LEADERSHIP STYLES OF NURSE MANAGERS AND NURSES JOB SATISFACTION IN UNIVERSITY OF NIGERIA TEACHING HOSPITAL ENUGU

BY

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TITLE PAGE

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IN FULFILMENT FOR THE REQUIREMENT OF THE AWARD OF
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SUPERVISOR: DR (MRS) OKORONKWO IL

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APPROVAL

This dissertation has been approved by the Department of Nursing Sciences, University of Nigeria, in partial fulfilment of the requirements for the award of the degree of Masters of Science in Nursing Sciences.

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CERTIFICATION

This is to certify that this study is truly original and has not been submitted in part or in whole to any other university. It has been approved and accepted for the purpose it was submitted.

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DEDICATION

 This project is dedicated to the Almighty God, and all the nurses that are going through job stress due to shortage of nurses in our health facilities.

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ABSTRACT

This study examined nurse managersø leadership styles and their relationship with job satisfaction of nurses in University of Nigeria Teaching Hospital, ItukuOzalla, Enugu. The specific objectives included to: determine the perceived leadership styles (Transformational, Transactional and Laisser-faire) utilized by nurse managers in University of Nigeria Teaching Hospital (UNTH); determine the level of job satisfaction of nurses in UNTH; and to assess the relationship between leadership styles and job satisfaction of nurses in UNTH. Three hypotheses were formulated to guide the study. Related literature was reviewed under conceptual review and empirical studies. Non-experimental descriptive correlational research design was adopted for the study. Validated questionnaire was used to administer the instruments to 228 respondents from which 205 correct responses were analyzed using descriptive and inferential statistics. The study revealed that the job satisfaction for the study participants was above average (60%). while all leadership styles examined had significant relationship with job satisfaction of the respondents. Transformational and Transactional leadership styles had positive correlations with job satisfaction, with mean scores of 2.40 ± 0.49 and 2.31 ± 0.39 respectively. Laissez faire leadership style had negative correlation with job satisfaction with a mean job satisfaction score of 2.30 ± 0.46. The inclusion of nurses at all levels of policy formulation at the hospital level, and improvement in reward structure to motivate proactive nurses was recommended.

CHAPTER ONE

INTRODUCTION

Background to the study

The constantly changing health care environment, high technology and high cost of care provision are few factors affecting nursing practice today(Murray, 2010). Hospitals face the problem of how to strategize to achieve their goals in this competitive and changing healthcare environment. This often means constant organizational change to meet new health care challenges. Pressures to provide quality care while cost reduction measures are frequently implemented, results in high stress levels for nurses in the workplace. In addition, constant changes inevitably place considerable pressure on nurse leaders to both adapt and proactively engage their subordinates to embrace changes in the face of acute staff shortages and in some poor cases,that slowly evolving work environment. These combined factors within the hospital arena maycontribute to the lack of satisfaction nurses experience with their jobs. As remarked by Sherman (2010), this scenario desperately calls for new leaders, leaders who inspire others with the vision of what can be accomplished. In order to move forward and survive in the face of these challenges, nurse managers and their subordinates must establish positive and mutually beneficial relationships that favour increased efficiency, productivity, and job satisfaction. Quality nursing leadership is seen as a predictor of job satisfaction (Giallonardo, Wong &Iwasiw, 2010).

Job satisfaction has been described as the most important predictor for nurses' intention to remain in their work place and is related to the feeling of employees and can be influenced by factors such as the quality of their relationship with their supervisor or employer, the quality of the physical environment in which they work, or the degree of fulfilment in their work (Edwards, Bexley & Richardson, 2011, Ritter, 2010; Mackusick&Minick, 2010).The nurse manager (NM) is officially charged with leadership of a health unit in a hospital system. No one else influences the whole health unit operation and the degree of responsiveness of both the nurses and patients than nurse managers. The quality of patient care, as well as staff recruitment and retention success are the key roles of a nurse manager (Olanrewaju, 2012). NMs as leaders,plan, coordinate and supervise day to day activities and general welfare of the nurses and patients. Their activities positively or negatively affect patient care delivery. The leadership style, skills and abilities of nurse managers are critical to the smooth operation of nursing units, the success of the hospital and by implication the entire healthcare system.

Leadership style has become an important topic of study in the management field. A good leader guides subordinates to work effectively toward organizational goals. According to Schimmoeller (2010) and Fatokun, Salaam and Ajegbomogun(2010), leadership styles can be viewed as series of managerial attitudes, behaviours, characteristics and skills based on individual and organizational values, leadership interests and reliability of employees in

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different situations. Organizational success in obtaining its goals and objectives depends on managers and their leadership style.

There are several styles of leadership such as autocratic, bureaucratic, laissez-faire, charismatic, democratic, participative, situational, transactional, and transformational leadership. Not everyone agrees that a particular style of leadership will result in the most effective form of organizational behaviour. Different styles are needed for different situations and each leader needs to know when to exhibit a particular approach. Transformational and transactional leadership behaviours are known as the new leadership theories and are used by most academics who study organizational leadership(Kozier, 2007).By using appropriate leadership styles, managers can affect employee job satisfaction, commitment and productivity.

The relationship between a managerøs leadership and subordinate/employees job satisfaction is well documented (Hall, 2007; Christmas, 2008 &Ma, Lee, Yang & Chang, 2009). Job satisfaction is related to the feeling of employees and can be influenced by factors such as the quality of their relationship with their supervisor or employer, the quality of the physical environment in which they work, or the degree of fulfilment in their work. Job satisfaction can be considered from a global perspective, such as the feelings and emotions perceived by the individual employee based on work experiences (Cowin, Johnson, Craven & Marsh, 2008). It can also be explored through a facet approach- studying employee attitude towards various aspects (facets) of their jobs. Hegney, Plank and Parker (2006) described two aspects of values,

intrinsic and extrinsic where intrinsic values refer to satisfaction inherent in the work itself (immaterial aspects of the job) such as job variety and autonomy and extrinsic values refer to material work aspects such as salary and opportunity for promotion. Job satisfaction is therefore the result of an evaluation of whether ones job meets ones needs. If one feels dissatisЉed, searching for and accepting another place to work will likely occur. Job satisfaction has been described as the most important predictor for nursesø intention to remain in their work place (Larrabee, Janney, Ostrow, Withrow, Hobbs &Burant, 2003).

Previous studies on the relationship between nurse managersø leadership style and nurse job satisfaction byTobak andKoprak(2007) found that transformational leadership style exhibited by nurse managers in Israeli public hospitals was best suited for conflict management in an innovative but understaffed system. Similarly, a significant correlation was found to exist, in a study carried out by Sellgren (2007), between nurse managerøs leadership behaviour and job satisfaction in the Karolinska hospital in Stockholm. If the leadership style necessary to manage the present challenging nursesø work environment is lacking, there is a potential for continued increase in the nursing shortage and its attendant grave consequences.

Statement of the problem

In the University of Nigeria Teaching Hospital (UNTH) ItukuOzalla, the researcher observed gross shortage of nurses in all the nursing units. The record from the nursing service department shows a total number of 588 nurses in UNTH of which 444 were deployed to 26 wards and special clinics of the hospital as at the time of this study. The researcher also observed that, in a ward of 28 to 30 patients, 2 to 3 nurses were seen caring for patients during the day as against 1:6 ratio recommended by WHO (2011) and 1:4-5 (for general wards) and 1:1-3 (for intensive care units) recommended by Nursing and Midwifery Council of Nigeria (N&MCN, 2005). Records from the department also revealed that 80 nurses left UNTH within the past 3 years (2009-2012). Although death and retirement were contributory to this situation, voluntary resignations also accounted forstaff loss during the period. Nursing staff shortage in UNTH is therefore, obvious given by these statistics. Hall (2007) explained that some of the reasons for nursing staff shortage are due to work stress, physical demands/workload, lack of advancement opportunities, and low pay. MacKusick and Minick (2010) went further to suggest that some of the reasons for the shortage include job dissatisfaction and the challenging relationships among members of the healthcare team. Since a causal relationship has been shown to exist between relationships amongst the healthcare team and job satisfaction by some authors (Cowin, 2008, Ritter, 2010), the leadership style exhibited by nurse managers can either enhance or retard job satisfaction. This suggests that the acute nursing staff shortage in

UNTH, which is exacerbated by mass loss of nurses due to retirement, may affect the services and job satisfaction of nurses. It is therefore, necessary to empirically determine the leadership styles employed by the nurse managers in UNTH and also how these styles relate with job satisfaction of nurses in this situation of acute shortage of nurses observed in (UNTH) ItukuOzalla Enugu.

Purpose of the study

The purpose of this study is to examine the relationship between perceived leadership styles of nurse managers and job satisfaction of nurses in University of Nigeria Teaching hospitals, Ituku-Ozalla Enugu

The specific objectives of this study are to:

1.   determinethe leadership styles utilized by nurse managers as perceived by nurses at the University of Nigeria Teaching Hospital (UNTH).

2.   determinethe level of job satisfaction of nurses in UNTH.

3.   identifythe relationship between transformational leadership styles and job satisfaction of nurses in UNTH.

4.   identifythe relationship between transactional leadership style of nurse managers and job satisfaction of nurses in UNTH.

5.   identifythe relationship between laissez-faire leadership style of nurse managers and nursesø job satisfaction in UNTH.

Research questions

1. What is the perceived leadership style(s) utilized by nurse managers in UNTH?

2. What is the level of job satisfaction of nurses in UNTH?

3. What is the relationship between leadership style of nurse managers and job satisfaction of nurses in UNTH?

Hypotheses

The following null hypotheses guided the study:

1. There is no significant relationship between transformational leadership style of nurse managers and job satisfaction of nurses in UNTH.

2. There is no significant relationship between transactional leadership style of nurse managers and job satisfaction of nurses in UNTH.

3. There is no significant relationship between laissez-faire leadership style of nurse managers and job satisfaction of nurses in UNTH.

Significance of the study

This study will be of great significance to the nurse managers, nurse administrators, patients and the hospital. The finding from this study willprovide a basis for the determination of appropriate leadership style(s) to be used by nurse managers, capable of enhancing job satisfaction nation-wide. Findings from this study can be utilized to educate nurse managers on effective leadership styles and how these styles affect job satisfaction of nurses. By implementing preferred leadership styles, job satisfaction of nurses will

increase, lowering turnover rates in hospitals and an overall decrease in the amount of money spent for hiring and orientating new employees. For nurse administrators, the results of this study have numerous implications for management practice. Nursesø satisfaction will be seen by the patient in the form of increased patient care quality. This will in turn create increased patient satisfaction and will reflect a positive view of the hospital by the community. The hospital will also benefit from the satisfaction of registered nurses as seen by an increase in productivity, efficiency and retention.

Scope of the study

This study focused on the relationship between leadership styles of nurse managers and job satisfaction of nurses. It was confined to examining the relationship between transformational, transactional and laissez faire leadership styles on one hand and job satisfaction of nurses on the other. Twenty-six wards in UNTH, where direct nursing care is applied was examined. The study was delimited to nursing personnel categorized into management and subordinate cadres who have spent a minimum period of two years in the wards.

Operational definition of terms

For the purpose of this study the following terms were defined operationally:

Leadership style: This strictly refers to the transformational, transactional and laissez-faireleadership styles.

Transformational leadership: is a synthesis of all leadership styles that are essentially employee oriented and includes participatory, democratic, charismatic and situational leadership styles.

Transactional leadership: refers to all leadership styles that are strictly production centred and includes autocratic and bureaucratic leadership styles.

Laissez-faire leadership: refers to all leadership styles that are passive in nature whereby the leader adopts a hands-off approach to leadership.

Job satisfaction: refers to the feeling a nurse has about the job being performed. In other words what the nurse likes or dislikes about the job. General characteristics of the job such as pay, promotion, supervision, working conditions and relationships with co-workers were examined.

Nurse Managers: refers to nurses who are in-charge of wards/units and range from the ACNO, CNO to the Deputy Director Nursing (DDN) cadre.

Nurses: refers to non-managerial cadre of nurses in UNTH. They are any of the Principal Nursing Officers (PNO), Senior Nursing Officers (SNO),Senior Nursing Officers (SNO), Senior Nursing Sisters (SNS), Nursing Officer I and II, Nursing Sisters working in UNTH.

CHAPTER TWO

LITERATURE REVIEW

This chapter presented the review of related academic materials from books, journals, published and unpublished articles sourced from the University library and the internet. The literature review has been organized under conceptual, theoretical and empirical reviews. Summary of the literature was also highlighted.

Conceptual review on leadership

The concept of leadership has been a topic of concern and investigation for scholars and practitioners in many basic and applied health disciplines. After a comprehensive review of literature on leadership, Zaccaro (2007) concluded that there are almost as many definitions of leadership as there have been researchers or persons who have attempted to define the concept. According to Kotter (1999), leadership is about setting a direction or developing a vision of the future together with the necessary strategies for producing the changes needed to achieve this vision. Leadership is one of the critical and important factors in enhancing organizational performance (Riaz&Haider, 2010). Leaders in any organization are expected to carry out tasks with limited resources to the maximum level in order to maintain the competitive edge and to sustain profitability position of the organization (Riaz&Haider, 2010). Hamidifar (2010) opined that leadership is an influence relationship among leaders and followers that is performed in such a way as to reach a defined goal or goals.

Leadership has also been variously defined by several authors. Omolayo (2000) defined leadership as a social influence process in which the leader seeks the voluntary participation of subordinates in an effort to reach organizational goals. It is a process whereby one person exerts social influence over other members of the group through the use of leading strategy to offer inspiring motive and to enhance the staff's potential for growth and development (Fry, 2003&Okoronkwo, 2005).It can also be defined as a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent.Leadership therefore is an important element for the success of an organization, regardless of its nature of activities, profit or charity orientated, private or government linked organizations. However effective leadership is the extent to which a leader continually and progressively directs followers to the agreed destination which is defined by the whole group. When leaders communicate in a positive and direct way, their followers learn to trust them.

It is generally accepted, that the leadership of the Nurse Manager (NM) is a critical factor in the success of any task performed in the Hospital. Knowledge about leadership is therefore, a prerequisite for the realization of the objectives of any health system. In order to better understand the current study, examining leadership styles and their relationship to subordinate/employee job satisfaction is pertinent.

Leadership Styles

Leadership Style refers to the pattern of behaviour an individual leader uses across the full range of leadership situations. It has also been defined as the broad, characteristic way in which a leader interacts with others across in various situations and occasions (Edwin, 2006).The history of leadership studies has produced many diverse ways of conceptualizing and measuring it. The great-man theories, although not scholarly in nature, served as the backdrop for the leadership research that followed, which were the trait theories. Trait theories helped to move the examination of leadership to another level by attempting to identify desired traits of great leaders. While this effort did not lead to an in-depth understanding of leadership; it did, however, suggest that intrinsic qualities of leaders were critical to understanding leadership. Leadership style was described in early studies as consisting of two broad and independent behavioural dimensions, one production/task oriented, primarily concerned with accomplishing the task, utilizing staff and resources efficiently and maintaining reliable operations. The other is employee oriented, with focus on improving relationships and helping people, increasing cooperation and teamwork and building identification with the organization (Jones & George, 2004).Today changes occur frequently in every organization and to handle and motivate change is one of the leader's main tasks. This study examined three leadership styles and their relationship with job satisfaction.

The importance of supportive leadership behaviour for job satisfaction and the intention to stay in nursing has been described previously (Worster, 2005, Laschinger, Purdy& Almost, 2007), as well as the fact that poor supervision by nurse managers has an inverse relationship with job satisfaction (Ganaan, et al, 2010). The three leadership styles (transformational, transactional and laissez faire)examined in this study and their relationship with job satisfaction are reviewedin this study.

