Perceived and Preferred Leadership Behavior of Nurse Managers at the Unit Level in the Greater Accra Region:
A Mixed Method Approach

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Abstract
A descriptive explorative mixed method approach was used to explore the perception and preferred leadership behaviour of nurse managers among nurses and nurse managers in the unit. The manager’s style can be fundamental for subordinates’ acceptance of change and in motivating them to achieve stated visions and goals and high quality of care. Nurse managers exhibit variable leadership behaviour but more inclined towards transformational leadership behaviour. Intimidation although present, its usage is not popular as relationship between nurses and nurse managers was that of a mother-daughter or father-son relationship. Creating a stimulating environment generates both staff and client satisfaction. There was contradictory evaluation of leadership instincts by the two groups whereas, nurse managers believed themselves to be assertive, proactive, etc., the nurses perceived nurse managers to be timid and lacked confidence in dealing with other professional groups. Nurses would prefer their leaders to be proactive, assertive, knowledgeable, insightful, tolerant, good listener and respected by all. Essential to the nurses is also mentoring by nurse managers. It is therefore significant that nurse managers are adequately prepared for this challenging and dynamic position of a nurse manager.

Key Word: Perceived leadership behavior, Nurse Managers, Unit Level, Greater Accra Region and mixed approach method.

Introduction
The mystery of what leaders can and ought to do in order to spark the best performance from people has spawned multitude of research work though effective leadership still eludes many people and organizations. Leadership is recognised as the fundamental element for organisational success (Medland & Steinhauer 2009). In nursing, leadership is found to be related to nurses’ job satisfaction, job retention and empowerment, quality of care and hospital costs ((Trofino, 2000, Lobo 2010 & Kleinman 2004). Johansson et al., (2010) has described nursing leadership as an enterprise in which personal character and skills are exercised and where an adequate social practice is created with goals of nursing as the key element.
A Nurse Manager has an important position in developing and leading nursing. The Nurse Manager’s role at the unit has always been one that is challenging and evasive but over the past decade, the role has swiftly evolved into a position with greater authority and responsibility. Being a successful leader of clinical staff requires mastery of the skilled knowledge embedded in nurse managers’ practice and is more complex than the application of management theories to actual situations.

The unit has always been regarded as the fulcrum in the management of the hospital, and a substantial corpus has demonstrated that the effectiveness of the nurse manager is crucial to its success, in terms of leadership, client care and support of staff particularly with regard to education. The brain drain of nurses in the late 1980s and 1990s created a critical shortage of professional nurses to deliver care and a huge vacuum was also created in terms of leadership in nursing. Additionally, there is artificial shortage of nurses in the unit, created by newly qualified nurses combining schooling with official duties thus always occupied with academic work while absenting themselves from work; older nurses seeking for additional qualification to ensure their eligibility for the Deputy Director of Nursing designation; and losses due to pregnancy and resignations. These issues make the position of nurse managers quite challenging and very evasive. The need for elaborate preparation towards the nurse manager’s position is therefore very relevant for maximum outcomes.

Again, many young nurses are disillusioned by nursing leaders’ inability to defend themselves and stand up to other professional groups’ particularly medical officers. This situation according to Asamani, Kwafo and Ansah Ofei (2013) is due to the inadequate educational preparation of nurses for the appointment of nurse managers. Marshall (2011) nevertheless, asserts that the success of the nurse manager’s role effectiveness have been linked to higher educational levels, organizational support and the mentorship available to them. Casida and Parker (2011) also acknowledged that employers, particularly hospital administrators and/or senior nurse executives have the moral and professional obligation to assist first-line nursing leaders in acquiring and demonstrating the best or evidence-based leadership practices in contemporary health care system. Leadership can and should be taught. Leadership should be included in curricular content and emphasized education preparations, continuing educational programmes and leadership training designed for nurse managers within or outside academic settings.

Whereas other countries have realized the importance of preparing the nurse manager adequately to honour this dynamic and challenging role, not much is being done for the Ghanaian nurse manager. Many nurse managers assume this complex role with little or no knowledge or skills in leadership thus making life very uncomfortable for them. The nurse manager has to lead the unit based on his/her technical knowledge and the on-the-job experience of leadership from senior colleagues. Laschinger et al. (2007) also recognised that although managers play key roles in the health care settings, very few studies focus on them. The purpose of this study was to explore leadership behaviour of nurse managers at the unit level and how leadership behaviour affects staff and client satisfaction, effectiveness and efficiency.

**Literature Review**

**Leadership styles:**

Over the years, a myriad of leadership styles have been proposed in view of the fact that the use of styles is valuable thus, enabling individuals to develop a quick way of thinking about leadership. Whereas, earliest studies of leadership focused on the qualities required for effective leadership, contemporary studies focus on behaviour of the leader (Marguis & Huston 2006). Several leadership styles have been proposed and have tended to be expressed in terms of authoritarian versus democratic styles or people-orientation versus task-orientation. Common among these are McGregor’s Theory X manager, who is tough, autocratic and supporting tight controls with punishment – the authoritarian. The contrasting style is that of the Theory Y manager; who is benevolent, participative and believing in self-controls – the democrat.
Likert described four systems namely exploitative-authoritative system; the epitome of the authoritarian style. The benevolent-authoritarian system; a paternalistic style, the consultative system; moves towards greater democracy and teamwork and participative – group system; the ultimate democratic style. Tannerbaum and Schmidt’s model of a continuum of leadership styles also described a range of authoritarian behaviour at one end to democratic behaviour at the other. These three approaches underscore the fact that managers have a basic choice between being either authoritarian or democratic and the ideal is a democratic one. In practice however, an authoritarian style could be more effective than a democratic style, and vice versa depending on the circumstance.

In the 1960s, Blake and Mouton (1964) studied how leaders used relationship and task behaviours in their work. They developed the Leadership Grid, which shows concern for people and production in a model. In the middle of the 20th century, theorists began to believe that most of the leaders were not just using one style. They changed their leadership style in response to new situations. Hershey and Blanchard (1993) identified four leadership styles that categorize the primary behaviour a leader has to use based on the directive and supportive behaviour characteristics of employees. These leadership styles are directing, coaching, supporting and delegating. Leadership style depends on the development level of the employees the leader wants to influence and on the confidence employees have in relation to the task.

Currently, the leadership literature is dominated by the transactional-transformational paradigm. Transactional leadership depends on personal and material rewards that are given in return for effort, performance, and loyalty. In contrast, transformational leadership leader uses behaviours such as formulating and communicating a vision, exhortation, inspiration and persuasion, and challenge to the status quo. McClelland and colleagues identified six leadership styles that influence an organization’s working environment. These leadership styles are coercive, authoritative, Affiliative, democratic, pacesetting and coaching. All six leadership styles have evidently a measurable effect on each aspect of climate.

A recent theoretical and empirical analysis conducted by Pearce et al. (2003) articulated an extension of the transformation – transactional paradigm and suggested five major types of leadership: aversive, directive, transactional, transformational/charismatic, and empowering. The major contribution is empowering which, is a type of leadership that focuses on influencing others by developing and empowering follower self-leadership capabilities. The aversive and directive styles use a position of authority to force others to comply mainly out of fear. The common behaviours of the aversive leader include threats, intimidation, reprimand and punishment. The directive leader is more benign, but still top-down, expressing leadership via direction, instructions and command.

