

**Relationship between Leadership Styles of Nurse Managers
and Nurses' Job Satisfaction in Jimma University Specialized
Hospital**

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Abstract

BACKGROUND: Job satisfaction is critical to retain and attracting well-qualified nurses in Hospitals. Leadership style of nurse managers play determinant' role in nurses' job satisfaction. However, there is no recent literature on nurses' leadership in the study area. The objective of this research was to investigate the Relationship between Leadership Styles of Nurse Managers and Nurses Job Satisfaction in Jimma University Specialized Hospital.

METHOD: The study was conducted from January 2012 to June 2012 and used non-experimental correlation design. All nurses who are full time, non supervisory management position, and working in the hospital during the study period were participated. The Multifactor Leadership Questionnaire and Minnesota satisfaction Questionnaire were used to collect the data from respondents. SPSS version16.0 statistical software was used to analyze the data. The results were analyzed in terms of descriptive statistics followed by inferential statistics on the variables.

RESULTS: A total 175 questionnaires were returned from 186 questionnaires distributed to respondents. The result of the study indicated that nurses can distinguish transformational leadership style over transactional leadership style. All five dimensions of transformational leadership style statistically significant and positive relation with job satisfaction. Even if all four dimensions of transactional leadership style are statistically significant, only contingent reward dimension positively related with job satisfaction.

CONCLUSION: Nurses were satisfied towered the transformational leadership than transactional leadership style. Therefore, nurses' managers should use transformational leadership style in order to increase nurses' job satisfaction.

KEYWORDS: Leadership, Nurses, Job satisfaction, Jimma University Specialized Hospital

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Chapter One

Introduction

1.1 Background of the study

In ancient Ethiopia illness was considered to be punishment from sins or magic. Most tribes and people had a medicine man or women called "Hakims" or wegasha" who performed rituals, using various plants and herbs to heal the sick. The religious people were also providing care for the sick or injured in the monks' hospital in Debrelibanos (Amsale,Hussen&Tsehay,2005)

Around 1866 missionaries came to Eritrea, (one of the former provinces of Ethiopia) and started to provide medical care for very few members of the society. In 1908 Minlik II hospital was established in the capital of Ethiopia. The hospital was equipped and staffed by Russians (Abraham,2002).

The first clinic was established at the hot spring at Eilet near Messwa in which sick people used to come for bathing. The Dejasmach Balcha Hospital was established in 1948 under the agreement with Soviet Red Cross. Ethiopian government provided the building (Amsale,Hussen,&Tsehay,2005).

Later hospital building was continued which raised the need to train health auxiliaries and nurses. In 1949 the Ethiopian Red Cross, School of Nursing was established at Hailesellasiel I hospital in Addis Ababa. The training was given for three years. In 1954 Hailesellasiel Public Health College was established in Gondar to train health officer,

community health nurses and sanitarians to address the health problem of most of the rural population. In line with this, the Centralized school of Nursing formerly under Ministry of health and recently under Addis Ababa University Medical Faculty and Nekemit School of nursing are among the senior nurse's training institutions (Abraham,2002).

During the regimen of 'Dergue', the former bedside and community health nursing training was changed to comprehensive nursing. An additional higher health professional training institution was also established in Jimma(1983) to train health professionals using educational philosophy of community based and team approach (ibid)

After the overthrow of the Dergue, the transitional government of Ethiopia developed a health policy that emphasizes health promotion, diseases prevention, and curative and rehabilitative health service with priority to the rural societies and major emphases were given to back warded and areas affected highly by manmade calamities. Additional public health professional training institutions were opened in Alamaya University and Dilla College of Teacher Education and Health Sciences (1996). As the result of the policy more health professionals were trained. Following further expansion of higher learning, Mekele University has started medical education and the former diploma offering university have upgraded to degree program in which nursing education is a part. In this line Hawassa University, College of Health Sciences also opened new medical education to the former existing health sciences programs. The Federal Ministry of Defense, established a University College under which the college of health sciences offering training for health professionals including nursing. The outputs of these training

institutions are providing services all over the country not only to improve the health status of our society but also to ensure the attainment of millennium health development goals(*ibid*).

Generally, based on the above information it can be concluded that although Ethiopia is one of the oldest countries in the world, introduction of modern medicine was very late.

Jimma University Specialized Hospital (JUSH) is one of the oldest public hospitals in the country. It was established in 1930 E.C by Italian invaders for the service of their soldiers. Geographically, it is located in Jimma city 352 km southwest of Addis Ababa. After the withdrawal of the colonial occupants, it has been governed under the Ethiopian government by the name of “**Ras Desta Damtew Hospital**” and later “**Jimma Hospital**” during Dergue regime and currently Jimma University Specialized Hospital (Jimma University, 2010).

Though old for its age, it had not made remarkable physical facility improvement for years. However in the later times it became evident that some side-wing buildings were constructed by different stakeholders at different times to respond to the ever-growing pressure of service demand and clinical teaching need derived from the public and Jimma University respectively. Especially, after transfer of its ownership to Jimma University, the university has made relentless efforts in extensive renovation and expansion work to make the hospital conducive for service, teaching and research (*ibid*).

Currently it became the only teaching and referral hospital in the southwestern part of the country. It runs an annual governmental budget of 25.06 million Birr with bed capacity of

450 and a total of more than 750 staffs of both supportive and professional. It provides services for approximately 9000 inpatient and 80000 outpatient attendances a year coming to our hospital from the catchment population of about 15,000 million people (ibid).

Cognizant of the fast growing service and teaching role of the hospital, the federal government considered construction of a new and level- best hospital which's basement started in 2008 and expected to be completed in 3 years time with a capital of 230 million Birr (ibid).

1.2 Statement of Problem

Ethiopia is one of 57 countries in the world with a critical shortage of health workers (WHO and Global health force alliance, 2006:3). In a time of serious nursing shortage within hospitals, much attention is being given to recruitment of nurses. As care becomes more technological and complex, stability and maturity become invaluable within the hospital system and development of strategies to retain nurses rather than replace them becomes crucial (Garrett, 1991). Increasing staff satisfaction is one key in meeting challenges of quality outcomes, patient satisfaction, and retention of staff nurses in hospitals (Moss & Rowles, 1997).