Transformational leadership style

Transformational leadership is one of the more popular approaches to leadership that has been the focus of many researchers since early 1980s (Northouse, 2010). According to Bryman (1992), transformational leadership is part of the õNew Leadershipö paradigm which gives more attention to charismatic and effective elements of leadership. The transformational leadership style was described as having a focus on development and change in addition to employee orientation (Burns1978, Bass 1985). Transformational leadership is a process in which leaders and followers raise one another to higher levels of motivation and morality (Burns, 1978). Transformational leadership style has variously been defined as:

- Leadership capable of changing the beliefs and attitudes of subordinates and inspiring them to pursue their own interests for the wellbeing of the organization (Burns, 1978)

- The leadership process that involves exercising influence on the attitudes and assumptions of organization members and building commitment for the organization's mission, objectives and strategies (Dessler& Starke, 2004)

- Leadership that makes subordinates or followers aware of the importance of their jobs and performance to the wellbeing of the organization as well as their own needs for personal career advancement and growth and able to motivate subordinates to work harder for the good of the organization (Jones & George, 2004)

- Raising the level of motivation of the followers through leaders' connection and engagement process (Northouse, 2010)

- Leadership capable of stimulating and inspiring or transforming subordinates to strive harder in order to achieve extraordinary outcomes (Robbins *et al.*, 2010)

- Leadership that inspire followers to believe in their own potential so as to create a better prospect and future for the organization as well as to believe in the leader personally (Daft, 2010)

In contrast to the earlier theories on traits or characteristics or situational approaches which concentrate on the leaders, transformational leadership focuses on leader and follower relationships. Van Eeden, et al (2008) added that a transformational leader is one who conveys a vision to inspire others, sets long-term goals and emphasizes social and interpersonal skills. The

transforming leader looks for potential motives in employees, seeks to satisfy their needs and engages the full person of the follower.Transformational leadership is expected to be able to provide a clear vision and mission, inspire self-esteem and gain trust and respect through charisma. This motivation energizes people to perform beyond expectations by creating a sense of ownership in reaching the vision (Grossman &Valiga, 2009).

Bolden et al; (2003) posits change as the key focus for transformational leadership (as cited in Taylor, 2009). Sofarelliand Brown (in Murphy, 2005) suggested that a transformational leader must possess high self-esteem, self-regard and self-awareness to effectively transform organizations and employees. Seamless adaptability and ability to deal with unexpected issues, role model through behaviours and goal setting, and network effectively are typical connotations of a transformational leader (McNichol 2006, Shaw 2007).

Taylor (2009) reasoned that transformational leaders place an emphasis on team building, and empowering and developing potential in order to reach long-term goals. Thyer (2003) reports that a transformational leader creates a collaborative learning environment, improves morale, embraces accountability and conflict resolution, proactive towards change management, ignites communication and supports empowerment.   These leaders also facilitate employees toward motivation and being involved in the vision they produce.

Bass (1990) further highlighted that a transformational leader would ask subordinates to go beyond self-interest for the benefit of the team, organization as well as society. Furthermore, this type of leadership will take serious consideration on the long term need for self-improvement and development over short term or current needs (Choi & Lee, 2011).In the same vein, Yukl (2003) asserts that employees who distinguish their leader as caring for the interests of each individual worker, are likely to exhibit increased allegiance, confidence, and to have a stronger sense of emotional well-being.

Transactional leadership style

Transactional leadership focuses and emphasizes on completion and accomplishing of allocated tasks on hand. This type of leader maintains and preserves harmony working relationships coupled with promises on rewards for satisfactory performance (Dessler& Starke, 2004).Furthermore, this leadership focuses on leader-follower exchanges in which followers or subordinates are expected to carry out duties and perform according to given instructions. The follower in-turn expects to be compensated positively in line with the result generated by them. Positive rewards include, but are not limited to, complimentary comments, praise and recognition upon successful compliance with instruction from the leaders and achievement of objectives (Riaz&Haider, 2010). Rewards can also be negative-based such as punitive and penalized actions in the event that the followers or subordinates fail to perform as per the instruction (Choi & Lee, 2011).

Similarly, Avolio and Bass (1991) observed that transactional leaders are supposed and expected to conduct frequent and regular communication with their followers in particular to enhance the explanation on work instruction/requirements and guidance in order to complete the assigned task. Any rewards following satisfactory completion of assigned tasks are to be conveyed and communicated to the subordinate (Hamidifar, 2010).Rugieri (2009) contends that a transactional leader is more commanding, has high confidence and is usually more fixated on the job.Transactional leadership style is highly used during emergency, with newly employed nurses to direct them ethically and on nursing skills.

Laissez-faire Leadership Style

In contrast to transformational and transactional leaderships, Laissez-Faire leadership is a passive kind of leadership style. The laissez-faire leader is one who believes in freedom of choice for the employees, leaving them alone so that they can do as they want. This type of leader generally gives followers or employees complete freedom to make decisions or to complete a task in whichever way they deem fit and appropriate (Robbins *et al*; 2010). It is also interpreted as a non-transactional kind of leadership style in which prompt decisions are not made with delay in action taken, coupled with ignoring of leadership responsibilities and non-exercise of authority. Another assessment of research reported that these leaders shun goal-setting, opportunities to succeed, fail to coordinate organizational objectives, ignore responsibilities,

and routinely avoid making decisions on important matters (van Eeden, Cilliers, & van Deventer, 2008).

Hamidifar (2010) comments that leaders who are practicing this leadership style usually do not care and take no consideration and concern on issues that arises in organization environment.The basis for this style of leadership is twofold. First, there is a strong belief that the employees know their jobs best so leave them alone to do their jobs. Second, the leader may be in a political, election-based position and may not want to exert power and control for fear of not being re-elected. Such a leader provides basic but minimal information and resources. Laissez-Faire is referred to as õhands-off, let things-rideö approach in its original French phrase. Leaderswith Laissez-Faire attitude are said to relinquish responsibility, give no feedback, delaysin decision making and not keen to help followers in satisfying their needs (Northouse, 2010).

Basically, the overall effect of laissez-faire leadership seems to be negative. But there may be an aspect of such a style of leadership that is very positive. This leadership style encourages explorative approach to undertaking assignments amongst followers which is a prerequisite for innovations in various fields of endeavour. It also allows followers/subordinates to develop a working relationship in an informal setting and generates an opportunity to be successful by making their own decisions.

Hersey, Blanchard, and Johnson (2000) propose that leaders do not have just one style of leadership, but rather have many varying styles depending upon

the situation. In one situation, the employees are essentially incompetent, and lack job knowledge and skills. Here, the leader must be the key person in charge. On the long run, employees who have proven their decision-making acumen as well as requisite knowledge and skill on the job are fully empowered to make independent decisions within agreed boundaries. Once each employee is comfortable in this mode, the leader becomes a leader by exception or a laissez-faire leader. He/she knows minimal leadership or management is needed for these individuals (Goodnight, 2004).The integrated leader who combines different aspects of leadership for different situations is found to be most effective today (Kozier, 2007). However, the importance of supportive leadership behaviour for job satisfaction has been described by Laschinger, Purdy & Almost (2007)and Lobo (2010).

Job Satisfaction

Job satisfaction is a complex and multifaceted concept which can mean different things to different people. Job satisfaction is usually linked with motivation, but the nature of this relationship is not clear. Satisfaction is not the same as motivation. Job satisfaction is more of an attitude, an internal state. It could, for example, be associated with a personal feeling of achievement, either quantitative or qualitative (Mullins, 2005), which should be recognized by employers, mangers and colleagues.

According to Aziri (2008), job satisfaction represents a feeling that appears as a result of the perception that the job enables the fulfilment of material and

psychological needs. In this regard, salaries and wages received for service delivery may be a major determinant of job satisfaction. Job satisfaction can be considered as one of the main factors when it comes to efficiency and effectiveness of business organizations. In fact the new managerial paradigm which insists that employees should be treated and considered primarily as human beings that have their own wants, needs and personal desires is a very good indicator for the importance of job satisfaction in contemporary organizations. When analyzing job satisfaction, the logic that a satisfied employee is a happy employee and a happy employee is a successful employee holds true.Implicit in this assertion is the fact that work processes need to be organized in such a way that enhances staff professional advancement and efficiency on the job.

The term job satisfaction refers to the attitude and feelings people have about their work. Positive and favourable attitudes towards the job indicate job satisfaction. Negative and unfavourable attitudes towards the job indicate job dissatisfaction (Armstrong, 2006).Job satisfaction is a workerøs sense of achievement and success on the job. It is generally perceived to be directly linked to productivity as well as to personal well-being, as it implies doing a job one enjoys, doing it well and being rewarded for oneøs efforts. The reward in most instances should therefore reflect individual contribution to higher productivity level in terms of fringe benefits and promotions. It further implies enthusiasm and happiness with oneøs work. Job satisfaction is therefore a key

ingredient that leads to recognition, income, promotion, and the achievement of other goals that lead to a feeling of fulfilment (Kaliski, 2007).

Spector (2001) lists three important features of job satisfaction. First, organizations should be guided by human values. Such organizations will be oriented towards treating workers fairly and with respect. This is an integral part of effective supervision. In such cases the assessment of job satisfaction may serve as a good indicator of employee effectiveness. High levels of job satisfaction may be a sign of good emotional and mental state of employees. Secondly, the behaviour of workers depending on their level of job satisfaction will affect the functioning and activities of the organization's business. From this it can be concluded that job satisfaction will result in positive behaviour and vice versa, dissatisfaction from the work will result in negative behaviour of employees. Thirdly, job satisfaction may serve as indicators of organizational activities. Through job satisfaction, evaluation of different levels of satisfaction in different organizational units can be defined, but in turn can serve as a good indicator to highlight the changes that should be made in the different organizational units, which would boost performance.

Job satisfaction has been described as the most important predictor for nurse's intention to remain employed (Larrabee et al.2003, McCutcheon et al, 2009). Job satisfaction can be considered from a global perspective, such as the feelings and emotions perceived by the individual employee based on work experiences (McCutcheon et al, 2009). The main theme of earlier studies is that

job satisfaction is the result of an evaluation of whether one's job meets one's needs; if one feels dissatisŁed, searching for and accepting another place to work will likely occur.

Relationship between leadership styles and job satisfaction

The overall success of the organization depends on whether the leader has the power to strengthen the process in which work is completed by staff (Jogulu& Wood, 2007). Adopting either transformational or transactional leadership behaviour has been shown to have some correlation with the success of an organization (Laohavichien et al., 2009). Implicit in this relationship is some measure of job satisfaction. This might be the reason that different authors in the recent past considered transactional and transformational leadership as predicating variables and investigated their relatedness with other criterion variables (Adnan & Mubarak, 2010).

Cummings, et al (2009) conducted a systematic review of 53 studies between 1986 and 2005 on the relationship between leadership styles and outcome patterns for nursing workforce and work environment. Nursing job satisfaction was the most frequently examined outcome of leadership in the studies in their review of twenty four studies. Twenty-two studies reported that highest job satisfaction was associated with a variety of relational focused leadership styles such as socio-emotional, consideration, inspirational, resonant, and transformational leadership (Chen et al.; 2005; Chen and Baron, 2006; ChiokFoongLoke, 2001; Cummings, 2004; Cummings et al., 2005; Krogstad et

al., 2006; Larrabee et al., 2003; Lok and Crawford, 2001; Lok et al., 2005; McNeese-Smith and Yang, 2000; Meyer-Bratt et al., 2000; Shiehet al., 2001). Ten of these studies also reported that job satisfaction was significantly lower with more task focused forms of leadership such as transactional leadership. However, two studies found that relational leadership styles were not significantly associated with job satisfaction (McNeese-Smith and Yang, 2000; Nielsen et al., 2008).

Significantly higher satisfaction with their leader was reported in six studies when leadership styles were charismatic, resonant, and transformational (Cummings, 2004; Cummings et al., 2005; Dunham-Taylor, 2000; Stordeur et al., 2000). Two studies examining consideration and initiating structures found equivocal results. Reduced satisfaction with their leader was reported in three studies, where leadership was management by exception, transactional and laissez-faire (Dunham-Taylor, 2000), and dissonant (Cummings, 2004; Cummings et al., 2005). Eleven of the remaining 12 outcomes in this theme including satisfaction with job mobility options, job security, financial rewards and time to spend with patients were reported significantly higher in association with resonant, empowering, initiating structure and consideration styles of leadership (Cummings, 2004), and significantly lower (Cummings et al., 2005; Gil et al., 2005; Meyer-Bratt et al., 2000) in association with dissonant (pacesetting and commanding) styles of leadership (Cummings, 2004; Cummings et al., 2005).

Both transformational leadership and transactional leadership help in predicting subordinatesø satisfaction with their leader and job (Bennett, 2009). However, in some situations both cannot provide the ultimate satisfaction to their subordinate and partially contribute as explanatory variables (Adnan & Mubarak, 2010). The study of Chen et al.,(2005) found that followers were satisfied with the contingent reward dimension of transactional leaders and individualize consideration of transformational leaders. Similarly, the study of Jansen et al., (2009) concluded that transformational leadership behaviours contribute significantly to exploratory innovation while transactional leadership behaviours facilitate improving and extending existing knowledge and are associated with exploitative innovation (Jansen et al., 2009).

Transactional and transformational leadership behaviours provided varying results in different scenarios. In some situations, transformational leadership behaviour was found significantly affecting predicting variable and in some cases transactional leadership behaviour. Transactional leadership style provides high satisfaction and organizational identification as compared to transformational leadership style (Wu, 2009; Epitropaki& Martin, 2005) despite the fact that transactional leaders have substantial influence on the followers (Boseman, 2008). Conversely, in another study transformational leadership had large influence on followersø performance and innovation than transactional leaders (Boerner et al., 2007) and was more significantly associated with team cohesiveness, work unit effectiveness and organizational

learning as compared to transactional leadership (Stashevsky and Koslowsky, 2006; Zagorsek et al., 2008).

Transformational leaders also help in the acceptance of organizational change (Bommer et al., 2004) especially when it is about accepting technology and acquisition (Schepers et al., 2005; Nemanich& Keller, 2007). On having effective communication skills, transformational leaders tend to have higher agreement on the strategic goals of the organization (Berson&Avolio, 2004). They voluntarily help their employees and prevent the occurrence of work-related problems (Berson&Avolio, 2004), which ultimately enhances job satisfaction among employees (Scandura& Williams 2004; Nemanich& Keller, 2007). They become more committed and have less turnover intentions (Scandura&Williams, 2004; Rafferty & Mark, 2004).

Theoretical Review

The theories underpinning this study are the transactional and transformational theory by Burns and Bass. The **transactional theory** of leadership was first developed by Burns (1978) and Bass (1985), who both portrayed a transactional leader as one who:

(1) recognizes what one wants to get from her work and tries to see that she gets her wants, if performance warrants it;

(2) exchanges rewards and promises of reward for effort; and

(3) responsives to oneøs immediate self-interests if they can be met by

getting the work done (as cited in Chan & Chan, 2005).

Transactional theories of leadership assert that people will follow leaders who have a transactional approach to leadership. This is achieved by establishing performance specifications and making sure they are accomplished within a given deadline, and appropriately rewarding the subordinates when goals are achieved or adopting punitive measures when lapses or failure occur. This leadership – followership relationship is essentially driven by compensation. Transactional leadership is divided into three distinct processes that influence employees: active management by exception, passive management by exception and contingent reward (van Eeden et al., 2008).

Applying this theory to the study, in case of active management by exception, the Nurse Manager (NM) looks for mistakes, indiscretion, exceptions, and divergence from the standards already in place; she looks at complainants, infractions of policy and regulation and failures, then takes corrective action before or when these occur.

NM outlines the rewards and motivates nursesø based on their performances. Using contingency reward in transactional leadership, NM rewards nursesø when they attain pre-set goal and objectives. These rewards could be proposal to argument pay and production or praise for superior hard work.NM who recognises the attributes of her nurses, will assign tasks that will allow the nurses to accomplish the mission and obtain their first reward, which in turn will motivate the nurses to do more. Transactional leadership is also seen as

important in nursing, as it is used during emergency to direct the newly registered nurses get their bearing soonest in the units. Transactional leadership indicates that there is an optimistic association between contingent rewards of nurses and organisational (health care services) results.