The resultant effect of frequent utilization of transformational leadership behaviours among nurse managers has been linked to positive or healthy work environment: consequently, an increase in job satisfaction, nurse retention, empowerment and professional commitment (Espinoza et al. 2009; Kramer et al. 2010). The final style is the empowering leader, one who leads others to lead themselves. The leader focus mainly on the followers and it is the strength of the followers that enables the leader to become super. The empowering leader encourages initiative, self-responsibility, self-confidence, self-goal setting, positive opportunity thinking, and self-problem-solving. These followers in turn, experience exceptional commitment and ownership of their work thus, challenging people to discover the potential within them.

While all the styles of leadership can be important, most leaders want to know specifically which style is more effective. In practice, leaders often have to decide about how to lead best and this depends on the situation. Goleman (2000) acknowledges that leaders who have mastered four or more especially the authoritative, democratic, affiliative, and coaching styles, have the best climate and business performance. Goleman (2000) also remarked that the most effective leadership uses a collection of distinctive leadership styles each in the right measure, at just the right time, though such flexibility is tough to put into action but pays off in performance.
Leading Practice of Nurse-Managers at the Unit Level

Leadership according to Cole and Kelly (2011) is something more than just personality, tradition, opportunism or appointment. It is intimately connected with actual behaviour and attitudes towards oneself and others. Leadership can therefore be the process of influencing others to understand and agree about what needs to be done and how to do it and the process of facilitating individual and collective efforts to accomplish shared objectives. Leadership means providing health care through a collaborative and ethical process that uses advocacy to effect change for the benefit of clients.

Nursing has evolved over time to incorporate societal changes, technological advances and the delivery of an evidence based service responsive to need (Marr, 1997). Leadership in the clinical practice environment is important to ensure both optimal client outcomes and successive generation of motivated and enthusiastic clinicians. Nurses appreciate a leadership style that approaches the participative group style (Nakata & Saylor 1994; Leveck & Jones 1996).

Urden and Monarch (2002) contend that excellent nursing leaders are perceived to be knowledgeable and risk takers who are guided by an articulated philosophy in doing daily operations in nursing and supportive of staff. Nursing leaders can be strong advocates for staff by being risk takers in the development of healthy work environments. Workplaces are important settings for addressing the mental, physical, social and economic welfare of the employees. There is a link between the health of the workplace and the wellbeing of the personnel (Kearsey, 2003; Chang et al., 2005) and healthy workplaces are correlated with healthier clients (Kearsey, 2003).

Poor leadership and management styles such as impatience, defensiveness, unsupportiveness, lack of supervision and guidance, control, and lack of recognition have been identified as major stressors (Jinks, Lewis & Croft, 2003; Olofsson, Bengtsson & Brink, 2003). On the other hand, positive workplace management initiatives such as shared goals, learning opportunities, career development, reward schemes, autonomy, participation and empowered strategies, employee health and well-being programmes, job satisfaction, open management styles and participation and empowerment strategies that are consistent with transformational leadership foster healthy staff-focused workplaces (Clegg, 2001; Yeatman & Nove, 2002; Kramer & Cole, 2003; McVicar, 2003; Secker & Membrey, 2003; Thyer, 2003; Aust & Ducki, 2004; Joffres et al., 2004; Jooste, 2004; Park et al., 2004).

Upenieks (2003) study of Magnet hospital nurse leaders identified the following leadership traits as essential: accessible, collaborative, communicative, flexible, good listener, honest, influential, knowledgeable, positive, supportive and visible which empower people. Leadership ability is fundamental to influencing groups to achieve stated visions and goals (Yukl, 2002). During times of dramatic organizational changes in health systems, nursing management can be both a challenging and a difficult task. Leadership style as well as leadership behaviours are the best approach by which a manager can use to achieve designated goal (Huber et al. 2000).

Nursing and management studies primarily emphasize transformational and transactional styles of leadership. In a transactional leadership style, followers agree about achieving the required goals and objectives in exchange for rewards or praise (Bass et al., 2003). Once goals are achieved, rewards are provided (Bass et al., 2003). In contrast, transformational leadership entails inspiration and the transformation of a follower’s motivation state (Cole & Kelly, 2011). The attitude of the manager can be important for subordinates’ acceptance of change and in motivating them to achieve high quality of care. Leadership behaviour can be learned (Goleman, 2000), although some researchers believe that personal attributes such as intelligence and temperament sets limits for the learning (Smith & Peterson, 1988).

Cook (2001) identified five attributes that characterized effective nursing leaders: highlighting, respecting, influencing, creativity and supporting. A transformational leader can be characterized as a ‘gardener’ who shapes a developing and growing culture through stimulating and empowering the staff in creative thinking.
and gives freedom for innovation and growth. Bass et al. (1996) contends that this leadership style is slightly more common among women leaders whereas transactional leadership is more common in men. Four components highly valued in transformational leadership are inspirational motivation, idealized influence, intellectual stimulation and individualized consideration (Ward, 2002). It is therefore relevant to empower nurse managers to acquire these components.

The individual leader has a basic general operating style, emanating from the personality, experiences and learning of leadership (Ekvall 1992) thus, it is very commendable to allow nurses to have good mentors as well as adequate preparation towards the nurse manager designation. Prenkert and Ehnfor (1997) studied whether nurse managers who expressed both transactional and transformational behaviour are more organizationally effective and noticed a higher correlation between transformational leadership and nursing quality and a lower correlation between transactional leadership and nursing quality.

Wong and Cummings (2007) also reviewed systematically the relationship between nursing leadership and client outcomes and realized significant associations between positive leadership behaviours, styles or practices and increased client satisfaction and reduced adverse events. Findings relating leadership to client mortality rates were inconclusive. Wong and Cummings concluded that an emphasis on developing transformational nursing leadership is an important organizational strategy to improve client outcomes. The continuous status of change in health care places demand on nurse managers’ competencies such as, social awareness, ability to see the ‘big picture and interpersonal relationship building’ (Wallick, 2002).

Ramanujam and Rousseau (2006) contend that effective integration of staff into teams in order that they can demonstrate enactment of their scope requires efficient leadership, including planning of roles, realistic and manageable workloads, clear communication and approachable ward managers or team leaders. The presence of these factors in the work environment has been associated with reduced clinical errors. Nurse leadership in clinical practice, within the context of management, has been identified as a requirement for the development of a healthy and supportive work environment (Person et al., 2004; Cole & Crichton, 2006; Kramer, Maguire & Schmalenberg, 2007; Wentzel Perse-nus et al., 2009). This helps to create a committed workforce (Wallen et al., 2006; Laschinger, Finegan & Wilk, 2009), enhance job satisfaction (Duffield et al., 2009), improve work competence (Gillespie et al., 2009), the quality of work life (Donald, 1999) and increase positive organizational outcomes (Akerjordet & Severinson, 2008). Kuokkanen et al. (2007) suggest that leadership styles have a direct effect on the work environment with poor leadership contributing to higher rates of staff dissatisfaction, burnout and absenteeism among health workers.