Research studies of leadership began around the twentieth century. Since that time period, many ideas have originated regarding the concept of leadership. Early theorists described leadership in terms of either the individual or the environment making no connection between the two and their focus was on theory development rather than relationships of influence. It was not until later that the behavioral scientists explored

what abilities, traits, sources of power, and situations determined leadership abilities and how groups were influenced to accomplish goals and objectives (Marriner-Tomey, 1993). In 1982, Hershey and Blanchard made the first distinction between management and leadership stating that leadership was a broader concept and could occur any time the behavior of followers was influenced. Management was associated with managers of organizations who were working with others to accomplish goals (Hershey & Blanchard, 1982).

According to Kramer (1990) stated that investigators have viewed leadership as a part of role differentiation and have focused their studies on particular populations. For example, research has been performed in hospital settings to identify factors contributing to job satisfaction. Campbell in 1986 found that 75 percent of staff interviewed cited management style as a major factor in staff nurse satisfaction. Medley and LaRoche (1995) found that transformational leadership styles were preferred over transactional leadership styles and that those managers exhibiting Transformational characteristics reported more satisfied staff nurses. The Transformational leadership style includes the characteristics of (a) Idealized Influence (attributed), (b) idealized Influence (behavior), (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e) Individual Consideration. Management hospitals adopting the Transformational leadership style first described by Burns (1978) have reported decreased turnover rates and increased satisfaction among nursing staff.



The perception of nurse managers toward staff nurses in the hospital setting has significant effects on productivity, efficiency, and reflects positively or negatively on patient outcomes (Nakata & Saylor, 1994).

The problem of focus in this study was staff nurses' lack of satisfaction with autocratic leadership within hospitals. The researcher analyzed transformational (TF) and transactional (TA) leadership styles of nurse managers as perceived by staff nurses to determine if a relationship with job satisfaction among nurses was presented.

Job satisfaction is critical to retain and attracting well-qualified nurses in Hospitals. Management style of nurse managers play determinant role in nurses' job satisfaction. However there is no recent literature on nurses' leadership in the study area. Therefore, research investigated the Relationship between Leadership Styles of Nurse Managers and Nurses Job Satisfaction in Jimma University Specialized Hospital by raising the following research questions:

1. Do nurses differentiate between Transformational and Transactional leadership styles?
2. Is there a relationship between perceived nurse manager's leadership style and satisfaction levels of nurses?

1.3. Objective of the study

1.3.1 General Objective

The overall objective of this research is to examine the relationship between Leadership Styles of Nurse Managers and Nurse Job Satisfaction in Jimma University Specialized Hospital.

1.3.2 Specific Objectives

The specific objectives of this research are:

1. Identify that nurses who are working in hospital could able to distinguish between transactional and transformational leadership behavior of nurse managers.
2. Assess if the relationship existed between perceived leadership styles of nurse managers and job satisfaction on staff nurses in Jimma University Specialized Hospital.

1.4 Significance of the study

This study help to provide information regarding perceived leadership styles of nurse managers and job satisfaction of nurses in the hospital. Replication of this type of study help in the future for comparisons of leadership styles of nurses managers and job satisfaction of nurse among Jimma university specialized hospitals and other specialized hospitals administrated by in different regional state as well as administrated by federal ministry of health.

For nurse administrators', the results of this study have several implications for management practice. Administrators can utilize the data from this study to give further management training for nurse managers on effective leadership styles.

1.5 Scope of the study

This study is delimited on nurses who are working in Jimma university specialized hospital. The reason why Jimma University Specialized Hospital selected that Jimma University Specialized Hospital is only teaching and referral hospital in the South Western part of the country. This means the satisfaction of nurse may significantly affect large number of population (*all patients comes from Southern West Part of Ethiopia to this hospital*). The reason why nurse were selecting for this study because Based on the data obtained from Jimma University Specialized Hospital currently there are 750 staff (both supportive and professional) are working in the hospital among these, 210 are nurse. This means that the Hospital relies heavily on nurses for service delivery; their performance, therefore, is critical for the successful provision of health care.

1.6 Limitation

This research was conducted in one hospital only. The generalization finding may therefore be limited other public as well as private hospitals.

1.7. Ethical Consideration

Ethics is mostly associated with morality and deals with issues of right and wrong among groups, society or communities. It is therefore important that everyone who is dealing or

involved in research should be aware of the ethical concerns (Babbies, 2005). Ethical Clearance was obtained from Ethical Committee of Jimma University.

1.8 Operational Definitions

Transformational Leadership: Based on Burns (1978:20) "leaders and followers raise one another to higher levels of motivation and morality". Transformational leadership, an independent variable, includes the dimensions of idealized influence (attributed), idealized influence (behavior), inspirational motivation, individual consideration, and intellectual stimulation. Transformational leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

Transactional Leadership: Bass defined transactional leadership (1985:14) "The process which pursues a cost-benefit, economic exchange to meet subordinates' current material and psychic needs in return for contracted services". Transactional leadership, an independent variable, includes the dimensions of contingent reward, management-by-exception (active), management-by-exception (passive), and laissez-faire. Transactional leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

Job Satisfaction: The extent to which nurses like their jobs. Nurse's job satisfaction is a dependent variable with components of professional work environment, autonomy, and work worth, relationships, role enactment, and benefits. Job satisfaction was measured by The Minnesota Satisfaction Questionnaire (MSQ) (Weiss et al. 1967).

Chapter Two

Literature Review

2.1 Leadership

Leadership is one of very important aspect of human behavior (Kodalkar, 2007:225). The ability to lead effectively is one of the key to being effective manager and the success of an organization rely on the efficiency of leader (Kumer, 2005). In recent years, many researchers have been carried out to determine how leadership behavior can be used to influence employee for improved organizational outcome.

Leader ship can be defined in different ways:

- Leadership is the overall patterns of behavior a leader uses in a specific situation to perform certain tasks and the amount of control or freedom allowed to employees (Jooste ,1996:167)
- Leadership is a process of directing the behavior of a group of people (Boyeens, 1993:402)
- Leading is the function of management involving the process of influencing people so that they will contribute to organization and group goals(Banti,2006: 127)
- Leadership is a process of directing and influencing the task- related activates of group members(Stogdill,1981)
- Leadership is defined as the process if influencing people so that they will strive willingly and enthusiastically toward the achievement of group's goals(Kumar : 2005, 203)

Based on these definition leadership is the ability of leader to influence subordination to work with confidence and eagerness. If subordinates are only guided by rule and regulation enforced by managerial authority, they may work just enough to satisfy the requirements for holding their jobs. Leadership is the heart of the managerial functions due to it involved with initiation action. The idea of leadership regardless of different terms used as directing , executing, supervising, ordering commanding to put into effect the decisions, plans and programs that have previously been carried out for achieving the goals of the groups (Banti et. al, 2006).