Transformational leadership is based on four primary dynamics to influence the behaviours and attitudes of others viz: idealized influence (charisma), inspirational motivation, intellectual stimulation, and individualized consideration (Ruggieri, 2009, McGuire &Kennerly, 2006). Idealized influence implies that the employees imitate their leaderøs behaviour and values, and are committed to make sacrifices for the leaderøs vision (Van Eeden, et al, 2008). In order for a leader to have idealized influence, an employee must be able to see that the leader is unfailing in words or deeds, and they actually stand for something they aspire to do and inspire their employees toward the same goal.

In applying this theory to this study, nurse leaders with these attributes are highly admired, respected, trusted, and have a high level of self-confidence, self-esteem, and self- determination. They are usually regarded as role models and demonstrate high standards of ethical and moral conduct.

The NurseManager will inspirationally stimulate and inspire nursesø and colleagues by building self-assurance, filling and arousing enthusiasm and determination in nursing unit.The NMusing transformational leadership will encourage nursesto adopt proactive approaches in solving problems within the

context of ideals expounded by her. As a result, the nursesare empowered to discover, examine and resolve problems with a more liberated thought in order to survive rapidly changing organizational environment.Nurse leaders applying transformational leadership style should be coaches or mentors, and give particular attention to individual nursesø needs for personal growth, advancement and achievement, it would foster mutual trust and effect a positive impact on job satisfaction with the nurse, as well as overall productivity. Vital aspect of individual consideration that must be a priority to nurse managers, isassigning jobs to nurses that offer opportunities, to obtain enthusiasm for what nurses are doing and providing the necessary tools to accomplish it. The use of transformational leadership is gaining momentum because it is directly in contention with the outdated autocratic unilateral style of leadership that has been forced on employees for many years.Nurse leaders understanding this new leadership style will boost leadership in nursing. Webb (2007) noted that an advantage of transformational leadership is having highly motivated and satisfied employees.

Laissez-faire

In contrast to transactional and transformational leadership, laissez-faire leadership is a passive kind of leadership style. Laissez-faire is referred to as õhand off, let things ridesö approach in its original French Phrase. Leaders with

laissez-faire attributes are said to relinquish responsibility, since no feedback, delays in decision making and not keen to help followers in satisfying their needs (north house 2010).

In applying this theory to this study, nurse managers are not actually advised to use laissez-faire as a whole method of leadership style; but can apply it where necessary, example with highly specialized nurses inspecial units. However, nurse leaders using this style must seek for feedbacks and care for nursesø needs.

Job satisfaction Theory

Taylor (1991) developed a theory which suggested that workerøs satisfaction may be attributed to the highest possible earnings with the least amount of fatigue. Taylorøs classical theory prompted a number of studies that revealed different factors behind job satisfaction. The most common factors leading to workerøs stress and dissatisfaction are those emanating from the nature of the job itself, within which interpersonal relationships between employees and supervisors take place. According to Korte and Wynne (1996), a deterioration of relationships in organizational settings resulting from reduced interpersonal communication between workers and supervisors negatively influence job satisfaction and sometimes lead to employees leaving their jobs.

Applying Taylorøs job satisfaction theory to this study, the nurse manager must define the nature of work the nurses are to do and in a very conducive

environment.She must communicate always with nurses and be their advocate within the hospital management. The welfare of the nurses like pay, promotion, fringe benefits, recognition of hard work and supervision must be nurse manager's priority.

Conceptual framework

Figure 1 shows the fact that employee job satisfaction, as measured in terms of pay, promotion, supervision, fringe benefits, recognition, operating procedure, co-workers, nature of the work and communication can be influenced by either one of the three different leadership styles considered in this study: transformational, transactional, and laissez-faire leadership. Four factors (sub-variables) were identified as characteristic of transformational leadership: idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation. Two factors (sub-variables) were found to be characteristic of transactional leadership: contingent reward and management by exception. Laissez-faire is "hand off, let things rides".

The relationship between the independent variable (leadership style) and the dependent variable (job satisfaction) is however also influenced by an intervening variable (work environment). The quality of the work environment is thus the intervening variable.

INDEPENDENT VARIABLE	INTERVENING VARIABLE	DEPENDENT VARIABLE

LEADERSHIP STYLES

Transformational
- Idealized Influence
- Inspirational Motivation
- Individualized Consideration
- Intellectual Stimulation

Transactional

NURSES' JOB SATISFACTION

Pay

Promotion

Supervision

WORK ENVIRONMENT
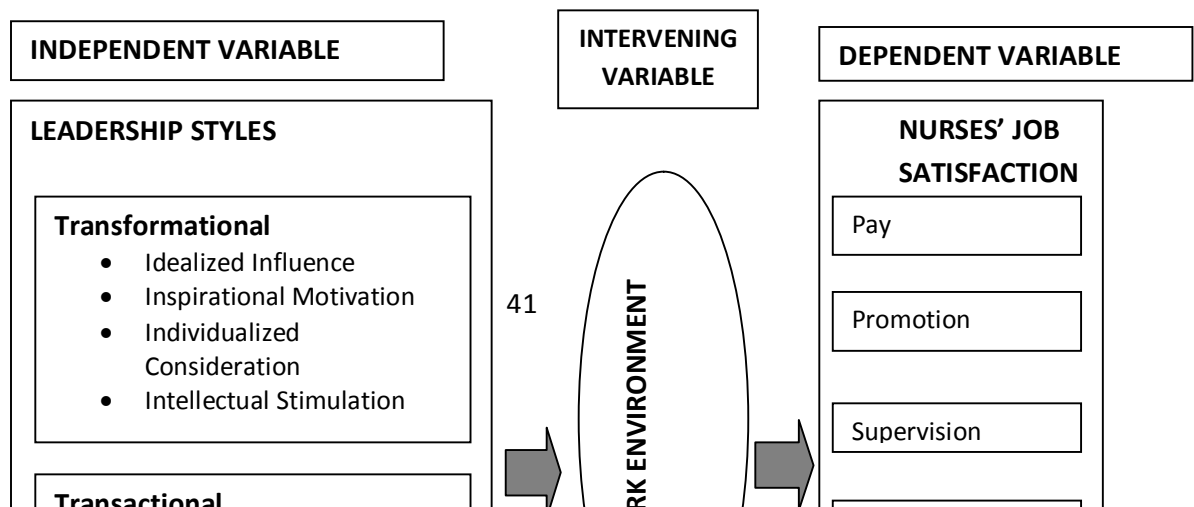
Fig 1: A conceptual model of the study (adopted from Hamidifar, 2010)

Empirical review

In a non-experimental, descriptive and correlational study performed by ServerinssonandKamaker (2002), 158 staff nurses out of the 653 nurses employed by a public hospital in Sweden participated in a study to examine staff nurse job satisfaction and the relationship to nurse management style. Data was collected via questionnaire and the findings were presented descriptively and inferentially using the correlation analysis tool. Findings from the study revealed that management style was directly related to staff nurse job satisfaction.

Chirdan, Akosu, Ejembi, Bassi and Zoakah, (2009) completed a non-experimental, descriptive study examining the effects of leadership style and empowerment on nurse job satisfaction. Four hundred and forty-two (442) nursing department staff of a regional medical centre was invited to participate in the study. Regression Analysis was performed to assess the different predictors of empowerment and leadership style for job satisfaction of licensed

and unlicensed personnel. The results revealed transactional leadership style accounted for 10 percent of the total variance in job satisfaction and transformational leadership style accounted for 30 percent of the total job satisfaction. Furthermore, the two leadership styles were both found to be positively related to job satisfaction.

NegussieandDemissie (2013) examined the relationship between leadership styles of nurse managers and nurses job satisfaction. The study was conducted at Jimma University Specialized Hospital from January to June 2012 and used a non-experimental correlation design. All full time, non-supervisory nurses with an experience of more than one year in nursing profession participated in the study. The Multifactor Leadership Questionnaire and Minnesota Satisfaction Questionnaire were used to collect data. The results were analyzed through descriptive statistics followed by the application of inferential statistics on the variables. Significance level was considered when $p<0.05$. A total of 175 copies of the questionnaires were returned out of 186 copies distributed to respondents. The result indicated that nurses can prefer transformational leadership style over transactional leadership style and had moderate-level intrinsic (M=2.72, SD=0.71) but low level of extrinsic job satisfaction (M=1.83, SD=0.68). Furthermore, from transactional leadership, only contingent reward was found to be statically significant and correlated with extrinsic (B=0.45, $p<0.01$) and intrinsic job satisfaction (B=0.32, $p<0.05$) while

all five dimension of transformational leadership style were statistically significant and correlated with both intrinsic and extrinsic job satisfaction.

Ahmad, Adi, Noor, Rahman and Yshuang (2013) explored the influence of leadership style on job satisfaction of nurses in Malaysia. The objective of this study was to investigate the transformational andtransactional leadership styles that might contribute to job satisfaction among nurses. Adopting a descriptive correlational research design, survey questionnaireswere administered on 33nurses in secondary healthcare facilities. Results indicated that the transformational leadership style had more contribution towards job satisfaction compared to transactional leadership style. Based on the results, thisstudy also includes the recommendation of future research that might be relevant to be further explored.Nevertheless, participative management was not identified as a good leadership style.

McCutcheon, Doran, Evans, Hall and Pringle (2009) examined the effects of leadership and span of control on nursesø job satisfaction and patient satisfaction. The study was conducted at seven teaching and community hospitals with a sample of 51 units, 41 nurse managers, 717 nurses and 680 patients. Data analyses included multiple regression and hierarchical linear modelling. The study findings provided support for the theoretical relationships among leadership style, span of control, nurse job satisfaction and patient satisfaction. Transformational and transactional leadership styles had varying

positive influences on nursesø job satisfaction, while laissez-faire leadership styles had negative relationship with job satisfaction.

In a descriptive cross-sectional study carried out in 2010 to determine the relationship between leadership style and job satisfaction amongst emergency medical technicians, Ghorbanian,Bahadori,Nejati (2013) examined a sample of 21 managers and 87 emergency medical technicians working in Isfahan city, Iran, all of whom took part in this study. They used a Multiple Leadership Questionnaire was used in evaluating leadership style and the Job Descriptive Index in measuring job satisfaction levels. The Pearson correlation analysis test was used to evaluate the relationship between leadership style and job satisfaction. Among both managers and technicians, the highest mean score related to the transformational management style, whereas the lowest mean score related to the laissez-faire management style. Moreover, a significant relationship (P<0.01) was found between the transformational and transactional leadership styles and job satisfaction. However, no significant relationship was observed between the laissez-faire management style and job satisfaction.

Faillaand Stichler(2008) in a study in Sharp Mary Birch Hospital for Women, San Diego, California, USA sought to look at manager and staff perceptions of the manager's leadership style and to determine what effect transformational leadership style had on job satisfaction. A descriptive correlational, comparative design was used in a convenience sample of nurse managers and their direct report nursing staff (n = 92).A correlation was found between nurse

manager transformational leadership style and nurse job satisfaction (r = 0.348, P < .05). Consequently, transformational leadership style was associated with higher levels of job satisfaction. The findings added to the knowledge about variables that are correlated with job satisfaction, which is a critical issue to nursing.

Similarly, Raup (2008) examined the impact of nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health centre hospitals in India. Nurse managers were asked to complete the Multifactor Leadership Questionnaire and a 10-item researcher defined nurse manager role and practice demographics survey. Completed surveys (15 managers and 30 staff nurses) representing 15 out of 98 possible U.S. academic health centres were obtained. Fisher's exact test with 95% confidence intervals was used to analyze the data. A trend of lower staff nurse turnover with transformational leadership style compared to non-transformational leadership styles was identified.

In the same vein, Adebayo (2012) conducted a quantitative correlational study to examine the relationship between certified inpatient obstetric nurses' perceptions of the nurse managers' leadership style on the level of job satisfaction and organizational commitment in acute care hospitals in Illinois. The population for the quantitative correlational study included nurses certified in inpatient obstetric nursing in the state of Illinois. The sample size of 172 certified inpatient obstetric nurses was chosen from randomly selected

participants based on the list of inpatient obstetrics certified nurses in the State of Illinois obtained from the National Certification Corporation. A statistically significant correlation was noted between the five transformational leadership measures and level of job satisfaction and organizational commitment of survey respondents.

McElhaney (2006) sought to compare, through a descriptive/comparative study, the perceptions of leadership style of nurse managers as perceived by the nurse managers and their RN staff at University of Mobile, Alabama óUSA using Hersey and Blanchardøs (1993) Situational Leadership Model. A convenience sample of 11 nurse managers and 79 Registered Nurse staff from one hospital setting was used to compare perceptions of nurse managersø leadership styles. A second purpose of the study was to determine RN staff perceptions of leadership style effectiveness and leadership flexibility of their nurse managers were predictive of job satisfaction using Stamps (1997) Index of Work Satisfaction. The leadership effectiveness styles of nurse managers as perceived by RN staff were predictive of two components of job satisfaction: nurse-nurse interaction and total interaction.

Results from several studies also indicate that there is a relationship between perceived leadership style and the job satisfaction of subordinates.Bratt, Bromme, Kelber and Lostocco (2000) explored the influences of nurses' attributes, unit characteristics, and elements of the work environment on the job satisfaction of nurses in paediatric critical care units and to determine stressors

that are unique to nurses working in paediatric critical care. A cross-sectional survey design was used. The sample consisted of 1973 staff nurses in paediatric critical care units in 65 institutions in the United States and Canada. The following variables were measured: nurses' perceptions of group cohesion, job stress, nurse-physician collaboration, nursing leadership, professional job satisfaction, and organizational work satisfaction. Significant associations ($r = -0.37$ to $r = -0.56$) were found between job stress and group cohesion, professional job satisfaction, nurse-physician collaboration, nursing leadership behaviours, and organizational work satisfaction. Organizational work satisfaction was positively correlated ($r = 0.35$ to $r = 0.56$) with group cohesion, professional job satisfaction, nurse-physician collaboration, and nursing leadership behaviours. Job stress, group cohesion, job satisfaction, nurse-physician collaboration, and nursing leadership behaviours explained 52% of the variance in organizational work satisfaction. Dealing with patients' families was the most frequently cited job stressor. Job stress and nursing leadership are the most influential variables in the explanation of job satisfaction. Retention efforts targeted toward management strategies that empower staff to provide quality care along with focal interventions related to the diminishment of stress caused by nurse-family interactions are warranted.

Upenieks (2002) found that clinical nurses employed at õmagnetö hospitals experience greater levels of empowerment and job satisfaction than do nurses employed at õnon-magnetö hospitals in Canada. This was due to access to work empowerment structures within their practice environments. Differences in

leadership effectiveness between magnet and non-magnet nurse leaders that accounted for differences in job satisfaction of nurses included greater visibility and responsiveness by magnet leaders, better support of nurse autonomous decision making by magnet leaders and greater support of a professional nursing climate among magnet leaders. High power motivation in nurse managers has also been found to correlate negatively with use of good leadership behaviours and high staff nurse job satisfaction. Managerial motivation for achievement, on the other hand, correlated positively with use of good leadership behaviours and high nurse job satisfaction. Upenieks (2003) also investigated nurse leadersø perceptions of what comprises successful leadership in todayøs acute inpatient environment. The results show that 83% of the nurse leaders validated that access to power, opportunity, information, and resources creates an empowered environment and a climate that fosters leadership success. Access to these factors also enhances good work satisfaction among nurses across managerial and subordinate cadres.