Leadership according to Drucker (1996) is a means and the crucial question that needs to be asked is leadership to what end. Leaders are expected to set examples and to behave as society expects; society expects virtue from business and business people. Drucker acknowledges that the foundations of effective leadership is thinking through the organization’s mission, defining it and establishing it clearly and visibly. The leader sets the goals, sets the priorities, and sets and maintains the standards. Drucker argues that the leader compromises and the leader’s primary task are to be the trumpet that sounds clear sound. Leadership should be seen as a responsibility rather than as a rank or privilege. In nursing and other professional groups in Ghana however, leadership is typically observed as a privilege with some form of expectation from the followers. The leadership and guidance provided by nurse managers is invaluable in helping to promote quality nursing care and positive client outcomes.

Interdependence of the care team is described by Nelson et al., (2002) as a culture characterized by trust, collaboration, willingness to help each other, appreciation of complementary roles and a recognition that all contribute to a shared purpose. A culture characterized by trust and collaboration is a crucial matter for which leaders are responsible (West, 2001; Firth-Cozens & Mowbray, 2001; Firth-Cozens, 2001). Researchers noticed in the late 1970s that effective leadership depended on a number of variables, such as the values of the leader, organizational culture, the work and the environment. Leadership behaviours significantly and positively impact nursing unit performance and the hospital’s overall organizational outcomes.
Research Method

An explorative descriptive study design was used to explore the phenomenon of leadership behaviour of nurse managers at the unit level in the secondary and primary health delivery systems (regional and district hospitals) as well as some specialized health care organizations in the Greater Accra region, Ghana. The study used a qualitatively driven mixed-method approach with quantitative and observation concurrent components from a population-based survey of nurse managers in the unit.

In all four approaches were used concurrently for the study. Qualitative strategies used were In-depth interviews with nurse managers to explore their lived experiences and Focus group discussion with nurses/midwives to explore their lived experiences. Quantitative strategies involved Aggregation of the outcome of the qualitative strategy and Structured questionnaire for nurses to explore their perceived and preferred leadership practices of nurse managers. Observation was also used to aggregate environmental data in the clinical setting of the nurse managers.

The study setting was primary and secondary health care facilities of the Ghana Health Service as well as some specialized hospitals in the Greater Accra region, Ghana. All the clinical units of selected health care facilities were utilized for the study.

Sampling Technique

Purposive sampling approach was used to select nurse managers and nurses/midwives for the qualitative study. 15 nurse managers were interviewed; 1 SSN, 1PCHN, 5 NOs, 4 SNOs, and 4 PNOs. The age range was 31 – 59 years, the mean age was 46.9 and the standard deviation was 7.49. 47 nurses were used for the focus group and the age range was 22 – 52 years, the mean age was 30.1 years and the standard deviation was 6.19. Convenient sampling approach was used to select nurses/midwives in the hospitals for the quantitative study. In all 552 nurse/midwives answered the questionnaire. The age range was 20 – 66 years, and the mean was 31.1 with a standard deviation of 8.87

Ethical Clearance

Ethical clearance was sought from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research, University of Ghana, Legon (IRB 003/12-13). Permission for the study was obtained by the researcher from the Regional Health Directorate, Accra Metropolitan Health Directorate and the Accra Psychiatric Hospital. Permission was also sought from heads of administration of all the health care facilities. Individual consent was sought from participant before data collection.

Data collection

Both quantitative and qualitative data were collected concurrently and approximately, three (3) weeks was used to collect data from each health care facility. The purpose, objectives and educational implications of the study was explained to the participants for informed consent. All interviews took place at the clinical setting during the participants’ regular work scheme. The interviews were undertaken using interview guides with open-ended questions. The interviews focused on the following domains: background variables, goals, work tasks, change and improvements, successful leadership, leadership styles, and relations. During the interview, follow-up questions were used to gather additional qualitative information and to clarify responses. The interviews were conducted in English and lasted about two hours for the professional nurses and one to one and half hours for the nurse managers. The interviews were audiotaped and transcribed verbatim by the researcher. One interview was excluded because of a technical mistake, and for two of the interviews, only part of the material could be used because of poor sound quality. Data collection continued during all shifts, over a period of four (4) months.
Analysis

Content analysis using open coding was used for the qualitative data. All interviews were digitally audi-taped and the analysis of the data was based on overall impression, reading and re-reading of transcripts to identify code and summarize the concepts and themes, consistent with the Techs’ method. All items on the questionnaire were coded for easy data analysis using the SPSS version 16.00 (SPSS Inc., Chicago, IL, USA) statistical package. Descriptive statistics, such as frequencies, means, standard deviations (SD) and 95% confidence intervals (CI) was used to describe the sample. Bivariate relationships between demographic characteristics, unit characteristics, aspects of the leadership using a correlation (Spearman) matrix was accomplished. Furthermore, correlation to examine relationships between aspects of the demographic data to the implications for client satisfaction, staff satisfaction and nursing practice was also explored. Means and standard deviation of preferred and perceived responses was calculated and compared to describe leadership in the unit and the preferred practice by the nurses. A P-value of < 0.01 and 0.05 was considered statistically significant in all association tests. The mixing of both sets of data in the final phase helped strengthen the overall outcome of the study by offering a more comprehensive integration of results (Creswell J & Plano Clark V, 2011).

Result

Perceived and preferred leadership behaviours of nurse managers were elicited from the nurses in the unit and generally there was significant difference; the least was 0.72 and the highest was 1.0 (Table 1).

Table 1: Leadership Behaviour of Nurse Managers

<table>
<thead>
<tr>
<th>Leadership behaviour of nurse managers</th>
<th>Perceived</th>
<th>Preferred</th>
<th>Difference</th>
</tr>
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<tbody>
<tr>
<td>Transformational leadership</td>
<td>Mean: 3.36, SD: 1.052</td>
<td>Mean: 4.34, SD: 0.956</td>
<td>Difference: 0.98</td>
</tr>
<tr>
<td>Idealized influence</td>
<td>Mean: 3.64, SD: 1.054</td>
<td>Mean: 4.44, SD: 1.256</td>
<td>Difference: 0.80</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>Mean: 3.46, SD: 1.029</td>
<td>Mean: 4.33, SD: 0.845</td>
<td>Difference: 0.87</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>Mean: 3.28, SD: 1.049</td>
<td>Mean: 4.26, SD: 0.887</td>
<td>Difference: 0.98</td>
</tr>
<tr>
<td>Individual consideration</td>
<td>Mean: 3.35, SD: 1.078</td>
<td>Mean: 4.32, SD: 0.837</td>
<td>Difference: 0.97</td>
</tr>
<tr>
<td>Transactional leadership</td>
<td>Mean: 3.33, SD: 1.086</td>
<td>Mean: 4.25, SD: 0.910</td>
<td>Difference: 0.92</td>
</tr>
<tr>
<td>Contingent reward</td>
<td>Mean: 3.25, SD: 1.107</td>
<td>Mean: 4.25, SD: 0.910</td>
<td>Difference: 1.00</td>
</tr>
<tr>
<td>Management-by-exception</td>
<td>Mean: 3.40, SD: 1.064</td>
<td>Mean: 4.25, SD: 0.909</td>
<td>Difference: 0.85</td>
</tr>
<tr>
<td>Laissez-faire leadership</td>
<td>Mean: 3.08, SD: 1.110</td>
<td>Mean: 3.96, SD: 1.564</td>
<td>Difference: 0.85</td>
</tr>
<tr>
<td>Participative leadership</td>
<td>Mean: 3.39, SD: 1.084</td>
<td>Mean: 4.31, SD: 0.866</td>
<td>Difference: 0.92</td>
</tr>
<tr>
<td>NM employs intimidation to ensure adherence with nurses</td>
<td>Mean: 2.85, SD: 1.308</td>
<td>Mean: 3.57, SD: 1.448</td>
<td>Difference: 0.72</td>
</tr>
</tbody>
</table>