Research studies of leadership began around the twentieth century. Since that time period, many ideas have originated regarding the concept of leadership. Early theorists described leadership in terms of either the individual or the environment making no connection between the two and their focus was on theory development rather than relationships of influence. It was not until later that the behavioral scientists explored what abilities, traits, sources of power, and situations determined leadership abilities and how groups were influenced to accomplish goals and objectives (Marriner-Tomey, 1993). In 1982, Hershey and Blanchard made the first distinction between management and leadership stating that leadership was a broader concept and could occur any time the behavior of followers was influenced. Management was associated with managers of organizations who were working with others to accomplish goals (Hershey & Blanchard, 1982).

In health care organization there is an increased awareness of the importance of manager to have sound leadership skills. Leadership programs are implemented to empower

managers for their leadership role (Awass, 2006). According to Kramer (1990) investigators have viewed leadership as a part of role differentiation and have focused their studies on particular populations. For example, research has been performed in hospital settings to identify factors contributing to job satisfaction. Campbell in 1986 found that 75 percent of staff interviewed cited management style as a major factor in staff nurse satisfaction.

2.2 Theories of leadership

There are various theories of leadership among these: traits, Behavior, Contingency/situational and transformational are the most common theories in many literatures (Northouse, 2009).

2.2.1 Trait theory

This theory examines successful leadership from the stand point of individual's personal characteristic. The underlying assumption of trait approach is that there exists some basic trait or set of traits that differentiates leader from non-leaders (Banti et.al ,2006). Early trait leadership theory assumed that leaders are born, not made (Kumar, 2005).

According to Stogdill (1948) the following characteristics relate to assure qualities of peoples:

- A. **Intelligence:** the leaders should be more intelligent than the average of followers
- B. **Social maturity and breadth:** leaders are emotionally mature, capable of handling extreme situation. They are also sociable and have good self –assurance and self- respect

- C. **Inner motivation and achievement drives:** leaders have a strong motive to accomplish things
- D. **Human relations attitude:** leaders know that they rely on people to get the work done.

The trait theory is very simple but it can not produce positive result. Many researchers can not be generalized of trait for successful leaders. Further more, no evidence has been given about the degree of various traits because people have various traits with different degree (Kumar, 2005, Saunders,2008).

2.2.2. Behavior theory

Behavioral theory is related to trait theory is the one that fuscous on behavior of leaders (Benti, et. al, 2006). Behavioral theory assumes that one can learn to become a good leader because leadership abilities are not drawing on personality traits (Saunders,2008). Leadership is shown by a person's act, a leader uses three skills: technical, human, and conceptual to lead his followers. Behavior of a leader in particular direction will make him/ her to become a good leader (Kumar, 2005).

The behavior theory has also focused on leadership functions and styles. Studies have found that both task-related and people –oriented function have to be performed by one or more group members in order for a group to function effectively. Researches of leadership styles have distinguished between a task –oriented, authoritarian and people printed democratic style. (Banti et al, 2006 and Kumar, 2005).

2.2.3 Situational or Contingency theory

This theory is more flexible than the trait and behavioral theory (Banti et.al, 2006). This theory assume that leadership strongly affected by the situation from which the leader emerges and ion which he/ she operates (Kumer, 2005). Based on this theory the most effective leadership style varies with the maturity of subordinates. This theory also gives the analysis how leadership behavior defers with situational variables (Kenneth, 1991). This theory give more focused on behavior of leaders as well as their followers and the situation. Different behaviors need for different situations (Mosadegh and Yarmohammadian, 2006).

Terry (1974) Prepared a leadership model by taking four variables:

- Leader: leader's value, confidence on follower and gender preferences
- Followers: Knowledge and experience; need for independence; identification with goals, interest and involvement of followers
- Organization: structure and pattern of work activates; degree of interdependence specialization; type of technology and certainty of task
- Environment: Social and cultural factors; Economic and political conditions; cost and timing of decision and action; community influence .

Fiedler (1967) also produced a Fiedler's contingency approach. In his theory stated that leaders not only because of the attributes of their personalities but also because of various situational factors . He identified three critical dimension that help to determine what style of leadership will be the most effective: The leader- member relationship, the degree of task –structure and the leaders' position.

2.2.4 Transformational leadership theory

Transformational leadership theory was first introduced by Burns in the end of 1970s. His research into political leaders. The mid of 1980s Bass transferred the distinction between transactional and transformational political leadership into the organizational context and develop full range of leadership theory (Burns and Grove, 2005)

2.2.4.1 Transactional Leadership

Transactional leadership has been widely used to in organizational behavior studies (Lo et.al, 2009). Based on Burns(1978) transactional leaders those who sought to motive follower by applying to their self-interest. These leaders' motive subordinates to achieve expected level of performance by helping them to recognize task responsibilities identify goals and develop confidence about meeting desired performance level (Bass and Avolio, 1993). This style of leadership doesn't consider the value, morals or other intrinsic characteristic of most people (Saunders, 2008).

Transactional style of leadership comprises four factors: a constrictive transactional that identify the leader behaviors focused on identify the clear tasks along with the **contingent or expected** rewards to be received on accomplishment fulfilling the spirit of exchange between two parties and **management by exception (active)** this is active and corrective transactional roles define an active and vigilance performed by leaders to ensure the right and timely accomplishment of planed objective (Antonakis et. al ,2003). **The management by exception (passive)** has also three factors including: it is a passive and corrective transactional role defines leadership who want to interfere only if non compliance with standard or if the mistakes have already occurred (ibid, 2003). The forth

ingredient **Laissez-faire** is called the absence of leadership. Instead they avoid involvement into making decisions and, abdicate responsibility, and avoid using their authority. This is considered the most passive component and the least effective form of leader behavior (Khan et. al, 2011).

2.2.4.2 Transformational Leadership

Transformational leaders achieved these by creating an atmosphere of confidence, which helps in vision sharing (Mohammad, Al-Zeaud and Batayneh,2011). Transformational leadership is different from transactional leadership that it more emphasis on development and progress, solidarity, authorization, self-confidence and complaints. Furthermore, it also promotes development and strategic thinking (Mohammad, Al-Zeaud and Batayneh, 2011). Chejoing(2004) also stated that transformational leaders never discriminate on ground of race, color, sex , religion, age and social class and transformational leadership promotes the effect of transactional leadership by changing their personal value in order to support organizational aim and vision (Bass and Avolio,990).