Summary of literature

The relationship between nurse managersø leadership styles and nursesø job satisfaction has been extensively studied in Europe, Asia, the United States of America, Canada, Iran and South Africa. The transformational, transactional and laissez faire leadership styles have been examined as well as their relationships with job satisfaction in the empirical review.Review of literature

has shown tremendous success in hospitals due to the focus on nursing leadership characteristics as a means of promoting job satisfaction and retention of hospital nurses(Ebuehi& Campbell, 2011). It is very obvious that the shortage of nursing staff increases work load of nurses and may lead to job dissatisfaction. This calls for supportive work environment that motivates the remaining nursing staff through quality leadership behaviour by nurse managers. The review of literature, both manual and electronic, revealed a dearth of studies on the relationship between nurse managersø leadership styles and nursesø job satisfaction in tertiary level hospitals in Nigeria. Managing job stress among nursing personnel in Nigerian tertiary hospitals, which has been occasioned by excessive workload in the face of acute nursing staff shortages, makes the application of appropriate leadership style by nurse managers crucial. In view of the above, there is need to establish the relationship that exists between nurse managersø leadership behaviour and job satisfaction of nurses in University of Nigeria Teaching Hospital ItukuOzalla-Enugu.

CHAPTER THREE

RESEARCH METHODS

This section covered the research design, area of study, population, sample and sampling technique, instrument for data collection, validity and reliability of the instrument, ethical consideration, procedure for data collection and method of data analysis.

Research design

The study design adopted for this study was a descriptive correlational design. The design examined and described events as they exist and established relationships between variables through the use of correlational statistics. This design was successfully used by scholars for similar studies (Severinsson&Kamaker, 2002) hence the researcher deemed it fit for this study, since it suits the phenomenonunder study.

Area of the study

The area of the study was University of Nigerian Teaching Hospital (UNTH) ItukuOzalla Enugu State. It is located along Enugu ó Port-Harcourt expressway. UNTH Enugu was founded in 1971 and is the biggest referral teaching hospital in South Eastern Nigeria. It is located at ItukuOzalla which is 22 kilometres away from the Enugu Metropolitan city. The hospital has 26 wards and other special clinics and theatres where nurses are deployed. The study was confined to 26 wards of the hospital. Nurses provide direct clinical

care to patients.UNTH was for this study because it is the most prominent tertiary health institution and teaching hospital in the South-Eastern part of Nigeria, where the study was carried out. Also, the UNTH has all the cadres of nurses in its employment.

Population of study

The population ofthe entire UNTH Nurses at the time of the study was 588. However, the target nurses working in the 26 wards was 288(List of nurses UNTH 2013,see Appendix IV). These comprisenurses under the following cadres: Principal Nursing Officers (PNO), Senior Nursing officers (SNO), Senior Nursing Sister (SNS), Nursing Officer I(NO I), Nursing Officer II (NO II) and Nursing Sister (NS).

Subject of study

Due to the small size of the target population, the entire population of 288 was used.

Inclusion Criteria

- Non-management nursing personnel cadre (2 years and above in their units)
- Nurses on daytime duty
- Willingness to participate in the study

Instrument for data collection

The instrument used for this study was a self-designed leadership questionnaire developed from review of literature anda job satisfaction questionnaire adopted fromHamidifar(2010) to elicit responses from the study. These two instruments have been referred to in this study as the Nurse Managers Leadership (NML) and Job Satisfaction Questionnaire (JSQ) respectively.The NML/JSQ, which were designed to elicit responses from non-management cadre nursing personnel,comprised 5-point and 7-point Likert scale types of questions. The instrument had 3 sections. Section A was designed to elicit responses on the socio-demographic characteristics of the respondents. Section B comprised36 items to examine the dominant leadership style adopted by the nurse managers, as perceived by the respondents. Section C,was an adapted Work Quality Index (WQI) questionnaire adopted Hamidifar 2010. It comprised 9 items and was used to measure nursesøjob satisfaction in work place.

Validity of instrument

The face and content validity of the instrument were done by the supervisor and two experts in Measurement and Evaluation from Department of Nursing Sciences.Their observations and comments were used to effect corrections before the instrument was administered to the respondents.

Reliability of instrument

A pilot study was carried out on 30 nurses at Enugu State University Teaching Hospital (ESUTH) using a testóretest method bearing in mind the inclusion criteria.The administration was repeated after 2 weeks with the same group of nurses with the same instrument. The data obtained was used to calculate the internal consistency of the instrument, using Cronbachøsalpha. An alpha of 0.718 and a standardized item (inter item) coefficient of 0.8460 were obtained for the NML while an alpha of 0.723 and a standardised item (inter item) coefficient of 0.776 were obtained for the JSQ. These coefficients are greater than 0.7. Hence the reliability of the instrument was adjudged strong.

Ethical consideration

Ethical approval was obtained from theEthical Committee of University of Nigeria Teaching Hospital (UNTH)(see appendixIX).Awritten informed consent wasobtained from the respondents after the purpose of the study had been clearly explained to their understanding(See appendix I).

Procedure for data collection

With the ethical approval letter and introductory letter from the Department of Nursing Science University of Nigeria, administrative permit was obtained from the Nursing Services Department and subsequently the unit heads in-charge of twenty six wards to enable the researcher administer the questionnaire. Four research assistants were trained on the purpose of study and how to collect data from the respondents.Both the researcher and the assistants administered 228copies of the questionnaire to the respondents in their duty

post during morning and afternoon shifts and retrieval was done as soon as each participant completed the questionnaire. The research assistants were allocated to specific units to facilitate administration and collection of data. 205 correctly and completely filled copies of the questionnaire were returned; giving a return rate of 91.1%. Data collection lasted for 3 weeks.

Method of data analysis

Data generated were collated, tallied and analyzed using statistical package for the sciences (SPSS) 17.0. Descriptive statisticswas used to summarize demographic data of respondents. The 5-point Likert scale for questions in Section B was analysed using means and standard deviation. Zero (0) indicatedõNot Being Usedö at all, (1) indicatedõSeldomö, õSometimesö was scored 2, õFairly Frequentöwas scored 3, while õMost Frequently Usedö was scored 4, which indicated the highest level of usage. The score of the respondents on all items examining a particular leadership style was obtained by determining the mean responses of a respondent on all items on that particular style of leadership. All the items were scored in the same direction, with higher scores indicating a higher usage of the leadership style. Using a 7-point likert scale (1 = No Satisfaction, 2 = Very Poor, 3 = Poor, 4 = Moderate, 5 = Good, 6 = Very Good, and 7 = Excellent), the job satisfaction level of the respondents was established. Inferential statistics was used to analyze nursesø perception on identified nurse managerøs leadership style while Spearmanøs

rank correlation *rho* was used for correlations between leadership styles and job

satisfaction of nurses. Alpha (a) was set at 0.05 level of significance.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

This chapter presents results from the data analysis. Out of a total number of 288 nursing personnel who were the target population, two hundred and twenty nurses indicated willingness to participate in the study. Thus 220 copies of the questionnaire were administered, and 205 were correctly/fully completed by the respondents giving a total return rate of 93.2% on distributed questionnaire and 71.2% on the total number of nursing personnel.

Table 1: Demographic characteristics of respondents   n = 205

VARIABLES	FREQUENCY	PERCENTAGE (%)
GENDER:		
Male	66	32.2
Female	139	67.8
CADRE:		
Nursing Sister	78	38.0
Nursing Officer1	51	24.9
Nursing Officer 2	46	22.4
Senior Nursing Sister	20	9.8
Senior Nursing Officer	2	1.0
Principal Nursing Officer	8	3.9
YEARS OF PRACTICE:		
2 – 10 years	148	72.2
11 – 20years	46	22.4
21 years +	11	5.4
Mean=13.30		
Standard Deviation=±5.7498		
EDUCATIONAL LEVEL:		
RN+	36	17.6
BSc Nursing or B.NSc	141	68.8
Post BSc. Nursing	28	13.7
NUMBER OF YEARS IN CURRENT UNIT:		
1 – 3 years	83	40.5
4 – 6 years	103	50.2
7 – 9 years	18	8.8
≥ 10 years	1	.5
YEARS IN CURRENT POSITION:		
1 – 3 years	106	51.7
4 – 6 years	94	45.9
7 – 9 years	5	2.4

As presented in Table 1, out of the 205 respondents that participated in this study, 66 (32.2%) were males while 139 (67.8%) were females.

78 (38%) respondents were Nursing Sisters, 51 (24.9%) respondents were Nursing Officers I, 46 (22.4%) respondents were Nursing Officers II, 20 (9.8%) respondents were Senior Nursing Sisters, 2 (1%) respondents were Senior Nursing Officers while 8 (3.9%) respondents were Principal Nursing Officers.

148 (72.2%) respondents had 2 to 10 years of practice, 46 (22.4%) respondents had 11 to 20 years of practice and 11 (5.4%) respondents had 21 years of practice and more. The mean practice years was 13.30 ± 5.7.

36 (17.6%) respondents had RN as their educational level, 141 (68.8%) respondents had BNSc as their educational level, and 28 (13.7%) respondents had post-BNSc qualifications.

83 (40.5%) respondents were 1 to 3 years in their current unit, 103 (50.2%) respondents were

4 to 6 years in their current unit, 18 (8.8%) respondents were 7 to 9 years in their current unit while1 (0.5%) respondent was 10 years or more in her current unit.

106 (51.7%) respondents were 1 to 3 years in their current position, 94 (45.9%) respondents were 4 to 6 years in their current position while 5 (2.4%) respondents were 7 to 9 years in their current position.

Research question 1

What is the perceived leadership style(s) utilized by nurse managers in UNTH?

In answering this research question, responses to questions 1 to 36 of Section B in the research question are presented and analysed. The analyses are done based on the categorisation of the responses according to the three leadership styles being studied. The results are presented in Tables 2 to 5 below.

Table 2:   Mean Responses on Transformational Leadership Style

Items	Mean	Std. Dev.	p-value
Relates well with subordinate need	*3.13	1.04	0.00
Respects the feelings, ideas, opinion of nurses	*2.63	0.99	0.00
Encourages cordial relationship/cooperation among his/her staff	2.25	1.14	0.00
Takes personal interest in subordinates	*2.67	1.03	0.00
Promotes resolution of conflict	2.48	1.04	0.00
Treats employees (subordinates) equally	2.34	1.13	0.00
Is friendly and trusting	1.99	1.39	0.00
Assign tasks based on employee ability	1.65	1.05	0.00
Is fair in distribution of rewards/punishment	*2.61	1.05	0.00
Encourages staff development and education	*2.54	1.19	0.00
Is innovative	1.63	1.15	0.00
Opens channels of communication and delegates	1.97	1.20	0.00
Gives subordinate opportunities to use their potentials	*3.23	0.73	0.00

Source: Appendix V

The below decision rule is used to analyse Table 2
If Mean < 2.5, nurse managers do not often exhibit attitude
If Mean ≥ 2.5, nurse managers often exhibits attitude

As presented in Table 2 above,attitude exhibition was high in six (6) items. These are seen in the respondentsø responses, which indicated that nurse managers often relate well with subordinates (mean = 3.13 ± 1.04), often respect the feelings, ideas and opinion of nurses (mean = 2.63 ± 0.99), often take personal interest in subordinates (mean = 2.67 ± 1.03), are often fair in distribution of rewards/punishment (mean = 2.61 ± 1.05), often encourage staff development and education (mean = 2.54 ± 1.19) and often give subordinate opportunities to use their potentials (mean = 3.23 ± 0.73).

However, the respondents noted, from their mean responses, that nurse managers do not often encourage cordial relationship/cooperation among his/her staff (mean = 2.25 ± 1.14), do not often promote resolution of conflict (mean = 2.48 ± 1.04), do not often treat employees (subordinates) equally (mean = 2.34 ± 1.13), is not often friendly and trusting (mean = 1.99 ± 1.39), do not often assign tasks based on employee ability (mean = 1.65 ± 1.05), is not often innovative (mean = 1.63 ± 1.15) and do not often open channels of communication and delegates (mean = 1.97 ± 1.20).

Upon further analysis of the individual responses, the mean scores of the individual respondents were determined and presented in Table 3 below. This is with a view to determining how many respondents that see their nurse managers exhibiting transformational leadership style.

Table 3:   Mean Score for transformational leadership styles

Mean Score	Frequency	Percent (%)	*Remark
1.31	2	1.0	
1.38	1	.5	
1.54	5	2.4	
1.62	7	3.4	
1.69	8	3.9	**Do not exhibit transformational leadership Style**
1.77	4	2.0	
1.85	7	3.4	
1.92	11	5.4	
2.00	12	5.9	**($\sum$f = 105)**
2.08	6	2.9	
2.15	17	8.3	
2.23	17	8.3	
2.31	8	3.9	
2.62	14	6.8	
2.69	19	9.3	
2.77	28	13.7	
2.85	9	4.4	**Exhibits Transformational Leadership Style**
2.92	6	2.9	
3.00	4	2.0	
3.08	6	2.9	
3.15	5	2.4	**($\sum$f = 100)**
3.23	7	3.4	
3.31	1	.5	
3.38	1	.5	
Total	205	100.0	
Overall Mean	*2.40*		
Std. Dev.	*0.49*		
p-value	*0.00*		

* Remark based on below decision rule
   If Mean < 2.5, do not exhibit leadership style
   If Mean ≥ 2.5, exhibits leadership style

As presented in Table 3 above, 105 (51.2%) respondents had mean scores that

were less than 2.5 ($\bar{x} < 2.5$) while 100 (48.8%) respondents had mean scores

that were equal to or greater than 2.5 ($\underline{x} \times 2.5$). This shows that 100 (48.8%)

respondents perceive that the leadership style utilised by their nurse managers

in UNTH is transformational while 105 (51.2%) respondents do not perceive

so.

Table 4:   Mean Responses on Transactional Leadership Style

Items	Mean	Std. Dev.	p-value
Maintains close controlling supervision	1.77	1.10	0.00
Does not trust his subordinate	2.23	1.02	0.00
Allocates task and enforces sanctions	1.37	1.00	0.00
Defines roles for others and determines how to accomplish assignment	2.42	1.00	0.00
Explains what to do and why	1.94	1.05	0.00
Establishes well defined patterns of communications	2.11	0.94	0.00
Leadership style fosters a culture of productivity	2.06	1.09	0.00
Gives clear orders/instructions	1.90	1.07	0.00
Utilizes staff and resources efficiently	*2.60	0.96	0.00
Deploys staff to enhance productivity	*2.51	1.05	0.00
Is committed to achieving organizational goals	2.20	1.16	0.00
Is always interested in completing assignments and getting the job done	*3.62	0.66	0.00
Manipulates subordinates in performing tasks	*3.28	0.77	0.00

Source: Appendix VI

The below decision rule is used to analyse table 4
   If Mean < 2.5, nurse managers do not often exhibit attitude
   If Mean ≥ 2.5, nurse managers often exhibits attitude

As presented in Table 4, in determining whether nurse managers adopt transactional leaders style, the respondents noted that nurses managers often utilise staff and resources efficiently (mean = 2.60 ± 0.96), often deploy staff to enhance productivity (mean = 2.51 ± 1.05), are often interested in completing assignments and getting the job done (mean = 3.62 ± 0.66) and often manipulate subordinates in performing tasks (mean = 3.28 ± 0.77).

The Table further shows that the respondents are of the opinion that nurse managers do not often maintain close controlling supervision (mean = 1.77 ± 1.10), do not often trust their subordinate (mean = 2.23 ± 1.02), do not often allocate task and enforce sanctions (mean = 1.37 ± 1.00), do not often define roles for others and determine how to accomplish assignment (mean = 2.42 ± 1.00), do not often explain what to do and why (mean = 1.94 ± 1.05), do not often establish well defined patterns of communications (mean = 2.11 ± 0.94), do not often exhibit leadership style that fosters a culture of productivity (mean = 2.06 ± 1.09), do not often give clear orders/instructions (mean = 1.90 ± 1.07) and are not often committed to achieving organisational goals (mean = 2.20 ± 1.16).

Upon further analysis of the individual responses, the mean scores of the individual respondents were determined and presented in Table 5 below. This is with a view to determining how many respondents that see their nurse managers exhibiting transactional leadership style.