*Modified Multifactorial Leadership Questionnaire-5X score range is 1–5; higher score indicates greater tendency to display behaviours related to the measured leadership style.

Creating Learning Opportunities for People to Grow

As regards creating learning opportunities for people to grow, nurse managers keep an eye on their subordinates and develop good interpersonal relations which allow them to have faith and confidence enough to indulge the nurses with their personal challenges. Young nurses and midwives are given the opportunity to practice under keen supervision from their nurse managers. Nurses are encouraged and acknowledged for their efforts exerted in the nursing care of patients or clients. Occasionally, individuals would be given topics to develop for presentation to colleagues. Nurse Managers are also anticipating allowing their subordinates to chair their meetings in order to learn some leadership traits. Majority of the nurse managers ensure that subordinates do not lazy around but get involve with the business of the unit. Teaching in the form of demonstration of procedures is carried out for junior staff and they are encouraged to ask questions for explanations. Before leaving some units, nurse managers would normally engage the
young nurses in some form of examination to validate their depth of knowledge in the cases and activities of the unit.

The nurse managers in the Psychiatric hospital acknowledged that they don’t encourage sitting down in the day rooms or idling when there are patients to be talked to. Young nurses are encouraged to read patients’ report. The nurse managers again affirm that though the patients do assault nurses at times but when you are good no one would harm you. The patients would rather protect you from your potential attackers. One nurse manager remarked:

“Some learn, some don’t want to learn so those who want to learn, they learn and you can’t say you will leave the one who doesn’t want to learn because one-day – one day on the roster may be the in-charge. So you teach the person to know that one-day you will be the in-charge.”

Another nurse manager remarked:

“Yes we do in a way but it is not sufficient because ugh sometimes we have new staff coming in and there is the need for us to teach them on certain things, sometimes you may even have to take about three days or so but because the time isn’t that sufficient on the ward, sometimes we just take a few hours to brush through some of the things that we do on the ward.”

The nurses on their part confirmed that delegation is used to create opportunities for growth at the unit level. One nurse stated:

“Yes, some do, for instance at my place if the in-charge is not there we have another in-charge who is my senior colleague and if she is not there then I am the in-charge. So there is delegation so at least we learn something from it.”

Whilst another exclaimed:

“Sometimes the person feels, me as for this portion I am not good at that and he looks at you and say ok you can be good at that. So he pushes you there but is not as if deliberately he is trying to develop you but actually he realizes that he is not good at it. For instance there is a conflict and he knows he’s not good at conflict resolution, and then he will look for someone who can do that.”

Leadership Style

The leadership style used by the nurse managers is varied or situational. Leadership behaviour of nurse managers is dependent upon the context; many of them appear to be firm but loosen up when the situation demands especially having gotten to know the individual and can vouch for the person’s capability. Nurse Managers are creative at times; trying to improve the units they manage with some significant changes, identifying and assisting people with potentials to achieve their goals professionally and academically.

None of the nurse managers was able to tell the researcher the type of leadership style she is using. However, most were inclined towards at least being democratic based on the structures established by the units. For instance one nurse Manager conceded:

“Ohh not in my ward, my ward “dee” you don’t do it, you can’t do whatever you like because I have worked at places and I have experience and I don’t tolerate the nonsense, so when they come to the ward, they “nau” they discipline themselves before they come. Because they know and have heard of me (laughing out loud). If I don’t work I feel lazy. So that when we are chopping we all chop together.”
Whilst another nurse manager claimed:

“I don’t think I am that authoritative so much because at times, I always say that when I was a junior nurse, I passed through so many difficulties which I don’t think is the fault of mine. People look at you and they don’t like you, that one is there so what I pass through I will never let any junior nurse pass through because when I was passing through I did not like it. You see; so it will not be like you will be on the person too much. When somebody is doing something, ask the person, call the person and ask the person, you will know why the person is doing that.”

The nurses also expressed varied leadership styles used by nurse managers in the management of the unit. Whereas some described theirs as being laissez-faire, others described them as autocratic who would not tolerate any inputs from their subordinates. Those who described their nurse managers as autocratic were all from the Psychiatric hospital. A nurse from a district hospital described her nurse manager this way:

“Ours is more of a laissez-faire; she is not firm, she is ‘sooo’ flexible such that if even you report a subordinate to her, she might just talk about it or handle it in a very, very soft manner. Sometimes, orderlies will not come and work but when you tell her, she will say, hmm! We have talked but they won’t do anything.”

One nurse from the psychiatric hospital remarked:

“Some are authoritative they always want you to do what they want. Let’s say they will discuss what they want you to do but when they come, they will say do this for me, they will not ask whether you are willing to do it. They always want to suggest for you to implement it but they don’t take your view, so they see you to be let’s say most of the in-charges are like our fathers so they always see you to be their kid so like when you talk back they will say you don’t respect.”

Another nurse also from the psychiatric hospital exclaimed:

“Our leaders here in this premises are more of autocratic than participatory. When we have meetings they just come to us straight and read everything out; so nowadays I stopped going for in-charges meetings because you go and like the one chairing the meeting will not even allow you to bring your views. After reading everything, other matters… then closes. Then the meetings that you don’t go, your in-charge goes then comes back and says now they say we should do this, we should do that. They have already accepted it from the meeting before coming down to you. So me, I will not go. They already have everything stamped so just four or six people make decisions for the whole staff.”

**Evaluation of Leadership Instincts**

The nurse managers were given the opportunity to evaluate themselves as leaders of the units. Out of the fourteen nurse managers that the researcher interviewed, six of them stated they exhibit leadership by example qualities. In the unit, they are hard working and would hardly sit down thus; subordinates find it difficult to sit when there is work to be done. Nurse managers get involve with all the activities of the unit; paving the way for others to follow. The nurse managers acknowledge that to command respect in the unit, they are consistent and focused with decisions, hard working, and proactive.