Avilo et. al (1991) refers the following factors are transformational behaviors:

A. Individual or Charisma attributed

Charisma attributed shows the employee's out look at the leaders interims of power his influence, self confidence, his trust in other, has constancy and ideas which individuals make an effort to imitate. Transformational leader must be a target of appreciation, respect, sense of responsibility, confidence, and optimism (Avilo, 1991).

Furthermore, the followers should show a high level of confidence on their leaders (Jung and Avilo 2000).

B. Individual Influence (Behavior)

On the other hand charisma behavior involves the leaders: value, beliefs, moral consideration, moral behavior and selfless acts. Establishing a common vision is one of the major part of idealism (Avilo, 1991) . According to (Jung and Avilo, 2000) transformational leader have to play a role in helping others by considering the future. This happens when inspiration is produced through conformity of personal values with the group's interests. Transformational leadership refers being tolerant and risk-sharing with followers (Mohammad, Al-Zeaud and Batayneh,2011).

C. Intellectual Stimulation (Creativity)

Transformational leader should stimulate followers to be creative and excellent by introducing ideas and early solution to the problems (Bass and Riggio 2005). Transformational leader does not humiliate the follower in public for their mistakes. Rather, it provide than with challenging tasks and motivating them to solve problems (Bass and Avilo 2002).

D. Inspirational Motivation

A leader should be good example for his followers (Mohammad, Al-Zeaud and Batayneh,2011). He / she should communicate vision, and promote hard workers and communicate important goals to his followers (Bass and Avilo, 1994).

Transformational leaders encourage other through purposeful task tasks that tend to be difficult (Bass and Avilo,2002).

E. Individualized consideration

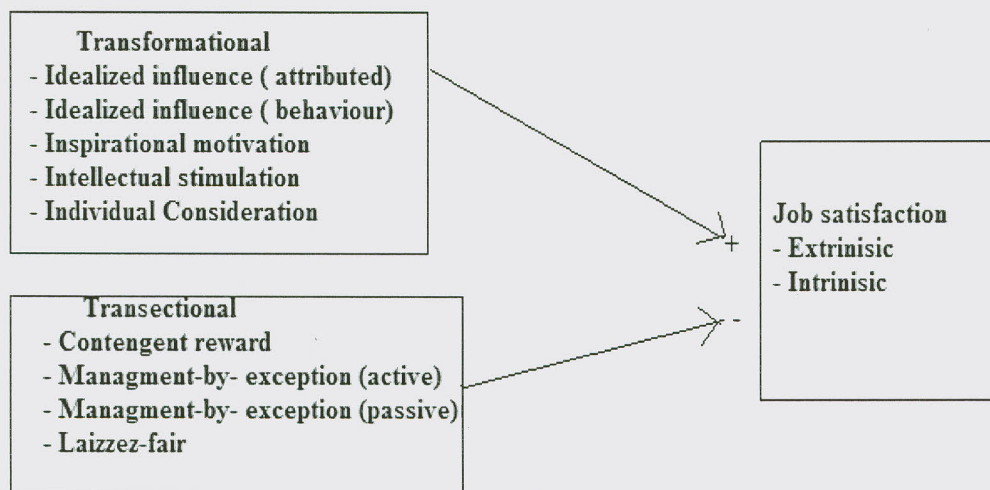
This includes understanding need of each followers and working continuously to find out develop their full potential (Jabonon et. al, 2005). The leader should give constant reactions and combines individuals' needs with the organizational function. He/ she demonstrate personal interest in followers' requirements of growth and achievement (Bass and Avilo, 2002). To perform this, a leader acts as a referee. He/she helps develop his/her followers' abilities toward high level of potentialities. A leader must consider individual difference between his/her followers' interims of their needs and desires. He/she plays a dual role through effective contact with followers (ibid,2002).

Theoretical framework guiding this research was transformational leadership theory. This theory first developed Burns in 1978 and Bass in 1985 expanded this theory have a model useful for effective nurse leadership in health care organizations. Transformational theory included the two different leadership styles namely. Transformational and transactional leadership styles (Ramey, 2002).

Nursing researches revealed that in hospitals nurse' manager leadership style can influence job satisfaction either positively or negatively (Lucas, 1991). When management style is participative, staff nurses experience greater levels of satisfaction (Moss & Rowles, 1997). Medley and LaRoche (1995) found that leadership styles can be perceived by staff nurses and that staff nurses report higher levels of job satisfaction when their leader is transformational. Empowerment, which results from transformational

leadership, was shown to be positively correlated with job satisfaction (Morrison, Jones, & Fuller, 1997). Transactional leadership is a process that “pursues a cost-benefit, economic exchange to meet subordinates’ current material and psychic needs in return for contracted services” (Bass,1958, p. 14). The leader gets the job completed or the goal achieved, and the followers get promotions, money, or other benefits. The focus of this type of leadership style is task completion with Transactional leaders being described as manipulative, detached, or inscrutable (Ramey,2002). There may be a “connection” between leaders and followers but it is usually something other than a shared vision or common purpose (Grossman & Valiga, 2000). Maintaining status quo, negative feedback, and flexible use of punishment versus reward are typical behaviors of Transactional leaders(Ramey,2002).

Figure 2.1 Burns’ theoretical from work of transformational leadership theory in health care organization



2.3 Job satisfaction

Job satisfaction is one of issue that significant attention in studies of work places(Lok, 2004) due to managers have highly recognized that job satisfaction play significant role in organizational performance and effectiveness(Laschinger, 2001 and Riketta, 2002). When employees are dissatisfied at work they are less committed and will look other opportunities to quit. If they do not get job opportunity in other organization, they emotionally and mentally withdraw from the organization (Lok,2004).

According to Misener et. al (1996) job satisfaction can be comprised to multi dimensional structure including employee's feeling toward a diverse group of intrinsic and extrinsic components. It also includes some aspect satisfaction like: payment, promotion, working condition, leadership style of supervisor and relationship with their colleague. Among these aspects several studies proved that most of leadership style is a major play determinate role in affecting job satisfaction (Berson and Linton, 2005).