Table 5:   Mean Score for Transactional Leadership Style

Mean Score	Frequency	Percent (%)	[*] Remark
1.08	1	.5	
1.15	4	2.0	
1.23	2	1.0	
1.38	1	.5	
1.46	1	.5	
1.54	1	.5	
1.62	2	1.0	
1.69	5	2.4	**Do not exhibit transactional leadership style**
1.77	3	1.5	
1.85	4	2.0	
1.92	7	3.4	**($\sum$f = 140)**
2.00	9	4.4	
2.08	14	6.8	
2.15	15	7.3	
2.23	11	5.4	
2.31	17	8.3	
2.38	18	8.8	
2.46	25	12.2	
[*]2.54	23	11.2	
[*]2.62	14	6.8	
[*]2.77	9	4.4	**Exhibits transactional leadership style**
[*]2.85	8	3.9	
[*]2.92	7	3.4	**($\sum$f = 65)**
[*]3.00	2	1.0	
[*]3.08	2	1.0	
Total	205	100.0	
Overall Mean	*2.31*		
Std. Dev.	*0.39*		
p-value	*0.02*		

* Remark based on below decision rule
If Mean < 2.5, do not exhibit leadership style
If Mean ≥ 2.5, exhibits leadership style

As presented in Table 3 above, 140 (68.3%) respondents had mean scores that

were less than 2.5 ($\bar{x} < 2.5$) while 65 (31.7%) respondents had mean scores that

were equal to or greater than 2.5 ($\bar{x} \times 2.5$). This shows that 65 (31.7%) respondents perceived that the leadership style utilised by their nurse managers in UNTH is transactional while 105 (51.2%) respondents do not perceive so.

Table 6:   Mean Responses on Laissez Faire Leadership Style

Item	Mean	Std. Dev.	p-value
Allows the staff complete freedom in their work	2.92	1.00	0.00
Is a leader in name only	2.36	1.06	0.00
Fails to take necessary action	3.14	0.82	0.00
Takes a long time to make decisions	2.87	0.95	0.00
Keeps to herself	3.22	0.95	0.00
Backs down when she ought to stand firm	1.34	1.14	0.00
Allows other persons take away her leadership of the group	1.25	1.09	0.00
Gets overwhelmed by details	1.85	1.42	0.00
Allows some members take advantage of her	1.53	1.21	0.00
Gets confused when too many demands are made on her	2.63	1.13	0.00

Source: Appendix VII

The below decision rule is used to analyse data in Table 6
If Mean < 2.5, nurse managers do not often exhibit attitude
If Mean ≥ 2.5, nurse managers often exhibit attitude

As presented in Table 6, in establishing the practices of nurse managers that indicate their adoption of laissez faire leadership style, respondents noted that nurse managers often allow the staff complete freedom in their work (mean = 2.92 $\pm$ 1.00), often fail to take necessary action (mean = 3.14 $\pm$ 0.82), often take a long time to make decisions (mean = 2.87 $\pm$ 0.95), often keep to

themselves (mean = 3.22 $\pm$ 0.95) and often get confused when too many demands are made on them (mean = 2.62 $\pm$ 1.13).

Also, the respondents noted that nurse managers are not often leaders in name only (mean = 2.36 $\pm$ 1.06), do not often back down when they ought to stand firm (mean = 1.34 $\pm$ 1.14), do not often allow other persons take away their leadership of the group (mean = 1.25 $\pm$ 1.09), do not often get overwhelmed by details (mean = 1.85 $\pm$ 1.42) and do not often allow some members take advantage of them (mean = 1.53 $\pm$ 1.21).

Upon further analysis of the individual responses, the mean scores of the individual respondents were determined and presented in Table 7 below. This is with a view to determining how many respondents that see their nurse managers exhibiting laissez faire leadership style.

Table 7:   Mean Score of Laissez Faire Leadership Style

Mean Score	Frequency	Percent (%)	* Remark
0.90	3	1.5	
1.10	4	2.0	
1.30	3	1.5	
1.50	3	1.5	
1.60	7	3.4	
1.70	6	2.9	**Do not exhibit laissez faire leadership style**
1.80	6	2.9	
1.90	8	3.9	**($\sum$f = 165)**
2.00	4	2.0	
2.10	23	11.2	
2.20	16	7.8	
2.30	3	1.5	
2.40	19	9.3	
2.50	32	15.6	
2.60	18	8.8	**Exhibits laissez faire leadership style**
2.70	16	7.8	
2.80	20	9.8	
2.90	9	4.4	**($\sum$f = 40)**
3.00	5	2.4	
Total	205	100.0	
Overall Mean	**2.30**		
Std. Dev.	**0.46**		
p-value	**0.15**		

* Remark based on below decision rule
> *If Mean < 2.5, do not exhibit leadership style*
> *If Mean ≥ 2.5, exhibits leadership style*

As presented in Table 4 above, 165 (80.5%) respondents had mean scores that were less than 2.5 ($\bar{x} < 2.5$) while 40 (19.5%) respondents had mean scores that were equal to or greater than 2.5 ($\bar{x} \times 2.5$).   This shows that 40 (19.5%) respondents perceived that the leadership style utilised by their nurse managers in UNTH is transactional while 165 (80.5%) respondents do not perceive so.

Based on the results presented in Tables 3, 5 and 7, the perceived leadership style utilised by nurse managers in UNTH is summarised in Table 8 below.

Table 8: The perceived leadership style(s) utilized by nurse managers in UNTH

LEADERSHIP STYLE	FREQUENCY	PERCENTAGE (%)
Transformational	100	48.8
Transactional	65	31.7
Laissez faire	40	19.5
Total	205	100.0

Source: Tables 3, 5, and 7

As presented in Table 5, 100 (48.8%) nurses observed that the transformational leadership style was dominant amongst all styles adopted by their managers, 65 (31.7%) nurses were of the opinion that their nurse managers adopted transactional leadership style while 40 (19.5%) nurses indicated the laissez faire leadership style was the dominant leadership style adopted by their nurse managers.

Research question 2

What is the level of job satisfaction of nursing staff in UNTH?

In answering this question, responses from questions 1 to 9 of Section C of the research instrument were presented and analysed.

Table 9:   Job Satisfaction Level of Nurses at UNTH   (n = 205)

Item	Mean	Std. Dev.	p-value
1) Work associated with your position allows you to make a contribution to:			
a) Hospital	5.23	0.99	0.00
b) The profession	4.56	1.01	0.00
c) Your own sense of achievement	5.33	0.97	0.00
2) You receive adequate praise for work well done from:			
a) Your peers	6.67	0.87	0.00
b) Hospital physicians	3.51	1.37	0.00
c) Nursing administration	3.11	1.39	0.00
3) The work associated with your position provides you with:			
a) Opportunity to use a full range of nursing skills	5.89	0.99	0.00
b) A variety of clinical challenges	6.31	0.86	0.00
c) The opportunity to be of service to others	6.76	0.83	0.00
4) The nursing practice environment:			
a) Allows you to make autonomous nursing care decisions	3.31	1.32	0.00
b) allows you to be fully accountable for those decisions	3.11	1.32	0.00
c) encourages you to make adjustments in your nursing practice to suit patient needs	3.43	1.43	0.00
d) provides a stimulating, intellectual environment	4.10	1.01	0.00
e) provides time to engage in research if you want	3.08	1.21	0.00
f) promotes a high level of clinical competence on your unit	2.98	1.43	0.00
g) allows opportunity to receive respect from nurses on other units	4.67	1.00	0.00
5) The hospital organisational structure:			
a) Allows you to have a voice in policy making for nursing service	3.35	1.02	0.00
b) Allows you to have a voice in overall hospital policy making	2.32	1.24	0.00
c) Facilitates patient care	4.65	1.00	0.00
6) You receive:			
a) Enough time to complete patient physical care tasks	5.31	0.99	0.00
b) Enough time to complete indirect patient care tasks	4.76	1.00	0.00
c) Support for your work from nurse on other shifts	4.99	1.01	0.00
d) Support from your peers for your nursing decisions	5.01	0.97	0.00
e) Support from physicians for your nursing decisions	3.54	1.32	0.00
7) Good working relationship exists between you and:			
a) Your supervisor	4.16	1.11	0.00
b) Your peers	6.87	0.76	0.00
c) Physicians	3.54	1.14	0.00
8) Nursing service:			
a) Gives clear direction about advancement	6.54	0.82	0.00
b) Provides adequate opportunities for advancement	5.35	0.86	0.00
c) Decides advancements for nurses fairly	4.65	1.11	0.00
9) Your job offers:			
a) Opportunity for professional growth	4.45	1.12	0.00
b) Satisfactory salary	4.32	1.16	0.00
c) Adequate funding for health care premiums	2.95	1.43	0.00
d) Adequate additional financial benefits other than salary	4.41	1.21	0.00
e) A satisfactory work hour	4.23	1.29	0.00
f) Adequate vacation	4.50	1.11	0.00
g) Adequate sick leave	4.67	1.09	0.00
h) Adequate in-service opportunities	5.61	0.78	0.00
Overall Mean	***4.53***	***1.18***	***0.00***

The decision rule used in analysing data on Table 9 is:

If Mean < 3.5, respondents are not satisfied
If Mean > 3.5, respondents are satisfied

As presented above in table 9 above, the respondents noted that the work associated with their positions allow them to make contribution to the hospital (mean = 5.23 ± 0.99), profession (mean = 4.56 ± 1.01) and their own sense of achievement (mean = 5.33 ± 0.97).

They receive adequate praise for work well done from their peers (mean = 6.67 ± 0.87) and the hospital physicians (mean = 3.51 ± 1.37) but not the nursing administration (mean = 3.11 ± 1.39).

The work associated with the nursesø position provides them with opportunity to use a full range of nursing skills (mean = 5.89 ± 0.99), a variety of clinical challenges (mean = 6.31 ± 0.86) and the opportunity to be of service to others (mean = 6.76 ± 0.83).

The nursing practice environment does not allow the nurses to make autonomous nursing care decisions (mean = 3.31 ± 1.32), be fully accountable for those decisions (mean = 3.11 ± 1.32), provide time to engage in research if they want (mean = 3.08 ± 1.21) or promote a high level of clinical competence on their unit (mean = 2.98 ± 1.43). However, the nursing practice environment encourages the nurses to make adjustment in their nursing practice to suit patient needs (mean = 3.43 ± 1.43), provide a stimulating and intellectual

environment (mean = 4.10 ± 1.01) and allows opportunity to receive respect from nurses on other units (mean = 4.67 ± 1.00).

The respondents noted that the hospital organisational structure does not allow them to have a voice in policy making for nursing services (mean = 3.35 ± 1.02) or have a voice in overall hospital policy making (mean = 2.32 ± 1.24) but it facilitates patient care (mean = 4.65 ± 1.00).

The respondents noted that they receive enough time to complete patient physical care tasks (mean = 5.31 ± 0.99), enough time to complete indirect patient care tasks (mean = 4.76 ± 1.00), support for work from nurse on other shifts (mean = 4.99 ± 1.01), support from peers for their nursing decisions (mean = 5.01 ± 0.97) and support from physicians for their nursing decisions (mean = 3.54 ± 1.32).

The respondents said that they have good working relationships with their supervisors (mean = 4.16 ± 1.11), their peers (mean = 6.87 ± 0.76) and the physicians (mean = 3.54 ± 1.14).They also noted that nursing services give clear direction about advancement (mean = 6.54 ± 0.82), provide adequate opportunities for advancement (mean = 5.35 ± 0.86) and decide advancements for nurses fairly (mean = 4.65 ± 1.11).

While noting that their job does not offer adequate funding for healthcare premiums (mean = 2.95 ± 1.43), the respondents said that their job offers opportunity for professional growth (mean = 4.45 ± 1.12), satisfactory salary

(mean = 4.32 $\pm$ 1.16), adequate additional financial benefits other than salary (mean = 4.41 $\pm$ 1.21), satisfactory work hour (mean = 4.23 $\pm$ 1.29), adequate vacation (mean = 4.50 $\pm$ 1.11), adequate sick leave (mean = 4.67 $\pm$ 1.09) and adequate in-service opportunities (mean = 5.61 $\pm$ 0.78).

With an overall mean of 4.53 $\pm$ 1.18, the respondents noted that they are satisfied with their job.

Upon further analysis of the individual responses, the mean scores of the individual respondents were determined and presented in Table 10 below. This is with a view to determining the satisfaction level of the individual respondents.

Table 10: Overall job satisfaction level of nurses at UNTH

Job Satisfaction Level	Job Satisfaction Score (Mean range)	Frequency	Percentage
1 ó no satisfaction	$\overline{x} < 1.5$	0	0
2 ó very poor	$1.5 \ddot{O} \overline{x} < 2.5$	12	5.9
3 ó poor	$2.5 \ddot{O} \overline{x} < 3.5$	30	14.6
4 ó moderate	$3.5 \ddot{O} \overline{x} < 4.5$	25	12.1
5 - good	$4.5 \ddot{O} \overline{x} < 5.5$	84	41
6 ó very good	$5.5 \ddot{O} \overline{x} < 6.5$	50	24.4
7 ó excellent	$\overline{x} \times 6.5$	4	2
Total		*205*	*100*

Source: Appendix VIII

As presented in Table 10, no (0%) respondent had a satisfaction level of 1 (no satisfaction) as they did not have mean score less than 1.5, the satisfaction level of 12 (5.9%) respondents was 2 (very poor satisfaction) as they had mean scores between 1.5 and 2.5, the satisfaction level of 30 (14.6%) respondents was 3 (poor satisfaction) as they had mean scores between 2.5 and 3.5, the satisfaction level of 25 (12.2%) respondents was 4 (moderate satisfaction) as they had mean scores between 3.5 and 4.5, the satisfaction level of 84 (41%) respondents was 5 (good satisfaction) as they had mean score between 4.5 and 5.5, the satisfaction level of 50 (24.4%) respondents was 6 (very good satisfaction) as they had mean scores between 5.5 and 6.5 while the satisfaction level of 4 (2%) respondents was 7 (excellent satisfaction) as they had mean scores greater than or equal to 6.5.

Research question 3

What is the relationship between leadership style and job satisfaction of nurses in UNTH?

To answer this research question, the relationship between nurse managersø leadership style and job satisfaction was broken down to the perceived leadership styles and their relationship with the job satisfaction levels of the respondents. Also, the hypotheses 1 to 3 were tested to determine the relationship between each leadership style and the job satisfaction of nurses in UNTH. The results are presented in Tables 11 to 13.

Hypothesis 1

There is no significant relationship between transformational leadership style of nurse managers and job satisfaction of nurses in UNTH.

In testing this hypothesis, the Spearman's correlation was used to establish the relationship between transformational leadership style and job satisfaction among the study participants. The result is presented in Table 11.

Table 11: **Relationship between transformational leadership style and nurses' job satisfaction**

			Transformational leadership style score (TF)	Job satisfaction score (JS)
Spearman's rho	TF score	Correlation Coefficient	1.000	.634(**)
		Sig. (1-tailed)	.	.000
		N	100	100
	JS score	Correlation Coefficient	.634(**)	1.000
		Sig. (1-tailed)	.000	.
		N	100	100

** Correlation is significant at the 0.01 level (1-tailed)
Computed using SPSS 17.0

Out of the 205 respondents, only 100 perceived their managers to have transformational leadership style. The result shows a positive relationship between transformational leadership style and respondents' job satisfaction with a correlation coefficient of 0.634 at $p < 0.05$. Hence, the null hypothesis is rejected.

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Hypothesis 2

There is no significant relationship between transactional leadership style of nurse managers and job satisfaction of nurses in UNTH.

To test this hypothesis, the relationship between transactional leadership style and job satisfaction was determined using the Spearman's Rank Correlation Coefficient. The result is presented in Table 12.

Table 12:   Relationship between transactional leadership style and nurses' job satisfaction

			Transactional leadership style score (TS)	Job satisfaction score (JS)
Spearman's rho	TS score	Correlation Coefficient	1.000	.301(*)
		Sig. (1-tailed)	6	.009
		N	65	65
	JS score	Correlation Coefficient	.301(*)	1.000
		Sig. (1-tailed)	.009	.
		N	65	65

*Correlation is significant at the 0.05 level (1- tailed)
Computed using SPSS 17.0

Out of the 205 respondents, only 65 indicated that their managers' made use of the transactional leadership style. The result shows a correlation coefficient of .301 at p<0.05. This shows that there was a positive relationship between transactional leadership style and respondents' job satisfaction. Hence, the null hypothesis is rejected.

