Relationship between leadership, job satisfaction and intention to leave amongst registered nurses in medical-surgical units in hospitals in the North-West and Free State Provinces

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DECLARATION

I hereby solemnly declare that this dissertation, 'Relationship between leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State provinces', presents the work carried out by myself and to the best of my knowledge does not contain any materials written by another person except where due reference is made. I declare that all sources used or quoted in the study are acknowledged in the bibliography; that the study has been approved by the Ethics Committees of both North-West University and public hospital groups involved in the study; and that I complied with ethical standards set by the institutions.

.....

Jeremia Sipho Sojane

November 2012

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'I alone know the plans I have for you, plans to bring you prosperity and not disaster, plans to bring about the future you hope for'.

-Jeremiah 29:11

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ABSTRACT

Title: Relationship between leadership, job satisfaction and intention to leave amongst registered nurses in medical-surgical units in the North-West and Free State provinces.

Keywords: leadership, job satisfaction, intention to leave, nursing leadership, registered nurse

Registered nurses are the first contact for individuals seeking medical attention in the health system. These nurses have leaders who encourage them and they have goals and dreams to reach. The leadership of a hospital are responsible for creating a positive working environment so as to maintain job satisfaction for all. When subordinates are satisfied with their job they tend to stay and become more productive in their workplace. Leadership has an influence on the level of job satisfaction and therefore influences whether they leave or stay in the workplace.

The objectives of the study were to describe the status of leadership, job satisfaction and the intention to leave among registered nurses in hospitals in the North-West and Free State Provinces. The relationship between leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State Provinces was also investigated.

The research design in this study was quantitative, descriptive, explanatory and contextual in nature. The sample included registered nurses (RNs) in medical and surgical units in both private and public hospitals in the North-West and Free State provinces of South Africa, (n = 204). Data was collected using the RN4CAST questionnaire. EpiData and SPSS statistical programmes were used to analyze data.

The results of the study showed that most registered nurses were satisfied with the items of leadership except for the praise and recognition item (55.7%). Most registered nurses showed high levels of overall job satisfaction (70.5%), but were dissatisfied with wages (50%), study leave (40.9%) and opportunity for advancement (40.1%).

Furthermore, the registered nurses showed high intention to leave their current hospitals (46.1%). The results also indicated a relationship between leadership, job satisfaction and intention to leave among registered nurses in medical and surgical wards in both private and public hospitals.

Recommendations for policy, education, practice and future research were made.

OPSOMMING

Titel: Die verhouding tussen leierskap, werkstevredenheid en voorneme om van werk te verander onder geregistreerde verpleegkundiges in medies-sjirurgiese eenhede in hospitale in die Noordwes en die Vrystaat provinsies

Sleutelwoorde: leierskap, werksbevrediging, voorneme om werk te verlaat, verpleegleierskap, geregistreerde verpleegpersoneel

Geregistreerde verpleegkundigesl is die eerste mense waarmee individue wat mediese hulp in die gesondheidsisteem soek, in aanraking kom. Hierdie verpleegpersoneel word deur leiers aangemoedig en het drome en oogmerke waarna hulle streef. Die leierskap in ’n hospitaal is daarvoor verantwoordelik om ‘n positiewe werksomgewing wat bevorderlik vir werkstevredenheid is, te skep. Wanneer ondergeskiktes tevrede is in hul werk, is hulle geneig om in hul werk te bly en meer produktief te raak. Leierskap het ’n invloed op die vlak van werkstevredenheid en beïnvloed dus hul besluit om aan te bly in hul werk of om dit te verlaat.

Die oogmerke van die studie was om die status van leierskap, werkstevredenheid en voorneme om hul werk te verlaat, onder geregistreerde verpleegkundiges in hospitale in Noordwes en die Vrystaat te beskryf. Die verhouding tussen leierskap, werkstevredenheid en voorneme om hul werk te verlaat in hospitale in die twee provinsies is ook ondersoek.

Die navorsingsontwerp in hierdie studie was kwantitatief, beskrywend, verklarend en kontekstueel van aard. Die steekproef het geregistreerde verpleegkundiges (GVs) in mediese en chirurgiese eenhede in sowel private as openbare hospitale in Noordwes en die Vrystaat ingesluit (N=204). Data is met behulp van die RN4CAST-vraelys ingesamel. Die EpiData en SPSS statistiese programme is gebruik om die data te ontleed.

Die bevindinge was dat die meerderheid van die verpleegpersoneel tevrede was met die items van leierskap benewens die item rakende prysenswaardige optrede en werkstevredenheid (55.7%). Die meeste van die geregistreerde verpleegkundiges het aangedui dat hulle hoë vlakke van werksbevrediging ervaar, maar dat hulle redelik ontevrede was oor betaling (50%), studieverlof (40.9%) en geleenthede vir vordering (40.1%). Hulle het ook ’n sterk neiging getoon om hul huidige werk te wil verlaat (46.1%). Die bevindinge het ook ’n verhouding tussen leierskap, werkstevredenheid en voorneme om hul werk te verlaat onder geregistreerde verpleegkundiges getoon.

Aanbevelinge vir die hospitale en toekomstige navorsing is gedoen.

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LIST OF ABBREVIATIONS

AACN	American Association of Critical Care Nurse
CCN	Critical Care Nurse
d	practical association
DoH	Department of Health
ICN	International Council of Nurses
ICU	Intensive Care Unit
IHOS	International Hospital Outcome Study
M	Mean
N	Population
n	Sample
NWI-R	The Revised Nurse Work Index
NWU	North West University
OED	Oxford English Dictionary
OSD	Occupational Specific Dispensation
p	Statistical Significance
PES-NWI	Practical Environment Scale of the Nurse Work Index
r	Correlation Coefficient
RN	Registered Nurse
RN4CAST	Registered Nurses Forecasting
SA	South Africa
SANC	South African Nursing Council
SD	Standard Deviation
SPSS	Statistical Programme for Social Sciences
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 Introduction

It is a common occurrence for nurses to migrate from one employer to another. There are several reasons for this migration, such as the need for better salaries, career advancement, educational opportunities, autonomy and inappropriate supervision/poor leadership and subsequent lack of job satisfaction. The purpose of this study was to explore the relationship between leadership, job satisfaction and intention to leave amongst registered nurses. This study relied on quantitative research tools, and the focus was on public and private hospitals in the North-West and Free State provinces only. A detailed discussion of the following basic interrelated concepts: leadership, work environment, job satisfaction and the intention to leave is found in the section on background. Thereafter there is a section on the problem statement, research questions, research objectives, hypotheses as well as the researcher's assumptions, research design, rigour and ethical considerations. A summary concludes the chapter.

1.2 Background and rationale for the study

The background includes the leadership, work environment, job satisfaction and intention to leave.

1.2.1 Leadership

It is crucial for nurse managers to have sufficient leadership skills as these skills influence the job satisfaction of registered nurses. This was confirmed by a study conducted by Sellgren, Tomson and Ekvall in Canada that examined the leadership behaviour of a nurse manager in relation to job satisfaction (2008:584). This study found that managers, perceived as super leaders, influence the job satisfaction of

nurses in a positive way. The flipside of the coin is that managers with invisible leadership styles affect job satisfaction in a negative way. Furthermore, the leadership behaviours can affect the nurses' level of empowerment, which in turn can influence their productivity and satisfaction (Kanai-Pak, 2009). In other words, the manager's ability to lead has a major effect on the work environment, specifically on job satisfaction. A study conducted by Minnaar and Selebi in the Gauteng province (2009:33) found that nurses stay in a particular workplace for good as well as how the nurse manager makes them feel. They found that nurses were not satisfied with leadership in hospitals because there was no fairness, support and supervision. These findings are supported by Mokoka, Oosthuizen and Ehlers (2010:8) in their study, which found that the nurse manager is one of the key factors that influence registered nurses, either to stay in the work environment or, to leave. In the study done by Coetzee *et al*. (2012), 44.9% of nurses indicated that they were not confident that management would resolve patient problems. Neuhauser (2002:470) shows that the relationship between the nurse and the supervisor determines 59% of job satisfaction. This finding is supported by Tourangeau and Cranley (2006:507) who indicate that the ability and support of a nurse manager is the primary determinant of a nurse's job satisfaction. Furthermore, Oosthuizen and Ehlers (2007:21) in their study found that the insensitivity of management towards nurses' needs contributed to 77.3% of registered nurses leaving their place of employment. In short, leadership styles have an impact on the job satisfaction of registered nurses.

The leadership style of a nurse manager is an important determinant of nurse reaction to work. According to Amadeo (2008), the leadership style in health care settings increases the job satisfaction of a nurse. The leader of the organization determines whether the organization is successful or fails (Goepe & Galloway, 2009:48). However, most nurses in leadership positions do not have formal leadership training, and are placed in the position because of clinical excellence towards their patients and the length of service in the health care setting (Shaw, 2007). In South Africa nurses have an expressed lack of leadership support, appreciation and even inconsistency in dealing with daily matters. There are different leadership styles that can be applied in work

environments and which can influence job satisfaction in health care settings. These styles include the authentic, servant, situational, transactional, and transformational leadership styles. They are discussed in detail in chapter two.

From the debate above, it appears that there are several interrelated reasons for job satisfaction and intention to leave, of which one is leadership. The current worldwide shortage of nurses highlights the necessity of understanding the impact and inter-relationships between nursing leadership, job satisfaction and intention to leave so that health care settings can implement interventions to improve the retention of the nursing workforce (Lu, While & Barriball, 2004:222). Nurses who are satisfied with their jobs do not easily change employment, and remain in their current health care settings. When an employee has high job satisfaction level he or she may contribute constructively to the success of the organization (Klein & Takeda-Tinker, 2009). On the other hand, nurses who show a low level of job satisfaction tend to contribute less to organizational success. Workload, leadership, professional conflict, and emotional labour have been the most collective sources of distress for nurses for many years (McVicar, 2003). Different authors have indicated that leadership is included in every aspect that concerns nurses' job satisfaction, as can be seen from the studies mentioned above. Leadership definitely influences nurses' job satisfaction and intention to leave in most countries. Leadership, then, can affect job satisfaction positively or negatively in the work environment.

1.2.2 Work environment

According to a study conducted by Latham, Hogan and Ringl (2008), work environment was established as a determining factor for nurses' intention to leave or stay. For nurses to stay, a work environment should have the following aspects: autonomy; opportunities to participate in policy decision-making; support for innovation and supervisory support in managing conflict; a good working relationship between nurse and doctor; visible leadership and a nurse manager who consults with staff. Such an environment tends to encourage staff development and increase the number of nurses

in the health care setting (Cummings *et al*., 2008:514). According to McManis and Monslave (2003:8), staff development is a crucial aspect in the nursing work environment. A favourable health care work environment is one with the capacity to provide well defined, supported career development opportunities for nurses. Such a setting will definitely attract and retain registered nurses. According to International Centre for Human Resource in Nursing (ICHRN) (2007), the positive practice environment is characterised by: fair and manageable workloads and job demands/stress; occupational health, safety and wellness policies; an organizational climate reflective of effective management and leadership practices; good peer support; worker participation in decision-making; shared values; healthy work – life balance; equal opportunity and treatment; opportunities for professional development and career advancement; professional identity, autonomy and control over practice; job security; decent pay and benefits; safe staffing level; support and supervision; open communication and transparency; recognition programmes; and access to adequate equipment, supplies and support staff. Shirey (2006:257) adapted from AACN the elements of productive work environment: skilled communication; true collaboration; effective decision-making; appropriate staffing; meaningful recognition; and authentic leadership. These elements of the work environment influence job satisfaction and the intention of a registered nurse to leave. In the work environment, stress and leadership issues continue to exert an influence on job dissatisfaction and turnover of nurses (Coomber & Barriball, 2006). Klopper *et al*. (2012), found that the nursing practice environment in SA is positive, except for staffing, resource adequacy, and governance, while Coetzee *et al*. (2012), found that nurses rate their practice environment as poor or fair. It is clear that in South Africa work environment is not that favourable, as evidenced by the shortage of staff, inadequate resources and the governance of the hospitals. Leaders have the power to influence followers, either positively or negatively, in their work environment. Therefore, it is the responsibility of the leader to ensure that factors that influence the work environment in a positive way are in place. The work environment may affect job satisfaction in a constructive or damaging way. The concept of job satisfaction is discussed in detail in the next paragraph.

1.2.3 Job satisfaction

In addition to the factors discussed above, inappropriate leadership and poor working environment contributes to poor job satisfaction. Job satisfaction consequently influences the decision of the registered nurse to leave or stay. Mokoka *et al*., (2010) found that job satisfaction is one of the factors that influence registered nurses to leave their current post. According to Stamps (1997), there are six components of job satisfaction related to health care service occupations. These are pay, autonomy, professional status, interaction, task requirements and organizational policies. An increase in job satisfaction was predicted by relatively few variables, as reported by registered nurses. These include organizations that emphasize patient care, management that recognizes the importance of the nurse's personal and family life, satisfaction with salary and benefits, high job security and positive relationship with other nurses (Buerhaus *et al*., 2005). A study done in England by Ball *et al*., 2012, showed that 39% of nurses are not satisfied with their jobs. While in South Africa the study done by Selebi and Minnaar (2007:56) demonstrated that, at the time of the study, overall job satisfaction of nurses was at the low level of 35%. Contributing factors included relationships in the work environment, supervision, working conditions, policies, job security and compensation. Nurses experienced the low level of job satisfaction, 22%, for all aspects. The study done by Klopper *et al*. (2012), indicated that in South Africa the greatest job dissatisfaction is experienced with regard to wages, opportunities for advancement and study leave. Job satisfaction influences the decision of the registered nurse to leave or stay in the same health setting or profession.

1.2.4 Intention to leave

In addition to factors mentioned above, relationships in the workplace could further influence nurses' intention to leave or stay, including friendship and support from colleagues and peers (Tourangeau & Cranley, 2006:498). In England 44% of nurses say that they would leave their current job if they could. This correlates with job dissatisfaction (Ball *et al*., 2012). Mokoka, Oosthuizen and Ehlers (2010:4) cite

negative relationships as a factor that causes nurses leave their jobs. Such destructive relationships are characterized by verbal abuse and a lack of respect from doctors, nursing colleagues and nurse managers. In their study the following comments attested to this: '...verbal abuse from doctors and some managers must also be stopped, so that nurses remain in their job'. A study conducted by Kleinman (2004) has revealed that the opinion that the employee has of his or her supervisor had more of an impact on the employee than the overall organizational procedures or policies. In South Africa, the study by Oosthuizen and Ehlers (2007:23) addressed four major factors that contribute to nurses' intentions to leave the country: nurses remuneration; challenges in coping with workload and working conditions; challenges in meeting personal growth, career advancement and achievement in nursing; and safety and security needs not met. As mentioned earlier by Klopper *et al*. (2012) nurses in South Africa are not satisfied with wages, opportunity for advancement, and study leave. These reasons may lead to their intention to leave. One of the problematic areas, identified by Minnaar and Selebi (2009:32), is a lack of staff supervision. In South Africa, at national level, more than half, 54.4% (634/1166) of nurses with the intent to leave their hospital within the next year is due to job dissatisfaction, while 59% (272/461) of nurses intending to leave their current jobs are in public hospitals (Coetzee *et al*., 2012). In comparison with international findings, intention to leave in South Africa is higher than that of Belgium, UK, Finland, Germany, Ireland, the Netherlands, Norway, Poland, Spain, Sweden, Switzerland and the USA (Aiken *et al*., 2012). Nurses indicated their intention to leave their current employment because of the inability of the leader to create a place where nurses can work and grow.

From the discussions above, Selebi and Minnaar (2007:56) demonstrate that the behaviour of leaders or the leaders' attitude towards nurses has an impact on the work of a registered nurse. However, evidence remains insufficient regarding what the particular relationship between nursing leadership, job satisfaction and intention to leave is in the South African context. There is a need for further exploration within this context. Therefore, this study focused on the relationship between the nursing leadership, job satisfaction and the intention of registered nurses to leave hospitals in

the Free State and North-West province. From this background the problem statement is formulated in the next paragraph.

1.3 Problem statement

It has recently become quite apparent that nurses frequently shift from one workplace to another. Some retire early and others change from the nursing profession to other professions. In South Africa, there is a high percentage of registered nurses who intend to leave their current job (Oosthuizen & Ehlers, 2007:21). According to Coetzee *et al*., (2012), 54.4% of nurses in South Africa intend to leave their current hospitals within the next year because they are dissatisfied. Inappropriate leadership styles, and the skills that are used by leaders, have a negative influence on the nurses' job satisfaction. This eventually leads to the intention to leave the work environment. There is evidence that the different leadership styles correlate with job satisfaction and have an impact on a nurses' intention to leave. However, the precise relationship between leadership, job satisfaction and intention to leave among registered nurses working in South African hospitals specifically, remains unclear.

This study consequently explored the role of leadership and how it relates to job satisfaction and the intention of registered nurses to leave their current job and/or the nursing profession. Several questions arise from this problem statement, as will be discussed in the next paragraph.

1.4 Research questions

The main research questions in this study are:

- What is the status of leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State provinces?

- Is there a relationship between leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State hospitals?

The objectives of the study are outlined in the next paragraph and are based on the research questions.

1.5 Research objectives

- to describe the status of leadership, job satisfaction and the intention to leave among registered nurses in hospitals in the North-West and Free State provinces;
- to investigate the relationship between leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State provinces.

1.6 Hypotheses

In this study the following hypotheses will be tested:

H_0: There is no relationship between nursing leadership, job satisfaction and the intention to leave among registered nurses in hospitals in the North-West and Free State provinces.

H_1: There is a relationship between nursing leadership, job satisfaction and intention to leave among registered nurses in the North-West and Free State provinces.

1.7 Researcher's assumptions

The assumptions of the researcher are selected from paradigmatic perspectives and influence the researcher's interaction with the research domain (University of Johannesburg, 2002:11). Assumptions are the basic underlying assumptions from

which theoretic reasoning proceeds (Brink *et al*., 2006:25). Burns and Grove (2009:688) explain assumptions as the statements taken for granted or considered true, even though they have not been scientifically tested. Researcher's assumptions consist of 1) meta-theoretical assumptions that convey the researcher's personal view concerning man, society, health and nursing; 2) theoretical assumptions; and 3) methodological assumptions that include the researcher's perception of what good science entails.

1.7.1 Meta-theoretical assumptions

Meta-theoretical assumptions deal with the researcher's view of the world and are not meant to be tested as they are non-epistemic in nature. In this research they reflect the researcher's view of man, nursing society, and health. The conceptions are discussed in the next paragraphs.

1.7.1.1 View of man (human being/individual)

The researcher views man as a unique being created in the image of God. Man has the following dimensions: physiological, psychological, spiritual and social. These have to be maintained for man to be a complete or holistic being. Human being in this study refers to the registered nurse and the nurse leader.

A registered nurse who is a healthy individual should maintain complete physical, mental, spiritual and social well-being, not merely the absence of illness, in order to perform his/her duties. For a registered nurse to perform duties optimally, he/she must be in a positive environment, have completed a nursing diploma or degree successfully and registered with the South African Nursing Council (SANC) under the category of registered professional nurse (SANC, 2005). I believe that the registered nurse plays a major role in the health of an individual and in the health care setting.

A nurse leader is a registered nurse that is actively involved in changing the workplace environment and impacting positive outcomes for both patients and nurses (Jackson et

al., 2009:154). In this study, a nurse leader is a registered nurse that models the way, inspires a shared vision, challenges the process, enables others to act and encourages the heart (Kouzes & Posner, 2007).

1.7.1.2 View of nursing

Nursing is an interactive process where the nurse, as a sensitive therapeutic professional, facilitates the promotion of health through mobilization of resources (University of Johannesburg, 2002:3). According to the Nursing Act (No.33 of 2005), nursing refers to a caring profession practiced by a person registered under section 31 of the Act, who supports, cares for and treats a health care user to achieve or maintain health. Where this is not possible the nurse cares for a health care user so that he or she lives in comfort and with dignity until death. As a researcher, I believe that for a nursing process to be well maintained and to promote health, the registered nurse, as the maintainer of the process, should be satisfied with what he/she is doing. Nursing leaders are accountable and responsible for the management of the nursing process.

1.7.1.3 View of society

Society is a group of humans living together in the same area and who share and interact with one another. They may share the same goals or ideas. Society may have a positive or negative influence on individual well-being. Registered nurses' environment includes colleagues, workplace, friends, and patients. This may affect his/her job satisfaction and whether he or she stays or leaves the organization. In this study, society refers to a group of health workers, supporting staff and patients in the hospital.

1.7.1.4 View of health

As a researcher I support the definition of WHO (2001:8), which states that 'health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Complete well-being also includes the spiritual well-being of an individual.

1.7.2 Theoretical assumptions

Burns and Grove (2009:725) state that, 'theory consists of an integrated set of defined concepts, existence statements, and relational statements that present the view of a phenomenon and can be used to describe, explain, predict, or control a certain phenomenon'. Theory gives the prediction and explication of relationships between the independent and dependent variables in a study (Creswell, 2003:119). Theoretical statements are testable statements that provide epistemic findings about a research domain (Botes, 1995:10). Theoretical assumptions include theoretical frameworks and definitions used in the study.

1.7.2.1 Theories

In this study the transformational leadership theory of Kouzes and Posner (2006 and 2007) was used as the point of departure. A detailed discussion of the theory is included in chapter 2.

1.7.2.2 Definitions

The primary variables in this study are leadership, job satisfaction and the intention to leave. Within this study context it is central to understanding these concepts and variables as the main phenomena being investigated.

1.7.2.2.1 Leadership

According to Kouzes and Posner (2002), leadership can be defined as the relationship between the person in charge and the people who choose to follow; it is also an observable and learnable set of practices (Kouzes & Posner, 2006:3). This research allows a better understanding of the leader that brings about changes in the organization that he/she leads by involving the followers. He/she is capable of inspiring and influencing others with a dream. He/she can stimulate interest in the organization depending on leadership skills and characteristics that he/she has.

1.7.2.2.2 Job satisfaction

Job satisfaction is defined by Robbins, Odendaal and Roodt (2003:72) and Lu *et al*. (2004:211) as the attitude or the feeling that an employee has towards various aspects of his/her job. The attitude develops when an employee feels positive emotions about his/her working conditions and also when there is a constructive response from the organization. Job satisfaction in this study focuses on the feelings a registered nurse has about his/her job. It can be seen as an essential factor that a health organization or hospital should take into consideration to ensure optimal functioning within the health system.

1.7.2.2.3 Intention to leave

Intention to leave is described as the behavioural intention of an individual to voluntarily leave a profession or organisation (Terranova, 2008:33). According to Bobko (2001), intention to leave refers to a decision made by an employee that is based on a continuum from initial thinking about leaving to the actual behaviour of leaving.