The theoretical basis for job satisfaction found in the dual-factor theory of job satisfaction (Herzberg, 1957), identifying both an intrinsic and an extrinsic component, which can also be equated to external situation (extrinsic) and internal feeling (intrinsic) factors (Hirschfeld 2000; Spector 1997). The intrinsic component of job satisfaction includes like recognition, the work itself, achievement and professional growth, sense of accomplishment, challenge in the work, level of autonomy, job variety and ability to work efficiently (Schalwyk & Rothmann, 2010). Intrinsic factors were found to correlate with motivators or satisfiers on other hand Extrinsic-driven job satisfaction correlate with variables like: working conditions, co-workers, remuneration, continuous education,



benefits package, and compensation for additional work done (Kacel, Millar & Norris 2005, Faubion, Palmer & Andrew 2001, Randolph 2005). In Herzberg et al.'s (1957) literature these factors related to hygiene factors or dissatisfies.

Based on Adam's Equity theory (1963) revealed that job satisfaction and its relation to work-related outcomes. Employees invest in the relationship with their employers in terms of time, effort and knowledge. In return, they receive rewards like: salary, job security, status and prestige. Bjornebekk (2008) stated that Employees who are satisfied with these rewards would feel obliged to invest their efforts in the organization. Therefore, employee satisfaction has activating and motivational potential (Schalwyk & Rothmann, 2010).

2.3.1 The Minnesota Satisfaction Questionnaire (MSQ): short form

The MSQ was developed by Weiss, Dawis, England and Lofquist in 1967 to measure job satisfaction. Conceptually, the MSQ was based on the *Theory of Work Adjustment* (Weiss et al. 1967), which uses the fit between work personality and the work environment as the reason for work adjustment outcomes (such as job satisfaction). According to this theory, vocational abilities and needs are significant aspects of work personality, while ability requirements and reinforcement systems are significant aspects of the work environment. Work adjustment (for example, job satisfaction) is the consequence of correspondence between an individual's abilities and the ability requirements in work, as well as the correspondence between individual needs and reinforces available in the environment (Schalwyk & Rothmann, 2010).

The MSQ measures satisfaction with specific aspects of work and work environments rather than satisfaction with the job in general. This is useful, since individuals might have the same total job satisfaction score, but differ regarding the sub-factors with which they are satisfied. In the long form of the MSQ, satisfaction with 20 different aspects of the work and work environment are measured by using five items per factor. The short form of the MSQ also measures 20 different aspects of the work and work environment, but only one item is used per factor. Weiss et al. (1967) obtained a two-factor solution for the MSQ (short form), namely intrinsic and extrinsic job satisfaction. Arvey, McCail, Bouchard, Taubman and Cavanaugh (1994) found that job satisfaction as measured by the MSQ is best represented by two factors, namely intrinsic job satisfaction and extrinsic job satisfaction. However, Arvey, Dewhirst and Brown (1978) and Spector (1997) found that job satisfaction as measured by the MSQ is best represented by one factor. Using exploratory factor analysis, Buitendach and Rothmann (2009) found support for a two-factor structure of the MSQ. Only 17 items loaded on the two factors, which were labeled as intrinsic and extrinsic job satisfaction. Buitendach and Rothmann also confirmed the structural equivalence of the MSQ for black and white employees in selected organizations in South Africa (Schalkwyk and Rothmann, 2010).

2.4 Researches on transformational and transactional leadership style and nurses' Job satisfaction in hospital setting

Nursing care is an important determinate of quality of health service (Al-Ahmedi, 2009). Good nurse manager are very essential due to they are responsible for quality of patient care as well as organizational effectiveness and efficiency (Wang et. al, 2011).

It is a challenge for nurse manager to implement nursing care in volatile environment (Ma and Liu,2004) resulting in need for a new leadership style (Taccetta-Chaprick, 1996). Several researches indicating transformational leadership styles function better than transactional leadership style interims of nurses' job satisfaction. Let see some of research results.

A non- experiment descriptive and correlation study performed by Mohammad, Al-Zeaud and Batayneh (2011) in Jordan private hospitals on 200 registered nurses. The research result has shown that there is a statically significant and positive relationship between transformational leadership and nurses' job satisfaction.

Morrision, Jones and Fuller (1997) performed a non- experimental descriptive study to examining the effect on leadership style and empowerment on nurses job satisfaction on. 442 registered nurses were participated in the study. The result of this study reveled that both transformational and transactional style were positively related to job satisfaction but only transformational leadership style were positively correlation with empowerment ($r=0.26$, $p<0.05$) and the research also showed that empowerment was positively correlated with job satisfaction($r=0.04$, $p<0.05$). This result reveled that empowerment is very important factor for nurses' job satisfaction and transformational leadership give empowerment to nurses.

Medely and Larochell(1995) also investigated the relationship between nurses' leadership style and nurses job satisfaction on 122 nurses and their research result revealed that staff nurse satisfaction positively correlate with transformational leadership style on the other hand the result indicated that nurses job satisfaction have no correlation

with transactional leadership style. The result also showed that significant and positive correlation among transformational leadership and interaction ($r=0.31$, $p<0.001$), hospitals policy ($r=.042$, $p<0.001$), and autonomy ($r=0.48$, $p<0.001$). On the other hand there is no transactional factors show statically significant. This reveled that transactional leadership style of nurses' managers unfavorably related to nurses' job satisfaction.

Wand et. al (2011) study on 238 nurses who are working at tertiary care hospital in China. The result showed that transformational leadership styles of nurses' managers have positive effective effect on job satisfaction on Registered nurses. Mohammad, Al-Zeaud and Batayneh, 2011 (2011) cited that research performed by Pakman in 2001 reveled that transformational leadership style was positively correlated with nurses job satisfaction while transactional leadership style negatively correlated with nurse job satisfaction.

The result of theses researches indicated that compare to transactional leadership style, transformational leadership style have played significant and positive role in nurses job satisfaction.

Chapter Three

Methodology

3.1 Study area

Jimma University Specialized Hospital (JUSH) is one of the oldest public hospitals in the country. It was established in 1930 E.C by Italian invaders for the service of their soldiers. Geographically, it is located in Jimma city 352 km southwest of Addis Ababa.

Currently it became the only teaching and referral hospital in the southwestern part of the country. It runs an annual governmental budget of 25.06 million Birr with bed capacity of 450 and a total of more than 750 staffs of both supportive and professional. Among 750 staffs, 210 are nurses who are working in 15 clinical wards.

3.2 Research Design

This study used a non-experimental correlation design. Correlation research designs, investigators use the correlation statistical test to describe and measure the degree of association (or relationship) between two or more variables or sets of scores (Creswell, 2004)

3.3 Variables

The dependent variable is job satisfaction of nurses who are working in Jimma University specialized Hospital. The independent variables are Transformational and Transactional leadership styles of nurse managers as perceived by nurses.