Hypothesis 3

There is no significant relationship between laissez faire leadership style of nurse managers and job satisfaction of nurses in UNTH.

In testing this hypothesis, the relationship between laissez faire leadership style and job satisfaction was determined using the Spearman's Rank Correlation Coefficient. The result is presented in table 13.

Table 13: Relationship between laissez faire leadership style and nurses' job satisfaction

			Laissez faire leadership style score (LF)	Job satisfaction score (JS)
Spearman's rho	LF score	Correlation Coefficient	1.000	-.159(*)
		Sig. (1-tailed)	.	.034
		N	40	40
	JS score	Correlation Coefficient	-.159(*)	1.000
		Sig. (1-tailed)	.034	.
		N	40	40

* Correlation is significant at the 0.05 level (1- tailed)
Computed using SPSS 17.0

The relationship between transactional leadership style and job satisfaction among the study participants is presented in table 7 above. Out of the 205 respondents, only 40 indicated their managers' predisposition to the use of the laissez faire leadership style. The result shows a correlation coefficient of -.159 at p<0.05. This shows a negative/inverse relationship between laissez faire leadership style and respondents' job satisfaction level. Hence, the null hypothesis is rejected.

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CHAPTER FIVE

DISCUSSION OF FINDINGS

This chapter discussed the major findings of the study. It also presented the conclusion, recommendations, limitations of study, summary and suggestions for further studies.

The perceived leadership styles utilized by nurse managers in the University of Nigeria Teaching Hospital Enugu

Findings showed that transformational leadership was the perceived leadership style of nurse managers. This finding agrees with the position of Northouse (2010) who opined that transformational leadership style is the most popular approach to leadership in contemporary nursing compared to other leadership styles. This implies that nurse managers take serious consideration on the long term need for self-improvement and development of their staff (Choi & Lee, 2011).

The study also showed that transactional leadership style was perceived to be utilised by nurse managersø to some extent. This suggests that the nurse managersø leadership style maintained and preserved harmony working relationships coupled with promises on rewards for satisfactory performance as observed by Dessler and Starke (2004). Although the rewards could be in the form of promotion, monetary compensation, recognition and nomination for trainings/conferences, majority of the study participants were of the opinion

that monetary compensation was most preferred. Implicit in this finding is the fact that the adoption of the transactional leadership style was basically dependent on the magnanimity of the nurse managers as monetary rewards were given from private pockets without any structure as to what to expect. This was occasioned by the fact that reward/salary structure in UNTH are not determined by performance on the short term as monetary rewards are only assessed through promotion ó which is not frequently carried out.

The study also determined that the laissez faire leadership style was utilised by nursesø managers to a minimal extent. The nurse managers had a ─hands-offø approach to leadership in the wards. They allowed personal initiative to flourish with minimal supervision (Robins et al, 2010). Given the fact that there was no Staff Nurse (SN) at the time of the study at UNTH, this finding suggests that this leadership style was adopted since there were no inexperienced nursing personnel in the wards. Hence once the nursing personnel became comfortable with the routine demands of the wards thereby gaining their managersø confidence, management by exception was thus imperative. This finding is in tandem with that of Goodnight (2004) who observed that minimal leadership, which is a characteristic of laissez faire leadership style, could be suited for experienced employees.

The level of job satisfaction of nursing staff in University of Nigeria Teaching Hospital

The findings revealed that there were different levels of satisfaction among the respondents. The participants generally rated their job satisfaction level as good, despite their perception that nursing personnel, even in the study area, are overstretched due to staff shortages. This should naturally result in low job satisfaction levels for the majority. This can be attributable to õprivilegeö attached to õfederal appointmentö as an employment status is responsible for this outcome. It is a fact that tertiary federal healthcare institutions offer better employment packages and emoluments than most private healthcare institutions. Hence despite the evident staff shortages and attendant heavy work load, the respondents still had high job satisfaction scores.

Further findings revealed that aspects of job satisfaction that had to do with having a voice in policy making for nursing services (as contained in the nature of work environment), fringe benefits and staff promotions were least scored by the respondents. This suggests that most nursing personnel needs were not adequately catered for right from the policy level to implementation. In most instances they lack representation at the levels where policy formulation takes place. This situation is inversely related to job satisfaction level and has far reaching implications for the healthcare system as a whole. On the issue of fringe benefits, majority of the respondents observed that there is virtually no financial benefit or compensation for higher levels of performance. Additional

financial benefits are only associated with promotions which incidentally was also scored very low as a result of the sparing occurrence of promotion exercises. Approximately 45% of the respondents had remained in the same position for more than five years as a result.

Findings also revealed that nurses' job satisfaction level with respect to recognition, supervision and pay was above average, thereby suggesting that both the respondents' managers and colleagues recognized hard work among the nurses and paid compliments. The nurses' pay package, the study revealed, was fair and contributory to their moderate level of job satisfaction. Although the general pay package for nurses in both public and private healthcare institutions which is generally low compared to UNTH, the need for improved pay package can be implied from this finding.

The relationship between leadership style and job satisfaction of nurses in UNTH

The relationship between nurse managers' leadership style and job satisfaction of the respondents was significant for all the leadership styles. This finding corroborates that of Serverinsson&Kamaker (2002) who found out that leadership style influenced nurses' job satisfaction in public hospitals in Sweden; and the findings of ChoikFoongLoke's study of nurses in acute-care wards in Singapore in 2001 which showed that job satisfaction was significantly influenced by leadership style. Job satisfaction level was highest among the respondents (n = 100) whose nurse managers adopted the

transformational leadership style as their dominant style. Given a mean job satisfaction score of 68.87%, the respondentsø opinions that transformational leadership style was the preferred leadership styles had a strong correlation (rho=.634, p<0.05) with their job satisfaction level. In a similar study by Adebayo (2012) in Illinois on examination of the relationship between leadership style and job satisfaction of in-patient obstetric nurses revealed that transformation leadership style used by the nurse managers was responsible for high job satisfaction levels and organizational commitment. Contrary to this studyøs finding, McNeese-Smith and Yang (2000) and Nielsen et al.(2008) found that relational leadership styles, such as transformational leadership, were not significantly associated with nursesø job satisfaction in the United States. Albeit this study infers that the adoption of transformational leadership style is a proactive way of managing the challenges of nursing personnel in UNTH.

Transactional leadership style of nurse managers also had a significant relationship with nursesø job satisfaction. The mean job satisfaction score (61.65%) for nurses whose managers adopted the transactional leadership style has a mild but significant positive correlation (rho=.301, p<0.05) with their job satisfaction level. The lower job satisfaction scores under transactional leadership style corroborates with the findings ofMcNeese-Smith and Yang, (2000), Cummings et al., (2005) and Chen et al., (2005) that job satisfaction was significantly lower with more task focused forms of leadership such as

transactional leadership. Conversely, Wu (2009) and Epitropaki and Martin, (2005) observed that transactional leadership style provides high satisfaction and organizational identification as compared to transformational leadership style. Of the 205 study participants, the fact that only 31.7% perceived transactional leadership style as their nurse managersø dominant style verifies the fact that the operational reward system in UNTH was basically funded by and at the discretion of the nurse manager. There is no clearly defined financial reward structure that recognizes individual input except during staff appraisal/promotion which are sparsely distributed over time.

Laissez faire leadership style had a significant negative correlation (rho= -.159, p<0.05) with nurses job satisfaction level of forty respondents who observed this style as their managersø most preferred style. The mean job satisfaction score was 36.82%. Hence there was an inverse relationship between leadership style and job satisfaction. This finding is in consonance with Dunham-Taylor (2000) who reported reduced job satisfaction where leadership was management by exception or laissez faire. Although laissez faire leadership style allows for the exploration of initiative, in the absence of delegated responsibility chaos is inevitable. Hence the low job satisfaction scores. Implicit in this finding is the fact that increased adoption of laissez faire leadership results in lower job satisfaction levels.

Limitations of study

The researcher encountered certain difficulties in the course of this research and they include:

- The tedious work schedule of respondents at the wards made data collection difficult. There were unavoidable delays in filling out the questionnaires as they were mostly involved with patient care. Consequently, data collection exercises had to be frequently repeated to address this challenge.

- Some of the responses given by the respondents were not verified and as such may have either been estimations or even exaggeration of their perception on the issues raised.

Suggestion for further studies

- This study examined correlation between two variables ó leadership style of nurse managers and job satisfaction of non-management cadre of nursing personnel at UNTH. Basically, association between these two variables was determined for three leadership styles. It is suggested that a causal relationship between these variables be investigated.

Summary

This study examined nurse managersø leadership styles and their association with job satisfaction levels of nurses in twenty-six wards at University of Nigeria Teaching Hospital, ItukuOzalla, Enugu. The study had specific objectives which included to:

- determine the perceived leadership styles utilized by nurse managers in University of Nigeria Teaching Hospital (UNTH).

- determine the level of job satisfaction of staff nurses in UNTH.

- find the relationship between leadership styles and job satisfaction of nurses in UNTH.

Three hypotheses were formulated to guide the study. Related literature was reviewed under conceptual review and empirical studies. Non-experimental descriptive correlational research design was adopted for the study which included all the nurses in UNTH. Validated questionnaire was administered to the respondents and their responses were analyzed using descriptive and inferential statistics. The study revealed that the job satisfaction level for 67.4% of the study participants was above average (60%) while all leadership styles examined in this research had significant association with job satisfaction levels of the respondents. Hence all the hypotheses were rejected. Transformational and transactional leadership styles had positive correlations with job satisfaction having mean job satisfaction scores of 68.87% and 61.65% respectively. Laissez faire leadership style had negative correlation with job satisfaction having a mean job satisfaction score of 36.83%.

Conclusion

Based on the findings of this study, the following conclusions have been made.

- The three leadership styles examined in this study – transformational, transactional and laissez faire – were perceived by nurses in UNTH as leadership styles adopted by respondents nurse managers.

- Generally, the level of job satisfaction amongst the study participants was above average, while only 20.5% reported very low job satisfaction levels.

- The lack of respondents' involvement in policy making, virtual absence of additional financial benefits and delayed promotion were scored least by the study participants in their job satisfaction interview.

- All leadership styles examined in this study had significant correlations with job satisfaction levels of the respondents.

- Transformational leadership style of nurse managers was the most preferred leadership style by respondents and had positive correlation with job satisfaction level of respondents.

- Transactional leadership style also had positive correlation with job satisfaction, even though it had lower mean job satisfaction scores amongst the study participants.

- Laissez faire leadership style had negative correlation with job satisfaction of respondents.

Recommendations

Based on the findings, the following recommendations were made.

- There is need to involve nurses in policy making in the healthcare sector, more especially in tertiary level hospitals which have very complex systems. Nurses, amongst all healthcare professionals are involved in providing direct care for patients and need to be adequately involved in policy making levels. This can significantly boost job satisfaction and overall productivity levels.

- Laissez faire leadership style, when applied should only be suited for very experienced nursing personnel, albeit having clearly defined responsibilities and expectations from nurses.

REFERENCES

Adebayo, S. O. &Ogunsina, S. O. (2011). Influence of supervisory behaviour and job stress on job satisfaction and turnover intention of police personnel in Ekiti State. Journal of Management and Strategy, 2(3), 13-20.

Adewuya, A.O., Afolabi, M.O., Ola, B.A., Ogundele, O.A., Ajibare , A.O., Oladipo, B.F., &Fakande, I .(2009). Post-traumatic stress disorder (PTSD) after stigma related events in HIV infected individuals in Nigeria. *Socio Psychiatry Epidemiology*, 44, 761-766.

Adnan, R. and Mubarak H. H. (2010).Role of transformational and transactional leadership on job satisfaction and career satisfaction.*Business and Economic Horizons*, 1: 29-38.

Armstrong, M. (2006).*A Handbook of Human resource Management Practice*, Tenth Edition, Kogan Page Publishing, London.

Avolio, B. J. & Bass, B. M. (2002).*Developing potential across a full range of leaderships: cases on transactional and transformational leadership*. Mahwah, NJ: Lawrence Erlbaum Associates.

Aziri, B. (2008). MenaxhimiIburimevenjerëzore, Satisfaksioningapunadhemotivimi i punëtorëve, *Tringa Design*, Gostivar.

Bamigboye I.O (2000). *Organization behaviour*. Lagos: Salek Educational Pub 20.

Bass, B.M. (1985). *Leadership and performance beyond expectations.* New York: Free Press.

Bass, B.M. (1990). *Bass &Stogdill's Handbook of Leadership: Theory, Research, and Managerial Applications*. (3rd ed.). New York: The Free Press, A Division of Macmillan, Inc.

Benneth, T. (2009).The relationship between the subordinate's perception of the leadership style of its managers and the subordinate's perception of manager's ability to inspire extra effort, to be effective, and to enhance satisfaction with management. Proceedings of the Academy of Strategic Management, 8(1): 16-17.

Berson, Y., Avolio, B. (2004). Transformational Leadership and the dissemination of organizational goals; A case study of a telecommunication form, *The Leadership*, 15: 625-646.

Boermer, S., Eisenbeiss, S., and Griesser, D., (2007). Follower behaviour and organisational performance: the impact of transformational leaders. *Journal of Leadership and Organisational Studies*, 13(3): 15-26.

Bolden, R., Gosling, G., Marturano, A., & Dennison, P. (2008). A Review of leadership Theory and Competency frameworks.http://Centers.exeter.ac.UK/cls/research/abtract.Php?1d=29.

Bommer, W. Rubin, R; and Baidwin, T. (2004).Setting the stage for effective Leadership: Antecedents of transformational leadership behavior, *The Leadership Quarterly*, 15: 195-210.

Boseman, G. (2008). Effective leadership in a changing world.*Journal of Financial Service Professionals*, 62(3):36-38.

Bratt, M.M., Broome, M., Kelber, S. &Lostocco, L. (2000). Influence of stress and nursing leadership on job satisfaction of pediatric intensive care unit nurses. *American Journal of Critical Care.*9(5), 307-17.

Burns, J.H. (1978). *Leadership*. New York: Harper & Row.

Chen, H., Beck, S. and Amos, L. (2005). Leadership styles and nursing faculty job satisfaction in Taiwan. *Journal of Nursing Scholarship*, 4(37):374-380.

Chen, H.C., &Baran, M. (2006). Nursing directors Leadership styles and faculty members job satisfaction. *Journal of Nursing Education* 45(10): 404-411.

ChiokFoongLoke J. (2001). Leadership behaviours: effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management* 9(4): 191-24.

ChiokFoongLoke, J. (2001). Leadership behaviours: Effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, 9(4), 191-204.

Chirdan, O. O, Akosu, J. T, Ejembi, C. L, Bassi, A. P, &Zoakah, A. I. (2009).Perceptions of working conditions amongst health workers in state-owned facilities in North-Eastern Nigeria.*Annals of African Medicine*, 8(4):243-249.

Choi, S. L & Lee, Y. T. (2011). Relationship between Leadership Style, Job Satisfaction and Employeesø Turnover Intention: A Literature Review. *Research Journal of Business Management, 5, 91-100.*

Christmas, K. (2008). How work environment impacts retention. *Nursing Economics*, 26, 316-318.

Cowin, L. S, Johnson, M, Craven, R.G & Marsh, H.W. (2008).Causal modelling of self-concept, job satisfaction, and retention of nurses. *International Journal of Nursing Studies*, 45(10), 1449ó1459.

Cowin, L.S. (2002). The effects of nurses' job satisfaction on retention: an Australian perspective, *Journal of Nursing Administration*, 32(5), 283ó 291.