1.7.3 Methodological assumptions

According to Botes (1995:10), the methodological assumptions reflect the researcher's views of the nature and structure of science in the discipline. Methodological assumptions refer to what the researcher thinks good research ought to be (Mouton & Marais, 1994:23). Botes (1995:7) describes methodological assumptions as the research decisions that are taken within the framework of the determinants for research decisions. A research model for nursing developed by Botes (1995) guided the research process in this study. The model describes three orders of nursing activities. These are nursing practice, nursing theory, and paradigmatic perspective. The orders are explained separately, but they are inter-related during the course of the study. The first order in the research model is practice in nursing. This order forms pre-scientific knowledge and thus influences practice (Botes, 1995:6). It is actually what happens in practice. Nursing research problems are derived from nursing practice. In this study

leadership affects the registered nurses' job satisfaction in practice, and this shapes nurses' intention to leave or stay at the hospital where they are employed. The second order in the research model is nursing research and theory construction level. At this level decision-making is based on a framework of research determinants (Botes, 1995:7) aimed at guiding the researcher's decisions. The researcher's paradigmatic perspective is viewed as the third order of the research model. It is concerned with the meta-theoretical assumption, theoretical assumption and methodological assumption (Botes, 1995:7). Assumptions thus influence the first and second levels of the research model. In this study the researcher selected the assumptions from the paradigm discussed in 1.7.1 and 1.7.2.

1.8 Research design

Research design is a 'blueprint for conducting a study that maximizes control over factors that could interfere with validity of the study' (Burns & Grove, 2009:236). According to Mouton and Marais (1994:32), it is the plan of how to conduct the study. This study used a quantitative research design with descriptive, explanatory and contextual strategies. A full description of the research design is presented in chapter 3.

1.9 Research method

According to Klopper (2008:69), the research method contains different steps such as, selecting the suitable population, sampling, data collection, data analysis and ensuring thorough investigation.

This study forms part of an international collaborative research programme, Nurse Forecasting in Europe (RN4CAST), which aims to expand typical forecasting models with reference to the features of work environments, qualifications of the nurse workforce and the impact of these on nurse retention, productivity and patient outcomes. RN4CAST is a consortium of 15 partners in 11 European countries: Belgium, Finland, Germany, Greece, Ireland, Poland, Spain, Sweden, Switzerland, the

Netherlands, the United Kingdom (UK); and three partners outside Europe: China, South Africa, and Botswana (Sermeus *et al*., 2008:203).

Within the RN4CAST programme, this study focuses on the relationship between leadership, job satisfaction and intention to leave among registered nurses in private and public hospitals in the North-West and Free State provinces. A full description of the research method is presented in chapter 3, but a brief overview of the research method is provided in Table 1.1.

Table 1.1: Overview of the research method

Research objective	Population and sample	Data collection	Data analysis	Rigour
To describe the status of leadership, job satisfaction, and intention to leave among registered nurses in hospitals in the North-West and Free State Provinces	The study took place within the RN4CAST programme in South Africa in both private and public sectors. In the RN4CAST programme, six of the nine provinces were used to collect data. All inclusive sample used for nurses in medical, surgical and critical care units. This research focused only on Free State and North-West provinces in private and public hospitals. Registered nurses in adult medical and surgical units were used in this study. All inclusive sample was used for nurses in medical and surgical units.	Data was collected using the self-administered RN4CAST questionnaire	Data were analysed using descriptive and inferential statistic which was calculated using the SPSS 16.0 (SPPS Inc., 2009) • Frequency • Mean • Percentage • Standard deviation • Cronbach's alpha-coefficient • Statistical significance • Practical significance • Correlation coefficient • Cross tab	Validity and reliability of the questionnaire
To investigate the relationship between leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State Provinces			Data were analysed using descriptive statistics and inferential statistics	Validity and reliability of the questionnaire.

1.10 Ethical considerations

International and National ethical principles were adhered to and are discussed in Table 1.2.

The study is done within the larger international RN4CAST project. The Ethics Committee of North-West University approved the study (Certificate No: NWU-0015-08-S1) (see appendix 1). Thereafter, all three major private hospital groups were asked

ethical permission to conduct the RN4CAST study in their hospitals; two of the major hospital groups gave ethical permission. In the public hospitals, ethical clearance was received at national, provincial and district level, as well as each individual hospital. The ethics certificate letters from both public and private hospitals are not attached in this research study to ensure privacy, anonymity and confidentiality of the participating hospitals.

The researcher served as a research assistant within the larger RN4CAST project, specifically collecting data in public hospitals, and assisting in the coordination of data collection in the private hospitals. The process followed was as follows: the project manager made appointments with the Chief Executive Officer (CEO) and the nurse manager of each hospital in both private and public sectors to explain the RN4CAST programme and roll out thereof. During data collection the trained fieldworkers in the private hospitals and project team in the public hospitals informed each participant that the survey was voluntary. The voluntary nature of the survey was also conveyed to the participants in writing, with each survey including an information leaflet about the purpose of the project, the voluntary nature of participation, as well as the proposed measures to ensure confidentiality and anonymous responses. The questionnaires were taken to North-West University (Potchefstroom campus) where they were coded by the project managers, recorded and submitted to the statistical services for data capturing and analysis.

The researcher was also registered for Master's study during data collection in the public hospitals, and decided that the focus of his study would be the relationship between leadership, job satisfaction and intention to leave among registered nurses in public and private hospitals in the North-West and Free State provinces. The proposal was reviewed by the Postgraduate Education Research Committee and the researcher granted permission to continue his studies. The researcher played a role in the collection and capturing of data in all hospitals, but only extracted data in two provinces with regard to the above mentioned variables for Master's study.

Table 1.2: Ethical principles applied in this study (adapted from Klopper, Pretorius, Bester & Coetzee, 2009:10)

Ethical consideration	Explanation	Actions
1) Informed consent	is when a subject voluntarily agrees to participate in a research study of which the subject has a full understanding before the study begins (Brink *et al*., 2006:203).	Firstly the project manager made an appointment with CEO and nurse manager of each hospital in both private and public sector to explain the RN4CAST programme and the roll out thereof. Then appointment for data collection was set. On the day of data collection the introduction was made to a group of nurses by the field workers and research assistants, information leaflet was given to the nurses. The completion and returning of a questionnaire implied that the consent was given. In the leaflet the researchers were introduced and their contact details provided, together with the reasons for and aim of the research, the information regarding how the research was used, an explanation of the commitment of the participants, and the rights of the participants. Participants were informed that they can withdraw from the study at any time without being asked questions. Confidentiality and anonymity was guaranteed.
2) Privacy	is the freedom that an individual has to determine the time, extent, and general circumstances under which private information is shared or withheld from others (Burns & Grove, 2009:715).	Privacy was maintained throughout the study. The questionnaires were coded according to hospital and ward so that data could be traced back, and the individuals were anonymous. Only the project coordinator and managers had access to this code.
3) Anonymity	is when the identity of a research subject cannot be linked to an individual, even by the study investigator (Brink *et al*., 2006:198; Burns & Grove, 2009:688).	No names were written on the questionnaires, only hospital and ward codes. Codes were only available to the project coordinator and the managers. The codes were not even known to the researcher; only relevant data was extracted and given to him. The researcher, as part of the project team, was held responsible for the protection of anonymity of participated hospitals throughout the study.

4) Confidentiality	is when private data is managed in research so that subjects' identities cannot be linked with their responses, and only the study researcher can identify the subjects (Brink *et al*., 2006:200; Burns & Grove, 2009:693).	Assurance was given to participants in writing regarding the confidential nature of research. The researcher was responsible for maintaining the confidentiality of the data collected during the study. The hospital had a unique identifying code that was not divulged when the results of the research project were presented. Authorization documents were not stapled with the data collection tool in order to maintain anonymity. All information collected from the participants was kept in a locked secure place or filing system. All data collected was locked in the filing cabinet in the office of the project managers of each project, and each researcher was held responsible for that information; all computerised stored information was password-protected; stored data was accessible only to the project team members who are involved in the project. And coding lists were kept separate from the questionnaires to protect contact information of participated hospitals.

1.11 Summary

A brief overview of the study is found in this chapter. The relevant concepts were defined and the structure of the research process was delineated, including the research design, research methodology, rigour and ethical clearance. The following chapter contains a comprehensive overview of the literature review related to the concepts introduced in chapter 1.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review aims to inform the reader of what is currently known about the topic of interest (Burns & Grove, 2009:91). In chapter 1 the researcher introduced an overview of the study. A comprehensive discussion of the phenomenon (leadership, job satisfaction, and intention to leave) is provided in this chapter. The core concepts in this study were used to guide the literature review process. The search strategy is presented below.

2.2 Search Strategy

The following key words were used to conduct the literature search:

- leadership
- job satisfaction
- intention to leave
- nursing leadership
- registered nurse.

The search engines used include the following databases: EBSCOHost, ScienceDirect, ProQuest, Scopus and Google Scholar Search. Articles from the search that appeared relevant were examined for inclusion in the study. After an initial investigation, resources that were deemed irrelevant were not considered. Articles published before 2001 were included for historical purposes and relevance to the study. Secondly, hard-copy textbooks, dissertations, and theses were used, and the interlibrary loans facility was used for textbooks not available at the institution where the research was conducted.

The literature review included the sources that examined the following interrelated concepts: leadership (see paragraph 2.3.1), job satisfaction (see paragraph 2.3.2), and intention to leave (see paragraph 2.3.3) among registered nurses in a health care setting in South Africa. The chapter ends with a summary drawn from the literature (see paragraph 2.3.5*).* The first variable under discussion is leadership.

2.3 Leadership

Kouzes and Posner (2002) define leadership as a relationship between the person in charge and the people who choose to follow. According to Northouse (2004:3), the following components can be identified as central to the phenomenon of leadership: it is a process; it involves influence; it occurs within a group context; and is directed at goal achievement. Hence, Northouse (2004:3) describes leadership as a process in which a person influences other people to achieve a common goal. Sellgren, Ekvall and Tomson (2008:578) relate leadership with work environment as they perceive leadership as a core element of management and state that it is essential to clarify leadership behaviour in order to increase knowledge about attracting and retaining talented employees. This shows that leadership is a broad concept that can be seen as a relationship, a core element of management, a process as well as a skill that one can learn in order to influence others to achieve a common goal.

The focus of literature on leadership is broad. It includes characteristics, skills, and styles of leadership. Transformational leadership is discussed in detail as part of the theoretical framework of this study. The characteristics of leadership are discussed in the paragraph below.

2.3.1 Characteristics of leadership

Characteristics refer to particular qualities that make an individual or thing different from others (OED*,* 2002:138*)*. Therefore, leadership characteristics refer to distinguishing features of leadership and are used to differentiate what the leadership concept does that is different from other similar concepts. The characteristics of a leader should be

relevant to the situation in which a leader is functioning (Swansburg, 1996:423). Effective or non-effective leadership depends on the characteristics of the leader in a specific situation. It is therefore critical to know the certain set of characteristics possessed by leader that determines effective or non-effective leadership. A variety of characteristics of effective leadership are outlined in the literature. These are: honesty, trust, listening, inspiring, forward-looking, competent, intelligent, fair-minded, integrity, straightforward, broad-minded, passion, networking, courageous, supportive, determined, caring, ambitious, mature, self-controlled, independent, imaginative, cooperative, dependable, values, communication, flexible, focused, friendly, and self-confidence (Lussier & Achua, 2007; Kouzes & Posner, 2006; Northouse, 2004). Kouzes and Posner (2007:29) identify the most critical characteristics as honesty, forward-looking, inspiring, competent, and intelligence. These characteristics are discussed by the researcher.

Honesty: refers to showing uprightness, being fair, not lying, not cheating, not stealing, not misleading and being genuine. Honesty is strongly attached to positive values and ethics (Kouzes & Posner, 2007:33). Honest leaders are loyal, dependable and not deceptive. They also inspire confidence in their subordinates because they are consistent (Northouse, 2004:20). Subordinates look up to a leader who is trustworthy, ethical and principle grounded. They believe that the honesty of their leader also reflects their honesty (Kouzes & Posner, 2007:32). The subordinates tend to trust the leader that is honest, and they respond to the leader that they trust (Ferguson, 2004:17). An honest leader is the one that is regarded as fair towards his/her subordinates and his/her duties, as the one who treats the subordinates equally and with respect.

Forward-looking: such a leader has a sense of direction and concern about the future of the organization. The subordinates expect a leader who can clearly envision and communicate the future of the organization to them, so that they can select a proper strategy to achieve the goal (Kouzes & Posner, 2007:33). Sellgren *et al*. (2008:579) support the idea that leadership entails looking forward to create necessary changes by

developing a vision and the strategy to reach the vision. It involves communicating the vision, as well as motivating and inspiring colleagues to reach that vision.

Inspiration: is the characteristic of leadership that refers to the leader that is enthusiastic, energetic and positive. Such a leader is able to encourage the subordinates about the future of the organization. Subordinates need a leader who communicates in words, appearance and actions, an inspiring vision of the organization (Kouzes & Posner, 2007:34). The motivation that the leader creates helps to present an attractive vision of the organization. Communicating high hopes to the subordinates encourages them to commit to the vision and future of the organization (Kark, Chen & Shamir, 2003:247; Northouse, 2004). Inspiring the subordinates is an essential characteristic of leadership that improves the success of the organization.

Competency: competent leadership refers to relevant experience, sound judgment, and the ability to get things done. A competent leader inspires confidence in the subordinates, who will subsequently be able to guide the organization (Kouzes & Posner, 2007:35). A capable leader has problem-solving skills and the knowledge to apply such skills to a specific situation. Every leader needs to resolve the issues of the organization using his/her intellectual and required skills. In health care settings more competent nurse managers are needed to inspire confidence and vision in the subordinates.

Intelligence: is the fifth characteristic identified by Kouzes and Posner (2007) in their study. Intelligence, according to Lussier and Achua (2007:35), refers to the ’cognitive ability to think critically, to solve problems, and to make a decision‘. Intelligence is positively related to leadership. A person can be a better leader when he or she has strong verbal, perceptual and reasoning ability (Northouse, 2004:19). An intelligent leader is needed to be able to make decisions, solve difficult problems and lead the vision of the organization. Subordinates tend to have trust in a bright leader, knowing that they can rely on his/her judgment.

A leader's characteristics motivate subordinates to take part or not to take part in the development of the organization. According to Kouzes and Posner (2007:29), subordinates choose to follow the leader willingly, not because they have to, but because they want to. It is therefore evident that for a person in charge to be effective in an organization, he/she needs to have constructive leadership characteristics. Besides these characteristics, leadership skills and the ability to apply leadership skill are also critical for effective leadership. Leadership skills are discussed in the following paragraph.

2.3.2 Leadership skills

Skill refers to the ability to do things well (OED, 2002:786). Therefore, leadership skill refers to the leader's ability to do something well. Such skill comes from the leader's knowledge, practice, experience or talent. According to Northouse (2004:35), leadership skill is the ability to use ones knowledge and competencies to achieve goals. Leadership skills are needed to build teamwork and to direct teams to get work done (Ferguson, 2004:3). According to Mumford, Campion and Morgeson (2007:163), leadership skill requirements are related to the organizational level. That is, jobs at higher levels in the organization have significantly greater overall leadership skill requirements.

There are basic personal skills of leadership that include technical skill, human skill, and conceptual skill (Northouse, 2004:36 as adapted from Katz 1955). Technical skill refers to knowledge about specific types of work, for example knowing the patient diseases, electricity, manufacturing of raw steel and so forth. Human skill refers to knowledge about people and being able to work with different people. This type of skill enables the leader to work effectively with subordinates, peers and superiors in order to accomplish the organizational goal (Northouse, 2004:37). Brown (2010:157) found that leaders who are respectful and fair enable their subordinates to work harder, even in times of limited staffing. Conceptual skill refers to the aptitude that an individual has to formulate ideas. This type of skill includes creative thinking, formulating abstractions, analyzing complex

situations, understanding issues and solving problems (Northouse, 2004:38). In most cases conceptual skill is used by leaders in top level management to bring about changes and solve problems in the organization.

Different skills are essential at different levels of management. For instance, supervisory management, which refers to shift leaders or unit managers, need technical and human skills mostly, but they also need adequate conceptual skills to improve the unit. On the other hand, leaders at an executive level would need conceptual skills to determine a strategy for the organization, and technical skills are not always critical at this point (Northouse, 2004:38). According to Northouse (2004:35), the skills approach suggests that knowledge and abilities are needed for effective leadership. It is the responsibility of the leader to present solutions to subordinates and other resource issues so as to achieve the organizational goal (McGurie & Kennerly, 2006:180). Therefore, it is necessary for a leader to have the skills mentioned above so that she/he can assist staff to achieve organizational goals. Leaders should not only have the skills, but also know how to apply the skills effectively. Should the leader fail to apply any of the skills effectively it may lead to job dissatisfaction of employees and eventually, the intention to leave the organization. The nurse managers who apply these skills efficiently improve the goals set for health care. Nursing management skills should be improved in order to become more successful in increasing job satisfaction (Cortese, 2007:310).

Unit mangers are the first managers that registered nurses in the wards come in contact with. Their leadership skills or lack thereof, have a significant influence on the work environment and in turn the organizational commitment of the registered nurses. If the leadership behaviour is not appropriate it will create a problematic challenge such as job dissatisfaction and eventually the intention to leave (Brown, 2010:31; McGurie & Kennerly, 2006:179). It is therefore critical for the nurse manager to have excellent leadership skills. According to Shaws (2007), most RNs in leadership positions do not have formal training in leadership and/or management, but have been placed in the

position due to excellence in clinical practice and years of service in health care settings.

It is evident, therefore, that leadership skills influence the work environment of registered nurses, and it is essential for a leader to have leadership skills before he/she occupies a leadership position. The leader may have to choose a leadership style that suits the current situation of the organization where he/she should apply the skills. Beside skills, leadership styles also influence the effectiveness of leadership. Leadership styles will subsequently be discussed.

2.3.3 Leadership styles

Leadership style is a combination of character, skills, and behaviours that leaders use when they interact with their subordinates (Lussier & Achua, 2007:431). According to Northouse (2004:89), leadership style refers to an individual's behaviour pattern that is used to influence others, and consists of directive and supportive behaviours. Directive behaviour is task-oriented, and assists subordinates with what has to be done, how it should be done and by whom. This is one-way communication where the leader gives directions. Supportive behaviour involves two-way communication and is concerned with relationships between the leader and the follower. Sellgren *et al*. (2006:349; 2008:579) support these categorizations, and state that there are two behaviour dimensions, which include the broad and independent behaviour dimension. The broad dimension focuses on production and task, while the independent dimension focuses on subordinates and relations. The production and task oriented style is primarily focused on the task to be accomplished, and production within the organization. The employee oriented style on the other hand, is concerned with improving relationships and helping individuals to grow and build teamwork in the organization. The leadership style that the leaders choose focuses either on both the production of the organization and the relationship with the subordinates, or one of the two.

The classic model of psychologist Lewin, Lippitt and White (1939) focuses on three basic leadership styles, that is: autocratic, democratic (or participative), and laissez-

faire. Subsequently, research has identified other styles of leadership, but the early work of Lewin was very influential. The leadership styles that will be discussed include autocratic, democratic, laissez-faire, bureaucratic, situational, servant, authentic, transactional, and transformational.

Autocratic leadership style refers to the leader who retains power and does not give authority for decision-making to the subordinates. They are expected to obey the leader's instructions without questioning. Autocratic leadership style is associated with a military type authority ladder (Kest, 2006:57). Autocratic leaders assume that subordinates are either lazy or irresponsible and untrustworthy, and therefore the leader should accomplish planning, organizing, controlling, and decision-making with minimal involvement of subordinates (Warrick, 1981:158). According to Swansburg (1996:430), this style of leadership is more likely to promote aggression or lack of interest, and decreases the initiative of the subordinates. It is not difficult to recognise that the autocratic leadership style focuses on production more than on relationship. When the leader does not allow input, subordinates tend to be unwilling to take initiative to promote the progress of the organization. This style uses close supervision and tight controls, simplifies and standardises work, and offers economic incentives and fringe benefits to motivate subordinates (Warrick, 1981:159). The consequences of an autocratic leadership style in an organization frequently results in high turnover and absenteeism, low productivity and work quality. It tends to develop dependent and uncreative subordinates who are fearful of being accountable (Warrick, 1981:162). The autocratic leadership style is opposite to the democratic leadership style (Kest, 2006:57).

Democratic leadership style refers to the leader who gives autonomy to subordinates and includes them in decision-making. Democratic leaders are people-oriented and focus on human relations and teamwork (Swansburg, 1996:430), but also have a high emphasis on performance (Warrick, 1981:158). The leader encourages subordinates to participate (Kest, 2006:57). According to Warrick (1981:158), democratic leaders assume that subordinates are honest, trustworthy, and determined to accomplish

challenging work. They focus communication on both goal achievement and maintenance of subordinates' socio-emotional needs (Northouse, 2004:89). Democratic leaders strive for a well organized and challenging work environment with clear goals and responsibilities to get work done. They achieve this by motivating and managing individuals and groups to use their full potential in reaching organizational and individual goals (Warrick, 1981:58). The consequences resulting from democratic leadership include increased productivity, satisfaction, co-operation and commitment. They also result in low absenteeism and turnover, as well as developing competency and willingness to be accountable (Warrick, 1981:162). A democratic style can be extended to a laissez-fair style (Kest, 2006:57 when a democratic leader feels that the subordinates are experienced and highly skilled to make decisions for the best of the organization.

Laissez-faire leadership style refers to a leader that gives too much control to subordinates. Subordinates make decisions, determine goals and solve problems on their own (Jones & Rudd, 2008:92), and this results in low productivity and increased subordinate frustration (Swansburg, 1996:430; Warrick, 1981:158). The laissez-faire leaders delay decisions and appear to have a lack of interest in what is happening in the organization. They do not intervene in time, they wait until problems become serious and mistakes are brought to their attention (Jones & Rudd, 2008:92; Bass & Riggio, 2006:206; Northouse, 2004:179). According to Kleinman (2004:4), laissez-fair leaders demonstrate a lack of involvement and purposefully fail to become involved in critical decision-making. They assume that people are unpredictable and uncontrollable, and the leader's job is to get by, keep a low profile, stay out of trouble and leave subordinates alone as much as possible (Warrick, 1981:158). This leadership style is more effective for highly skilled and experienced subordinates, while also helping them to grow and become independent in their job. On the other hand, it is usually less effective for those who are inexperienced and unskilled who need the leader's guidance. If the leader is not available for monitoring and giving feedback to subordinates, they become frustrated and less productive, and this has a negative influence on production of the organization. The laissez-fair leaders do not give any

support, motivation or feedback to the subordinates (Jones & Rudd, 2008:92), and that causes stress.