3.4 Source of data

This study used both primary and secondary source of information. Primary sources of information were limited to questionnaires. Secondary sources of information are also included like: journal articles, published conference papers, documents from reliable websites, books.

3.5 Populations and Sample

The target population for this study is all nurses who are working in Jimma University Specialized hospital and fulfill the following four criteria: A. they should be full time workers in the Hospital and B. they should graduate with Diploma or BSc degree, or MSc degree in nursing. C. they should be a non-supervisory (Head Nurse and above) management position in and; (D) working under the direct supervision of a head nurse in the hospital. Based on the Hospital Human resource department data currently there are 186 nurses are working in the hospital who have fulfilled these four criteria and all nurse who are fulfilled the theses criteria was included in this study. This study used census instead of sampling because the targeted population are small.

3.6 Data Collection and Instrument

The study used a standardized questionnaires collecting and recording data. To minimize the possibility of questionnaires being sent in incomplete and misunderstanding of items and non-return of questionnaires, the researchers gave training for data collectors in areas of data collection and the objective of the research. Furthermore, after explaining the objective of the research by data collectors, the questionnaires were delivered to

respondents with a return envelop and they were asked to complete the questionnaires in their home and return to data collectors within 7 days.

The Minnesota Satisfaction Questionnaire (MSQ) used to measure the dependent variable of job satisfaction of staff nurses. The Minnesota Satisfaction Questionnaire (MSQ) developed Weiss(1967) measuring two factor of job satisfaction namely : Internal (intrinsic) and External(extrinsic) job satisfaction. The format of the instrument is modified to allow for easier reading by the subjects. The questionnaire has 18 questions that measure the intrinsic and extrinsic of job satisfaction using a five-point Likert Scale as a means for the Participant to record their response. The Likert rating scale from 1 to 5 (1 = very dissatisfied, 2 = dissatisfied, 3 = neither satisfied nor dissatisfied , 4= satisfied, 5= very satisfied). Test-retest reliabilities of between 0.70 and 0.80 are reported Cook, Hepworth, Wall & Warr (1981), with an alpha coefficient of 0.96 and an acceptable mean inter-item correlation of 0.22 (Clark & Watson 1995). The format of this instrument was modified to allow for easier reading by the subjects but the questions remained unchanged.

The second instrument will use for data collection is the Multifactor Leadership Questionnaire (MLQ). This questionnaire used to distinguish between perceived leadership styles of Transformational and Transactional among nurse managers in the hospital. The MLQ was first developed by Bass in 1985 and was revised several times through subsequent research. The transformational dimensions measured in this study included: (a) Idealized Influence (attributed), (b) Idealized Influence (behavior) (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e)Individual Consideration.

The Transactional dimensions measured in this study included (a) Contingent Reward, (b) Management-by-Exception (passive), (c) Management-by-Exception (active), and; Laissez-Faire. The MLQ consisted of 45 questions using a Likert rating scale from 0 to 4 (0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always). Cronbach's coefficient alpha's ranged from .74 to .94 (Bass & Avolio, 2000). Confirmatory Factor Analysis (CFA) was used to test convergent and discriminate validity for each MLQ dimensions The Goodness Fit Index (GFI) and the Root Mean Squared Residual (RMSR) were found to be .91 and .04, respectively, indicating that the MLQ adequately measured the dimensions of Transformational and Transactional leadership styles (ibid). the sample of MLQ questions was obtained from Bass&Avoilo (2000) and Bass&Avoilo(2003) but the format but the format of the instrument is modified to allow for easier reading by the subjects.

3.7. Data Analysis

The results of the study were analyzed using descriptive statistics such as means , standard deviation, percentage, and frequency distributions , and inferential statistics such as Principal Component Analysis, Pearson product-moment correlation coefficient and Multiple regression. The cronbach alpha coefficient for internal consistence reliability of the MLQ and the MSQ short form were evaluated. The data was analyzed with help of Statically Package for Social Science Version 16 software.

Chapter four

Data Presentation and Discussion

4.1 Introduction

The objective of this study is to examine the relationship between leadership style of nurses' managers and job satisfaction of nurses' who are working in Jimma University Specialized hospital. In this study out of the total 186 nurses who are working in the Hospital and fulfilled the selection criteria were provided the standardize questionnaires. 175 questionnaires were returned. Response rate was 94%, which considered being very good (Polit & Beck, 2004).

4.2 Demographic data analysis

The demographic data were analyzed using descriptive statics (N=175). The age range of the subjects were 20-60, with the highest percentage (51%) falling between ages of 20 and 30years of age. Even if literature indicated that nurses work force in health sectors are mostly female (WHO, 2002), in Jimma University Specialized Hospital (55%) of nurses were female and the remain (45%) were male. Seventy-nine percent of the subject had diploma in nursing and the rest twenty-one percents have BSc degree in nursing. Seventy percent of nurses have 1-10 years work experience.

Table 4.1 demographic characteristic of Respondents (N=175)

Age	Frequency	Percentage
18-20	5	5
20-30	90	51
30-40	25	14
40-50	45	26
50-60	10	6
Gender		
Male	79	45
Female	96	55
Educational Qualification		
Diploma	139	79
BSc Degree	36	21
Working experience		
1-5	86	49
5-10	36	21
10-15	26	15
15-20	6	3
20-25	11	6
>25	10	6

4.3 Does Nurses able to distinguish between Transformational and Transactional leadership style?

The nine dimension of the Multifactor Leadership Questionnaire (MLQ) were subjected to Principal Component analysis using SPSS 16 version to verify whether the nurses could differentiate between Transformational and Transactional leadership style. Before performing factor analysis, analysis the fittingness of data for factor analysis was assessed. The correlation matrix of reveled the presence of six components yielding a coefficient of 0.3 or above. The Kaiser-Meyer-Oklin value was 0.84, exceeding the recommended value of 0.70 (Blaikie,2003). Bartlett's Test of Sphercity revealed statistically significance and this support the factorability of the correlation matrix.

The principal component analysis revealed the occurrence of two eigenvalues greater than one, and these two eigenvalues represent 68 percent and 13 percents of the total variance respectively. The screen plot inspection shows that there is a break after first component. After performing Catell's scree test, the two high variance components had preserved. The next task was performing Varimax rotation test in order to support in the interpretation of the preserved two components. The two factors solution elucidated a total variance of 78% percent. Component one, representing 64 percent, and component two represent 13 percent of the total variance respectively. Based on rotation solution, all Transformational leadership characteristic loading in component 1 (Table 4.2). Furthermore, the one of the Transactional Leadership characteristic of Contingent reward was loaded on component one. This indicates that nurses who were participated in this study considered contingent reward as Transformational Leadership characteristic.