Cumming G.G., Tara Mac Gregor, mandydavey, How Lee, Curol A. Wong, Eliza Lo, Melawe Muse, EronstaHard (2009) Leadership Styles and Outcome Patterns for the nursing workforce and environment: A Systematic Review. *International Journal of Nursing studies*.

Cumming, G.; Hayduk, I.; Estabrooks, C.A (2005) Mitigating the impact of hospital restructuring on nurses: the responsibility of emotionally intelligent leadership.*Nurses Administration* 15(1): 1-8.

Cummings G.G. (2004). Investing relational energy: The hallmark of resonant leadership *Canadian Journal of Nursing Leadership* 17: 76-87.

Daft, R., (2010). *New Era of Management*. 9th Edn., South-Western Cengage Learning, Mason, OH.

Dessler, G. & Starke, F. A. (2004). *Management: Principles and Practices for Tomorrow's Leaders*. Pearson Prentice Hall, Upper Saddle River, NJ.

Dunham-Taylor J. (2000). Nurse executive transformational leadership found in participative organizations. *Journal of Nursing Administration*, 30(5): 241-243.

Ebuehi, O. M., & Campbell, P. C. (2011). Attraction and retention of qualified health workers to 1 areas in Nigeria: a case study of four LGAs in Ogun State. *Nigeria Rural and Remote journal,* 11(1515), 1-11.

Edwards, D., Bexley, E., & Richardson, S. (2011). *Regenerating the academic workforce: the careers, intentions and motivations of higher degree research students in Australia: Findings of the National Research Student Survey (NRSS)*. Melbourne: Centre for the Study of Higher Education & ACER.

Edwin, H. (2006). "Influence processes in leadershipófollowership: inclusion and the idiosyncrasy credit model". In Douglas A. Hantula. *Advances in Social and Organizational Psychology: a Tribute to Ralph Rosnow.* Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Epitropaki, O. and Martin, T. (2005). The moderating role of individual differences in the relation between transformational/transactional leadership perceptions and organizational identifications, *Leadership Quarterly Journal*, 16(4): 569-589.

Failla, K. R., &Stichler, J. F. (2008).Manager and staff perceptions of the manager's leadership style.*The Journal of Nursing Administration*, 38(11), 480-487. doi: 10.1097/01.nna.0000339472.19725.31.

Fatokan .J.O., Salam-M.O., and Ajegbomgun .F.O. 2010.The injuence of leadership style on the performance of subordirates in Niforoan Libraries; Library philosophy and practice.www.Webpages.Mobolin/Fatokun-Sala-amajegbomojun.htm.Retrieved June 2011.

Fatokun, J. O., Salaam, M. O., &Ajegbomogun, F. O. (2010).The Influence of Leadership Style on the Performance of Subordinates in Nigerian Libraries.*Library Philosophy and Practice (e-journal*), 422.

Fry, L. W. (2003). Toward a theory of spiritual leadership.*The Leadership Quarterly*, 14(6), 693-727.

Ganaan, R., Ciliska, D. and Thomas, H. (2010).Expediting systematic reviews: methods and implications of rapid reviews.*Implementation Science*, 5, 56.

Giallonardo, L. M., Wong, C. A., &Iwasiw, C. (2010). Authentic leadership of preceptors: Preceptor of new graduate nursesøwork engagement and job satisfaction. *Journal of Nursing Management,* 18, 993-1003.

Glorbanian, AzinehBahaclori, Mohammdcarm, nejati, Mostata 2013.The Relationship between Managersø leadership styles and emergency medical techniciansø job satisfaction.*The Australasian medical Journal*, www.scholar.Qsersei. Com/Centent/1=2fill Retrieved August 2013.

Goodnight, R. (2004). Laissez-faire leadership.*The Economic Journal*, 12, 820-823.

Grossman, S.C., &Valiga, T.M. (2009).*The new leadership challenge: Creating the future of nursing* (3rd ed.) Philadelphia: F.A. Davis Company.

Hall, D. S. (2007).The relationship between supervisor support and registered nurse outcomes in nursing care units.*Nursing Administration Quarterly*, 31(1), 68-80.

Hamidifar, F. (2010). A study of the relationship between leadership styles and employee job satisfaction at Islamic Azad University Branches in Tehran, Iran.*AU-GSB e-J*., 3, 45-58.

Hegney.D. , Plank, A. & Parker V (2006), Extrinsic and intrinsic work values: their impact on job satisfaction. *Journal of nursing management*, 14, 271 ó 281.

Hersey, P., Blanchard, K., Johnson, D. (2001). *Management of Organizational Behaviour: Leading Human Resources*, Eighth Edition. New Jersey: Prentice-Hall Inc.

Jansen, J., Vera, D., and Crossan, M. (2009). Strategic leadership for exploration and exploitation: the moderating role of environment dynamism. *The Leadership Quarterly*, 20:5-18.

Jogulu, U. D. and Wood, G.c J. (2007). Leadership empowerment ó power struggle, *Engineering Management Journal*, 17(3): 36-37.

Jones, G.R. & George, J. M. (2004).*Essentials of Contemporary Management*.McGraw Hill Companies, Inc., Boston.

Kaliski, B.S. (2007). *Encyclopaedia of Business and Finance*, Second edition, Thompson Gale, Detroit.

Kotter, J.P. (1999). *What Leaders Really Do*.Harvard Business School Press, Boston, USA.

Kouzes, J. M., & Posner, B. Z. (2002).*The leadership challenges* (3rd ed.). San Francisco: Jossey-Bass.

Kozier, A, (2007).*Impact of the manager's span of control on leadership and performance*.Canadian Health Service Research Foundation.

Laohavochien, T., Fredendall, L., and Cantrell, R. (2009).The effects of transformational and transactional leadership on quality improvement.*The Quality Management Journal*, 16(2): 7-24.

Larrabee, J. H, Janney, M.A, Ostrow, C. L, Withrow, M. L, Hobbs, G. R, &Burant, C. (2003).Predicting registered nurse job satisfaction and intent to leave.*Journal of Nursing Administration*, 33(5), 271ó283.

Larrabee.J.H., Janney, M.A., Osyrow, C.L., Withrow, M.L., Hobbs, G.R., &Burant. C. 2003. Predating registered nurse job satisfaction and intent to leave.*The Journal of Nursing Administration*, 33(5): 271-203.

Laschinger, H.K.S., Purdy N., and Almost J. (2007).The impact of Leader ó Member Exchange Quality, Empowerment, and Core Self evaluation on Nurse Managerøs Job Satisfaction.*Journal of Nursing Administration,* 37(5), 221--229.

Lobo V.M. (2000).Transformational leadership to promote Cross-generational Retention.*Nursing leadership*www.nebi. Niminih.gov/pubined/20536993. Retrieved August 2012.

Ma, J.C, Lee, P.H, Yang, Y.C & Chang, W.Y. (2009). Predicting factors related to nurses' intention to leave, job satisfaction, and perception of quality of care in acute care hospitals. *Nursing Economics,*27(3), 178-84.

MacKusick, C. I., &Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition.*MedsurgNursing*, 19(6), 335-340.

McCutcheon, A.S, Doran, D., Evans, M., McGillis Hall, L., & Pringle, D. (2009). Effects of leadership and span of control on nursesø job satisfaction and patient satisfaction. *Nursing Leadership*, 22 (3), 48-67.

McElhaney, R. (2006). Perceptions of Nurse managerøs leadership style and RN staff. Retrieved April 7, 2013 from http://nursinglibrary.org/portal/main/.aspx?pageid=9760.

McNeese- Smith, D.K; Yan, H; 8 Yang, Y. (2002). The influence of managers use china and the United State Nurses in Kong, *Nursing Journal*, 36(3): 7-17.

McNichol, E. (2007). Understanding Yourself as a leader in: Mc Nichol E, Hamer, S. (Eds), Leadership and management: A 3-Dimensoral Approach. Cheltenham: Nelson Thornes.

Mohammadkarim, B, Azimeh, G &Nejati, M. (2012)Nurse managersø leadership and staff job satisfaction in emergency medicine. *Australasian medical journal,* 5(1) 1-7.

Mosadeghrad, A. M &Ferdosi, M. (2013). Leadership, Job Satisfaction and Organizational Commitment in Healthcare Sector: Proposing and Testing a Model. *Mat Soc Med*. 25(2), 121-126.

Mullins, J. L. (2005). *Management and organizational behaviour*, Seventh Edition, Pearson Education Limited, Essex.

Murray, J. S. (2010). Moral Courage in Healthcare: Acting Ethically Even in the Presence of Risk, *The Online Journal of Issues in Nursing,* 15(3), 2.

Negussie N, Demissie A. (2013).Relationship between leadership styles of nurse managers and nurses' job satisfaction in Jimmauniversity specialized hospital.*Ethiopian Journal of Health Sciences,* 23(1)**,** 49-58.

Nemanich, L. and Keller, R., 2007. Transformational Leadership in an acquisition: A field study of employees, *The Leadership Quarterly*, 18: 49-68.

Northouse, P.G. (2010). *Leadership: Theory and Practice*. 5th Edition, SAGE Publications, California.

Okoronkwo I.L. (2005). *Nursing service Administration and Management: Theory and Practice*, Enugu: Institute for development studies.

Olanrewaju O. (2012). *Improving consumer satisfaction through quality nursing Care*: Paper presentation at the 10th Scientific Conference of Heads of basic & post Basic Nursing institutions Osogbo Nigeria.

Omolayo, B. (2000). *Psychology of human being at work*. Ado-Ekiti: Crown House publisher.

Peter Lok, and John Crawford, (2001). Antecedents of Organizational commitment and the maacliating role of job satisfaction, *Journal of Management Psychology*, 16 (8): 594-613.

Raup, G. (2008). The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health centre hospitals. *Journal of Emergency Nursing*, 34(5), 403-409.

Rene Van Eeden, Frans Colliers: Vasi Van Devotter (2008). Leadership styles and associated personality Fraits: support for the conceptualization of

transactional and transformation leadership. *South African Journal of Psychology*, 38(2): 253-267.

Riaz, A. &Haider, M. H. (2010). Role of transformational and transactional leadership on job satisfaction and career satisfaction.*Business Economics Horizon*, 1, 29-38.

Ritter, D. (2010). The relationship between healthy work environments and retention of nurses in a hospital setting.*Journal of Nursing Management*, 19(1), 27-32. doi: 10.1111/j.1365-2834.2010.01183.

Robbins, S.P., Decenzo, D. A & Coulter, M. (2010). *Fundamentals of Management: Essential Concepts and Applications*. 7th Edn., Prentice Hall, New Jersey.

Ruggieri, S. (2009). Leadership in Virtual Teains: A Comparism of Transformational andtransactoral leaders. Social behavior and personality.*An international Journal*, 37(8): 1017-1021. Retrivedjanuray 25, 2012.

Scandura, T. and Williams, E; 2004.Mentoring and transformational leadership.The role of supervisory career mentoring, *Journal of Vocational Behaviour*, 65: 448-468.

Schepers, J., Wetzels M., and Ruyter, K. (2005). Leadership style in technology acceptance: Do followers practice what leaders preach; managing service quality, 15(6): 496.

Schimmoeller, L, J. (2010). Leadership Styles in Competing Organizational Cultures.*Kravis Leadership Institute, Leadership Review*, 10, 125 ó 141.
Sellgren, S.F (2007). Nursing Management at a Swedish Hospital: Leadership and Staff Turnover.*KarolinskaInstitutet.*

Severinsson, E. and Kamaker, D. (1999). Clinical nursing supervision in the workplace: effects on moral stress and job satisfaction. *Journal of Nursing Management*, 7(2), 81‑90.

Shader, K., Broome, M., Broome, C., West, M. & Nash, M. (2001).Factors influencing satisfaction and anticipated turnover for nurses in an academic medical centre.*Journal of Nursing Administration*, 31(4), 210-216.

Sherman, R and Pross, E. (2010). Growing Future Nurse leaders to build and sustain healthy work environments at the unit level. *: The Online Journal of Issues in Nursing* 15(1).

Sorrentino, E.A., Nalli, B. &Schriesheim, C. (1992).The effect of head nurse behaviours on nurse job satisfaction and performance.*Hospital Health Service Administration*, 37(1), 103-13.

Stashevsky, S. and Koslowsky, M. (2006). Leadership team cohesiveness and team performance, top of form. *International Journal of Manpower*, 27(1): 63-74.

Tayler, R. (2009). Leadership Theories and the development of nurses in primary health care. *Primary Health Care*, 19(9): 40-46.

Tobak, N., &Koprak, O. (2007).Relationship between how nurses resolve their conflicts with doctors, their stress and job satisfaction.*Journal of Nursing Management*, 15, 321-331.

Upenieks, V. V. (2002). Assessing differences in job satisfaction of nurses in magnet and nonmagnet hospitals, *Journal of Nursing Administration*, 32(11), 564ó576.

Upenieks, V.V. (2003). The interrelationship of organizational characteristics of magnet hospital, nursing leadership, and nursing job satisfaction.*Health Care Manager*, 22(2), 83-98.

Van Eeden, R., Cilliers, f. 8 Van Deventer, V. (2008). Leadership Styles and associated personality fraits: support for the conceptualization of transactional and transformational leadership. *South Africa Journal of Psychology* 38(2): 253-267.

Vesterinen, S., Suhonen, M.,Isola, A.,Paasivaara, L.,& Laukkala, H. (2013).Nurse ManagersøPerceptions Related to Their Leadership Styles, Knowledge, and Skills in These Areasô A Viewpoint: Case of Health Centre Wards in Finland. *ISRN Nursing* 13 (1).

Worster, A., A. Sardo, C. Thrasher, C. Fernandes and E. Chemeris. (2005). Understanding the Role of Nurse Practitioners in Canada. *Canadian Journal of Rural Medicine,* 10(2), 89ó94.

WU, F. (2009). The relationship between leadership styles and foreign English teachers job satisfaction in adult English cram schools: Evidences in Taiwanø *The Journal of American Academy of Business, Cambridge*, 14(2): 152-157.

Yuki, G. (2003). Leadership in Organization. New Jersey: Prentice Hall Upper Saddle River.

Zaccaro S.D (2007). Leadership, organisational stress and emotional exhaustion among nursing staff.*Journal of Advanced Nursing*, 35, 533-542.

Zagorsek, H; Dimovski, V; and SkerLavaj.M. (2008). Transactional and transformational Leadership Impacts on Organizational studies, *JEEMS,* 14(2): 145-165.

APPENDIX I

Department of Nursing Sciences,

Faculty of Health Sciences and

Technology,

College of Medicine,

University of Nigeria,

Enugu Campus.

Dear Respondents,

This questionnaire is designed to obtain information on the Relationship between perceived leadership styles of nurse managers and job satisfaction of nurses in University of Nigeria Teaching Hospital Ituku-Ozalla Enugu.

This research work is purely academic exercise and every information supplied, will be treated in confidence.

Thanks for your co-operation.

Yours faithfully,

Archibong, Kenechukwu

APPENDIX II

<u>QUESTIONNAIRE</u>

Please respond to every statement

Name and address of your ward: _____

_____

Section A

1. Profession

    (a) Nursing [   ]   (b) Cadre [   ]

2. Sex

    (a) Male [   ]   (b) Female   [   ]

3. Years of practice experience

    (a) 2 ó 10years [   ]   (b) 11 ó 20years [   ]   (c)   [   ]
>20years

4. (a) Number of years in this Nursing Unit   [   ]

    (b) Level of Education:

    RN+ [   ]   BSc ≠Nøor BNsc [   ]   Post BSc [   ]

How many years have you been in your current position? _____

SECTION B

Nurse Managers Leadership   Questionnaire (NMLQ)

Please judge how often each statement fits your current nurse manager. If you are not sure or do not know, leave the answer blank. Please use the following rating scale:

0= not at all; 1= once in a while; 2= sometimes; 3= fairly often; 4= frequently, if not always

MY NURSE MANAGER……………..