Bureaucratic leadership style is one of the popular leadership styles that were described by Max Weber in 1947, this leadership style provides a system where power cannot be used to manipulate others, but rather provides established ground rules to make operations and operational responsibility clearly understood and easier to follow (Minett, 2006:38). Bureaucratic leadership style refers to the leader who does everything according to laid down procedures, guidelines or policy; who never takes a chance without using a reference. According to Green (2007:20), the elements of a bureaucracy include authority and responsibility clearly identified and legitimatized; a hierarchy of authority producing a chain of command; leaders selected by technical competency, training, or education; leaders appointed, not elected; administrative officials work for fixed salaries and have no ownership of process or organization; administrators are subject to strict rules for control. It is clear that bureaucratic leaders enforce the rules. In the study done by Minett, Yaman and Denizci (2009:492) older managers use a less bureaucratic style due to attributes acquired by experience like, mature moral development and the aspiration to create fewer energy as they get closer to their retirement date. According to Bass (1990), bureaucratic leaders influence employees primarily on the legality of authority and right to issue commands. It seems that bureaucratic leadership style is used by less confident, inexperienced and less skilled managers to avoid making decisions that may put their position at risk. The study conducted by Minett *et al*. (2009:489) supports the description of bureaucratic leadership as demonstrated by the statement: 'In my job, I insist my subordinates have a clear job description, functions and responsibilities. 'Leaders do or say all this to avoid mistakes in their leadership.

Situational leadership focuses on the behaviour of the leader in relation to subordinates. It provides leaders with an understanding of the relationship between an effective leadership style and maturity level of subordinates (Hersey & Blanchard, 1982:150). The situational leader makes decisions depending on the current situation of the

organization, taking into consideration employees' maturity. Goleman (2000) states 'that change in leadership style allows subordinates to mature through promotion of subordinate-esteem and confidence'.

Servant leadership is described as a model to create an ethical and caring organizational culture. The servant leadership model, in contrast with traditional power models, integrates interdependence (Amadeo, 2008:15). Laub (1999), as cited in Amadeo (2008:18), listed the characteristics of servant leadership according to six groupings: values people; develops people; builds community; displays authenticity; provides leadership; and shares leadership. The servant leadership characteristics focus on people and their development. Servant leadership is similar to transformational leadership because it focuses on the follower and assists the follower in growing by making him/her realize his/her potential, including his/her leadership ability (Avolio & Gardner, 2005).

Authentic leadership is another type of leadership that has been discussed by different authors in literature. The definition of authentic leadership, according to George and Sims (2007:xxxi), is to '…bring people together around a shared mission and values and empowers them to lead, in order to serve their customers while creating value for all their stakeholders'. Authentic leadership includes an in-depth focus on leader and follower self-awareness or regulation, positive psychological capital, and the moderating role of a positive organizational climate (Avolio & Gardner, 2005:329). It does not only focus on how the leader should behave, but it describes the leader as a unique individual. Authentic leaders demonstrate a passion for their purpose, practice their values consistently, and 'lead with their heart as well as with their heads'(George *et al*., 2007:130). Shamir and Eilam (2005:399) describe authentic leaders as people who have the following attributes: (a) 'the role of the leader is a central component of their self-concept, (b) they have achieved a high level of self-resolution or self-concept clarity, (c) their goals are self-concordant, and (d) their behaviour is self-expressive'. In the study done by Peterson *et al*. (2011:511) it was found that leaders who are rated by followers as being more authentic leaders had followers who are rated as being more

effective performers. Furthermore, followers who worked for an authentic leader reported experiencing more positive emotions and fewer negative emotions than those who worked for less authentic leader.

Authentic leadership can integrate transformational, charismatic, servant, spiritual or other forms of positive leadership (Avolio & Gardner, 2005:329). Authentic leaders build stable relationships, work hard, and lead with purpose, meaning and values, but are not necessarily described as charismatic by others (Avolio & Gardner, 2005:329).

Transactional leadership refers to leaders that reward or discipline subordinates, depending on the competence of their performance (Bass & Riggio, 2006:8). It focuses on social exchange (Bass & Riggio, 2006:3). Transactional leadership is made up of contingent reward and management-by-exception. It concentrates on the exchange that occurs between leaders and subordinates. This exchange is known as contingent reward, meaning that the leader tries to obtain an agreement from employees regarding what task needs to be done and what the reward should be for those completing it (Northouse, 2004:178). Employees have to perform their duties well because they are promised a reward as motivation. When the agreed upon goals and objectives are not met by the subordinates, they get punished. Transactional leaders clarify expectations, exchange promises and resources, arrange mutually satisfactory agreements, negotiate for resources, exchange assistance for effort, and provide praise for successful performance (Jones & Rudd, 2008:91). The other part that forms transactional leadership is management-by-exception. According to Northouse (2004:179), management-by-exception refers to 'leadership that involves corrective criticism, negative feedback and negative reinforcement'. This type of leader monitors the subordinates closely for mistakes or violation of the rules so that he/she can take corrective measures.

It is evident that the leadership styles used by the leader influences the work environment either negatively or positively. Therefore, it is suggested that the leader analyses the work environment, takes into account the production of the organization

and the relationship with subordinates before he/she decides on which leadership style to use. Furthermore, styles of leadership also influence job satisfaction. For example, Cummings, Hayduk and Estabrooks (2005) found in their study that nurses, who worked in environments where there was a democratic leadership style, showed higher levels of job satisfaction. On the other hand, those that worked in commanding and pace-setting leadership style environments had lower levels of job satisfaction and this led to unmet patient care needs. Another example is the study of Azaare and Gross (2011), where the relationship between the leadership style and job satisfaction demonstrated that staff nurses do not have trust, confidence and satisfaction in the leadership style of their nurse managers. It seems that the leadership style of nurse managers has an impact on the satisfaction of RNs, which in turn, influences nurses' intention to leave. Many researchers believe that the transformational leadership style is greater, because it clearly defines the role of the leader and follower and also includes the follower in the leadership process, and is more popular than the transactional leadership style (Kest, 2006:57). The focus of the study is on the transformational leadership style. The researcher chose transformational leadership as the framework of this study.

2.3.4 Transformational leadership

The original idea of transformational leadership is credited to James MacGregor Burns (1978) (as cited in Baloga-Altieri, 2008:6). Burns views transformational leadership as a style situated at the end of a spectrum, opposite transactional leadership. He defines transformational leadership as a relationship between leader and follower in which both participants mutually raise each other to higher levels of motivation and morality. Bass (1990:21) elaborated on Burns' work by specifying that transformational leadership: 'occurs when leaders broaden and elevate the interests of their employees, when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group'. The transformational leader is concerned with the individual while also being goal orientated (Kest, 2006:53) His/her main focus is to get the subordinates to support the organization's objective (Kest, 2006:60). The transformational leader sets goals to

inspire people so that they can see the significance of performing certain tasks for the benefit of the organization.

Five practices of exemplary leadership form the basis behind the concept of transformational leadership (Kouzes & Posner, 2007). The exemplary practices of leadership include: model the way, inspire the shared vision, challenge the process, enable others to act, and encourage the heart. Kouzes and Posner (2007) and Bass (1997) state that the focus of transformational leadership is on sharing the vision, motivating, getting new ideas, giving others opportunity, and individual consideration. The researcher focuses on Kouzes and Posner's leadership practices. The practices of exemplary leadership are presented below:

Modelling the way means that leaders must be models of the behaviour they expect of others. They must lead by good example and live, as well as behave, according to what they say. They must find their own voice and give clarity to their personal values and in addition taking into account the values of the organization (Kouzes & Posner, 2007:15). According to Avolio, Bass and Jung (1999:444), a leader: provides followers with a clear sense of purpose that is energizing; is a role model for ethical conduct and builds identification with the subordinate and his/her expressed vision. The leader possesses a high standard of moral and ethical conduct and can be counted on for doing the right thing (Northouse, 2004). Leaders should guide people when they are not sure what or how to do something for the sake of achieving the goal or objectives of an organization. The leader models the way by motivating and directing people on how to do things correctly, by so doing they follow the leader and are encouraged by behaviour they see in the leader. The leader that shows confidence, emphasizes trust, presents his/her central values, and takes a stand on difficult issues, and tends to be admired as a role model by subordinates (Bass, 1997:133).

Inspiring a shared vision refers to the leader's abilities and possibilities that he/she has in mind. The leader shares this vision with others, communicating in such a way that he/she makes a difference to the organization (Kouzes & Posner, 2007:17). The leader

inspires the subordinates to become committed and be a part of the shared vision of the organization (Northouse, 2004). The leader recruits people by appealing to their values, interests, beliefs, hopes and dreams to accept a common vision as their own. Such leaders allow subordinates to see the picture in their mind and make them excited about it and thus encourages co-operation in line with a shared vision (Kouzes & Posner, 2007:16). According to Kest (2006), people must be inspired by the vision and their expectations must be high. The leader must be able to make the vision clear, realistic and attractive to them. Leaders themselves must have an attractive vision of the future, challenge subordinates with their high standards and talk with passion to encourage them about what needs to be achieved (Bass, 1997:133). In this way they all can participate in the vision of successfully meeting organizational goals.

Challenging the process refers to leaders challenging the existing condition of the organization; seeking and accepting challenging opportunities to test their abilities and looking for new ways to improve, change and grow the organization (Kouzes & Posner, 2006:13; 2007:18). According to Bass (1997:133), to stimulate new ideas the leader has to question old assumptions, traditions, and beliefs, so as to bring new changes about in the organization. The leader wants the subordinates to challenge the beliefs that they have as well as those of the leader and organization (Kest, 2006:14; Northouse, 2004). Improvements and changes involve experimenting and taking risks. The leader experiments and takes risks by constantly producing small wins which accumulate to make a bigger win, and he also learns from mistakes. The leader recognizes good ideas, supports the ideas and is willing to change the system to get new products, services and put new systems in place (Kouzes & Posner, 2007:18). While challenging the process, intellectual stimulation takes place. This is defined by Kest (2006:14) as creativity that must be encouraged in subordinates so that they challenge the existing situation to improve the organization. The leader stimulates people to participate by discussing and encouraging them to share their vision of the organization's future (Bass, 1990:23).

Enabling others to act refers to the leader that actively involves others to make key decisions and share ideas about how to accomplish the goal (Kouzes & Posner, 2006:14; 2007:20). Enabling subordinates to act is a part of intellectual stimulation, as it gives them an opportunity to make major decisions. The leader should encourage them to arrive at ideas which they can substantiate (Bass, 1997:133). By so doing he/she enables others to act and apply what they are doing. Leaders know that for the organization to progress, it needs more hands, collaboration and individual accountability. The leaders create a solid trust within an environment of strong relationships in the organization. They empower subordinates and turn them into leaders themselves, making them feel as if they are owners and not hired hands (Kouzes & Posner, 2007:20). An empowered person is self-motivated and believes in his or her ability to cope and perform successfully (Kark *et al*., 2003:246). It is clear that when a subordinate is empowered he/she becomes more productive and committed to his/her duties and the organization, and in so doing productivity increases.

Encouraging the heart refers to the perception that the leader recognizes contributions that individuals make, and in doing so promotes hope and determination in others. He/she provides subordinates with substantial support, personal attention, meaningful feedback, and clear direction (Kouzes & Posner, 2006:15; 2007:20). The leader pays attention to each individual in the organization. Bass (1997) calls this attention individualised consideration. Individualized consideration focuses on understanding the needs of each person and continuously persuades them to develop to their full potential (Avolio, Bass & Jung, 1999:444). A visible and authentic recognition of performance successes, celebrations of accomplishments and making followers feel like winners reinforces team spirit (Kouzes & Posner, 2006:15; 2007:20). In short individualized consideration produces a supportive atmosphere created by the leader. The leader acts more like a coach and advisor to the group so that expectations can be maximized (Kest, 2006:57).

Transformational leadership has been identified as the most suitable leadership style to meet the demands of nursing management (Lummus, 2010:27), as well as promoting a

sense of commitment in subordinates (McGuire & Kennerly, 2006:185). It seems that transformational leadership brings changes and improvements in the health care settings where this style is put into practice. According to McGuire and Kennerly (2006:182), people who feel more self-confident and involved have a sense of belonging and share a common sense of direction. Such employees tend to emerge as committed and loyal employees of the organization. Bass (1990:29) gives evidence that the outcomes of transformational leadership improve productivity and increase job satisfaction within organizations. Job satisfaction is discussed below.

2.4 Job Satisfaction

According to Lu *et al*., (2004:211), job satisfaction is a topic of great interest to both people who work in organizations and people who study them. Job satisfaction is the attitude or feeling that an employee has towards various aspects of his/her job (Lu *et al*., 2004:211; Robbins *et al*., 2003:72). Oshagbemi (1999:108) explains job satisfaction as an emotional reaction to a job that results from a person's comparison of outcomes with those that are desired, expected or deserved. Job satisfaction results when an employee feels positive emotions about his or her working conditions and also when there is a positive response from the organization. Job dissatisfaction is when an individual holds a negative attitude about his/her job (Robbins *et al*., 2003:72). However, job satisfaction or dissatisfaction does not depend only on the type of job, but also on the expectations that an employee has about what the job should offer in return (Oshagbemi, 1999).

In the relevant literature, different authors identified different elements that affect job satisfaction. Factors that influence job satisfaction include working conditions, wages, and benefits (Solomon, 2009:3). Robbins *et al*. (2003:77) identified factors that influence job satisfaction as work itself, promotional opportunities, the ability of the supervisor to provide emotional and technical support, support from fellow workers, working conditions, and wages. According to Stamps (1997), elements of job satisfaction that are related to health care service occupations are remuneration,

autonomy, professional status, interaction, task requirements, and organizational policies. Meanwhile Cortese (2007:303) identifies elements that influence job satisfaction as contentment with the job, professionalism, and relationship with patients, family members and co-ordinators. According to Coomber and Barriball (2006), job satisfaction includes wages, co-workers, supervisors, organizational factors and the work environment itself. It seems then that the sources of job satisfaction are relatively similar, for instance physical working conditions, relationships with colleagues and managers, wages, promotion, job security, responsibility, recognition from managers and working hours (Lu *et al*., 2004:215).

Job satisfaction for nurses is a crucial concept. Nurses' job dissatisfaction is often attributed to heavy workloads, leadership styles, motivation, inadequate training, and lack of respect (Lu *et al*., 2004). While increased workload is a major source of stress, nurses reported other sources of dissatisfaction in their workplace, such as a lack of autonomy, fairness and control over their work (Cummings *et al*., 2008:509). One of the most important factors leading to dissatisfaction is a lack of opportunity for personal growth (Solomon, 2009:20). This was confirmed by Klopper *et al*. (2012) who found that nurses in critical care units in South Africa experienced the most job dissatisfaction with regard to wages, opportunity for advancement and study leave. Job satisfaction among nurses has been recognized as a key factor in nurses' turnover within the literature record which suggests that it is related to a number of organizational, professional and personal variables (Lu *et al*., 2004:222). This study focuses on the elements of job satisfaction as identified by Sermeus *et al*. (2008), These include wages, work schedule flexibility, independence at work, educational opportunity, opportunity for advancement, study leave, sick leave, and annual leave.

Wages is one of the most influential components that affect job satisfaction and it is raised by different researchers in the literature. Wages refers to remuneration received and the degree to which it is viewed as fair compared to that of another individual in a similar position within or outside the organization (Robbins *et al*., 2003:77). Remuneration includes the benefits that the organization gives to an individual

employee. A study done by Minnaar and Selebi (2009:29) in Gauteng Province showed that the majority of nurses identified wages as the reason for current dissatisfaction. Thompson and Brown (2002:69) found that low wages and increased number of patients leads to high turnover of skilled RNs. The issue of wages and its contribution to job satisfaction increases in significance when RNs perceive differences between their wages (Coomber & Barriball, 2006:310). In South Africa, the Occupational Specific Dispensation (OSD) was implemented in 2008 to improve the RNs' salaries (Department of Health [DoH], 2008). The general aim of OSD is to improve the salaries of the RNs in the public sector and to attract RNs working outside the public sector. However, RNs feel that there were inequalities in the implementation of OSD, which left some of the RNs dissatisfied with their jobs (DoH, 2008). On the other hand, an Australian study on job satisfaction showed that wages was not a big issue when other factors of the job are satisfying (Cowin, 2002). However, RNs in Australia indicated the feeling of inadequate reward for their education, experience and expertise, and unfair wages compared to those of other professions. The organization's perception should focus on competitive salaries that may also contribute to commitment, as employees that are paid well tend to be committed to their responsibilities and organization (AL-Hussami, 2008:292).

Work schedule flexibility refers to how easily the work programme can be changed. Lack of stability in the work schedule is a cause of high stress levels and there is evidence that the more stable the schedule, the less work-related stress there is (Coomber & Barriball, 2006:308). Presently in South Africa most nurses working in hospitals are assigned to work a twelve hour day or night shift. A study conducted by Madide (2003) found that working night shift triggers off psychosocial and physiological strain for RNs, especially those working in quick rotation. According to Pillay (2009), the long, irregular and inflexible hours are the result of increased work load and shortage of RNs. It is clear that hours worked by RNs in South Africa are irregular and affect job satisfaction negatively.

Independence at work refers to the independence or freedom that an individual has regarding what he/she is doing. In the literature independence at work refers to autonomy. A study conducted by Minnaar and Selebi (2009) found that a lack of autonomy in the job (51.28%) contributed to job dissatisfaction in Gauteng Province. Nurse Managers must empower nurses to function autonomously (Kramer & Schmalenberg, 2003:18). Autonomy is strongly related to nurses' provision of quality patient care and is linked to job satisfaction (Kramer & Schmalenberg, 2003:17).This points out a priority for enhancing the competencies of nurse managers in hospitals to enable them to provide the nurses they supervise with an expanded scope of professional autonomy (El-Jardali *et al*., 2010). RNs are more likely to remain employed if they perceive themselves to be in control of their practice and have a certain level of autonomy (Larrabee *et al.,* 2003:272). Low control over the work environment is of concern as it influences RNs job satisfaction and can also affect the quality of care provided (Larrabee *et al*., 2003).

Opportunities refer to the prospects for his/her career development and advancement in the organization. The opportunities in this study include both educational opportunity and opportunity for promotion. Career opportunity and training give individuals the expectation of further developing themselves and growing within the ranks of their career (Pillay, 2009). The study done by El-jardali *et al*. (2010:211) demonstrated the need for professional development amongst Lebanese nurses. They expressed concern about the lack of opportunities for them to enhance their skills set and increase their knowledge base. This significantly impacted on Lebanese nurses leaving the country. The study done by Minnaar and Selebi (2009) in Gauteng Province showed that promotion and career development was measured the second highest factor resulting in dissatisfaction among RNs at 82.05%. Lack of opportunities for RNs to advance and grow in their profession diminishes the interest of new RNs to continue with nursing as a career. They feel that there is no opportunity for advancement in their current jobs. In addition, Pillay (2009) illustrated that RNs in South Africa, in both private and public hospitals, are dissatisfied with career development opportunities in

their profession. Pillay (2009) also says that RNs in public hospitals are dissatisfied with the career opportunities available to them, and this further demotivates them.

Leave refers to the time when an employee is given permission to be absent from work or duty (OED, 2002:476). The leave in this study includes study leave, sick leave and annual leave. Study leave is the leave that is given to the employees to study a course related to their career path and which is needed by an organization. Study leave is one of the factors that influence job satisfaction. The study done by the Consortium for Research on Equitable Health Systems (CREHS) (2009) explained that most RNs choose to work in the rural areas because of early study leave and quicker promotion. Sick leave is the leave that is given to the employees when they are sick. RNs have been taking sick leave for trivial conditions such as backache, as reflected on medical certificates, without any further investigation by the doctor. Minnaar and Selebi (2009:54) felt, therefore, that it was crucial to investigate the problem of job satisfaction among different categories of nurses at a public hospital in Gauteng, South Africa. Internationally, most nurses are satisfied with their annual leave (Lu *et al*., 2004:214; Siew, Chitpakdee & Chontawan, 2011:27). So also, RNs in critical care units in South Africa were satisfied with their annual leave.

Job satisfaction is a complex concept with many elements that impact on its measurement. It has been highlighted as a contributing factor to intention to leave (Coomber & Barriball, 2006:297). The main elements of job satisfaction in this study include the aspects of job satisfaction as introduced by Sermeus *et al*. (2008), which include work schedule flexibility, independence at work, wages, educational opportunities, advancement prospects, study leave, sick leave and annual leave, as already discussed. These aspects of job satisfaction effect subordinates' decisions regarding whether to leave or stay in the workplace. In the paragraph below peoples' intention to leave the workplace is considered.

2.5 Intention to leave

According to Bobko, (2001), the intention to leave refers to a decision made by an employee that is based on a continuum from initial thinking about leaving to the actual behaviour of leaving. The reasons for leaving nursing are complex and are influenced by many variables, including individual factors and work-related factors. For the purposes of this study, the intention to leave the job refers to an employee's aim to leave the current job.

According to Flinkman *et al*. (2008:730) a clear understanding of why RNs intend to leave or have actually left the nursing profession has not emerged from the studies conducted. However, Cumming *et al*. (2005:509) from Parsons, Simmons and Furlough work found that turnover was linked to job satisfaction and that dissatisfaction was increasing.

Some of the factors that RNs give as reasons for leaving centre on issues known to effect job satisfaction. This includes, for instance, ineffective supervisory relationships, something that is mentioned by different authors in leadership studies. In addition, poor opportunities for professional development play a role, rather than external labour market forces that managers are unable to control (Coomber & Barriball, 2006:299). A study done by Lu *et al*. (2004:220) in Taiwan showed that 38.4% of the RNs could be classified as intending to leave the organization, and 30.4% as intending to leave the profession because of lack of job satisfaction. Tourangeau and Cranley (2006:507) demonstrated that there is firm evidence that the other two predictor categories, nurse burnout and nurse manager ability and support, forecast job satisfaction and, therefore, have indirect effects on the nurses' intention to remain employed. Job satisfaction was found to be the strongest predictor for nurses' intention to leave their job (Cabigao, 2009:67).

Relevant literature indicates that perceptions are different among older experienced RNs than among newly graduated RNs with regard to the intention to leave. Peterson (2009:33) summarised from the literature that the reasons why newly graduated RNs

intend to leave the job is because: they look for additional challenges, find better working conditions, they did not fit into the unit culture, and some leave the profession altogether because they cannot cope with job stress. The study done by Peterson (2009:80) found that demands were significantly related to intention to leave the job, but not the intention to leave the profession. Furthermore newly graduated RNs look for opportunities to advance their career so that they can work, grow and settle. If there are no opportunities they tend to leave. According to Bowles and Candela (2005), common reasons why newly graduated RNs leave their job include stress related to patient care, which is related to RN patient ratios, and feelings that patient care was unsafe. They also found that graduates tend to leave when they are transferred to another area of nursing too soon. Aspects related to work environment, such as a lack of support, too much responsibility, inadequate wages, heavy schedules and too few benefits are additional reasons for leaving.