They try to eschew discrimination among subordinates as well as greediness. One conceded that listening has been of tremendously help and has been able to influence her staff through talking to them. Punctuality was another attribute that at least four of the nurse managers revealed. Coming to work early do help a lot in getting the unit organized for the day’s work. Above all the experience that the nurse managers have due to years of practice, allow them to indulge by being jovial and tactful with colleagues to keep the unit effective. These are some of the comments captured from the nurse managers.
One Nurse Manager acknowledged:

“Leadership by example is my policy; I want to lead by example. Things I say at my meetings, I make sure I also practice it myself because it would seem I say it but don’t practice it so I make sure I lead by example. I do what I want them to do so that they will learn from me.”

Another nurse manager indicated:

“… ugh we lead by example and when you are with your subordinates you have to put in your best, there should be no discrimination, there should be no like greediness, there should be no like I am the boss whatever the case I can take whatever I like. Is not right because when you take and you are not there they will also take and in the long run, the ward will be … the patient will be the looser, so we shouldn’t do things like that.”

Whereas this nurse manager stressed the importance of mentorship in nursing:

“I am the quite type but hardworking and then I have worked under good in-charges or hard working in-charges and I have learnt a lot, so I have put such (interruption). I am hard working; when I come I share food, I don’t sit by the table so if you see me; at times when I am sharing the food, they say ooh give it to us, I say aah, we have come to work so I have to do …I am a nurse and I have to do what nurses are supposed to do. I share and I bath for patients, I do everything so when you come you can’t come and sit down. I am working so we all work together.”

Contrarily to the above assertions from the nurse managers, the nurses have varied perceptions. One described her nurse manager as being timid:

“In my unit, my nurse manager is the type that does not want to say anything because she is afraid. So most of the time we will have to go and fight the administrator about the things we need because the nurse manager or the matron, they won’t even fight our course for us so you will have to do it on your own.”

Whilst others described their nurse managers as being horizontally aggressive or irrational with nurses but timid with other professional groups especially the medical officers. One nurse proclaimed that:

“Ours, at the ward she is the “gidi gidi” type but when she goes up because doctor will say hey! She keeps quiet, and she does not say anything. Our medical supervisor has more say in the affairs of the hospital than the DDNS. So our DDNS she doesn’t talk, whenever she comes she goes like doctor says we should do this and its final.”

Another nurse expressed that her nurse manager is not confident:

“My unit head for instance, in the ward, she is the talkative type among the staff. But when you need something that demands that, you should go to the administrator, then she will say that you the junior nurse should go for it, especially when it comes to these presentations, example, half year review and the rest.”

Furthermore, the nurses acknowledged that many of the nurse managers do not inspire them at all. For instance one nurse expressed that the nurse manager is:

“Very approachable, what I want to copy from her is her punctuality to work and always wanting to do the work, then she would even prefer you to sit at the table while she rather goes in there to work. So that one I would want to copy from her.”

Another nurse remarked that her nurse manager is not empathetic:“… for my in-charge, if you don’t know how to do something, she will do it and rub it on your face that you don’t know how to do it. Laughter!”
One nurse also declared that:

“So my in-charge doesn’t inspire me most of the time.” Only one nurse did acknowledge that her nurse manager inspires her: “….and because of her other people want to go and do public health. Some of the general nurses; the midwives they come to the office and like because of your boss I want to do public health and when I hear such things I am happy because females “if you are working with them you are scared” but she is very good.”

**Intimidation in Leading**

All the nurse managers emphasized the rare use of intimidation unless during extreme provocation or where they have to affirm their authority in the unit. Issues of religiosity also came up with intimidation. Nurse managers would rather pray for God’s intercession rather than taking a bold and firm decision with colleagues. Nurse managers did agree however, that they equally feel intimidated with colleagues at times but tried to talk tactfully to junior colleagues. A nurse manager alleged that:

“Ok, if someone is trying to, I call the one; I try to call the one even though it is painful. I try to call the one, sometimes if you are not careful, if you want to talk the one doesn’t understand you, but by all means sometimes if you want to eh; that is the one is misbehaving towards you, the one is intimidating you, and you want to also retaliate, it will not yield any good result at the work side. So sometimes somebody will do something I will look at the thing ‘aah’, and I think I will pray over it that at least God should help me that this thing should not always be in mind. Whatever I have to do to forget about it, I forget about it. Thank God that I am somebody God has helped me so much, I don’t want to be at logger heads with people.”

Another nurse manager also remarked that she rather is intimidated at times:

“I try but sometimes I feel intimidated once a while, I feel it because at times it is very painful you are doing something and people don’t even try to see and when they come they will look at the negative side and that is where they will complain. The good ones they will close their eyes. At times I feel intimidated but quickly I get over it, I get over it”

One nurse manager remarked that being firm as a manager is always misinterpreted:

“Intimidation, I wouldn’t say intimidation, what I believe in is that you must be firm and most times people confused that with wickedness; when the one is at fault and you try to point out the fault, and you are a little bit that, they try to say you are wicked but you must be firm because if you are not firm the work will not go on and especially in our field of work. We are dealing with human lives so when it comes to certain things, I don’t compromise, and you can’t sit in the house for example you are not well, you don’t call me, you don’t come on duty and the next day you come and smile, I will not smile because you should call and tell me that …”

On the part of the nurses, intimidation is sometimes used and they have learnt how to overcome those tactics. A nurse remarked that:

“Our, as for taking your off, No. But she will make sure she changes the time then she comes on duty with you and make sure that she will does everything, you won’t get to do anything. In a way, no, because I am used to her but it depends on the person she has a problem with. I know that is how she is so I try to make her happy all the time so I don’t really get into trouble with her but almost everyone on the ward has a problem with her. Yes, coming on duty with her, that is the punishment. Laughter! So sometimes you will feel bad, you have to leave the ward and go to another ward to work.”
One nurse also declared that the countenance of the nurse managers even intimidate them at times:

“Sometimes when the person is talking to you, looking at you alone can be intimidating. The tone at which the person talks to you can be intimidating. So there is intimidation but I have learnt to adjust.”

Another nurse acknowledged that intimidation is common during training:

“I think intimidation they do it when you are under training but when you qualify and become a staff they don’t.”

Preferred Leadership Behaviour of Nurse Managers in the Unit

Collectivism

From the respondents who commented on how to improve leadership at the unit level, 27.09% gave varied suggestions about collectiveness. The nurses opined that nurse managers should broaden up decision making by encouraging staff to articulate their ideas on how the unit should be led.

Nurses appreciate the nurse managers to engage in discussions with them, enforce the rules and regulations of the unit and be fair and firm to all staff. The unit should work as a team making abundant use of the nursing code of ethics. Opportunities should be opened to all staff and encouraged to take advantage of them. The nurse managers should be able to inspire staff to be involved in the activities of the unit and to have interest in the welfare of staff.

The nurses further suggested that nurse managers should entertain criticisms from staff as well as recognizing efforts of colleagues; they should be affable, available and approachable and be able to listen to colleagues. Nurse managers should actively participate in all activities of the unit, be able to defend them and adopt democratic principles of leadership. There should be effective supervision by the nurse managers to enable them equip staff with adequate knowledge.