Table 4. 2 Varimax Rotation of Two Factor Solutions and Final Communality estimates for Principal Component analysis of the Multifactor Leadership Questionnaire (N=175)

Item	Component 1	Component 2	h ²
Idealized influence(Behavior)	0.94		.84
Idealized Influence (attribute)	0.91		.82
Individual Consideration	0.91		.82
Inspirational Motivation	0.87		.76
Intellectual Stimulation	0.86		.75
Contingent reward	0.85		.72
Management by exception (active)		0.91	.69
Management by exception(passive)		0.42	.70
Laissez-fair		0.42	.69
Percent of Variance Explained	64%	13%	

Descriptive statistic of the leadership and job satisfaction variables are shown in Table 4.3. The means range from 1.71 to 2.91 and the result indicated that nurses were more satisfaction on transformational leadership style with inspirational motivation dimension (M=2.91, SD=0.81). The mean score of job satisfaction indicated that nurses were moderate-level intrinsic satisfaction (M=2.72, SD=0.71) but low level of extrinsic satisfaction (M=1.83, SD=0.68).

Table 4.3 Descriptive for dimensions of transformational leadership, transactional leadership and job satisfaction

Dimension	Mean	Standard Deviation
Idealized influence(Behaviour)	2.42	0.76
Idealized influence (Attribute)	2.41	0.69
Inspirational Motive	2.91	0.81
Intellectual stimulation	2.57	0.71
Individual Consideration	2.22	0.77
Contingent reward	1.81	0.68
Management by exception (Active)	1.71	0.71
Management by exception(Passive)	1.22	0.72
Laissez fair	1.25	0.75
Intrinsic satisfaction	2.72	0.71
Extrinsic satisfaction	1.83	0.68

4.4 Relationships between leadership style and job satisfaction

Based on Table 4.4 there is statistically significant and positive correlation between two dimensions of job satisfaction and five dimensions of transformational leadership. Compare to five dimension of transformational leadership style, inspirational motivation dimension has strong relationship intrinsic job satisfaction. In transactional leadership style contingent reward statically significant and moderate level correlation with extrinsic ($r=0.45$, $p<0.01$) and intrinsically job satisfaction ($r=0.32$, $p<0.05$). There is statically significant but weak correlation between Management by exception (active) with extrinsic ($r=0.19$, $p<0.05$) and intrinsic ($r=0.18$, $p<0.05$). On the other hand there is statistically significant but negative correlation between Management by exception (passive) with extrinsic ($r= -0.04$, $p<0.05$) and intrinsic ($r= -0.21$, $p<0.05$) relationship job satisfaction respectively. Laissez-fair dimension also have statistically significant

but negative correlation with extrinsic($r=-0.37$, $p<0.05$) and Intrinsic ($r=-0.23$, $p<0.05$) job satisfaction.

Table 4.4 Person correlation relationship among of transactional and transformational leadership dimensions with nurses' job satisfaction (N=175)

	Contingent Reward	Management by exception Passive	Management by exception Active	Laissez Fair	Idealized influence (Behavior)	Idealized Influence (attribute)	Inspirational Motivation	Intellectual stimulation	Individual Consideration
Intrinsic Job satisfaction	0.32*	-0.21*	0.18*	-0.23*	0.31**	0.45**	0.51**	0.45**	0.38**
Extrinsic Job satisfaction	0.45**	-0.04*	0.19*	-0.37*	0.19**	0.22**	0.31**	0.27**	0.25**

** Correlation is significant at the 0.01 level (2 tailed),* correlation is significant at the 0.05 level (2 tailed)

Multiple regression analysis was performed to test the relationship between the dimension of leadership style and job satisfaction dimension. Based on the Table 4.5 there was direct effects of the predictors significantly explained 69% of the variability in job satisfaction. The result indicated that contingent rewards was positively related with Intrinsic ($B=0.15$, $p<0.01$) and Extrinsic Job satisfaction ($B=0.39$, $p<0.01$). However, management by exception (passive) ($B= -0.05$, $p<0.05$) and Laissez-fair ($B= -0.19$, $p<0.05$) were negatively related with Intrinsic job satisfaction. Furthermore, both Management by exception (passive) ($B= -0.07$, $p<0.05$) and Laissez-fair ($B= -0.15$, $p<0.05$) were negatively related with extrinsic job satisfaction. There is statistically significant but weak relationship with Management by exception (active) ($B=0.06$, $p<0.05$) intrinsic and extrinsic ($B=0.08$, $p<0.05$) job satisfaction. All five dimensions of transformational leadership were found to be statistically significant and positively

related with intrinsic job satisfaction namely: Idealized Influence(Behaviour) (B=0.32,p<0.01), Idealized Influence(Attribute) (B=0.29,p<0.01), Inspirational Motive (B=0.49,p<0.01), Intellectual Motive(B=0.49, p<0.01), Inspirational Stimulation (B=0.35,p<0.01), and Individual Consideration (B=0.37,p<0.01). Furthermore, all dimension of transformational leadership style statistically significant and positively relate to extrinsic job satisfaction: Idealized influence(Behaviour) (B=0.19,p<0.05), Idealized influence (attribute) (B=0.21,p<0.05),Inspirational Motive (B=0.41,p<0.01), Intellectual stimulation (B=0.22,p<0.05) and Individual consideration(B=0.17, p<0.05).

Table 4. 5: Regression analysis of dimensions of transactional and transformational leadership and job satisfaction (N=175)

Dimensions	Intrinsic Job Satisfaction	Extrinsic Job satisfaction
Contingent reward	0.15**	0.39**
Management by exception (Active)	0.06*	0.08*
Management by exception (Passive)	-0.05*	-0.07*
Laissez-fair	-0.19*	-0.15*
Idealized influence(Behaviour)	0.32**	0.19*
Idealized influence (Attribute)	0.29**	0.21*
Inspirational Motive	0.49**	0.41**
Intellectual stimulation	0.35**	0.22*
Individual Consideration	0.37**	0.17*
R ²	0.69	
AdjR ²	0.67	
R ² Change	0.66	
F Value	42.55**	

** Correlation is significant at the 0.01 level (2 tailed),* correlation is significant at the 0.05 level(2 tailed).

4.5 Reliability of the Instruments

This section presents the reliability of Multifactor Leadership Questionnaire and The Minnesota Satisfaction Questionnaire. The reliability was tasted by using the Cronbach



coefficient alpha. Table 4.6 show the reliability coefficient for nine dimensions of Transformational and Transactional leadership styles and Table 4.8 also show the reliability coefficient for two Dimensions job satisfactions. Based on both tables, the cronbach alpha of each dimensions are >0.7 . Nunnally & Bernstein (1994) stated that A coefficient alpha higher than 0.7 is considered to be good.