A study conducted by Miller (2007) among a small population of hospice RNs showed that there were no significant differences in the relationship between job satisfaction and the intention to leave when the demographic variables of age, level of education, ethnicity, position in nursing, and/or job position were considered.

RNs were found to be more likely to remain employed when they were older, worked in specialized clinical areas, and had more years of nursing experience (Tourangeau & Cranley, 2006), a high level of nursing education and resources (Cabigao, 2009), and had kinship responsibilities (McCarthy, Tyrrell & Lehane 2007:253). The older or experienced RNs tended to remain employed in the same health care setting, unlike newly graduate RNs who tended to change their job. Another reason for the RNs to remain employed in the same health care setting is their kinship responsibilities. RNs with no or fewer kinship responsibilities are more likely to intend to leave the job (McCarthy *et al*., 2007:253). Resources and level of nursing education among RNs have a positive relationship with RNs' intention to leave. When RNs lack resources to perform their duty to provide quality patient care, they tend to be frustrated and discouraged about the health care setting and may decide to leave their jobs. The

higher the RNs' level of education, the greater the possibility they may leave their current job though these findings are not consistent as some authors have a different view (Cabigao, 2009:71). The study conducted by McCarthy *et al*. (2007:252) on RNs' intention to leave or stay show that 22% of RNs who expressed the intention to leave held a bachelor's degree, and only 8% of those with a bachelor's degree expressed the intention to stay. Baccalaureate RNs were likely to leave their job if they were not given opportunities to develop professionally (McCarthy *et al*., 2007:253). Mostly baccalaureate RNs are looking for opportunities to advance their careers and grow professionally. Therefore, it is clear that the level of education of RNs has an influence on their intention to leave their current employment and seek greener pastures. For example, a registered nurse who holds a critical care unit specialty in medical or surgical care will leave to find a similar unit which offers more opportunity.

Leadership and stress issues were noted as having a particular influence on RNs' intention to leave (Coomber & Barriball, 2006:312). Minnaar and Selebi (2009:32) found in their study that RNs indicated their intention to leave their current employment because they felt that their supervisors were unable to create an environment where RNs can work and develop. For instance, RNs leave public hospitals because management fails to put basic employment factors in place enabling RNs to care adequately for their patients. In addition, Minnaar and Selebi (2009:32) stated that 'supervisors paralyzed the RNs with their poor management skills', by simply not doing simple things such as praising the RNs for a job well done. The literature points out that the leader in the organization has an influence on the RN's intention to leave the health care setting. In South Africa 38.4% of registered nurses indicated an intention to leave their current hospital within the next five years. They were most dissatisfied with their wages, workload, career development and resources available to them, especially in public hospitals (Pillay, 2009).

In conclusion, the aspects that shape RNs intention to leave their current organization include job dissatisfaction, ineffective supervision from the leaders, kinship responsibilities, and limited opportunity for professional development. Leaders should

create opportunities for the RN to develop in order to increase job satisfaction and decrease the level of intention to leave among RNs. The link between the leadership, job satisfaction and intention to leave is discussed below.

2.6 Link between leadership, job satisfaction and the intention to leave

The study conducted by Tourangeau and Cranley (2006:507) explained that there is strong evidence that RN burnout and nurse manager ability and support, are predictors of job satisfaction and, therefore, have an indirect effect on RNs' intention to remain employed. Wade *et al*. (2008:344) support the finding that the influence of managers might improve subordinates' job satisfaction and also their effectiveness. A study by Stander and Rothmann (2008:10) demonstrated that leader-empowering behaviour predicts job satisfaction, which in turn predicts organizational commitment. When subordinates experience constant support from managers, they are more likely to be satisfied and perform their duties effectively within the organization. They also tend to remain in the same organization (Solomon, 2009:2; Tourangeau & Cranley, 2006:498). This is also confirmed by Fakunmoju *et al*. (2010:322) who found that a supervisor who is supportive decreases the likelihood of subordinates' wanting to leave. So also Kleinman (2004) and AL-Hussami (2008:288) found that the opinions, behaviour or leadership style of the immediate supervisor or leader has an influence on the subordinates' level of job satisfaction and eventually their intention to leave.

The influence of leaders in the nursing field often reduced turnover rates by improving job satisfaction, decreasing stress on the job, and increasing opportunities for career advancement (Price, 2001:609). The rates of intention to leave of medical-surgical nurses in SA is high, with more than a half (52%) of RNs indicating that they intend to leave their job within the next year as a result of job dissatisfaction, furthermore almost a third of RNs in South Africa are dissatisfied with their jobs. Such dissatisfaction was strongly related to the practice environment and patient to nurse ratios in medical-surgical units (Coetzee *et al*., 2012). Klopper *et al*. (2012) further explored job dissatisfaction amongst critical care nurses in South Africa and found that their main job

dissatisfaction was related to wages, opportunity for advancement and study leave. RNs who intend to leave the profession usually experience low job satisfaction (Flinkman *et al*., 2008:735). Therefore, this literature review and concluding section points out, that leadership is strongly related to job dissatisfaction, while job dissatisfaction is directly linked to intention to leave, but this relationship will be explored and described in more detail in this study. The summary of the chapter is in the next paragraph.

2.7 Summary

A comprehensive review of the literature that supports this study is provided in chapter 2. The three major variables (leadership, job satisfaction, and intention to leave) in the study were explored and described. Under leadership different characteristics, styles, and types of leadership, as well as the transformational leadership style were investigated. Various elements that influence job satisfaction either negatively or positively were examined, as well as the factors that influence the intention to leave among RNs in health care settings. The link between the variables was discussed. A comprehensive discussion of the research design and method follows in chapter 3.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Methodology is an overall basis and philosophy that guides practice in a specific area (Maltby *et al*., 2010:24). Research methodology is the process of conducting the specific steps of the research study and includes research design and research method, which will be discussed in detail in this chapter. Research design is inclusive of components such as quantitative, descriptive, explanative and contextual elements. In addition, research method is concerned with sampling, gathering of data, data analysis and the validity and reliability of the instrument used. This chapter concludes with a discussion on how ethical considerations were maintained throughout the study.

3.2 Research Design

Research design is a plan of action for conducting the study that maximizes control over aspects that could interfere with the validity of the findings (Burns & Grove, 2009:236). According to Mouton and Marais (1994:32), research design is the plan of how to conduct the research study. The researcher plans the study beforehand to overcome factors that could interfere with the validity. Any research study starts with the problem, and then the development of a research design will follow logically from the research problem identified (Klopper, 2008:67). The components that are included in this research design are discussed in the next paragraphs.

3.2.1 Quantitative Research

Quantitative research refers to a process that is formal, objective and systematic to describe and test relationships, and to examine interactions among variables (Burns & Grove, 2009:717). Quantitative research uses observations, numerical analysis,

hypothesis and measurement to understand the world (Maltby *et al*., 2010:25). Numerical data is used in quantitative research to obtain information about the world (Burns & Grove, 2009:22). According to Gerrish and Lacey (2006:20), numerical data is collected and amenable to statistical analysis, so that a hypothesis or statement can be tested. The quantitative method is used to test a hypothesis and the rationale behind it. The RN4CAST project collected quantitative data that was analyzed and described using descriptive and inferential statistics. The researcher served as a research assistant and collected data within the larger RN4CAST study, but extracted only information for his Master's study based on his area of interest, namely the relationship between leadership, job satisfaction and the intention to leave among RNs in private and public hospitals in the North-West and Free State provinces.

3.2.2 Descriptive Study

Descriptive study is a technique used to gain more information about characteristics within a particular field of study. It aims at providing a picture of situations as they naturally occur (Burns & Grove, 2009:237). The phenomena are systematically explored and described in detail before predictions were examined in the research. Through descriptive study, concepts were described and relationships were identified that gave a basis for further quantitative study and theory testing (Burns & Grove, 2009:45). In this study the variables included are leadership; job satisfaction; and intention to leave among registered nurses. These variables are described and thoroughly explored in order to get to what links might exist between the variables (leadership, job satisfaction, and intention to leave).

3.2.3 Explanatory Study

The explanatory study looks for causes and reasons, and builds on exploratory and descriptive research. It goes on to identify the reasons for something that occurs. The aim of the explanatory study is to indicate the causalities between variables or events, and therefore to attempt to explain a given phenomenon in terms of specific causes (Mouton & Marais, 1994:45). In this study the explanation of the relationship between

the variables of nursing leadership, job satisfaction and the intention to leave is clearly explained by literature. These accounts include inferential statistics, meaning that this study answers the question about population with relevant characteristics rather than particular people who are sampled from the population (Polit, 2010:12).

3.2.4 Contextual Study

Contextual study includes social and environmental settings with specific individuals. When following the contextual study it is essential to provide a description of the context or settings where the study was conducted, and also to explain why the setting was chosen (Klopper, 2008:68). This study was conducted in natural settings where there is no manipulation or change in the environment of the study (Burns & Grove, 2009:362). South Africa is divided into nine geographical provinces: Gauteng, North-West, Free State, Limpopo, Mpumalanga, Kwa-Zulu Natal, Eastern Cape, Northern Cape and Western Cape. The study took place in South African hospitals in the North West and Free State Provinces. In South Africa there are two streams of hospitals, namely the private hospital sector and public hospital sector. Private hospitals are run by the private sector and are profit oriented usually with advanced technology and serve the population who can afford to contribute towards their own medical care. These hospitals do not offer services to people who are not willing or able to pay. In cases of emergency where people cannot afford to pay, the hospital stabilizes the person and refers the patient to a public hospital (Heunis, 2004:480). Public hospitals are state funded hospitals and are non-profit oriented. They offer free services to people who cannot afford to pay for their own medical care. Public hospitals are divided into three levels, which are level 1, level 2 and level 3. Level 1 comprises district hospitals where services are offered by generalists only, referrals come from clinics and general practitioners. Level 2 are regional hospitals where services are offered by generalists and specialists and referrals are received from level 1 hospital. Level 3 are provincial tertiary hospitals that offer super-specialised services, and referrals are received from level 1 and 2 hospitals (Heunis, 2004:475). These super-specialist services include: medical oncology, cardiology, gastroenterology, ENT, nephrology, ophthalmology,

urology, MRI, and CT scans, intensive care and orthopaedics (Heunis, 2004). Hospitals consist of various units, namely medical, surgical, intensive care unit (ICU), maternity, emergency or casualty, out-patient departments and theatre. In this study, the context included the registered nurses working in the adult medical and surgical units in the North-West and Free State provinces in both private and level two and three public hospitals.

3.3 Hypotheses

A hypothesis is defined as a formal statement of the expected relationship between two or more variables in a specified population (Burns & Grove, 2009:167). It is a statement that predicts the relationship between the variables. It could be a significant or insignificant statement depending on findings of the study. In this study the variables included are leadership, job satisfaction and intention to leave. The hypotheses made in this study are:

H_0: There is no relationship between nursing leadership, job satisfaction and the intention to leave among registered nurses in hospitals in the North-West and Free State provinces.

H_1: There is a relationship between nursing leadership, job satisfaction and intention to leave among registered nurses in hospitals in the North-West and Free State provinces.

3.4 Research Method

According to Klopper (2008:69), research method contains different steps in selecting the suitable population, sampling, data collection, data analysis and ensuring rigour. In this study, a survey was used to collect the data. A survey is used to gather data that can be acquired through a self-report. It is also used to describe the data collection technique where the researcher uses a questionnaire to gather data (Burns & Grove, 2009:245). For the researcher to describe and explain the relationship between leadership, job satisfaction and intention to leave amongst registered nurses, there must

be a relevant data collection tool that is validated and reliable, a suitable population and sampling as well as correct analysis of the findings. A discussion of instruments, sampling, population and rigour are found in the paragraphs below.

3.4.1 Discussion of instruments

The RN4CAST questionnaire survey was used to collect data in this study. The RN4CAST questionnaire instrument is discussed in the paragraph below.

3.4.1.1 RN4CAST questionnaire

The RN4CAST questionnaire is a self-administered questionnaire that is divided into four sections:

- **Section A: ABOUT YOUR JOB**

The section focused on the practice environment of the RNs and included the Practice Environment Scale of the Nurse Work Index (PES-NWI), questions related to job satisfaction, intention to leave and the Maslach Burnout Inventory (MBI).

- **Section B: QUALITY AND SAFETY**

In this section RNs were asked to respond to issues related to safety and quality of care to patients delivered in their unit.

- **Section C: ABOUT YOUR MOST RECENT SHIFT AT WORK IN THIS HOSPITAL**

This section focused on questions related to the work schedule of the RN, nurse to patient ratio and details about the most recent shift

- **Section D: ABOUT YOU**

In this section the demographic characteristics of a RN were explored, including questions related to age, gender, and level of education, amongst others (Sermeus *et al*., 2008).

In this study, the researcher only made use of the Nurse Manager Ability, Leadership and Support of Nurses subscale of the PES-NWI to measure leadership, overall job satisfaction and intention to leave from section A of the survey, and demographic data from section D of the survey (see appendix C).

3.4.1.2 Practice Environment Scale of the Nurse Work Index (PES-NWI)

The PES-NWI consists of 32 Likert-type questions (1: 'Strongly Disagree' to 4: 'Strongly Agree'). The PES-NWI contains five subscales. The first subscale is 'Nurse Participation in Hospital Affairs'. This reveals the participatory role and valued status of nurses in the broad hospital context, and it consists of nine items.

The second subscale is 'Nursing Foundations for Quality of Care'. This subscale focuses on the nursing foundation's high standard of patient care through pervasive nursing philosophy, a nursing rather than medical model of care, and also nurses' clinical competency. It consists of ten items.

The third subscale is 'Nurse Manager Ability, Leadership and Support of Nurses'. It concentrates on the critical role, key qualities and support of a nurse manager. It consists of five items.

The fourth subscale is 'Staffing and Resource Adequacy', which focuses on having enough staff and support resources to provide quality patient care. It consists of four items.

The fifth and smallest subscale is 'Collegial Nurse-Physician Relationships'. This subscale explores positive working relationships between RNs and doctors. It consists

of three items (Lake, 2002:181). This study focuses on the third subscale of nurse manager ability, leadership and support of RNs. See figure 3.1.

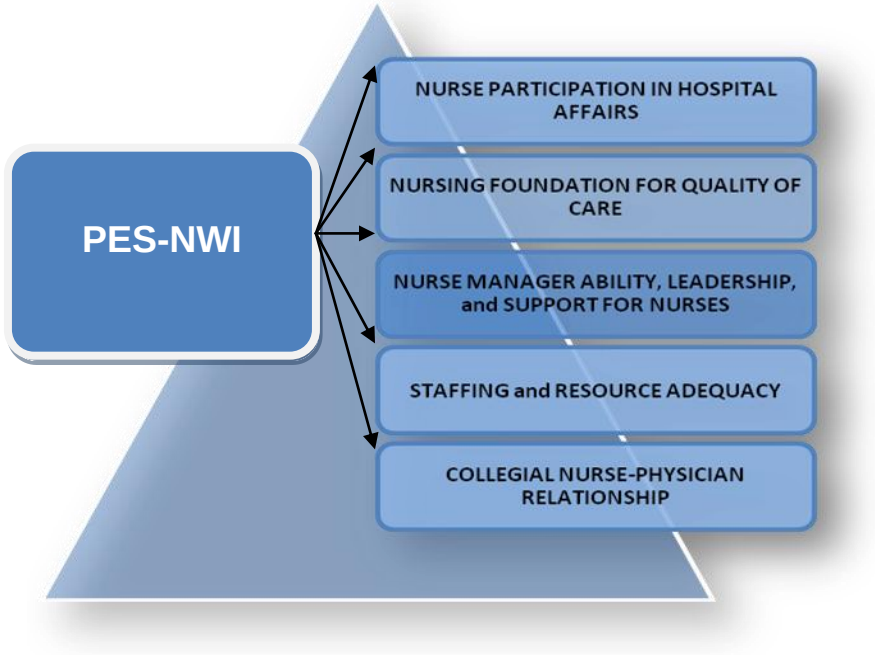

Figure 3.1: PES-NWI subscales

The following items can be found in the subscale for Nurse Manager Ability, Leadership, and Support for Nurses:

- a supervisory staff that is supportive of nurses
- a nurse manager who is a good manager and a leader
- praise and recognition for a job well done
- a nurse manager who backs up the nursing staff in decision-making, even if the conflict is with the physician

Job satisfaction was one of the concepts investigated in the study. The survey consists of one general question about job satisfaction "How satisfied are you with your current job in this hospital?". This single item was employed, because of the overlap between existing longer measures with the PES-NWI. Furthermore, nine specific aspects of the job satisfaction were measured, namely work schedule flexibility, opportunity for

advancement, independence at work, professional status, wages, education opportunity, annual leave, sick leave and study leave. The question with regard to job satisfaction had a score that ranges from 1 = very dissatisfied to 4 = very satisfied (Sermeus *et al*., 2011).

Intention to leave was one of the concepts investigated in the study. The intention to leave was measured on two point scale, either 'yes' or 'no', and the question was "If possible, would you leave your current hospital within the next year as a result of job dissatisfaction?". If participants answered that they intended to leave their place of employment in the next year as a result of job dissatisfaction, a follow-up question was asked, 'If yes, what type of work would you seek?' This item was measured on a three point scale: 'Nursing in another hospital, Nursing, but not in a hospital or Non-nursing job

3.4.1.3 Section D: About you

In section D, the demographic information of the RNs was collected. RNs were asked questions with regard to their gender, age, level of education (degree or other), the country where a nurse received basic training education, their age when they first became a professional nurse, satisfaction with nursing as a career, years worked in nursing, years in current hospital, and additional qualification in critical care nursing. The aim of the demographic information was to describe the characteristics of the RNs who participated in the study. A total of eleven questions were used and analysed in this section. They are examined in Chapter 4.

3.4.2 Population and Sampling

Population is seen as a particular type of individual or element with specific features that a research study can focus upon. Population is sometimes referred to as a target population (Burns & Grove, 2009:343, 714). Whereas sampling is a procedure used to select subjects, events, behaviours, or elements to participate in a study (Burns & Grove, 2009:35). According to Brink *et al*. (2006:125) sampling refers to a process of

selecting a certain part from the population in order to obtain information regarding a phenomenon in a way that represents the population according to researcher's interest.

The study forms part of the international collaborative research programme RN4CAST in South Africa, where surveys were distributed in both private and public sectors in six of the nine provinces of SA: Gauteng, North-West, Free State, Eastern Cape, Western Cape and Kwa-Zulu Natal. These provinces were selected for the study as most hospitals in the private sector and most national referral hospitals in the public sector were located within these provinces. The three largest private hospitals groups were invited to participate in the study, of which two hospital groups gave permission to participate. There were *n* = 83 private hospitals in the selected provinces, but only hospitals located in the urban area, with bed capacity of a 100 or more were included in the study (*n* = 55). These private hospitals were selected as the sample population, as like national referrals hospitals they were located in urban areas, and the inclusion criteria of a 100 beds or more, the day clinics/ outpatient departments and rehabilitation centres were excluded. The public sector has eight national referral hospitals in the selected provinces, two were excluded due to delay in giving ethical clearance, and in the North-West province a single provincial hospital was included in the study to ensure that all six provinces are included in the sample represented by both private and public hospitals. Within each hospital, nurses were sampled from all medical, surgical and critical care units. All bedside nurses were invited to participate. A total of 5004 surveys were distributed in the hospitals, and 2122 nurses completed the surveys, for a response rate 42.4% overall, of which 3604 surveys were distributed in the private sector (1376 completed), with a response rate of 38.2% and 1400 surveys were distributed in the public sector (732 completed) with response rate of 53.3%. Of these 2122 nurses that completed the survey, 1187 worked in medical and surgical units, and 935 nurses worked in critical care units. Of 1187 of nurses worked in medical and surgical wards, 716 worked in private hospitals and 471 worked in public hospitals (Coetzee *et al*., 2012; Klopper *et al*., 2012).

This study focused only on registered nurses working in the medical and surgical wards in the private and public hospitals in the North West and Free State Province. The population for this research study included all level three public hospitals in the Free State. The North West Province does not have a level three public hospital, only a provincial hospital which is aiming to become a level three hospital. This hospital was included as the researchers wanted to ensure that a public hospital is included from every Province sampled. In total two hospitals (*n* = 2) were included from public sector in both provinces. In the private sector, three private hospitals (*n* = 3) were included from the two major private hospital companies in both provinces. A total of 680 surveys were distributed in the hospitals, and 204 registered nurses completed the surveys, for a response rate of 33.3% overall. The total sample was 204 RNs (*n*=204) from North-West and Free State Provinces. All inclusive sampling was applied in this study. RNs in both public hospitals and private hospitals in the North-West and Free State Provinces working in the adult medical and surgical wards (*n*= 204) were included. Of the 204 RNs 100 RNs work in public hospitals and 104 RNs work in private hospitals.

Selection criteria were applied to ensure homogeneity for the registered nurse sample. They were:

- nurses registered with the South African Nursing Council (SANC) and trained as professional nurses with experience in nursing in a public or private hospital of more than one year
- registered nurses who were proficient in Afrikaans or English; the RN4CAST questionnaires are in English
- registered nurses who were permanently employed in the selected hospital or agency nursing staff and working permanently at the allocated hospitals (Klopper *et al*., 2009:9).

3.5 Data collection

Data collection is the accurate, organized gathering of information significant to the research aim or the specific question, objective, or hypothesis of a study. Collection of data in quantitative studies is usually numerical (Burns & Grove, 2009:43). In this study the RN4CAST project collected data by method of a project team. The project team consisted of a project manager who was responsible for the administration, consultation and smooth running of the project, as well as research assistants (the role that the researcher of this study performed) and field workers. The procedure for data collection is in the next paragraph.

3.5.1 Procedure for data collection

Data collection followed two different processes to accommodate the dual health-care system in South Africa. The RN4CAST project manager made appointments with the Chief Executive Officer (CEO) and nurse managers of each hospital, in both the private and public sector, to explain the RN4CAST programme and its roll out. In the private hospitals, a hospital employee (nurse) was appointed by the management of the hospital to manage data collection under supervision of a project manager. The project manager orientated the fieldworker to the RN4CAST programme and trained the fieldworker in the distribution and collection of the surveys. The fieldworker delivered the surveys to all nurses in the selected ward. Nurses returned the survey to the fieldworker within one week. In the public hospitals data collection was conducted by the project team. The public hospital did not have the available human resources to appoint the hospital employee (nurse) within the hospital to assist in the distribution and collection of surveys. The project team delivered the surveys to all nurses in the selected wards on the morning of data collection, and collected the completed surveys approximately six hours later. No incentives were offered for participation. Participants gave consent by completing and returning the survey. The fieldworkers in the private hospitals and project team in the public hospitals informed each participant that the survey was voluntary. The voluntary nature of the survey was also conveyed to the

participants in writing, with each survey including an information leaflet about the purpose of the project, the voluntary nature of participation, as well as the proposed measures to ensure confidentiality and anonymous responses. The questionnaires were taken to North-West University (Potchefstroom campus) where they were coded by the project managers, recorded and submitted to the statistical services for data capturing and analysis.