Interpersonal Relations

10.37% gave varied opinions about interpersonal relations in the unit especially effective communication with staff. Nurse managers should have respectful relations with staff, improve interpersonal relations and place self interests aside. Nurse managers should also endeavour to set good examples and build good cohesion of staff. 4.01% commented on delegation; nurse managers should delegate more functions to subordinates but supervise to ensure effective outcomes.

Training

17.39% recommended training in management skills especially leadership to enable the nurse manager work efficiently in the unit. Frequent workshops and seminars should be done for the nurse managers to upgrade their skills. The training should include information technology.

Rebranding of the Nurse Manager

24.74% opined on the need to have a change in the character or attitude of the nurse managers. Nurses conceded that nurse managers should be assertive, firm and fair, be more proactive, be influential and forth driven to assist colleagues, hard working and avoid discrimination. Nurse managers should incooperate servant leadership and Socratic leadership styles. Nurse managers should be a bit liberal, bold in decision making, lead by example and improve themselves. Lastly nurse managers should be patient, creative and show respect to junior staff.
Figure 1: Leadership Skills of Nurse Managers in the Unit

Table 2: Correlation of Transformational variables and outcomes

<table>
<thead>
<tr>
<th></th>
<th>Staff satisfaction</th>
<th>Client satisfaction</th>
<th>Healthy work environment</th>
<th>Effectiveness of nursing care</th>
<th>Efficiency of nursing care</th>
<th>Work environment positive for growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM makes us feel good around her</td>
<td>.264**</td>
<td>.268**</td>
<td>.165**</td>
<td>.274**</td>
<td>.301**</td>
<td>.174**</td>
</tr>
<tr>
<td>NM expresses with few simple words what we could and should be done in the unit</td>
<td>.270**</td>
<td>.280**</td>
<td>.181**</td>
<td>.299**</td>
<td>.255**</td>
<td>.184**</td>
</tr>
<tr>
<td>NM enables us to think about old challenges in new ways</td>
<td>.246**</td>
<td>.231**</td>
<td>.210**</td>
<td>.248**</td>
<td>.268**</td>
<td>.202**</td>
</tr>
<tr>
<td>NM helps us to develop ourselves</td>
<td>.213**</td>
<td>.259**</td>
<td>.187**</td>
<td>.230**</td>
<td>.279**</td>
<td>.168**</td>
</tr>
<tr>
<td>We have complete faith in the NM</td>
<td>.350**</td>
<td>.313**</td>
<td>.177**</td>
<td>.256**</td>
<td>.300**</td>
<td>.173**</td>
</tr>
<tr>
<td>NM provides appealing images about what we can do</td>
<td>.241**</td>
<td>.280**</td>
<td>.211**</td>
<td>.318**</td>
<td>.355**</td>
<td>.200**</td>
</tr>
<tr>
<td>NM provides us with new ways of looking at puzzling issues</td>
<td>.265**</td>
<td>.302**</td>
<td>.203**</td>
<td>.288**</td>
<td>.317**</td>
<td>.231**</td>
</tr>
<tr>
<td>NM let us know how he/she think we are doing</td>
<td>.292**</td>
<td>.278**</td>
<td>.166**</td>
<td>.239**</td>
<td>.287**</td>
<td>.182**</td>
</tr>
<tr>
<td>NM helps us find meaning in our work</td>
<td>.316**</td>
<td>.299**</td>
<td>.183**</td>
<td>.266**</td>
<td>.313**</td>
<td>.149**</td>
</tr>
<tr>
<td>NM gets us to rethink about ideas that we had never questioned before</td>
<td>.247**</td>
<td>.280**</td>
<td>.138**</td>
<td>.271**</td>
<td>.277**</td>
<td>.203**</td>
</tr>
<tr>
<td>NM gives personal attention to those who seem rejected</td>
<td>.252**</td>
<td>.259**</td>
<td>.190**</td>
<td>.281**</td>
<td>.309**</td>
<td>.189**</td>
</tr>
<tr>
<td>NM calls attention to what we can get for what we accomplish</td>
<td>.215**</td>
<td>.218**</td>
<td>.157**</td>
<td>.249**</td>
<td>.284**</td>
<td>.167**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
Table 3: Correlation of Transactional leadership variables and outcomes

<table>
<thead>
<tr>
<th></th>
<th>Staff satisfaction</th>
<th>Client satisfaction</th>
<th>Healthy work environment</th>
<th>Effectiveness of nursing care</th>
<th>Efficiency of nursing care</th>
<th>Work environment positive for growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM tells us what to do if we want to be rewarded for our work</td>
<td>.183**</td>
<td>.264**</td>
<td>.177**</td>
<td>.246**</td>
<td>.259**</td>
<td>.154**</td>
</tr>
<tr>
<td>NM is satisfied when others meet agreed-upon standards</td>
<td>.307**</td>
<td>.284**</td>
<td>.190**</td>
<td>.249**</td>
<td>.257**</td>
<td>.146**</td>
</tr>
<tr>
<td>NM tells us the standards we have to know how to carry out our work</td>
<td>.205**</td>
<td>.193**</td>
<td>.106*</td>
<td>.250**</td>
<td>.307**</td>
<td>.109*</td>
</tr>
<tr>
<td>NM calls attention to what we can get for what we accomplish</td>
<td>.215**</td>
<td>.218**</td>
<td>.157**</td>
<td>.249**</td>
<td>.284**</td>
<td>.167**</td>
</tr>
<tr>
<td>NM provides recognition/rewards when others reach their goals</td>
<td>.266**</td>
<td>.287**</td>
<td>.163**</td>
<td>.211**</td>
<td>.243**</td>
<td>.174**</td>
</tr>
<tr>
<td>As long as things are working, NM does not try to change anything</td>
<td>.139**</td>
<td>.174**</td>
<td>.014</td>
<td>.104*</td>
<td>.100*</td>
<td>.008</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4: Correlation of Laissez-faire leadership variables and outcomes

<table>
<thead>
<tr>
<th></th>
<th>Staff satisfaction</th>
<th>Client satisfaction</th>
<th>Healthy work environment</th>
<th>Effectiveness of nursing care</th>
<th>Efficiency of nursing care</th>
<th>Work environment positive for growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM is content to let us continue working in the same way as always</td>
<td>.282**</td>
<td>.265**</td>
<td>.131**</td>
<td>.214**</td>
<td>.243**</td>
<td>.178**</td>
</tr>
<tr>
<td>NM asks no more of us than what is absolutely essential</td>
<td>.174**</td>
<td>.223**</td>
<td>.122**</td>
<td>.316**</td>
<td>.313**</td>
<td>.129**</td>
</tr>
<tr>
<td>Whatever we want to do is OK with the NM</td>
<td>.132**</td>
<td>.099*</td>
<td>.095*</td>
<td>.086</td>
<td>.126**</td>
<td>.156**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).
Table 5: Correlation between Participative leadership variables, Intimidation and Outcome

