from
 - Cronbach's alpha coefficient of .74 to .94
- Validity ratings for the items on the scale ranged from
 - $(r) = .79$ for transformational leadership styles,
 - $(r) = .56$ transactional leadership styles, and
 - $(r) = .84$ for laissez-faire leadership style (Bass & Avolio, 2004).
- Autocratic and participative leadership styles were developed
 - 21-items-5 Likert scale (participative -10 items, and autocratic -11 items).
- Cronbach alpha coefficients generated were
 - transformational .87,
 - transactional .72,
 - laissez-faire .77,
 - participative .89,
 - autocratic .78

Methods

- Section D was the modified turnover intention scale (TIS-6)
 - 16 item 4-point Likert scale ranging from 'Strongly disagree' to 'Strongly agree' to elicit the turnover intentions
- Previous reliability in literature yielded a Cronbach alpha coefficient of .91 (Jacobs, 2005; Martin & Roodt, 2008; Martin, 2007) and .80 (Bothma & Roodt, 2013).
- Cronbach alpha coefficient of turnover intention scale for this study yielded .82.
- Data analysis:
 - Frequencies, means, and standard deviation were used to describe the sample.
 - Correlation analysis was employed to establish the association between leadership styles and nurses' intention to stay.
 - Regression analysis was conducted to find predictors of nurses' intention to stay.

Table 1: Socio-demographic characteristics of participants

Variable	Frequency (n)	Percent (%)	
Age (Years)	20-30 Years	206	59.2
Mean age =29.9 years	31-40 Years	125	35.9
SD=6.57	41-50 Years	5	1.4
Modal age=28	≥ 51 Years	4	1.1
Gender	Male	131	37.6
	Female	217	62.4
	Total	348	100
Professional Rank	SN/SM	96	27.6
	SSN/SSM	86	24.7
	NO/MO	63	18.1
	SNO/SMO	39	11.2
	EN	55	15.8
	PNO/PMO	6	1.7
Basic qualification	Certificate	72	20.7
	Diploma	167	48.0
	First Degree	109	31.3
Unit/Ward	Emergency/OPD	94	27.0
	Maternity	53	15.2
	Surgical/Theatre	64	18.4
	Medical	28	8
	Children	23	6.6

Table 2: Mean Ranking of Nurse Managers leadership styles used at the unit level

Leadership Styles	N	Min	Max	Mean	SD
Transformational	346	1	5	3.47	0.92
Transactional	345	1	5	2.82	0.68
Participative	347	1	5	3.54	0.93
Laisser-Faire	347	1	5	2.08	1.19
Autocratic	345	1	5	2.63	0.95

Table 3: Overall mean score of staff intention to stay

	Minimum	Maximum	Mean	SD
Intention to stay (on a 4-point Likert scale)	1	4	3.26	0.37

Table 4: Relationship between NMs' leadership styles and nurses' intention to stay

Variables	Intention to stay	
	Correlation (r)	p-value
Transformational leadership style	0.326**	<0.001
Transactional leadership styles	-0.137**	0.011
Laissez-Faire leadership style	-0.270**	<0.001
Participative leadership style	0.226**	<0.001
Autocratic leadership style	-0.220**	<0.001

Criterion level: 0.05

Table 5: Predictors of nurses' intention to stay

Predictors	Standard Error	Standardized Coefficients	t-value	p-value
		Beta		
Model 1 (Constant)	0.123		24.333	<0.001
Age of respondent	0.035	0.037	0.671	0.503
Gender of respondent	0.042	0.153	2.762	0.006
Basic qualification	0.03	-0.038	-0.678	0.498
Unit/Department	0.008	0.015	0.273	0.785
Unit workload	0.026	0.071	1.246	0.213
Model 1 Summary: $R^2=0.027$, $F_{(5, 334)}=1.837$, $p=0.105$				

Dependent variable: Intention to stay Criterion level: 0.05

Table 5: Predictors of nurses' intention to stay

Model 2	(Constant)			0.177	17.797	<0.001	
	Age			0.034	0.068	1.302	0.194
	Gender			0.039	0.112	2.173	0.031
	Basic qualification			0.028	-0.097	-1.806	0.072
	Unit/Department			0.007	0.040	0.749	0.454
	Workload			0.024	0.039	0.746	0.456
	Nurses duration of work with Nurse managers			0.043	-0.015	-0.298	0.766
	Transformational leadership style			0.029	0.306	4.378	<0.001
	Transactional leadership style			0.031	-0.173	-3.056	0.002
	Participative leadership style			0.027	0.009	0.139	0.890
	Laissez-faire leadership style			0.019	-0.099	-1.619	0.107
	Autocratic leadership style			0.023	-0.140	-2.485	0.013