3.6 Data Analysis

Both descriptive (means, standard deviations, Cronbach's coefficient, Spearman's rank order, cross-tabs and percentages) and inferential statistics (statistical significance) were used in the study to analyse data. In the RN4CAST programme the raw data was entered and captured into computer software EpiData by the NWU statistical consultation services. EpiData is the software that is used to capture and enter programmed data into a computer, it has optimised documentation and error detection features. The data is analysed using the computer software statistical programme for social sciences (SPSS). SPSS is the computer programme that is used to analyse data. It allows for in-depth data access and preparation, analytical reporting and modelling (Polit, 2010). A detailed discussion of data analysis is in chapter 4.

3.7 Rigour

Rigour is the umbrella term used to cover all strategies making the research trustworthy, including validity and reliability (Klopper & Knobloch, 2010:318). According to Burns and Grove (2009:34), rigour in quantitative research strives for precise measurement methods, representative samples and tightly controlled study designs. The next paragraph discusses rigour in terms of the validity and reliability of the instrument used in the study.

3.7.1 Validity and reliability of the instrument

Validity and reliability are two key components to be considered when evaluating the study instrument. The validity of the instrument, according to Burns & Grove (2009:727), refers to the degree to which the instrument actually reflects the abstract construct being examined. Validity is defined simply as whether the instrument accurately measures what you are intending to measure (Maltby *et al*., 2010:245; Brink *et al*., 2006:159). Reliability is concerned with the consistency of the measuring instrument. The instrument is said to be reliable when the same measurement scale can be used to measure the same individuals at two different times, and the findings remain the same (Burns & Grove, 2009:377). The RN4CAST questionnaire was used as the measuring instrument in this study.

3.7.1.1 RN4CAST questionnaire

The validity of the RN4CAST questionnaire was determined by an international pilot study done in Belgian hospitals in 2009. The predictive validity of the instrument used in the International Hospital Outcome Study (IHOS) was used in preparing the nurse survey questionnaire that was used in the RN4CAST project. The sample of 179 nurses had response rates that ranged from 67% to 79% across hospitals. Therefore, the International Hospital Outcome Study (IHOS) nurse survey questionnaire used in the RN4CAST project was a strong and psychometrically sound instrument. From this study it was concluded that the RN4CAST questionnaire was a valid and psychometrically sound instrument to use (Bruyneel *et al*., 2009). The RN4CAST has been validated for allowing measurement, evaluation, and comparison of nursing work environment factors that influence the work force (Bruyneel *et al*., 2009).

Reliability of the RN4CAST project was determined while the predictive validity of an International Hospitals Outcome Study was taking place. The IHOS and other studies presented remarkable consistency

3.7.1.2 Practice Environmental Scale of the Nurse Work Index (PES-NWI)

In the PES-NWI, to prepare for validity and reliability testing, a mean score of each subscale was calculated for each nurse respondent (Lake, 2002:179). The different types of validity that are applicable to this study are discussed below.

Face validity means that the instrument appears to measure what it is supposed to measure (Brink *et al*., 2006:160). The instrument looked like it had the capacity to measure the content it was supposed to measure (Burns & Grove, 2009:381). The Revised Nurse Work Index (NWI-R), used to describe the factors affecting job satisfaction and patient quality of care, was verified by a staff nurse, a nurse manager, two nursing directors, and the physician (Bruyneel *et al*., 2009).

Content validity refers to an assessment of how well the instrument represents all the components of the variables to be measured (Brink *et al*., 2006:160). According to Burns and Grove (2009:381), the content validity is evident when the information is obtained from literature, representative of the population, or content experts. In the PES-NWI, the content validity was assessed by three of four original magnet study researchers (Lake, 2002:177). The five subscale structure provides a profile of the key domains in the nursing practice environment of the original magnet hospital. Four domains matched core questions in the original magnet hospital interviews, suggesting that there was content validity that represented aspects of the practice environment in the NWI item set (Lake, 2002:184).

Construct validity, according to Burns and Grove (2009:224), determines whether the instrument definitely measures the theoretical constructs that it claims to measure. It measures the relationship between the instrument and the related theory, and is also useful for measures of traits or feelings (such as generosity, anxiety, satisfaction, happiness, pain and such like) (Brink *et al*., 2006:162). The construct validity of the subscale and the composite as measures of the nursing practice environment was evaluated by comparing the score of nurses in the non-magnet hospital sub-samples (Lake, 2002:180). It was found that a mean subscale and composite score for a nurse

in a magnet hospital was significantly higher than nurse in a non-magnet hospital (Lake, 2002:182).

Criterion validity refers to whether the instrument measures what it is supposed to measure by comparing it to the other measures that are known to be valid (Brink *et al*., 2006:160). In the PES-NWI measuring tool, the PES was developed from the NWI and the aim was to develop a parsimonious, psychometrically sound scale with empirical derived subscale (Lake, 2002:177). During the PES-NWI development, the scores between the magnet and non-magnet hospital were compared. It was found that during comparison the score of the magnet hospitals were significantly higher than non-magnet hospitals.

According to Brink *et al*. (2006:163), reliability refers to the degree to which an instrument can be depended upon to produce repeatable results when used over time on the same subject, or when used by two different researchers. The instrument reliability depends on correlation measure that varies between 0 and 1. The closer the measure is to 1 the higher the reliability, and the closer the correlation to 0 the lower the reliability. At 0 there is no reliability. Internal consistency, also known as 'homogeneity', addresses the extent to which all items on the instrument measures the same variable. The Cronbach's alpha coefficient is the frequently used measure for reliability (Brink *et al*., 2006:164).

In the PES-NWI survey, the reliability assessment shifts from the traditional focus on consistency across items within an instrument to whether the nurses give consistent responses within a hospital (Lake, 2002:179). Internal consistency reliability at the nurse level was judged by Cronbach's alphas using a criterion of 0.80 (Lake, 2002:180). It was found that the internal consistency of PES-NWI measure was high for both individual and hospital levels. Consistency was assessed by inter-item correlations of response aggregated to the hospital. The reliability of the hospital level measures was strong, with average inter-item correlation of 0.64-0.91 (Lake, 2002:182). In SA, Cronbach's coefficient of the PES-NWI subscales 1- 5 was 0.74, 0.83, 0.76, 0.76, and

0.88 respectively (Coetzee et al., 2012). In this study, subscale 3 was used and the Cronbach's coefficient was 0.71.

3.8 Ethical considerations

Ethical considerations were discussed in detail in Chapter 1 (refer to chapter 1.10).

3.9 Summary

In this chapter the details of research design and method used in this study were discussed. This included an examination of the instrument used and procedure of how data was collected using RN4CAST questionnaire. The validity and reliability of the RN4CAST and PES-NWI instruments used were investigated. The chapter concluded with ethical considerations maintained throughout the research study. A discussion of the analysis and results of the study are in the next chapter.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1 Introduction

Data analysis reduces, organizes and gives meaning to data and is mainly determined by the research objectives, questions or hypotheses, the research design and the level of measurement achieved by the research instrument (Burns & Grove, 2009:44). In this chapter the analysis and interpretation of findings will be discussed. An overview of the statistical analysis is provided, and the findings of the study with regard to participant demographics, description of the variables (leadership, job satisfaction and intention to leave), including the relationship between these variables, are examined.

4.2 Statistical analysis

Data for the RN4CAST programme was captured using the computer programme EpiData 3.1 (Lauritsen, 2008) and analyzed using SPSS 16.0 (SPSS Inc., 2009). Descriptive and inferential statistics (mean, frequency, percentages, standard deviations, Cronbach's alpha coefficient, statistical significance, practical significance, Spearman's rank order correlation and cross-tabs) were computed to describe, summarise and explore the central tendency, variability and relationship of and between the variables.

The mean is used as an indicator for central tendency and is statistically known as an arithmetical average of all the scores in a distribution (Polit, 2010:41). Burns and Grove (2009:472) describe the mean as the sum of the scores divided by the number of the scores being added. It is used to indicate the average score of the study population on a questionnaire.

Frequency refers to number of times that a result occurs, and is obtained by basically counting the occurrence of scores or values represented in the data (Brink *et al*., 2006:172).

Percentage refers to a statistic that represents a certain portion of the total group, expressed as the number of parts per 100 (Brink *et al*., 2006:206).

The standard deviation (SD) is the distances of all individual scores from the mean. The larger the standard deviation, the more spread out the score for the mean of the distribution (Brink *et al*., 2006:178). Burns and Grove (2009:474) describe the standard deviation as the 'average' difference of the score from the mean in a certain sample. It indicates the degree of error if the mean alone was used to interpret the data.

The Cronbach's alpha-coefficient is used to measure the reliability of items used in a questionnaire. This measure is indicative of the extent to which all the items measure the same characteristics. The normal values for the Cronbach's alpha-coefficient are between 0.00 and 1.00 (Polit, 2010:354). According to Burns and Grove (2009:377), a Cronbach's alpha-coefficient value of 0.70 is considered acceptable.

The statistical significance (Sig [Two-tailed] value or p-value) indicates that the results obtained in analysis of the sample data are unlikely to be the result of chance (Polit, 2010:408). However, statistically significant results are not necessarily significant in practice (Burns & Grove, 2009:559). This value indicates if there is a statistically significant association between two variables. The association is said to be statistically significant when the p- value is < 0.05. If it happens that the p-value is > 0.05 then there is no statistically significant association between the variables (Polit, 2010:101).

The practical significance, also referred to as effect sizes, is used to determine the importance of differences in the sample population (Steyn, 2009:1). Cohen (1988) gives the following guidelines for the interpretation of this effect size: (a) small practical difference: $d = 0.1$, (b) medium practical difference: $d = 0.3$, (c) large practical difference: $d = 0.5$.

The correlation coefficient is used to determine the magnitude and direction of the relationship between two variables (Polit, 2010:71). The relationship can be either positive or negative. The correlation coefficient values range from -1 through to +1. Negative values indicate an inverse relationship between the variables, while positive values indicate that the variables increase or decrease together. A correlation coefficient of 0 indicates that there is no relationship between the variables. The closer the value to the +1 (positive correlation) or to -1 (negative correlation) the more accurate the prediction that one variable relates to another (Burns & Grove, 2009:480). The correlation coefficient value of 0.1 is a small correlation, 0.3 is a medium correlation and 0.5 is a large correlation. The Spearman's rank-order correlation was used as the variables were measured on ordinal scales (Polit, 2010:794).

A cross-tab allows visual comparison of the relationship of two variables, where one or more variables are nominal data. In this study, use was made of a 2x4 cross tab to visually compare the relationship between intention to leave (two categories) and the variables leadership and job satisfaction (four categories).

4.3 Participants' demographics

The demographic data of the registered nurses was extrapolated from Section D of the RN4CAST questionnaire. Only demographic data that was applicable to this study was analyzed. The following demographic data are discussed: gender of RNs, level of education, employment status, age of RNs, years worked as a registered nurse and years worked in present hospital.

Table 4.1: Gender of RNs (n=204)

Gender	Frequency	(%)
Female	193	94.6
Male	8	3.9
Missing	3	1.5
Total	204	100

Figures are rounded off to the nearest decimal place

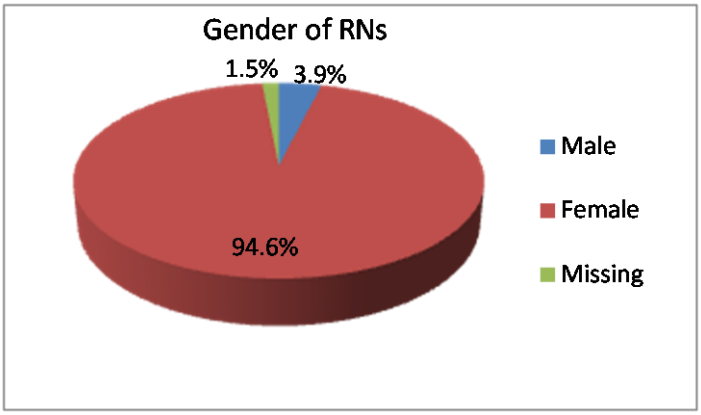

Figure 4.1: Gender of RNs

Table 4.1 and Figure 4.1 show that 94.6% (193/204) of respondents are females, and 3.9% (8/204) are males. These findings are in line with national and provincial data, in that nursing is a female dominant profession, although nationally and provincially the male population was two to three times that of the current sample. Nationally statistics show that 109 332 RNs are female and 8 930 RNs (7.6%) are male. In North-West province, 7 094 RNs are female and 884 RNs (11.1%) are male and in the Free State province 6 744 RNs are female and 879 RNs are male (11.5%) (SANC, 2011).

Table 4.2: Level of education of RNs (n=204)

Level of education	Frequency	(%)
Degree	39	19.1
Diploma	158	77.5
Missing	7	3.4
Total	204	100

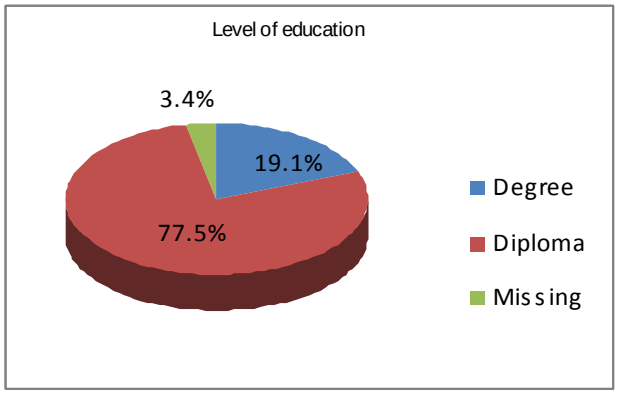

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Figure 4.2: Level of education of RNs

It is clear from Table 4.2 and Figure 4.2 that most registered nurses have a diploma (77.5%). This finding is in line with national data, as most RNs in South Africa have a diploma in nursing. Focusing on the 2011 output of RNs, 590 (19%) of RNs graduated from universities, as compared to 2376 RNs from colleges (SANC, 2011).

Table 4.3: Employment status of RNs (n=204)

Working in hospital	Frequency	(%)
Full-time	195	95.6
Part-time	6	2.9
Missing	3	1.5
Total	204	100

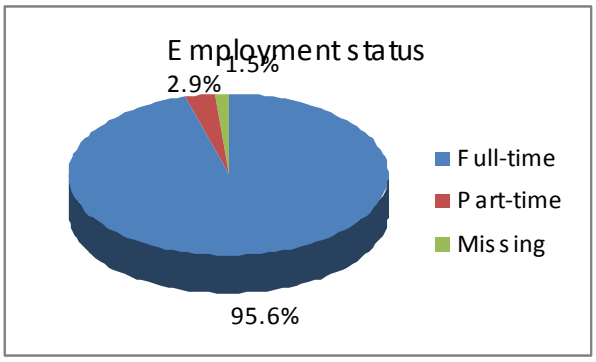

Figure 4.3: Employment status of RNs

Most RNs 195/204 (95.6%) were permanently employed, and only 6/204 (2.9%) were part-time employees (refer to Table 4.3 and Figure 4.3).

Table 4.4: Ages of RNs (n=204)

Age group	Frequency	(%)
20-29	24	12.4
30-39	48	24.9
40-49	67	34.7
50-59	45	23.3
60-69	9	4.7
Total	204	100

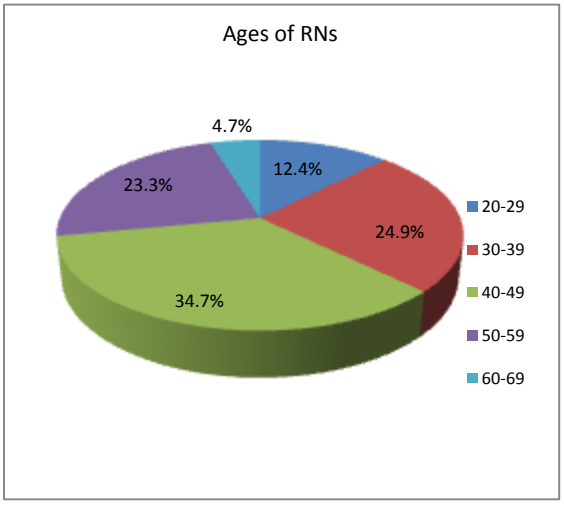

Figure 4.4: Ages of RNs

Participants' ages ranged from 23 to 69 years of age. The mean age of participants was 42.5 years (SD = 9.9). The largest proportion of participants (34.7%) were in the age group 40 to 49 years, while the smallest proportion of participants (4.7%) were in the age group 60 to 69 years (see Table 4.4 and Figure 4.4). These findings are in line with national statistics, where the largest single proportion of RNs were in the age group 40 to 49 years (30%) and 50 to 59 years (30%), and the smallest number of participants (3%) were in the age group of above 69 years. The ages of RNs in the North-West and Free State provinces showed the same trend.

Table 4.5: Number of participants in participating hospitals (n=204)

Hospitals	Frequency	(%)
Private	104	51
Public	100	49

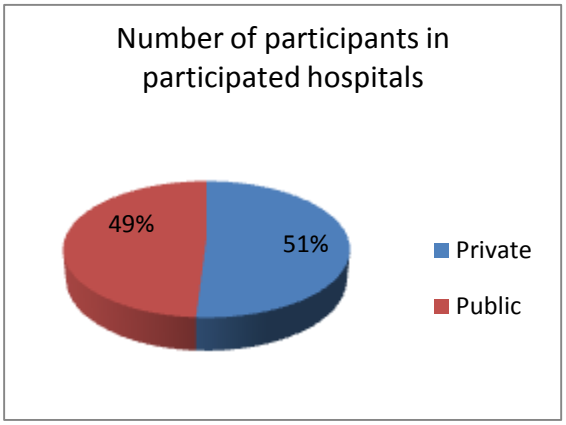

Figure 4.5: Number of participants in participated hospitals

Table 4.5 and Figure 4.5 indicate that private and public hospitals were equally presented by the participants in this study.

Table 4.6: Years worked as RN (n=204)

Years	Frequency	(%)
0-5	45	22.1
6-10	36	17.7
11-15	20	9.8
16-20	30	14.7
21-25	25	12.3
26-30	19	9.3
31-35	10	4.9
36-40	3	1.5
41-45	1	0.5
Missing	15	7.4
Total	204	100

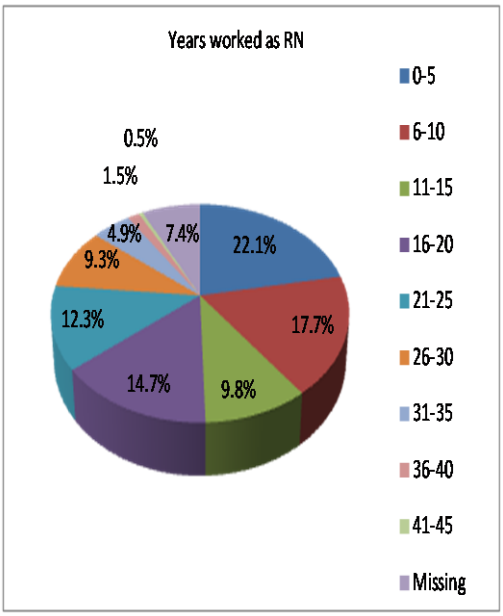

Figure 4.6: Years worked as RN

Participants have worked as RNs from 1 to 45 years. The mean number of years worked as a RN were 15.2 years (SD = 10.3 years). Table 4.6 and Figure 4.6 show that the single largest proportion of RNs (22.1%) worked for 0-5 years, followed by 17.7% of RNs that worked for 6-10 years. It is noteworthy, that almost 40% of RNs have worked for 10 years or less. This may signify that once RNs have gained sufficient experience they leave the medical and surgical wards to work in other specialties, or may even leave the hospital, province, country or nursing as a profession.

Table 4.7: Years worked in present hospital (n=204)

Years	Frequency	(%)
0-5	73	35.8
6-10	44	21.6
11-15	32	15.7
16-20	18	8.8
21-25	10	4.9
26-30	5	2.5
31-35	1	0.5
36-40	2	1
Missing	19	9.3
Total	204	100

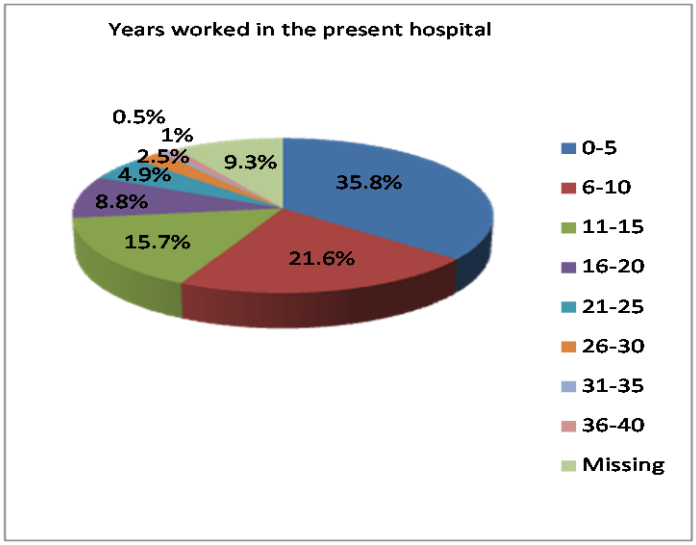

Figure 4.7: Years worked in present hospital

Participants worked between 0 to 40 years at their present hospital, with the mean number of years worked in the present hospital being 9.8 years (SD = 7.8). The largest single proportion of RNs (35.8%) worked 0 to 5 years in their present hospital, followed by 21.6% of RNs that worked 6 to 10 years in their present hospital (see Table 4.7 and Figure 4.7). From that point on, the RNs working in their present hospital, decreases by almost 50 per cent with every five years they remain in the same hospital. As above, this may indicate that once RNs have gained sufficient experience they may leave the medical-surgical ward, hospital, province, country or nursing as a profession.

4.4 Description of variables in this study

In the following section the variables of leadership, job satisfaction and intention to leave will be discussed.