<table>
<thead>
<tr>
<th>NM spends time teaching and coaching (supervision)</th>
<th>Staff satisfaction</th>
<th>Client satisfaction</th>
<th>Healthy work environment</th>
<th>Effectiveness of nursing care</th>
<th>Efficiency</th>
<th>Work environment positive for growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>.133**</td>
<td>.201**</td>
<td>.088*</td>
<td>.208**</td>
<td>.261**</td>
<td>.116**</td>
<td></td>
</tr>
<tr>
<td>NM engages in consensus building decision making</td>
<td>.222**</td>
<td>.292**</td>
<td>.133**</td>
<td>.308**</td>
<td>.342**</td>
<td>.152**</td>
</tr>
<tr>
<td>NM inspires others to join in a shared vision</td>
<td>.063</td>
<td>.102*</td>
<td>.011</td>
<td>.054</td>
<td>.054</td>
<td>-.078</td>
</tr>
<tr>
<td>NM evaluates and anticipates the effect of change before implementation and responds appropriately to unexpected outcomes</td>
<td>.195**</td>
<td>.227**</td>
<td>.104*</td>
<td>.224**</td>
<td>.291**</td>
<td>.092*</td>
</tr>
<tr>
<td>NM places interests of staff above personal interests</td>
<td>.086</td>
<td>.138**</td>
<td>.000</td>
<td>.087</td>
<td>.048</td>
<td>-.040</td>
</tr>
<tr>
<td>NM employs intimidation to ensure adherence with nurses</td>
<td>.023</td>
<td>.093*</td>
<td>.128**</td>
<td>.094*</td>
<td>.146**</td>
<td>.116**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2 tailed).

**Discussion**

Leadership relationship between nurse managers and their nurses at the unit level is that of either father-son or mother-daughter relationship depending on the gender. Thus, it is highly improper to argue out issues as a subordinate with your nurse manager let alone being confrontational. Nurse managers expects obedience from nurses and any attempt made to express ideas on issues are usually observed as insolence. Nurses generally are expressive and yearning to become assertive hence, would prefer nurse managers to be functional leaders. The position of nurse manager should be by merit and not by the number of years one has worked.

The findings clearly depict that nurses perceived their nurse managers as exhibiting variable leadership behaviour. A close examination of the perceived leadership variables however, illustrate that nurse managers are more inclined towards transformational leadership behaviour. Nurse managers have idealized influence, inspirational motivation, intellectual stimulation and individual consideration towards nurses. This assertion may however not be true for all the nurses because the standard deviation is quite wide. Thus, much as some nurse managers may be seen as transformational leaders others simply may not be having those qualities. This stresses the importance of adequate preparation of nurse managers in order to have maximum outcomes from them and as Smith and Peterson (1988) and Goleman (2000) put it leadership behaviour can be learnt given that individuals are intelligent and have the temperament for learning. Again, this brings to fore the careful selection of nurses for this challenging responsibility of nursing leadership. Clearly, nurses are yearning for improvement in the leadership behaviours of their nurse managers and would prefer their leaders to be more responsible for their course as suggested by Drucker (1996).

The peculiar stratified structure of nursing demands some form of shrewdness from their leaders thus, it is not surprising that nurse managers have some transactional leadership tendencies. Having the two
leadership behaviours and particularly inclined towards transformational leadership means that the units are assured of delivery of quality nursing care as conceded by many researchers (Prenkert & Ehnfor, 1997; Wong & Cummings, 2007; Wallick, 2002). Again, the individual leader has a basic general operating style, emanating from personality, experiences and learning of leadership (Ekvall, 1992). Thus, it is important to encourage nurse managers to read to supplement their knowledge in leadership. The nurses clearly acknowledge the importance of mentorship in leadership and the desire to have in place nurse managers who are functional. To them nursing have come of age and this must reflect in leadership.

Laisser-faire leadership behaviour had the least score and with a wide variation. It is not surprising that nurse managers exhibit this behaviour. Nursing as a professional grade is sure to have varied leadership behaviours depending on the type of staff the nurse manager handles. A more proficient staff would demand a laisser-faire attitude from nurse managers to give room to more autonomy in decision making thus, boosting creativity and innovation in nursing care. However, a laisser-faire attitude for newly graduated staff is highly unacceptable even when dealing with professionals. Graduates need to work under keen direction of leaders to be sure of their knowledge, skills and attitudes before been left alone. Thus, though it is acknowledged that laisser-faire leadership can be tolerated in professional groups; with nursing it is highly inappropriate for unassured capability of staff since some errors can never be rectified.

Participative leadership is equally important at the unit level and nurses would prefer enhancement in participatory leadership behaviour of the nurse managers. This is congruent with the work of Nakata and Saylor (1994) as well as Leveck and Jones (1996) which contends that nurses appreciate a leadership style approaching the participative group style. This undoubtedly would promote cohesion and commitment of staff thereby ensuring efficiency and effectiveness in the unit as many would be given the opportunity to share ideas and be involved in decision making thus, improving their self worth within the unit. Urden and Monarch (2002) also contend that excellent management styles are perceived participation of staff that encouraged and valued feedback from staff at all levels in the organization.

Contrary to what Azaare and Gross (2011) declared about nurse managers in Ghana, this study realised that although intimidation is used, its’ usage is not quite popular. Just as the nurse managers acknowledged, intimidation is rarely used unless absolutely necessary, the nurses also confirmed that. Consultation and feedback, the nurses hoped would increase to bring about a more participative leadership style. Azaare and Gross (2011) were definite about the lack of consultation among the nurse managers. Probably, this is a way of exerting their superiority in the unit but when nurse managers are adequately prepared for the position, more strategies can be taught. One strategy that can be good for nursing leadership could be emotional intelligence. The nursing administration should therefore put together a budget for regular management and leadership training for nurse managers such that efforts and potentials of nurses can be utilized well.

Burns (1985: p221) states that “the result of transforming leadership is a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents”. This assertion simply means that an intellectually stimulating environment must be created to enable people develop and this is quite common in nursing and many of the nurse managers contested to that. Asking subordinates questions, giving them topics to present and demonstration of procedures are all aspects of stimulating the environment. Since Bass et al. (1996) contends that transformational leadership is slightly more common among women leaders and most nurses are women, it is not amazing thus, that enabling learning environments are normally created by nurse managers to encourage growth among staff. This correlates with the quantitative data (3.28); many nurse managers would all things been equal create a stimulating environment for junior colleagues to develop. In doing that, generates both staff and client satisfaction as reported by the psychiatric nurse managers who believe that exhibition of hard work and good principles ensure protection even from the clients.

Evaluation of leadership instincts by the two groups is contradictory, whereas the nurse managers contend that they lead by example, are hard working, get subordinates involved, focused and consistent with
decisions, proactive, etc. The nurses simply consider nurse managers as timid and unassertive with other professional groups. This is congruent with the findings of Azaare and Gross (2011). Probably, the nurse managers are all that they profess to be but being unable to stand up to other professional groups is a huge hindrance for the nursing profession. Nurses would love to see their leaders strong; nurse managers who are proactive, assertive, confident, knowledgeable, insightful, tolerant, good listener and who would always stand up for their rights without fear or favour. Above all nurses would prefer their leaders to be respected not only by nurses but other colleagues as well.