Table 4. 6 Reliability coefficient for the Dimensions transformational, transactional leadership styles and Job satisfaction Dimensions

Leadership Dimensions	Cronbach alpha
Idealized influence(Behavior)	0.83
Idealized Influence (attribute)	0.75
Individual Consideration	0.94
Inspirational Motivation	0.71
Intellectual Stimulation	0.85
Management by exception (active)	0.96
Contingent reward	0.80
Management by exception(passive)	0.83
Laissez-fair	0.75
Job satisfaction dimensions	
Intrinsic satisfaction	0.90
Extrinsic satisfaction	0.94

4.6 Discussion

The result of this research indicated those nurses who are working in Jimma University Specialized Hospital can distinguish transformational leadership style over transactional leadership style. Furthermore, they preferred transformational leadership style than

transactional leadership style. Several previous researches support this result transformational leadership style highly contributes for higher levels of job satisfaction (Mohammad, Al-Zeaud and Batayneh 2011; Morrision, Jones and Fuller ,1997; Medely and Laroche ,1995; Wang et. al , 2011). The other important finding appeared in the result of this study was, nurse considered Contingent Rewarded as a transformational leadership characteristic. Previous researches results showed that nurses viewed contingent reward as transformational leadership style characteristic (Ramey, 2002, Medley and Larochelle, 1995). Based on Bass and Avolio, contingent Reward involves leaders who give follower what they want in exchange for their support and make clear what followers can receive if performance meet prescribed standard (Ramey, 2002; Bass & Avilo, 2002). Bass in 1985 studies on industrial managers indicated that Contingent Reward is one of characteristic of transactional leadership style (Bass ,1985). Medley and Larochelle in 1995 have found major difference between nurses and industrial leader involved in contingent reward, in nursing it is unusual for an individual to receive special recognition or to be rewarded tangibly for outstanding performance (Medley and Larochelle, 1995).

The mean scores of transformational and transactional leadership style indicated that nurses are more satisfied towards transformational leadership styles. This finding is consistent with previous studies done in Jordan and Malaysia (, Al-Zeaud and Batayneh, 2011; Voon et. al, 2011). The mean score of Nurse Satisfaction indicated that Nurses were low level of extrinsic satisfaction. Previous researches revealed that nurses who are working in public hospitals are not extrinsic job satisfied (WHO, 2004; Awasses, 2006). On the other hand nurses have moderate level of intrinsic job satisfaction. Previous

researches also indicated that nurses are satisfied in helping others and professional gratification (Awasses, 2006; Alemshet et. al, 2011).

The result of this research also revealed that dimensions of transformational leadership were more strongly correlated with intrinsic job satisfaction rather than extrinsic job satisfaction. This means transformational leadership style build a good environment that assist to increase job satisfaction in Jimma University Specialized hospital. This finding is consistent with finding of a study done in 2011 in Jordanian private hospitals that transformational leadership were more positively correlated with intrinsic job satisfaction rather than extrinsic job satisfaction(Mohammad, Al-Zeaud and Batayneh 2011).

Multiple regression results also revealed that weak relation between management by exception (active) with both intrinsic and extrinsic job satisfaction. There is also negative relationship between management by exception (passive) both intrinsic and extrinsic job satisfaction. Previous research also revealed that weak relation between the active and passive management by exception and job satisfaction may imply either the leader practice very weak form of active and passive management by exception or the presence of a moderate variable like, the failure to achieve organizational objectives, which have weakened the relationships between the variables (Voon et. al, 2011). Laissez- fair dimension of transactional leadership style also have negative but weak correlation with both intrinsic and extrinsic job satisfaction. Previous researches also indicated Laissez-fair is the least effective form of leader behavior (Antonakis, Avolio, and Sivasubramaniam,2003) and negative relation with job satisfaction (Khan, Ramzan, Ahmed and Nawaz,2011). On the other all dimension of transformational leadership style

were significantly and positively correlated with both intrinsic and extrinsic job satisfaction. Comparison of beta coefficients of transformational leadership dimension, inspirational motivation was strongest relation with both intrinsic and extrinsic Job satisfaction. These findings are consistent with the other researches which found statically significant and positive relationships between transformational leadership and job satisfaction (Mohammad, Al-Zeaud and Batayneh, 2011;, Medley and Larochelle, 1995; Bass, Avolio,1990).

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

The result of this study indicated that nurses' who are working in Jimma University Specialized hospital preferred managers who are transformational leaders. This indicated that transformational leadership style promotes job satisfaction of nurses, this also leads to improved performance of nurses as well as reduced nurse turnover. McClosky and McCain (1988) revealed that nurses' job performance increased proportionally with increased job satisfaction. Therefore, hospital administrators should find innovative ways to decrease nurse attrition rate, improve the working environment and promote the nursing profession. Nurse Managers also should use transformational leadership style in order to increase nurse job satisfaction.

5.2 Recommendation

The result of this study revealed that effective transformational leadership style leads towards nurses' job satisfaction.

Therefore, nurses' manager should consider:

-The mission, vision of the hospital should be clear to each nurse in order to transform this mission and vision into their ward objectives.

-Nurses should understand the jointly settled goal and the nurses manager should foster innovative thinking to consider the existing working standard in new way to improve individual as well as team productivity.

-Nurses' manager should show more trust confidence and empower their nurses

-Nurse's managers' should be good role model for their nurses.

-Nurses manager should avoid applying Management by exception (Active and passive) and laissez fair because these components are not contribution for nurses' job satisfaction

Furthermore, Hospital administrators should facilitate training programs for nurse manager in area of leadership styles and its effect on job satisfaction in order to understand the components of effective nursing leadership style

5.3 Recommendation for further research

It is recommendable examine the relationship between transformational and transactional leadership style and nurses' job satisfaction in Private and public hospitals in Ethiopia in order to widely investigate these two leadership style on nurses job satisfaction and generalization finding in both private and public hospitals.

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