4.4.1 Leadership

The leadership subscale of the revised PES-NWI consists of four items, namely i) supervisory staff that is supportive of the nurse, ii) a nurse manager who is a good manager and a leader, iii) praise and recognition for a job well done, and iv) a nurse manager who backs up staff in decision-making, even if the conflict is with the physician. In international studies, the Cronbach's alpha coefficient for this subscale was between 0.63 and 0.84 (Bruyneel *et al*., 2009). In the national RN4CAST study the Cronbach's alpha coefficient for this subscale was 0.86 (Klopper *et al*., 2012). In this study, the Cronbach's alpha coefficient was 0.71, which means this is a reliable subscale to measure the variable of leadership in this study.

In Table 4.8 the percentages, frequency (in brackets), the mean and standard deviation for each of these items of the leadership subscale are presented.

Table 4.8: Leadership (n=204)

Item no	Item	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Missing	Mean	SD
A_1_3	A supervisory staff that is supportive of nurses	10% (20)	19% (38)	51.5% (103)	19.5% (39)	4	2.81	0.87
A_1_10	A nurse manager who is a good manager and leader	6.9% (14)	17.3% (35)	39.6% (80)	36.1% (73)	2	3.05	0.90
A_1_14	Praise and recog-nition for a job well done	18.9% (38)	36.8% (74)	31.8% (64)	12.4% (25)	3	2.38	0.93
A_1_22	A nurse manager who backs up the nursing staff in de-cision-making, even if the conflict is with the physician	14.1% (28)	20.1% (40)	36.7% (73)	29.1% (58)	5	2.81	1.01

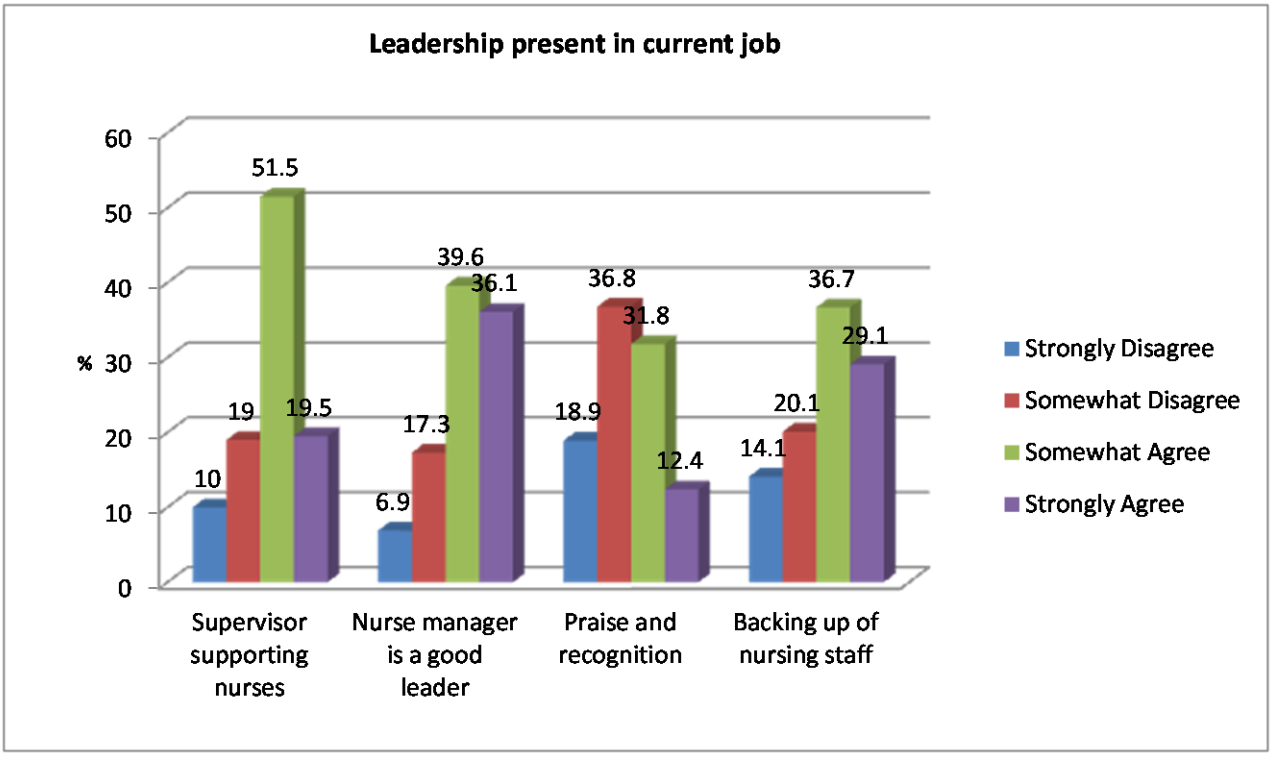

Figure 4.8: Leadership present in the current job

According to the findings in Table 4.8 and Figure 4.8, the largest single proportion of participants, 71.0% (142/204), agree and strongly agree that their supervisors are supportive of nurses. With regard to item 2, the largest single proportion of participants, 75.7% (153/204), agree and strongly agree that their nurse managers are good leaders and good managers However, with regard to nurse managers giving praise and recognition for a job well done, the largest single proportion of participants, 55% (112/204), disagree and strongly disagree with this item. In the final item, the largest single proportion of participants, 65.8% (131/204), agree and strongly agree that their nurse managers back up the nursing staff in decision-making, even if the conflict is with a physician. Therefore, from the above findings it is clear that leadership in medical and surgical units in the North-West and Free State provinces is effective, except for one item – nurse managers do not give praise and recognition for a job well done. However the mean for the entire leadership subscale is 2.89 (SD = 0.63) which is indicative that the requisite features of this subscale are present in the current practice environment (Lake, 2002).

4.4.2 Job satisfaction

Overall job satisfaction was measured with a single item that ranged from 1 'very dissatisfied' to 4 'very satisfied'. Published reliability coefficients for single-item overall job satisfaction are in the range of 0.70-0.80 (Wanous *et al*., 1997; Sermeus *et al*., 2011). Also career satisfaction or satisfaction with nursing as a career is measured with a single item that ranged from 1 'very dissatisfied' to 4 'very satisfied'. In addition in this study, 9 specific aspects of job satisfaction were measured, but these are discussed later in this section (see Table 4.11 and Figure 4.11, Table 4.12 and Figure 4.12).

In Table 4.9 the percentages, frequency (in brackets), mean and standard deviation of overall job satisfaction is presented.

Table 4.9: Job satisfaction (n=204)

Item no	Item	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	Missing	Mean	SD
A_2	How satisfied are you with your current job in this hospital?	12.5% (25)	17% (34)	55% (110)	15.5% (31)	4	2.74	0.87

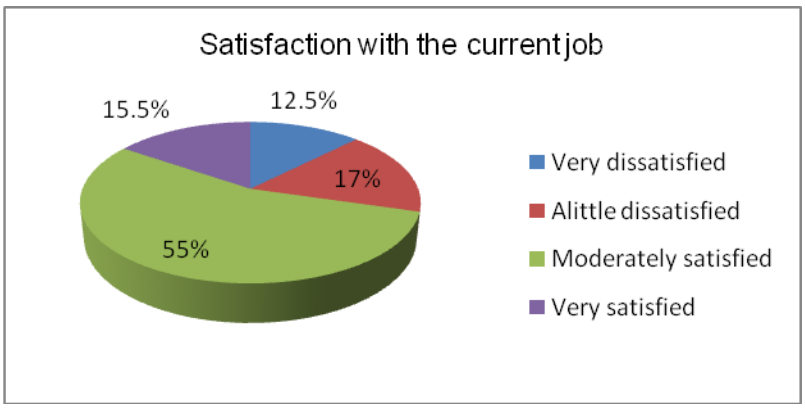

Figure 4.9: Satisfaction with the current job

It is clear from Table 4.9 and Figure 4.9 that more participants are satisfied 70.5% (141/204) with their current job, than participants that are dissatisfied 29.5% (59/204).

These findings are in line with national data, where it was found that 32.2% of South African medical and surgical registered nurses experienced dissatisfaction with their jobs (Coetzee *et al*., 2012). However, this remains a disconcerting finding when you consider that almost a third of participants in this study are dissatisfied with their current job.

Table 4.10: Satisfaction with nursing as a career (n=204)

Item no	Item	Very satisfied	Moderately satisfied	Little dissatisfied	Very dissatisfied	Missing	Mean	SD
D_7	Satisfaction with nursing as a career of choice	47.1% (96)	31.9% (65)	9.8% (20)	8.3% (17)	2.9% (6)	3.21	0.943

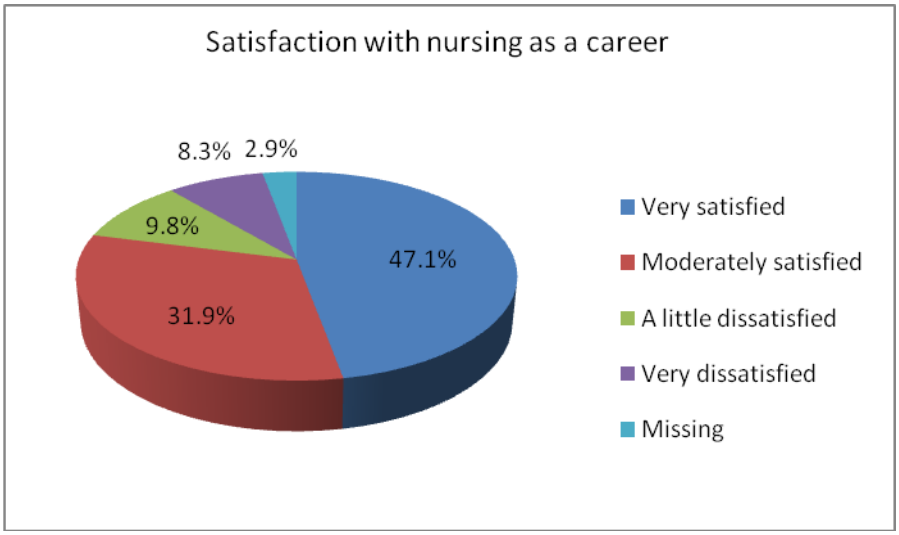

Figure 4.10: Satisfaction with nursing as a career

Interestingly, Table 4.10 and Figure 4.10 show that the majority of participants, 81.3% (161/204) were satisfied with nursing as a career of choice, while only 18.9% (37/204) were dissatisfied with nursing as a career of choice (see Table 4.10 and Figure 4.10). It is alarming to realize that almost a fifth of participants are dissatisfied with nursing as a

career, however this finding may also explain the high incidence of job dissatisfaction, in that participants experience job dissatisfaction because they do not enjoy nursing.

The nine aspects of job satisfaction that were measured include satisfaction with work schedule flexibility, opportunities for advancement, independence at work, professional status, wages, educational opportunities, annual leave, sick leave and study leave. An exploratory factor analysis was conducted on these nine aspects and items loaded on two subscale (Klopper *et al*., 2012). The first subscale identified was professional advancement and reward, and included the following aspects: satisfaction with work schedule flexibility, opportunities for advancement, independence at work, professional status, wages and educational opportunities. The second subscale identified was leave and included the following aspects: satisfaction with annual leave, sick leave and study leave (Klopper *et al.*, 2012). Each of these two subscales is discussed below. Table 4.11 and Figure 4.11 present the results of job satisfaction: professional advancement and rewards while Table 4.12 and Figure 4.12 present the results of job satisfaction: leave. The Cronbach's alpha coefficient for job satisfaction showed: professional advancement and reward was 0.82 and leave: 0.77.

In Table 4.11 the percentages, frequency (in brackets), mean and standard deviation for each of these aspects is presented.

Table 4.11: Job satisfaction: Professional advancement and rewards (n=204)

Item no	Item	Very dissatisfied	Moderately dissatisfied	Moderately satisfied	Very satisfied	Missing	Mean	SD
A_4_1	How satisfied are you with work schedule flexibility?	7% (14)	11.6% (23)	56.3% (112)	25.1% (50)	5	2.99	0.81
A_4_2	How satisfied are you with opportunity for advancement?	15.2% (30)	24.9% (49)	44.7% (88)	15.2% (30)	7	2.60	0.92
A_4_3	How satisfied are you with independence at work	7.0% (14)	10.6% (21)	47.2% (94)	35.2% (70)	5	3.11	0.86

Item no	Item	Very dissatisfied	Moderately dissatisfied	Moderately satisfied	Very satisfied	Missing	Mean	SD
A_4_4	How satisfied are you with professional status?	5.7% (11)	14.4% (28)	49.5% (96)	30.4% (59)	10	3.05	0.82
A_4_5	How satisfied are you with wages?	30.7% (62)	19.3% (39)	39.6% (80)	10.4% (21)	2	2.30	1.02
A_4_6	How satisfied are you with educational opportunities?	20.8% (41)	13.3% (26)	43.1% (85)	22.8% (45)	7	2.68	1.05

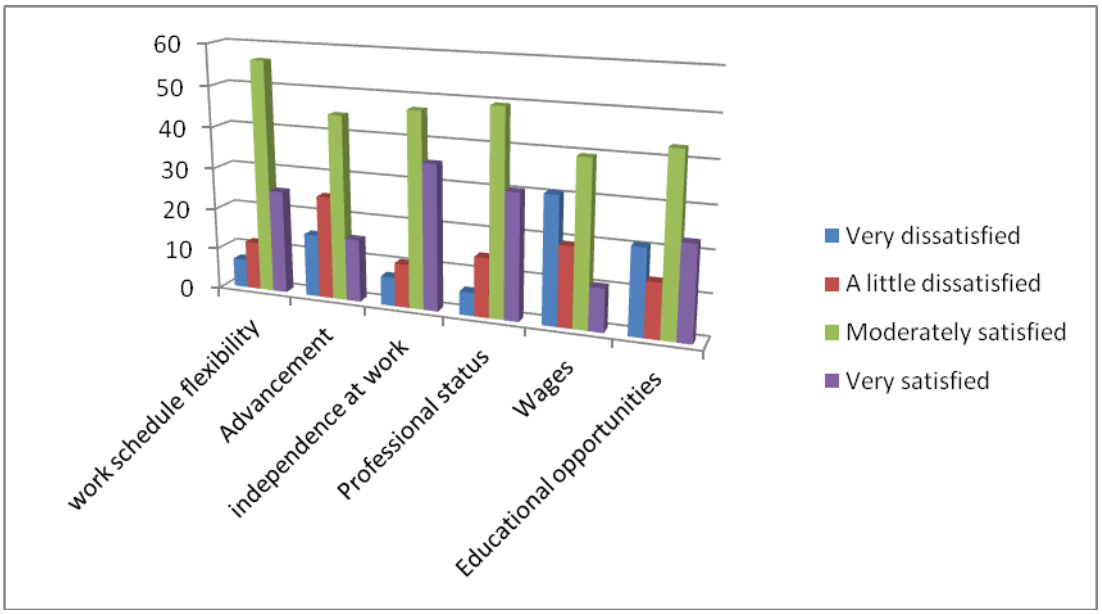

Figure 4.11: Job satisfaction: Professional advancement and rewards

Table 4.11 and Figure 4.11 show that overall participants are more satisfied with professional advancement and reward. Positive findings confirm that most participants, 81.4% (162/204), are satisfied with their work schedule flexibility, compared to participants who are dissatisfied 18.6% (37/204). Most participants are satisfied, 82.4% (164/204), with independence at work, compared to participants that are dissatisfied, 17.6% (35/204). Also, more participants are satisfied, 79.9% (155/204), with professional status than are dissatisfied, 20.1% (39/204). The greatest dissatisfaction

experienced is with wages, where 50% (101/204) of participants expressed dissatisfaction (M = 2.30). This was proceeded by opportunity for advancement (M = 2.60), where 40.1% (79/204) of participants were dissatisfied and finally educational opportunities (M = 2.68), where 34.1% (67/204) of participants expressed dissatisfaction. The national RN4CAST study focused at the critical care nurses (CCNs) highlighted dissatisfaction with these same three aspects. Interestingly, satisfaction with opportunities for advancement was lower amongst participants in this study than CCNs in the national RN4CAST study, which could be interpreted that medical and surgical RNs feel that they have less opportunity for advancement than CCNs (Klopper et al., 2012).

In Table 4.12 the percentages, frequency (in brackets), mean and standard deviation of each of the aspects are presented.

Table 4.12: Job satisfaction: Leave (n=204)

Item no	Item	Very dissatisfied	Moderately dissatisfied	Moderately satisfied	Very satisfied	Missing	Mean	SD
A_4_7	How satisfied are you with annual leave?	7.5% (15)	13.1% (26)	46.2% (92)	33.2% (66)	5	3.05	0.88
A_4_8	How satisfied are you with sick leave?	11.1% (22)	17.3% (34)	40.1% (79)	31.5% (62)	7	2.92	0.97
A_4_9	How satisfied are you with study leave?	24.7% (49)	16.2% (32)	37.9% (75)	21.2% (42)	6	2.56	1.08

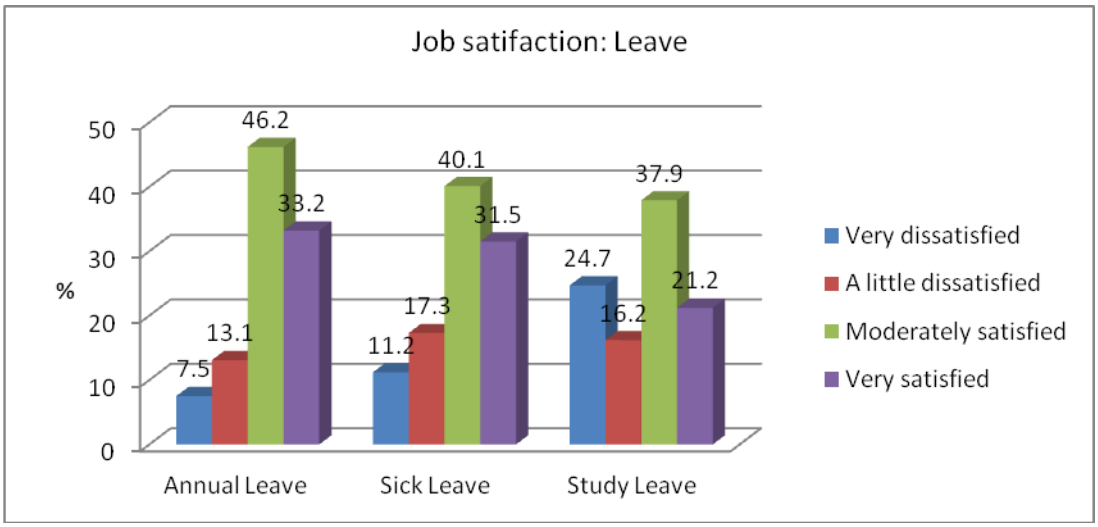

Figure 4.12: Job satisfaction: Leave

Table 4.12 and Figure 4.12 show that overall participants are satisfied with their leave. Most participants were satisfied, 79.4% (158/204), with annual leave, as compared to those participants who were dissatisfied, 20.6% (41/204). Most participants were satisfied, 71.6% (141/204), with sick leave, as compared to those participants who were dissatisfied 28.4% (56/204). However, almost two-fifths of participants 40.9% (81/204), were dissatisfied with study leave.

A final two questions were asked to determine RNs feelings about their current place of employment namely 'Would you recommend your hospital to a nurse colleague as a good place to work?' and 'Would you recommend your hospital to your friends and family if they needed hospital care?' These items were measured on a four point scale from 1 'definitely no' to 4 'definitely yes'.

In Table 4.13 the percentages, frequency (in brackets), mean and standard deviation for recommending your hospital are presented.

Table 4.13: Recommending your hospital (n=204)

Item no	Item	Definitely no	Probably no	Probably yes	Definitely yes	Missing	Mean	Standard deviation
A_7	Would you recommend your hospital to a nurse colleague as a good place to work?	12.9% (26)	12.9% (26)	52.7% (106)	21.4% (43)	1.5% (3)	3.83	0.91
A_8	Would you recommend your hospital to your friends and family if they needed hospital care?	6.5% (13)	12.9% (26)	43.3% (87)	37.3% (75)	3	3.11	0.87

Table 4.13 shows a very positive trend in that most participants would recommend their hospital 74.1% (149/204) to a nurse colleague as a good place to work, and also most participants 80.6% (162/204), would recommend their hospital to their friends and family if they needed hospital care. However, it is important to highlight that a quarter (25.8%) of RNs would not recommend their hospital to a nurse colleague as a good place to work.

4.4.3 Intention to leave

Intention to leave was one of the concepts included in this study. Intention to leave was measured on a two point scale, either 'yes' or 'no'.

In Table 4.14 the percentages and frequency (in brackets) of this item are presented.

Table 4.14: Intention to leave (n=204)

Item no	Item	Yes	No	Missing
A_5_a	If possible would you leave your current hospital as a result of job dissatisfaction?	46.1% (94)	52.9% (108)	1% (2)

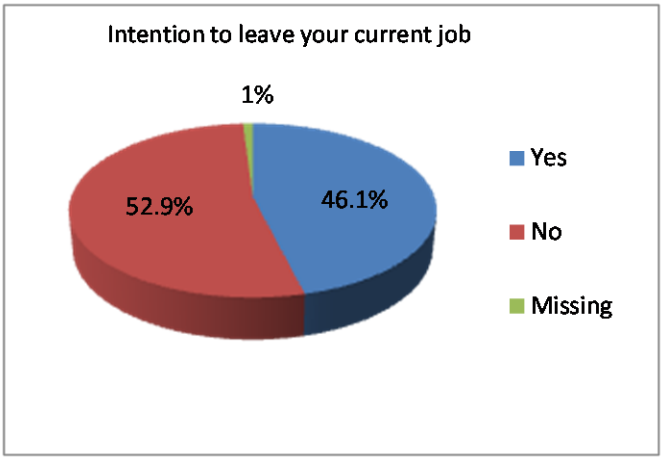

Figure 4.13: Intention to leave your current hospital

Table 4.14 and Figure 4.13 presents a disheartening finding, with almost half, 46.1% (94/204), participants indicating that as a result of job dissatisfaction they intend to leave their job in the current hospital within the next year. It is worrisome to know that only 29.5% of participants indicated that they were dissatisfied with their job (see Table 4.9) and 18.9% (see Table 4.10) indicated that they were dissatisfied with their career choice, yet almost half of nurses intend to leave their current employment within the next year as a result of job dissatisfaction.

If participants answered that they intended to leave their place of employment in the next year as a result of job dissatisfaction, a follow-up question was asked, 'If yes, what type of work would you seek?' This item was measured on a three point scale: 'Nursing in another hospital, Nursing, but not in a hospital or Non-nursing'.

In Table 4.15 the percentages and frequency (in brackets) for type of work that the RN would seek are presented.