Model 2 Summary: $R^2=0.209$, $F_{(11,325)}=7.554$, $p<0.001$

Dependent variable: Intention to stay Criterion level: 0.05

DISCUSSION: NMs leadership styles

- Nurses perceived their NMs to be exhibiting transformational, transactional, participative, laissez-faire, and autocratic leadership styles.
- Participative leadership style (mean=3.54, SD=0.93) is mostly displayed followed by transformational leadership style, transactional leadership style and autocratic leadership style with the least being laissez-faire.
- NMs use situational leadership approach in managing the work unit
 - Appropriate leadership styles must be utilized in dealing with contextual issues confronting the environment (Azaare & Gross, 2011; Giltinane, 2013; Xu, 2017).
- NMs displaying all the five leadership styles is significant in the performance of their duties.

NMs leadership styles

- Transformational leadership style (mean=3.47, SD=0.92) with idealized behaviour (mean=3.51, SD=1.20) was the second most used leadership style.
 - AbuAlRub and Nasrallah (2017) and Negussie and Demissie (2013) reported nurses that perceived their NMs leadership style as transformational
- NMs moderately practice transactional leadership styles (mean=2.82, SD=0.68) with contingent reward (mean=3.22, SD=0.98).
- NMs occasionally use autocratic leadership style (mean=2.63, SD=0.95),
 - Inconsistent with the work of Azaare and Gross (2011) who asserted that leadership styles of NMs are that of lordship and hostility.
 - Collaborates with Ofei, Sakyi, Buabeng, Mwini-Nyaledzigbor, and Asiedua (2014) contended that intimidation wasn't a frequently strategy used among NMs.
 - Asamani, Naab, and Ofei (2016) found the use of autocratic leadership style very limited at the unit level.
- Laissez-faire leadership style (mean=2.08, SD=1.19) was the least used style.
 - Ofei et al. (2014) intimated that laissez-faire is inappropriate in nursing practice especially, with new staff.

Nurse managers leadership styles and nurses' intention to stay

- Turnover rate of nurses especially, the young ones is high (20%) (Cohen, Stuenkel, & Nguyen, 2009; Straus, 2009) but this can be addressed with the appropriate leadership styles of NMs at the work unit.
- Nurses have a relatively high intention of staying at their present workplace (mean=3.26, SD=0.37).
- 14.4% of the nurses, desire to abandon their current workplace
- 13.5% are searching for alternative job opportunities
- 14.1% planning to look for a new job within the next 12 months.
 - Consistent with literature which suggest that intention to leave among nurses is between 4% to 68% (Flinkman, Leino-Kilpi, & Salanterä, 2010; Sabanciogullari & Dogan, 2015).
- Weak but statistically significant relationship between transformational ($r=0.326$) and participative leadership styles ($r=0.226$) and nurses' intention to stay.

Nurse managers leadership styles and nurses' intention to stay

- Sociodemographic characteristics together explained 2.7% of nurses' intention to stay but only gender was statistically significant predictor of the model.
- Female and male nurses showed moderate intention to stay in their current workplace.
- NMs' leadership styles (transformational, transactional, participative, laissez-faire and autocratic) jointly accounted for 20.9% of the variance in nurses' intention to stay.
- Transformational, transactional and autocratic leadership styles individually significantly predicted the model.
- Transactional leadership style ($B = -0.173$, $p = 0.002$) and autocratic leadership style ($B = -0.140$, $p = 0.013$) had negative effects on intention to stay.
- Nurses' intention to stay is reduced by 17.3% and 14% in their current workplace if NMs exhibit more transactional and autocratic leadership styles, respectively.

Conclusion

- Exhibition of all the leadership styles are relevant at the unit level to enable contentment and intention to stay among nurses.
- The study affirms the significance of participative and transformational leadership styles in promoting intention to stay among nurses.
- NMs should use less transactional and autocratic leadership
- Regular experiential leadership training for NMs is imperative for the development of requisite leadership competencies sensitive to the needs of nurses.

Implications for nursing management

- NMs require exhibition of all leadership styles to appropriately manage the work unit.
- NMs should understand the influence of their leadership behaviours in promoting a positive workplace climate that would enhance nurses' intention to stay at the workplace.
- NMs should use more of transformational and participatory leadership styles and less of transactional and autocratic leadership styles.
- NMs need periodic experiential leadership training to be proficient with the requisite leadership styles that would encourage nurses' intention to stay at their workplace.

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