The current study is also congruent with a study conducted by Lu et al. (2002) which indicated that cultural differences should be considered in achieving effective nursing leadership. Just like this study, nurses expressed that nurse managers forced them to do whatever the hospital required without considering either their wishes or welfare resulting in increased stress and psychological distress especially in the psychiatric hospital. There should be more solidarity build ups among nurses to strengthen their cohesiveness as a group fundamentally such that many more intelligent young ones could be inspired into the profession. The study clearly depicts that nurse managers highly favoured doctors than their own colleagues just as Su et al. (2009) proposed that doctors in Taiwan has great power over nurses and are recognised as the core hospital person. Similar sentiments were also expressed by the nurses in this study. A critical look at the cultures of the Taiwanese and the Ghanaian in terms of male supremacy is similar and that is why more young men must be encouraged to stay in the profession instead of frustrating them to leave.

The self possessed qualities expressed by nurse managers as qualities of effective leadership which many researchers also claimed have positive influence on the outcome of work (Cole & Crichton, 2006; Kramer et al., 2007; Wentzel Peise-nius et al., 2009; Wallen et al., 2006; Laschinger et al., 2009; Duffield et al., 2009; Gillespie et al., 2009; Donald, 1999; Akerjordet & Severinsson, 2008; Kuokkanen et al. 2007) were proactive, assertiveness, etc. The version from the nurses was a bit worrisome; that is there is no congruence between perceptions of leadership qualities expressed by nurse managers and nurses. The nurse managers therefore have a lot of work to do internally for their rank and file to believe and have faith in them. Once again, this leads to the adequate preparation of nurses for the position. The nurse manager position is a very critical one and should be regarded as such. Leadership behaviours can be learned (Goleman, 2000) but Smith and Petersson (1988) contend that personal attributes such as intelligence and temperament set limits for the learning. Therefore, intelligent nurses must be identified and groomed for the position if change in terms of outcome is to be expected. The study clearly revealed that leadership in nursing is not tyrannical; intimidation would be hardly utilized unless there is the need for it which is quite rare.

A critical review of what the nurses prefer in terms of leadership is that type of a leader who cares about people in the unit, considers productivity, and knows how to handle changes. In order to create an open-minded creative climate, the nurse manager has to support new ideas and initiatives from subordinates. People must be allowed to be happy at work even if you are working in an intensive care unit. When this type of work climate is fostered, it is more likely that subordinates will be more committed, which would boost confidence and competence largely thus, culminating in staff and client satisfaction.

The use of intimidation was down played throughout the study by both nurses and nurse managers due to the respect that exist between professionals. Hence all acknowledged that intimidation is contextual. However, correlation of intimidation with the output variables is quite significant. Apart from staff satisfaction that isn’t significant for both leadership and controlling, but using intimidation in adherence there is a significant fairly positive relationship with client satisfaction, effectiveness and efficiency of nursing care and a positive work environment. It is important to note here that not much intimidation is been used by the nurse managers and that could explain the fairly positive outputs for the clients. Intimidation in controlling yielded fairly positive outcomes for efficiency and work environment.

There was fairly strong positive relationship between transformational, transactional, liaiser-faire and participatory leadership variables and study outputs; this collaborates with findings of Kleiman (2004) and
Trofino (2000). Yukl (2002) asserts that leadership ability is fundamental in influencing groups to achieve the stated vision and goals of an organization but whereas it is common knowledge that leadership behaviour can be learnt. Smith and Perterson (1988) believe personal attributes such as intelligence and temperament sets limits for the learning. Wong and Cummings (2007) concede that an emphasis on developing transformational nursing leadership is an important organizational strategy to improve client outcomes and to deal with the continuous demands of change entrusted upon the unit (Wallick, 2002). It is therefore significant to clearly come up with a structured selection procedure for nurse managers and not simply by seniority or years of experience which is killing peoples’ initiatives in the profession.

Alternatively, nurse managers must be empowered with regular training and be allowed to set targets for performance assessments which is evidently absent in the Ghana Health Service scheme of service. Although, there is a fairly strong positive relationship between nursing management outputs and transformational, transactional and participatory leadership variables, the relationship between participatory leadership variables and outputs of nursing management is quite stronger than the two. Throughout, the study one demand that stands out from the demands of the participants is involvement particularly in decision making. This is one factor of management that enhances or creates value in the employee and thus the strong bond with output variables. Nurse leadership in clinical practice, within the context of management, has been identified as a requirement for the development of a healthy and supportive work environment.

The study revealed that there is a higher correlation between transformational leadership and nursing management outputs than between transactional leadership variable and nursing management output. This therefore collaborates with the findings of Prenkert and Ehnfor (1997). The relationship between liaiser-faire leadership variable and nursing management output is the weakest among all the leadership variables. This has been described by some researchers as normal with professional entities whose personnel do not need supervision to carry out their functions.

All the tables ran for the managerial functions registered marked difference between perceived and preferred variables depicting the need to improve the way things are done in the unit. Many of the nurse managers interviewed expressed the need for adequate preparation for the position such as training in the principles of management and leadership. This would empower them to function optimally on the job and be assertive to defend their rights as managers.

Implication for Nursing Management

Managers of the hospitals demonstrate power and misuse obedience through their leadership style, resulting in deterioration of nurses’ work environment. Nurse Managers are not given enough power by the hospitals in Ghana. Subsequently, nurses feel themselves the lowest and most powerless subordinates. The work environment of nurses needs to be improved to increase NMs job satisfaction and decrease stress through adequate preparation for the position. Nursing staff expect feedback and rewards, involvement in the decision making process, and clear vision from nurse leaders. Nurse managers must work on developing their leadership behaviour towards being an all-round leader that cares about people, is concerned about productivity and can handle changes. Support of ideas and initiatives are important in order to enable subordinates to perceive their work as challenging. Hospitals should enhance transformational leadership by designing leadership training programmes and establishing transformational culture. In addition, nursing managers should foster nursing innovation through improvements in organisational climate.

Implication for Policy Formulation

There is the need to create ample space to develop strategies and knowledge about how leadership in nursing management to stimulate the development of a common perspective of good care and professional virtues appropriate for health care praxis. Nurse managers should reflect on how they interact with different
age cohorts; and to involve nurses from various age cohorts in the development of policies to create a flexible work environment. Considering the ageing nursing workforce and the potential increase in demand for nursing services in the near future, nurse executives and other nurse leaders must actively engage in a formal succession planning process which will help to provide strategic leadership continuity, operational effectiveness and improved quality of care.

Conclusion

Nursing leadership is very important especially at the unit level and nurse managers must be given the necessary support and encouragement to build up capability, confidence and attitude in order to improve practice for effectiveness and efficiency of the unit.

Acknowledgement

Management and staff of all the facilities utilized for the study, Agnes Agudu of Accra Psychiatric hospital, Abigail Gyan of Ga West Municipal hospital, Millicent Ofosu Appiah of PML hospital, Nora of Dangme West hospital, Vida PNO of Adafoah district hospital, and Dela of La General hospital.

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