Table 4.15: Type of work you would seek (n=94)

Item number	Item	Nursing in another hospital	Nursing, but not in a hospital	Non-nursing
A_5_b	If yes, what type of work would you seek?	28% (26)	49.5% (47)	22.4% (21)

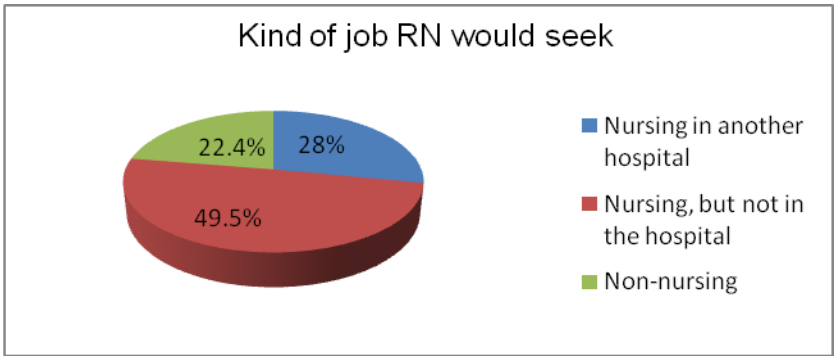

Figure 4.14: Kind of job the RN would seek

With regard to the kind of job that RNs would seek if they would leave their current hospital, only 28% would continue nursing in a hospital, the largest single majority would continue nursing, but not in a hospital setting. The 22.4% who would seek non-nursing employment could be explained in part by 18.9% (see Table 4.10) that were dissatisfied with their career choice. The above finding paints a bleak picture, when you consider that 46.1% of the participants intend to leave their current hospital within the next year as a result of job dissatisfaction and of that number, less than a third (28%) will continue to nurse in a hospital.

Another question in relation to intention to leave was asked, namely: 'If you were looking for another job, how easy do you think it would be for you to find an acceptable job in nursing?' This item was measured on a four point scale ranging from 1 'very difficult' to 4 'very easy'.

The percentages, frequency (in brackets), mean and standard deviation for the item to find an acceptable job in nursing are presented in Table 4.16.

Table 4.16: To find an acceptable job in nursing (n=204)

Item number	Item	Very difficult	Fairly difficult	Fairly easy	Very easy	Missing	Mean	Standard deviation
A_6	If you were looking for another job, how easy do you think it would be to find an acceptable job in nursing?	7.8% (16)	14.2% (29)	38.2% (78)	34.3% (70)	5.4% (11)	3.05	0.92

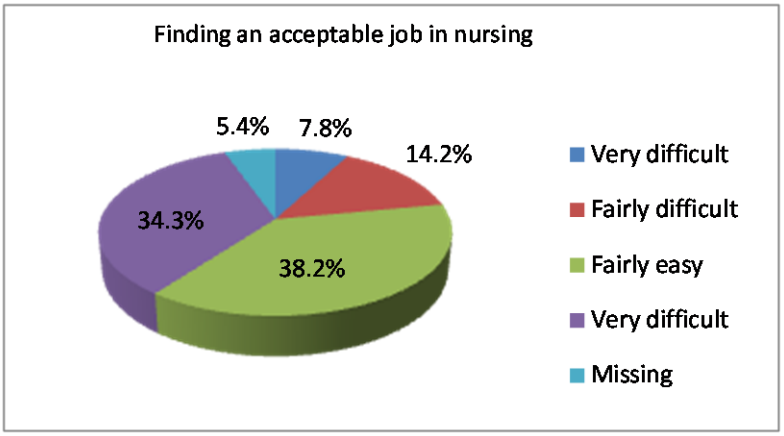

Figure 4.15: Finding an acceptable job in nursing

Most participants 72.5% (148/204) felt that it will be easy to find an acceptable job in nursing, with only 22% (45/204) feeling that it would be difficult (see Table 4.16 and Figure 4.15*)*. This may suggest that there are many vacancies in medical and surgical wards in South Africa.

4.4.4 Relationship between leadership and job satisfaction of RNs

The correlation among leadership and job satisfaction is presented in this section. The correlation matrix in Table 4.17 represents the leadership subscale of the PES-NWI-revised in relation to overall job satisfaction, the nine aspects of job satisfaction and recommending the hospital to nurse colleagues, and friends and family. The p-value presents the statistical significance of the variables, whereas the correlation coefficient presents the magnitude, direction, and strength of the relationship between the variables.

Table 4.17: Relationship between leadership and job satisfaction

		Leader-ship	Satisfac-tion with current job	Work sche-dule flexibi-lity	Opportuni ties for advance-ment	Indepen dence at work	Profes-sional status	Wages	Educa-tional oppor-tunities	Annual leave	Sick leave	Study leave	Recom-mending your hos-pital to a fellow colleague as a good working place	Recom-mending your hos-pital to your family & friends for hospital care
Leadership	Correlation Coefficient	1.000	.469**	.348**	.402**	.359**	.359**	.335**	.331**	.347**	.396**	.338**	.441**	.408**
	Sig. (2-tailed)	.	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	203	199	198	196	198	193	201	196	198	196	197	200	200
Satisfaction with current job	Correlation Coefficient	.469**	1.000	.416**	.464**	.438**	.398**	.444**	.439**	.317**	.379**	.409**	.463**	.394**
	Sig. (2-tailed)	.000	.	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	199	200	196	194	196	191	199	194	196	194	195	198	198
Work schedule flexibility	Correlation Coefficient	.348**	.416**	1.000	.394**	.481**	.372**	.254**	.235**	.350**	.346**	.299**	.272**	.220**
	Sig. (2-tailed)	.000	.000	.	.000	.000	.000	.000	.001	.000	.000	.000	.	.002
	N	196	196	199	194	196	191	198	193	5	193	195	197	197
Opportunities for advancement	Correlation Coefficient	.402**	.464**	.394**	1.000**	.422**	.461**	.431**	.654**	.273**	.254**	.550**	.360**	.233**
	Sig. (2-tailed)	.000	.000	.000	.	.000	.000	.000	.000	.000	.000	.000	.000	.001
	N	196	194	194	197	193	189	197	192	194	192	194	195	195
Independence at work	Correlation Coefficient	.359**	.438**	.481**	.422**	1.000	.681**	.325**	.364**	.235**	.338**	.395**	.326**	.306**
	Sig. (2-tailed)	.000	.000	.000	.000	.	.000	.000	.000	.001	.000	.000	.000	.000
	N	198	196	196	193	199	193	198	193	195	193	194	197	197
Professional status	Correlation Coefficient	.368**	.398**	.372**	.461**	.681**	1.000	.404**	.424**	.384**	.412**	.490**	.532**	.399**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.	.000	.000	.000	.000	.000	.000	.000
	N	193	191	191	189	193	194	194	190	191	191	190	192	192

		Leader-ship	Satisfac-tion with current job	Work sche-dule flexibi-lity	Opportuni ties for advance-ment	Indepen dence at work	Profes-sional status	Wages	Educa-tional oppor-tunities	Annual leave	Sick leave	Study leave	Recom-mending your hos-pital to a fellow colleague as a good working place	Recom-mending your hos-pital to your family & friends for hospital care
Wages	Correlation Coefficient	.335**	.444**	.254**	.431**	.325**	.404**	1.000	.459**	.374**	.293**	.367**	.378**	.194**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.	.000	.000	.000	.000	.000	.000
	N	201	199	198	197	198	194	202	197	199	197	198	200	200
Educational opportunities	Correlation Coefficient	.331**	.439**	.235**	.654**	.364**	.424**	.459**	1.000	.418**	.275**	.685**	.419**	.332**
	Sig. (2-tailed)	.000	.000	.001	.000	.000	.000	.000	.	.000	.000	.000	.000	.000
	N	196	194	193	192	193	190	197	197	194	192	193	195	195
Annual leave	Correlation Coefficient	.347**	.317**	.350**	.273**	.235**	.384**	.374**	.418**	1.000	.589**	.444**	.367**	.292**
	Sig. (2-tailed)	.003	.000	.000	.000	.001	.000	.000	.000	.	.000	.000	.000	.000
	N	198	196	195	194	195	191	199	194	199	195	196	102	197
Sick leave	Correlation Coefficient	.396**	.379**	.346**	.254**	.338**	.412**	.293**	.275**	.589**	1.000	.466**	.376**	.316**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	.000	.000	.000
	N	196	194	193	192	193	191	197	192	195	197	194	1196	196
Study leave	Correlation Coefficient	.338**	.409**	.299**	.550**	.395**	.490**	.367**	.685**	.444**	.466**	1.000	.390**	.270**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	.000	.000
	N	197	195	195	194	194	190	198	193	196	194	198	196	196
Recommending your hospital to a fellow colleague as a good working place	Correlation Coefficient	.442**	.463**	.272**	.360**	.326**	.532**	.378**	.419**	.367**	.376**	.390**	1.000	.640**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	.000
	N	200	198	197	195	197	192	200	195	197	1196	196	201	201
Recommending your hospital to your family & friends for hospital care	Correlation Coefficient	.408**	.394**	.220**	.233**	.306**	.399**	.194**	.332**	.292**	.316**	.316**	.640**	1.000
	Sig. (2-tailed)	.000	.000	.002	.001	.000	.000	.006	.000	.000	.000	.000	.000	.
	N	200	198	197	195	197	192	200	195	197	196	196	201	201

** Correlation is significant at the o.01 level (2-tailed)* Correlation is significant at the 0.05 level (2-tailed)

There is a large positive relationship between leadership and overall job satisfaction of RNs in their current hospital ($r = 0.47$; $p = 0.000$). Furthermore, all nine aspects of job satisfaction and recommending the hospital to nurse colleagues, and friends and family have a medium positive relationship ($r = 0.33 - 0.44$; $p = 0.000$).

Overall job satisfaction has a large positive relationship ($r = 0.46$; $p = 0.000$) with opportunities for advancement and recommending your hospital to a nurse colleague, and a medium positive relationship ($r = 0.32 - 0.44$; $p = 0.000$) with all the other aspects of job satisfaction and recommending the hospital to friends and family.

Work schedule flexibility has a large positive relationship ($r = 0.48$; $p = 0.000$) with independence at work; a medium positive relationship ($r = 0.25 - 0.39$; $p = 0.000$) with all the other aspects of job satisfaction and recommending the hospital to fellow colleague as a good working place, except for education opportunities and recommending the hospital to friends and family which have a low positive relationship ($r = 0.22 - 0.24$; $p = 0.000$).

Opportunities for advancement has a significant positive relationship ($r = 0.46 – 0.65$; $p = 0.000$) with professional status, educational opportunities and study leave, a medium positive relationship ($r = 0.25 - 0.43$; $p = 0.000$) with independence at work, wages, annual leave, sick leave and recommending the hospital to nurse colleagues; and a small positive relationship ($r = 0.23$; $p = 0.000$) with recommending the hospital to friends and family.

Independence at work has a large positive relationship ($r = 0.68$; $p = 0.000$) with professional status; a medium positive relationship ($r = 0.31 - 0.40$; $p = 0.000$) with wages, educational opportunities, sick leave, study leave and recommending the hospital to nurse colleagues, friends and family and a low positive relationship ($r = 0.24$; $p = 0.000$) with annual leave.

Professional status has a large positive relationship (r = 0.49 – 0.53; p = 0.000) with study leave and recommending the hospital to nurse colleagues and a medium positive relationship (r = 0.38 – 0.42; p = 0.000) with wages, educational opportunities, annual leave, sick leave and recommending the hospital to friends and family.

Wages have a large positive relationship (r = 0.46; p = 0.000) with educational opportunities, a medium positive relationship (r = 0.29 - 0.38; p = 0.000) with annual leave, sick leave and study leave and recommending the hospital to nurse colleagues, and a small positive relationship (r = 0.19; p = 0.000) with recommending the hospital to friends and family.

Education opportunities has a large positive relationship (r = 0.69; p = 0.000) with study leave and a medium positive relationship (r = 0.28 – 0.42; p = 0.000) with annual leave, sick leave, recommending the hospital to nurse colleagues, friends and family.

Annual leave has a significant positive relationship (r = 0.59; p = 0.000) with sick leave and a medium positive relationship (r = 0.29 - 0.44; p = 0.000) with study leave and recommending the hospital to nurse colleagues, friends and family.

Sick leave has a large positive relationship (r = 0.47; p = 0.000) with study leave, a medium positive relationship (r = 0.32 - 0.38; p = 0.000) with recommending the hospital to nurse colleagues, and friends and family.

Study leave has a medium positive relationship (r = 0.27 - 0.39; p = 0.000) with recommending the hospital to nurse colleagues, friends and family.

Recommending the hospital to nurse colleagues has a considerable positive relationship (r = 0.64; p = 0.000) with recommending the hospital to friends and family.

4.4.5 Relationship between intention to leave, leadership and job satisfaction

The relationship between intention to leave and the variables, leadership and job satisfaction, are visually presented by means of a 2x4 cross tab. The reason for this is because intention to leave is measured on a two point scale (nominal data), while leadership and job satisfaction are measured on a four point scale (ordinal data).

In Table 4.18 the relationship between intention to leave and supervisory staff that is supportive of nurses is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.18: Supervisory staff that is supportive of nurses (n=204)

Item	Intention to leave	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	p
A supervisory staff that is supportive of nurses	1 = Yes (91)	15.4% (14)	22.0% (20)	45.0% (41)	17.6% (16)	0.074
	2 =No (107)	5.6% (6)	16.8% (18)	57.0% (61)	20.6% (22)	

There is a small practical significant difference (d = 0.19) between the intention to leave and a supervisory staff that is supportive of nurses. It is clear from Table 4.18 that RNs that intend to leave their current hospital are more likely to disagree (37.4%) that supervisory staff are supportive of nurses, than RNs who intend to stay (22.4%).

The relationship between intention to leave and a nurse manager who is a good manager and a leader is presented in Table 4.19 with percentages, frequency (in brackets) and statistical significance.

Table 4.19: A nurse manager who is a good manager and a leader (n=204)

Item	Intention to leave	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	P
A nurse manager who is a good manager and a leader	1 = Yes (92)	12.0% (11)	20.7% (19)	43.5% (40)	23.8% (22)	0.003
	2 =No (108)	2.8% (3)	14.8% (16)	37.0% (40)	45.4% (49)	

There is a medium practical significant difference (d = 0.26) between intention to leave and a nurse manager who is a good manager and a leader. Table 4.19 demonstrates that RNs who intend to leave their current hospital are more likely to disagree (32.7%) that their nurse manager is a good manager and a leader than RNs who intend to stay (17.6%).

In Table 4.20 the relationship between intention to leave and praise and recognition for a job well done are presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.20: Praise and recognition for a job well done (n=204)

Item	Intention to leave	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	P
Praise and recognition for a job well done	1 = Yes (92)	33.7% (31)	29.3% (27)	31.5% (29)	5.5% (5)	0.000
	2 = No (108)	6.5% (7)	42.6% (46)	32.4% (35)	18.5% (20)	

There is a medium practical significant difference (d = 0.38) between intention to leave, and praise and recognition for a job well done. Table 4.20 shows RNs that intend to

leave are more likely to disagree (63.0%) that they receive praise and recognition for a job well done than RNs who intend to stay (49.1%).

The relationship between intention to leave and a nurse manager, who backs up the nursing staff in decision-making, even if the conflict is with a physician, is presented in Table 4.21 with percentages, frequency (in brackets) and statistical significance.

Table 4.21: A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician (n=204)

Item	Intention to leave	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	P
A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician	1 = Yes (92)	21.7% (20)	25.0 (23)	33.7% (31)	19.6% (18)	0.002
	2 =No (106)	7.6% (8)	16.0% (17)	39.6% (42)	36.8% (39)	

There is a medium practical significant difference (d = 0.27) between intention to leave and a nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician. From Table 4.21, it is clear that RNs that intend to leave are more likely to disagree (46.7%) that a nurse manager backs them up in decision-making, even if the conflict is with the physician than RNs who intend to stay (23.6%).

In Table 4.22 the relationship between intention to leave and overall job satisfaction is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.22: Relationship between intention to leave and overall job satisfaction (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
How satisfied are you with your current job in this hospital?	**1 = Yes (93)**	21.5% (20)	29% (27)	48.4% (45)	1.1% (1)	0.000
	2 = No (106)	4.7% (5)	6.6% (7)	61.3% (65)	27.4% (29)	

There is a large practical significant relationship between RNs intention to leave and their overall job satisfaction (d = 0.50). This is presented in the Table 4.22 which shows that RNs who intend to leave their current hospital are more dissatisfied (50.5%) with their current job in their hospital than RNs that intend to stay (11.3%).

In Table 4.23 the relationship between intention to leave and work schedule flexibility is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.23: Work schedule flexibility (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Work schedule flexibility	1 = Yes (92)	14.1% (13)	15.2% (14)	56.5% (52)	14.1% (13)	0.000
	2 = No (106)	0.9% (1)	8.5% (9)	56.6% (60)	34.0% (36)	

There is a medium practical significant difference between intention to leave and work schedule flexibility (d = 0.30). This table shows that RNs who intend to leave their current hospital are more dissatisfied (29.3%) with their work schedule flexibility than RNs that intend to stay (9.4%).

In Table 4.24 the relationship between intention to leave and opportunities for advancement is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.24: Opportunities for advancement (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	P
Opportunities for advancement	1 = Yes	26.1% (24)	33.7% (31)	34.8% (32)	5.4% (5)	0.000
	2 = No	5.8% (6)	17.3% (18)	52.9% (55)	24.0% (25)	

There is a medium practical significant difference between intention to leave and opportunities for advancement (d = 0.41). It is clear from Table 4.24 that RNs who intend to leave their current hospital are more dissatisfied (59.8%) with the opportunities for advancement than RNs (23.1%) that have no intention to leave their current hospital.

In Table 4.25 the relationship between intention to leave and independence at work is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.25: Independence at work (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	P
Independence at work	1 = Yes (93)	10.8% (10)	20.4% (19)	48.4% (45)	20.4% (19)	0.000
	2 = No (93)	3.8% (4)	1.9% (2)	45.7% (48)	48.6% (51)	

There is a medium practical significant difference between intention to leave and independence at work (d = 0.39). RNs who intend to leave their current hospital are more dissatisfied (31.2%) with independence at work than RNs that intend to stay (5.7%).

In Table 4.26 the relationship between intention to leave and professional status is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.26: Professional status (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Professional status	1 = Yes (91)	9.9% (9)	23.1% (21)	52.7% (48)	14.3% (13)	0.000
	2 = No (102)	2.0% (2)	6.8% (7)	46.1% (47)	45.1% (46)	

There is a medium practical significant difference between intention to leave and professional status (d = 0.39). Table 4.26 shows that RNs that intend to leave their current hospital are more dissatisfied (33%) with professional status than RNs that intend to stay (8.8%).

The relationship between intention to leave and wages is presented in Table 4.27 with percentages, frequency (in brackets) and statistical significance.

Table 4.27: Wages (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Wages	1 = Yes (94)	51.0% (48)	16.0% (15)	29.8% (28)	3.2% (3)	0.000
	2 = N (107)	13.1% (14)	21.5% (23)	48.6% (52)	16.8% (18)	

There is a medium practical significant difference between intention to leave and wages (d = 0.43). It is clear from table 4.27 that RNs that intend to leave their current hospital are more dissatisfied (67%) with wages than RNs that intend to stay (34.6%) at their current hospital.

In Table 4.28 the relationship between intention to leave and educational opportunities is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.28: Educational opportunities (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Educational opportunities	1 = Yes (92)	33.7% (31)	16.3% (15)	33.7% (31)	16.3% (15)	0.000
	2 = No (104)	9.6% (10)	10.6% (11)	51.0% (53)	28.8% (30)	

There is a medium practical significant difference (d = 0.33) between intention to leave and educational opportunities. Table 4.28 shows that RNs who intend to leave their current hospital are more dissatisfied (50%) with educational opportunities than RNs that intend to stay (20.2%).

In Table 4.29 the relationship between intention to leave and annual leave is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.29: Annual leave (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Annual leave	1 = Yes (91)	13.1% (12)	18.7% (17)	47.3% (43)	20.9% (19)	0.000
	2 = No (107)	2.8% (3)	8.4% (9)	44.9% (48)	43.9% (47)	

There is a medium practical significant difference (d = 0.31) between intention to leave and annual leave. Table 4.29 shows that RNs who intend to leave their current hospital are more dissatisfied (31.8%) with annual leave than RNs that intend to stay (11.2%).

The relationship between intention to leave and sick leave is presented in Table 4.30 with percentages, frequency (in brackets) and statistical significance.

Table 4.30: Sick leave (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Sick leave	1 = Yes (89)	22.5% (20)	19.1% (17)	42.7% (38)	15.7% (14)	0.000
	2 = No (107)	1.9% (2)	15.9% (17)	38.3% (41)	43.9% (47)	

There is a medium practical significant difference between intention to leave and sick leave that is evidenced by a d-value of 0.40. It is clear from Table 4.30 that RNs who

intend to leave are more dissatisfied (41.6%) with sick leave than RNs who intend to stay (17.8%) at their current hospital.

The relationship between intention to leave and study leave is presented in Table 4.31 with percentages, frequency (in brackets) and statistical significance.

Table 4.31: Study leave (n=204)

Item	Intention to leave	Very dissatisfied	Little dissatisfied	Little satisfied	Very satisfied	p
Study leave	1 = Yes (92)	40.2% (37)	15.2% (14)	33.7% (31)	10.9% (10)	0.000
	2 = No (105)	11.4% (12)	17.2% (18)	41.9% (44)	29.5% (31)	

There is a medium practical significant difference (d = 0.36) between intention to leave and study leave. Table 4.31 shows that RNs who intend to leave their current hospital are more dissatisfied (55.4%) with study leave than RNs who intend to stay (28.6%).

In Table 4.32 the relationship between intention to leave and the ease with which another job in nursing can be found is presented with the percentages, frequency (in brackets) and statistical significance.

Table 4.32: If you were looking for another job, how easy do you think it would be for you to find an acceptable job in nursing? (n=204)

Item	Intention to leave	Very difficult	Fairly difficult	Fairly easy	Very easy	p
If you were looking for another job, how easy do you think it would be for you to find an acceptable job in nursing?	1 =Yes (94)	12.7% (12)	16.0% (15)	38.3% (36)	33.0% (31)	0.161
	2 = No (98)	4.1% (4)	14.3% (14)	41.8% (41)	39.8% (39)	

There is a small practical significant difference (d = 0.16) between intention to leave and how easy the RNs thinks it would be to find an acceptable job in nursing. It is clear from Table 4.32 that RNs who intend to leave their hospital think it is more difficult (28.7%) to find an acceptable job in nursing than RNs who intend to stay (18.4%). This is an interesting finding, as RNs that intend to leave their current hospital, may in fact be looking for alternative employment and be studying vacancies, while RNs that intend to stay at their current hospital may think job opportunities are endless, as they are not seeking alternative employment or dealing with the realities of the current employment market.