1. Relates well with subordinate need.   0 1 2 3 4
2. Respects the feelings, ideas, opinion of nurses.   0 1 2 3 4
3. Encourages cordial relationship/cooperation among his/her staff. 0 1 2 3 4
4. Takes personal interest in subordinates.   0 1 2 3 4
5. Maintains close controlling supervision.   0 1 2 3 4
6. Does not trust his subordinate.   0 1 2 3 4
7. Allocates task and enforces sanctions.   0 1 2 3 4
8. Defines roles for others and determines how to accomplish assignment.

                                                                      0 1 2 3 4
9. Explains what to do and why   0 1 2 3 4
10. Establishes well defined patterns of communications.   0 1 2 3 4
11. Leadership style fosters a culture of productivity.   0 1 2 3 4
12. Allows the staff complete freedom in their work.   0 1 2 3 4
13. Is a leader in name only.   0 1 2 3 4
14. Promotes resolution of conflict.   0 1 2 3 4
15. Treats employees (subordinates) equally.   0 1 2 3 4
16. Is friendly and trusting.   0 1 2 3 4
17. Assign tasks based on employee ability.   0 1 2 3 4
18. Is fair in distribution of rewards/punishment.   0 1 2 3 4
19. Encourages staff development and education.   0 1 2 3 4
20. Is innovative   0 1 2 3 4
21. Fails to take necessary action.   0 1 2 3 4
22. Takes a long time to make decisions.   0 1 2 3 4

23. Keeps to herself.   0 1 2 3 4

24. Backs down when she ought to stand firm.   0 1 2 3 4

25. Allows other persons take away her leadership of the group.   0 1 2 3 4

26. Opens channels of communication and delegates.   0 1 2 3 4

27. Gives subordinate opportunities to use their potentials.   0 1 2 3 4

28. Gives clear orders/instructions.   0 1 2 3 4

29. Utilizes staff and resources efficiently.   0 1 2 3 4

30. Deploys staff to enhance productivity.   0 1 2 3 4

31. Is committed to achieving organizational goals.   0 1 2 3 4

32. Is always interested in completing assignments and getting the job done

         0 1 2 3 4

33. Manipulates subordinates in performing tasks.   0 1 2 3 4

34. Gets overwhelmed by details.   0 1 2 3 4

35. Allows some members take advantage of her.   0 1 2 3 4

36. Gets confused when too many demands are made on her.   0 1 2 3 4

SECTION C

JOB SATISFACTION VARIABLES

This questionnaire inquires about your level of satisfaction with 38 job-correlated factors. Please indicate how satisfied you are in your present job with each of these items by circling the appropriate number. The satisfaction level starts from not satisfied at all (1) to very satisfied (7), and has been grouped accordingly hereunder.

Not Satisfied (ranges from 1 – 3);   4 (indifferent);   Satisfied (ranges from 5-7)

1.) The work associated with your position allows
you to make a contribution to:

a. Hospital 1 2 3 4 5 6 7

b. The profession 1 2 3 4 5 6 7

c. Your own sense of achievement 1 2 3 4 5 6 7

2.) You receive adequate praise for work
well done from:

a. Your peers 1 2 3 4 5 6 7

b. Hospital physicians 1 2 3 4 5 6 7

c. Nursing administration 1 2 3 4 5 6 7

3.) The work associated with your position
provides you with:

a. Opportunity to use a full range of

nursing skills 1 2 3 4 5 6 7

b. A variety of clinical challenges 1 2 3 4 5 6 7

c. The opportunity to be of service

to others 1 2 3 4 5 6 7

4.) The nursing practice environment:

a. Allows you to make autonomous

nursing care decisions 1 2 3 4 5 6 7

b. Allows you to be fully accountable

for those decisions 1 2 3 4 5 6 7

c. Encourages you to make adjustments

in your nursing practice to

suit patient needs 1 2 3 4 5 6 7

d. Provides a stimulating,

intellectual environment 1 2 3 4 5 6 7

e. Provides time to engage in

research if you want 1 2 3 4 5 6 7

f. Promotes a high level of clinical

competence on your unit 1 2 3 4 5 6 7

g. Allows opportunity to receive

adequate respect from nurses on

on other units 1 2 3 4 5 6 7

5.) The hospital organizational structure:

a. Allows you to have a voice in policy

making for nursing service 1 2 3 4 5 6 7

b. Allows you to have a voice in overall

hospital policy making 1 2 3 4 5 6 7

c. Facilitates patient care 1 2 3 4 5 6 7

6.) You receive:

a. Enough time to complete patient

physical care tasks 1 2 3 4 5 6 7

b. Enough time to complete indirect

patient care tasks 1 2 3 4 5 6 7

c. Support for your work from

nurse on other shifts 1 2 3 4 5 6 7

d. Support from your peers for

your nursing decisions 1 2 3 4 5 6 7

e. Support from physicians for

your nursing decisions 1 2 3 4 5 6 7

7.) Good working relationships exists

between you and:

a. Your supervisor 1 2 3 4 5 6 7

b. Your peers 1 2 3 4 5 6 7

c. Physicians...   1 2 3 4 5 6 7

8.) Nursing service:

a. Gives clear direction about

advancement 1 2 3 4 5 6 7

b. Provides adequate opportunities

for advancement 1 2 3 4 5 6 7

c. Decides advancements for nurses

fairly 1 2 3 4 5 6 7

9.) Your job offers:

a. Opportunity for professional

growth 1 2 3 4 5 6 7

b. Satisfactory salary 1 2 3 4 5 6 7

c. Adequate funding for health care

premiums 1 2 3 4 5 6 7

d. Adequate additional financial

benefits other than salary 1 2 3 4 5 6 7

e. A satisfactory work hour

(8 hour, 10 hour, and so forth) 1 2 3 4 5 6 7

f. Adequate vacation 1 2 3 4 5 6 7

g. Adequate sick leave 1 2 3 4 5 6 7

h. Adequate in-service opportunities 1 2 3 4 5 6 7

Leadership styles scrambled Questionnaire numbers

1.   Transformational style:

1,2,3,4, 14, 15, 16, 17, 18, 19, 20, 26, 27.

2.   Transactional style:

5, 6, 7, 8, 9, 10, 11, 28, 29, 30, 31, 32, 33.

3.   Laissez Faire style:

12, 13, 21, 22, 23, 24, 25, 34, 35, 36.

APPENDIX IV

List of Nurses at University of Nigeria Teaching Hospital 2013.

S/NO	RANKS	NUMBERS
1.	DDN	1
	ADN	7
	CNO	162
	ACNO	53
2.	PNO	8
	SNO	84
	SNS	57
	NO1	7
	NO2	1
	NIS	208
	Total	**588**

List of nurses in 26 wards where study was carried out.

S/NO	UNITS/WARDS	TOTAL NURSES	NURSE MANAGERS	NURSING OFFICERS
1.	Accident/Emergency	23	7	16
2.	Children Emergency	17	2	15
3.	Ward 1	16	2	14
4.	Ward 2	18	5	13
5.	Ward 3	15	2	13
6.	Ward 4	17	3	14
7.	Eye ward	15	12	3
8.	Children ward	15	5	10
9.	New born	19	5	14
10.	Postal Natal	15	5	10
11.	Ante Natal	10	3	7
12.	Special care	8	3	5
13.	Ward 6a	17	4	13
14.	Ward 6b	16	4	12
15.	Female Medical	18	4	15
16.	Male Medical	17	2	13
17.	Male Medical Extension	12	1	10
18.	Psychiatry ward	8	4	7
19.	Oncology	16	5	12
20.	Neuro/Surgical ward	17	5	12
21.	Private ward	12	2	10
22.	ICT ward	15	3	9
23.	Ward 8	17	4	13
24.	Ward 9	18	4	12
25.	Ward 10	15	6	11
26.	Renal ward	10	5	5
	Total	**396**	**107**	**288**

FREQUENCY DISTRIBUTION AND MEAN SCORES
FOR TRANSFORMATIONAL LEADERSHIP STYLE

Items	0 (%)	1 (%)	2 (%)	3 (%)	4 (%)
Relates well with subordinate need	3 (1.5)	21 (10.2)	18 (8.8)	68 (33.2)	95 (46.3)
Respects the feelings, ideas, opinion of nurses	4 (2.0)	30 (14.6)	38 (18.5)	98 (47.8)	35 (17.1)
Encourages cordial relationship/cooperation among his/her staff	9 (4.4)	55 (26.8)	46 (22.4)	65 (31.7)	30 (14.6)
Takes personal interest in subordinates	4 (2.0)	29 (14.1)	41 (20.0)	87 (42.4)	44 (21.5)
Promotes resolution of conflict	7 (3.4)	31 (15.1)	55 (26.8)	80 (39.0)	32 (15.6)
Treats employees (subordinates) equally	13 (6.3)	39 (19.0)	47 (22.9)	77 (37.6)	29 (14.1)
Is friendly and trusting	43 (21.0)	39 (19.0)	31 (15.1)	61 (29.8)	31 (15.1)
Assign tasks based on employee ability	20 (9.8)	87 (42.4)	56 (27.3)	28 (13.7)	14 (6.8)
Is fair in distribution of rewards/punishment	8 (3.9)	25 (12.2)	44 (21.5)	89 (43.4)	39 (19.0)
Encourages staff development and education	7 (3.4)	48 (23.4)	28 (13.7)	72 (35.1)	50 (24.4)
Is innovative	35 (17.1)	64 (31.2)	64 (31.2)	25 (12.2)	17 (8.3)
Opens channels of communication and delegates	17 (8.3)	69 (33.7)	52 (25.4)	37 (18.0)	30 (14.6)
Gives subordinate opportunities to use their potentials	1 (0.5)	6 (2.9)	12 (5.9)	111 (54.1)	75 (36.6)

Source: Field Survey, 2013

**FREQUENCY DISTRIBUTION AND MEAN SCORES
FOR TRANSLATIONAL LEADERSHIP STYLE**

Items	0 (%)	1 (%)	2 (%)	3 (%)	4 (%)
Maintains close controlling supervision	28 (13.7)	62 (30.2)	52 (25.4)	56 (27.3)	7 (3.4)
Does not trust his subordinate	10 (4.9)	40 (19.5)	66 (32.2)	71 (34.6)	18 (8.8)
Allocates task and enforces sanctions	43 (21.0)	76 (37.1)	55 (26.8)	29 (14.1)	2 (1.0)
Defines roles for others and determines how to accomplish assignment	16 (7.8)	18 (8.8)	46 (22.4)	114 (55.6)	11 (5.4)
Explains what to do and why	18 (8.8)	57 (27.8)	59 (28.8)	62 (30.2)	9 (4.4)
Establishes well defined patterns of communications	10 (4.9)	38 (18.5)	88 (42.9)	57 (27.8)	12 (5.9)
Leadership style fosters a culture of productivity	16 (7.8)	55 (26.8)	47 (22.9)	75 (36.6)	12 (5.9)
Gives clear orders/instructions	20 (9.8)	58 (28.3)	60 (29.3)	57 (27.8)	10 (4.9)
Utilizes staff and resources efficiently	2 (1.0)	33 (16.1)	40 (19.5)	99 (48.3)	31 (15.1)
Deploys staff to enhance productivity	4 (2.0)	36 (17.6)	55 (26.8)	71 (34.6)	39 (19.0)
Is committed to achieving organizational goals	12 (5.9)	59 (28.8)	34 (16.6)	75 (36.6)	25 (12.2)
Is always interested in completing assignments and getting the job done	0 (0.0)	1 (0.5)	17 (8.3)	40 (19.5)	147 (71.7)
Manipulates subordinates in performing tasks	1 (0.5)	4 (2.0)	22 (10.7)	88 (42.9)	90 (43.9)

Source: Field Survey, 2013

APPENDIX VII

**FREQUENCY DISTRIBUTION AND MEAN SCORES
FOR LAISSEZ FAIRE LEADERSHIP STYLE**

Item	0 (%)	1 (%)	2 (%)	3 (%)	4 (%)
Allows the staff complete freedom in their work	8 (3.9)	12 (5.9)	27 (13.2)	99 (48.3)	59 (28.8)
Is a leader in name only	8 (3.9)	42 (20.5)	48 (23.4)	82 (40.0)	25 (12.2)
Fails to take necessary action	2 (1.0)	6 (2.9)	26 (12.7)	98 (47.8)	73 (35.6)
Takes a long time to make decisions	6 (2.9)	12 (5.9)	35 (17.1)	101 (49.3)	51 (24.9)
Keeps to herself	2 (1.0)	16 (7.8)	15 (7.3)	74 (36.1)	98 (47.8)
Backs down when she ought to stand firm	56 (27.3)	71 (34.6)	35 (17.1)	38 (18.5)	5 (2.4)
Allows other persons take away her leadership of the group	58 (28.3)	78 (38.0)	33 (16.1)	32 (15.6)	4 (2.0)
Gets overwhelmed by details	50 (24.4)	38 (18.5)	45 (22.0)	36 (17.6)	36 (17.6)
Allows some members take advantage of her	52 (25.4)	58 (28.3)	37 (18.0)	51 (24.9)	7 (3.4)
Gets confused when too many demands are made on her	18 (8.8)	16 (7.8)	26 (12.7)	108 (52.7)	37 (18.0)

Source: Field Survey, 2013

FREQUENCY DISTRIBUTION AND MEAN SCORES
FOR OVERALL JOB SATISFACTION LEVEL

Mean	Frequency	Percent	Cumulative Percent	* Remark
1.53	1	.5	.5	Very Poor Satisfaction
1.61	1	.5	1.0	
1.68	2	1.0	2.0	
1.75	1	.5	2.4	
1.89	2	1.0	3.4	
2.03	2	1.0	4.4	
2.17	1	.5	4.9	
2.24	2	1.0	5.9	
2.52	3	1.5	7.3	Poor Satisfaction
2.54	2	1.0	8.3	
2.61	2	1.0	9.3	
2.69	1	.5	9.8	
2.73	2	1.0	10.7	
2.78	1	.5	11.2	
2.85	3	1.5	12.7	
2.90	3	1.5	14.1	
2.97	3	1.5	15.6	
3.11	1	.5	16.1	
3.27	4	2.0	18.0	
3.30	2	1.0	19.0	
3.39	3	1.5	20.5	
3.63	4	2.0	22.4	Moderate Satisfaction
3.71	4	2.0	24.4	
3.84	2	1.0	25.4	
3.97	2	1.0	26.3	
4.23	3	1.5	27.8	
4.37	2	1.0	28.8	
4.41	8	3.9	32.7	
4.58	2	1.0	33.7	Good Satisfaction
4.63	3	1.5	35.1	
4.67	7	3.4	38.5	

4.72	3	1.5	40.0	
4.79	4	2.0	42.0	
4.85	6	2.9	44.9	
4.90	16	7.8	52.7	
5.11	4	2.0	54.6	
5.18	12	5.9	60.5	
5.24	9	4.4	64.9	
5.31	10	4.9	69.8	
5.40	8	3.9	73.7	
5.51	2	1.0	74.6	**Very Good Satisfaction**
5.57	11	5.4	80.0	
5.69	4	2.0	82.0	
5.73	10	4.9	86.8	
5.81	1	.5	87.3	
5.92	6	2.9	90.2	
5.97	3	1.5	91.7	
6.01	6	2.9	94.6	
6.21	1	.5	95.1	
6.32	6	2.9	98.0	
6.57	1	.5	98.5	**Excellent Satisfaction**
6.63	1	.5	99.0	
6.74	1	.5	99.5	
6.89	1	.5	100.0	
Total	205	100.0		

Note:
* Remark based on below decision rule
  If Mean < 1.5, No Satisfaction
  If 1.5 ≤ Mean < 2.5, Very Poor Satisfaction
  If 2.5 ≤ Mean < 3.5, Poor Satisfaction
  If 3.5 ≤ Mean < 4.5, Moderate Satisfaction
  If 4.5 ≤ Mean < 5.5, Good Satisfaction
  If 5.5 ≤ Mean < 6.5, Very Good Satisfaction
  If Mean ≥ 6.5, Excellent Satisfaction