The relationship between intention to leave and recommending the hospital to a RN colleague as a good place to work is presented in Table 4.33.

Table 4.33: Recommending your hospital to a nurse colleague as a good place to work (n=204)

Item	Intention to leave	Definitely no	Probably no	Probably yes	Definitely yes	p
Would you recommend your hospital to a nurse colleague as a good place to work?	1 = Yes (93)	26.9% (25)	20.4% (19)	44.1% (41)	8.6% (8)	0.000
	2 = No (107)	0.9% (1)	6.6% (7)	60.7% (65)	31.8% (34)	

There is a large practical significant difference (d = 0.49) between intention to leave and recommending your hospital to a nurse colleague as a good place to work. It is clear from Table 4.33 that nurses who intend to leave their current hospital (47.3%) were less likely to recommend their hospital to a nurse colleague as a good place to work than nurses who intend to stay (7.5%).

The relationship between intention to leave and recommending the hospital to friends and family if they needed hospital care is presented in Table 4.34.

Table 4.34: Recommending your hospital to your friends and family if they needed hospital care (n=204)

Item	Intention to leave	Definitely no	Probably no	Probably yes	Definitely yes	p
Would you recommend your hospital to your friends and family if they needed hospital care?	1 = Yes (93)	9.7% (9)	21.5% (20)	47.3% (44)	21.5% (20)	0.000
	2 = No (107)	3.7% (4)	5.6% (6)	40.2% (43)	50.5% (54)	

There is a medium practical significant difference (d = 0.35) between intention to leave and recommending the hospital to friends and family if they need hospital care. Table 4.34 shows that RNs who intend to leave their current hospital (31.2%) were less likely to recommend their hospital to their friends and family if they needed hospital care than RNs who intend to stay (9.3%).

4.5 The influence of demographics on leadership, job satisfaction and intention to leave

Leadership: There was no correlation or statistical significance between leadership and age. There was no practical significant difference or statistical significance association between leadership and education and employment.

Job Satisfaction: There was a small correlation, but no statistical significance between job satisfaction and age (r = 0.056; p = 0.447). There was no practical significant difference or statistical significance association between leadership and education and employment.

Intention to leave: There was no practical significant difference or statistical significance association between leadership and age, education and employment.

4.6 Integrated discussion

For this study, data was used from RNs practicing in medical and surgical wards in both private and public hospitals in the North-West and Free State provinces of South Africa. Most RNs are female (94.6%) and have diplomas (77.5%) in nursing. Most RNs in North-West and Free State provinces were permanently employed (95.6%). The largest proportion of RNs was between 40 and 49 years of age (34.7%). Most RNs in the surgical and medical units have between 0-5 years experience (35.8%). After 5 years the number decreases. Pillay (2009:39) found that more young RNs intend to leave their current working areas after five years of working. This is especially so in the public sector and more rural provinces. It is not clear what causes this decrease, but it may signify that once RNs have gained sufficient experience they leave the medical and surgical wards to work in other specialties, or may even leave the hospital, province, country or nursing as a profession.

The RNs are satisfied with the leadership of their nurse managers in their hospitals, except that they do not perceive that their managers give praise and recognition for a job well done. In fact, results show that 63% of RNs who intend to leave the hospital within the next year, are more likely to disagree that they receive praise and recognition than those that intend to stay. This might be one of the reasons that the RNs intend to leave their current hospitals. According to Tourangeau and Cranley (2006:505), RNs' satisfaction with the praise and recognition they receive at work determines whether they want to remain employed in the same hospital. In the study done by Oosthuizen and Ehlers (2007:21), the research showed that 63.3% of RNs in the study considered leaving the country due to a lack of recognition.

In this study most RNs are satisfied (79%) with nursing as a career of choice, and overall job satisfaction is 70.5%, while more than a quarter (29.5%) was dissatisfied with their jobs. Selebi and Minnaar (2007:56) demonstrated in their study that the overall job satisfaction of RNs in Gauteng was at a low level of 35%. Meanwhile the study conducted by Mokoka, Oosthuizen and Ehlers (2007:56) revealed that overall

populations of RNs showed low levels of job satisfaction as well as high levels of job dissatisfaction, this results of this study thus shows an improvement in job satisfaction as compared to other similar studies.

RNs in the North-West and Free State provinces in surgical and medical wards showed that they are satisfied with some aspects of their job. More prominent aspects include independence at work (82.4%), work schedule flexibility (81.4%), professional status (79.9%), annual leave (79.4%), sick leave (71.6%) and educational opportunities (65.5%). These are preceded by opportunity for advancement (59.9%), study leave (59.1%) and wages (50%). Although it is alarming that more than quarter to half of RNs indicated their dissatisfaction with educational opportunity (34.1%), opportunity for advancement (40.1%), study leave (40.9%), and wages (50%). The RN4CAST study in SA, done by Klopper *et al*. (2012:690) showed that critical care nurses experience the most dissatisfaction in their wages (66.1%), their opportunities for advancement (35.7%) and their study leave (34.2%). These findings show that RNs want to advance in their career and if there is no possibility for advancement they are more likely to intend to leave their current hospitals within the next year.

Wages were the most prominent issue that caused low levels of job satisfaction among RNs in South Africa. In this study 50% of RNs were satisfied with their wages. RNs who were dissatisfied with wages (50%) were more likely to intend to leave their current hospitals within the next year. In the study done by Selebi and Minnaar (2007:57) in the Gauteng province, 96.6% of job dissatisfaction concerned wages. Wages influence the RNs to consider leaving their country to work in foreign countries, as they are unable to maintain a certain expected standard of living in South Africa (Oosthuizen & Ehlers, 2007:21).

Almost half of the RNs (46.1%) showed that they intend to leave their current hospital within the next year. These rates are higher than a study conducted by Pillay (2009) in South Africa which showed that 38.4% of RNs intended to leave their hospital within the next five years because they were dissatisfied with wages, workload, career

development, and resources available to them, especially in public hospitals. These results are however lower than that of the national findings which showed that over half of medical-surgical nurses intend to leave their jobs within a year, 51% in private hospitals and 59% in public hospitals (Coetzee *et al*., 2012).

There is a medium to large positive relationship between leadership and job satisfaction. According to Amadeo (2008:62), the leadership style in health care settings affects job satisfaction of a RN.

There is a medium to small practical difference between nurses intention to leave and leadership, with those intending to leave being more dissatisfied with leadership than those that intend to stay. There is a large to medium practical difference between nurses intention to leave and job satisfaction, with those intending to leave being more dissatisfied with their jobs than those that intend to stay. According to Lu *et al*. (2004:222), the current worldwide shortage of RNs highlights the necessity of understanding the impact and interrelationships between nursing leadership, job satisfaction and intention to leave. Health care settings should implement interventions to improve their retention of the nursing workforce.

Thus the hypothesis that there is a significant relationship between leadership, job satisfaction and intention to leave among registered nurses in the hospitals in the North-West and Free State province is supported, while the null hypothesis can be rejected.

4.7 Summary

In chapter 4 leadership and the participants' demographics were discussed, as well as the descriptive and inferential statistics related to the variables under investigation. The results indicated that most registered nurses working in the hospitals in the North-West and Free State Provinces are satisfied with their jobs at current hospitals, as well as the leadership experienced there. A positive correlation between leadership, job satisfaction and intention to leave was demonstrated by the statistically significant

relationship among variables. The following chapter provides the evaluation of the study, limitations and recommendations.

CHAPTER 5

EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

A reflection on the findings by evaluating the attainment of the objectives set in chapter 1 is considered in this chapter. The limitations encountered during the study are discussed, followed by the recommendations for nursing practice, research, education and policy.

5.2 Evaluation of the study

The aim of this study was to investigate the relationship between nursing leadership, job satisfaction and intention to leave among registered nurses in medical and surgical units in the North-West and Free State provinces in both public and private hospitals. To achieve the aim of the study, two objectives were set. A comprehensive literature review was performed to reach the first objective of the study. The second objective was achieved by means of statistical analysis from PES-NWI and subsequent interpretation and description of the analysis. In addition variables were described so as to determine the correlation between three variables and reporting on the index. I evaluated my study which was done on the basis of rigorous study. It adhered to validity and reliability. The statistical analysis was done with the assistance of a statistician.

Due to the high incidence of low level of job satisfaction and high level of intention to leave among RNs, it was considered critical to determine the impact of leadership on job satisfaction and the intention to leave in North-West and Free State Provinces. The study indicated that more registered nurses show high levels of job satisfaction and intend to leave their current positions. They are satisfied with the items of leadership

except for the praise and recognition aspect. In light of a statistically significant relationships between variables demonstrated by the correlation coefficients, the null hypothesis (H_0) indicating that there is no statistical relationship between nursing leadership, job satisfaction and intention to leave among registered nurses in the medical and surgical wards of both public and private hospitals in the North-West and Free State Provinces, was rejected. International literature indicated that job satisfaction might be influenced by leadership behaviour of a nurse manager (Sellgren *et al*., 2008:584; Kanai-Pak *et al*., 2008). Low job satisfaction could lead to intention to leave the organization or profession (Lu *et al*., 2004:220). In the context of this study, RNs in the medical and surgical units showed that there is effective leadership, high level of job satisfaction and high level of intention to leave. The study contributed to the current knowledge base of nursing in South Africa. To that end the aim of the study was achieved. It is critical to question why South African RNs in the medical and surgical units are intending to leave their current workplace, although, they had effective leadership and high level of job satisfaction.

5.3 Limitations

All studies are subjected to limitations, due to the poor response rate associated with survey research in South Africa, an all-inclusive sample implied that participants were selected based on their willingness to complete the questionnaire. Data was collected only in the medical and surgical wards in the North-West and Free State provinces of South Africa in both private and public hospitals. In the public hospitals only level three hospital and level two hospital that is preparing to be level 3 hospital were included in the study, and consequently results may not be generalized to other levels and other provinces.

5.4 Recommendations

The following recommendations in terms of nursing practice, education, research and policy are derived from the findings of this study.

5.4.1 Recommendations for nursing practice

It is recommended that:

- all supervisors should practice and emphasize praising and recognizing their subordinates' work, so that a positive work environment is created.
- develop strategies to retain nurses in the medical-surgical units as this is where RN's are needed for direct patient care
- leaders and management of health and labour departments should reconsider the wages of the RNs in both public and private hospitals to keep the present RNs and to attract new RNs to the field.

5.4.2 Recommendations for nursing education

It is recommended that:

- in-service training should be given to empower leaders in regard to praise and recognition of the staff, so that staff may be motivated to do their job
- in-service training be given on the cause and signs of job dissatisfaction and their impact, so that the job dissatisfaction is detected early and dealt with
- nursing institutions should improve assessment strategies of candidates before they are accepted to study nursing; candidates must be sure about their career of choice
- leaders and RNs are trained in strategies to change their work environment and given personal coping skills in order to ensure a higher level of job satisfaction.

5.4.3 Recommendations for nursing research

It is recommended that:

- the concept of leadership and the impact thereof on the work environment should be explored further within the South African context

- further qualitative research should be done to find detailed information about job dissatisfaction and intention to leave among RNs
- a comparative research study should be done on leadership, job satisfaction and intention to leave among RNs in the public hospitals in comparison with private hospitals
- a research study about RNs that intend to seek employment in the non-nursing sector should be performed.

5.4.4 Recommendations for policy

It is suggested that:

- a policy should be developed to ensure that nurses undergo leadership training before they assume a leadership position.

- when policies are developed for the hospital and or ward, the bedside nurse should be consulted and should be invited to participate in the development of the policies.

5.5 Summary

In this chapter the researcher reflected on the objectives by evaluating the study. Limitations and recommendations were also provided. In concluding this study it is central to recognize the role that leadership plays in job satisfaction and intention to leave. When job satisfaction is ensured by nursing leaders in South Africa, RNs will have diminished intention to leave the profession, hospital and/or country.

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ANNEXURE A: ETHICAL APPROVAL CERTIFICATE: NWU

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Prof H Klopper

11 July 2008

Dear Prof Klopper

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Leadership and policy development improving the quality of nursing in South Africa through nursing staffing and patient safety

Ethics number: N W U - 0 0 1 5 - 0 8 - S 1
(Institution / Project Number / Year / Status)

Status: S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation

Approval date: 11 July 2008 **Expiry date**: 10 July 2013

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-EC:*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

ANNEXURE B: PARTICIPANTS' INFORMATION LETTER

Dear Nurse Colleague,

Please complete this survey ONLY if you are a nurse providing direct patient care in an adult medical ward, adult surgical ward or adult critical care unit.

The School of Nursing Science at the North-West University (Potchefstroom Campus) is currently involved in an international project aiming to develop forecasting models for human resources in nursing in South Africa. As part of the process we will be conducting a National Nurses Survey in order to collect baseline data on the status of nursing in South Africa. You have an opportunity to influence national and international policy about nursing and health care by participating in a multi-country study to obtain information to help improve the conditions of nursing practice, make health care safer for patients, and inform public policy decisions about the nurse workforce. This study is supported by the European Union and includes nurses in 14 countries. Please show your support for improving health care by completing this questionnaire. The person distributing the questionnaires has agreed to assist the project team as fieldworker and will provide you with the dates for the return of the questionnaire.

Please read through the following information section carefully in order to decide if you want to participate in the research project. Should you agree to participate you will be requested to complete the following questionnaire. Ronel Pretorius and Petra Bester has been assigned as project managers for the study and any questions regarding the study or the instrument can be directed to them.

1. BACKGROUND INFORMATION ON PROJECT

There is currently NO baseline data in South Africa with regard to the present state of nursing human resources and how it impacts on patient safety. To that end the focus of this research project will be to conduct a National Nurses Survey to establish baseline data for South Africa that will support the better organisation of health systems in South Africa.

2. EXPLANANTION OF PROCEDURE

You will be requested to complete a questionnaire developed by an international team of experts. The completion of the questionnaire should not take more than 20 minutes of your time.

3. RISKS AND DISCOMFORT INVOLVED

There are no risks or discomforts involved.

4. POSSIBLE BENEFITS OF THE RESEARCH STUDY

Although you might not benefit directly from the study, the findings of the study will prove beneficial to nursing practice in future in South Africa.

5. YOUR RIGHTS AS PARTICIPANT

Your participation in the research study is entirely voluntary. You can refuse to participate or stop at any time during the study without giving any reason. Your decision to participate or not will not affect your employment status in any way. The questionnaire is anonymous; your name is not requested. **PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.** The information you provide will go directly to researchers and will not be made available to your employer.

1

Project managers:

Dr Ronel Pretorius * ronel.pretorius@nwu.ac.za * 018-299 1853 *

Dr Petra Bester *petra.bester@nwu.ac.za *018-299 1729

6. ETHICAL APPROVAL

The research study has received written approval from the Research Ethics Committee of the North-West University (Potchefstroom Campus) and from your hospitals' Ethics Committee. Copies of the approval letters are available at the Nursing Service Manager of your hospital.

7. INFORMATION AND CONTACT PERSON

The contact person for the study is Ronel Pretorius. If you have any questions about the study, please contact her at 018 299 1853. Alternatively you can contact Petra Bester at 018 299 1729.

8. COMPENSATION

Your participation in the research study is voluntary. No compensation will be given for your participation in the study.

9. CONFIDENTIALITY

All the information that you give will be kept strictly confidential. Once the data have been analysed no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your company of employment.

Please note: By completing and submitting the survey, you are giving your consent to participate. Due to the anonymity of the questionnaire we will not be able to trace your questionnaire once you have submitted it.

CONTACT DETAIL:

Dr. Ronel Pretorius
E-Mail: Ronel.Pretorius@nwu.ac.za
Tel: 082 823 5596

Dr. Petra Bester
E-Mail: Petra.Bester@nwu.ac.za
Tel: 018 299 1729

INSTRUCTIONS TO COMPLETE QUESTIONNAIRE:

1. Please complete all the sections of the questionnaire,
2. Use a black pen to indicate your response;
3. Please mark an "x" in the box corresponding to your answer in each question, or supply the requested information.
4. Return the completed questionnaire to the fieldworker.
5. Please ensure that you return all the pages in the completed questionnaire.

Thank you for your time.

Project managers:

Dr Ronel Pretorius * ronel.pretorius@nwu.ac.za * 018-299 1853 *

Dr Petra Bester *petra.bester@nwu.ac.za *018-299 1729

ANNEXURE C: RN4CAST QUESTIONNAIRE: SECTIONS RELEVANT TO THIS STUDY

PLEASE MARK AN "X" IN THE BOX CORRESPONDING TO YOUR ANSWER IN EACH QUESTION, OR SUPPLY THE REQUESTED INFORMATION.

A. ABOUT YOUR JOB

1. Please indicate the extent to which you agree that each of the following features is present in your current job.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1. Adequate support services allow me to spend time with my patients.	1☐	2☐	3☐	4☐
2. Physicians and nurses have good working relationships.	1☐	2☐	3☐	4☐
3. A supervisory staff that is supportive of nurses.	1☐	2☐	3☐	4☐
4. Active staff development or continuing education programs for nurses.	1☐	2☐	3☐	4☐
5. Career development/clinical ladder opportunity.	1☐	2☐	3☐	4☐
6. Opportunity for registered nurses to participate in policy decisions.	1☐	2☐	3☐	4☐
7. Physicians value nurses' observations and judgments.	1☐	2☐	3☐	4☐
8. Enough time and opportunity to discuss patient care problems with other nurses.	1☐	2☐	3☐	4☐
9. Enough registered nurses on staff to provide quality patient care.	1☐	2☐	3☐	4☐
10. A nurse manager who is a good manager and leader.	1☐	2☐	3☐	4☐
11. A chief nursing officer who is highly visible and accessible to staff.	1☐	2☐	3☐	4☐
12. Enough staff to get the work done.	1☐	2☐	3☐	4☐
13. Physicians recognize nurses' contributions to patient care.	1☐	2☐	3☐	4☐
14. Praise and recognition for a job well done.	1☐	2☐	3☐	4☐
15. High standards of nursing care are expected by the management.	1☐	2☐	3☐	4☐
16. A chief nursing officer is equal in power and authority to other top level hospital executives.	1☐	2☐	3☐	4☐
17. A lot of team work between nurses and physicians.	1☐	2☐	3☐	4☐
18. Opportunities for advancement.	1☐	2☐	3☐	4☐
19. A clear philosophy of nursing that pervades the patient care environment.	1☐	2☐	3☐	4☐
20. Working with nurses who are clinically competent.	1☐	2☐	3☐	4☐
21. Physicians respect nurses as professionals	1☐	2☐	3☐	4☐
22. A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician.	1☐	2☐	3☐	4☐
23. Management that listens and responds to employee concerns.	1☐	2☐	3☐	4☐
24. An active quality assurance program.	1☐	2☐	3☐	4☐
25. Registered nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).	1☐	2☐	3☐	4☐
26. Collaboration between nurses and physicians.	1☐	2☐	3☐	4☐

1. Please indicate the extent to which you agree that each of the following features is present in your current job.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
27. A preceptor program for newly hired nurses.	1☐	2☐	3☐	4☐
28. Nursing care is based on a nursing rather than a medical model.	1☐	2☐	3☐	4☐
29. Registered nurses have the opportunity to serve on hospital and nursing committees.	1☐	2☐	3☐	4☐
30. Physicians hold nurses in high esteem.	1☐	2☐	3☐	4☐
31. Written, up-to-date care plans for all patients.	1☐	2☐	3☐	4☐
32. Patient care assignments that foster continuity of care (i.e., the same nurse cares for the patient from one day to the next).	1☐	2☐	3☐	4☐

2. How satisfied are you with your current job in this hospital?

1☐ Very dissatisfied 2☐ A little dissatisfied 3☐ Moderately satisfied 4☐ Very satisfied

3. How would you rate the work environment at your job in this hospital (such as adequacy of resources, relations with coworkers, support from supervisors)?

1☐ Poor 2☐ Fair 3☐ Good 4☐ Excellent

4. How satisfied are you with the following aspects of your job?

	Very Dissatisfied	A Little dissatisfied	Moderately Satisfied	Very Satisfied
1. Work schedule flexibility	1☐	2☐	3☐	4☐
2. Opportunities for advancement	1☐	2☐	3☐	4☐
3. Independence at work	1☐	2☐	3☐	4☐
4. Professional status	1☐	2☐	3☐	4☐
5. Wages	1☐	2☐	3☐	4☐
6. Educational opportunities	1☐	2☐	3☐	4☐
7. Annual leave	1☐	2☐	3☐	4☐
8. Sick leave	1☐	2☐	3☐	4☐
9. Study leave	1☐	2☐	3☐	4☐

5 a). If possible, would you leave your current hospital within the next year as a result of job dissatisfaction?

1☐ Yes 2☐ No

b). If yes, what type of work would you seek?

1☐ Nursing in another hospital 2☐ Nursing, but not in a hospital 3☐ Non-nursing

6. If you were looking for another job, how easy do you think it would be for you to find an acceptable job in nursing?

1☐ Very difficult 2☐ Fairly difficult 3☐ Fairly easy 4☐ Very easy

7. Would you recommend your hospital to a nurse colleague as a good place to work?

1☐ Definitely no 2☐ Probably no 3☐ Probably yes 4☐ Definitely yes

8. Would you recommend your hospital to your friends and family if they needed hospital care?

1☐ Definitely no 2☐ Probably no 3☐ Probably yes 4☐ Definitely yes

D. ABOUT YOU

1. What is your gender?
[1]☐ Female [2]☐ Male

2. What is your age? Years: ☐☐

3a. Did you receive your basic nursing education in the country where you currently work as a professional nurse?
[1]☐ Yes [2]☐ No

b. **If no, in what country did you receive your basic nursing education? Country:** ☐

4. Not including the country where you currently work, list the last three countries, if any, (and years) where you have worked as a professional nurse.

Country|Years: ☐ **Country|Years:** ☐ **Country|Years:** ☐

5. What was your age when you first became a professional nurse (completed your training)? Years: ☐☐

6. Do you have a baccalaureate degree in nursing?
[1]☐ Yes [2]☐ No

7. How satisfied are you with your choice of nursing as a career?
[1]☐ Very dissatisfied [2]☐ A little dissatisfied [3]☐ Moderately satisfied [4]☐ Very satisfied

8. Are you working in this hospital full time?
[1]☐ Yes [2]☐ No

9. How many years have you worked as a registered nurse …

a. in your career **Years:** ☐☐

b. in this hospital **Years:** ☐☐

10. Please write the name/number of the ward/unit that you work in (e.g Ward 1A or Ward C):_____

11. Do you have an additional qualification in critical care nursing? If yes, please indicate the type.
[1]☐ Masters degree [2]☐ Diploma

Thank you for taking the time to complete and return this survey.