



**Leadership styles and their outcomes: a study of a Nigerian hospital middle management nurses**

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# Leadership styles and their outcomes: a study of a Nigerian hospital middle management nurses

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## **Introduction**

Healthcare organizations all over the world are faced with many problems such as high staff turnover (Dawson, Stasa, Roche, Homer, & Duffield, 2014); globalization (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010); ageing population (S. M. White & Griffiths, 2011); increased costs (Aiken, Rafferty, & Semeus, 2014) and migration (Salami, Dada, & Adelokun, 2016). Nigeria, in particular, as well as other African countries are confronted with acute shortage of nurses. It is reported that at least 57 African countries face acute shortage of healthcare workers (Olu-Abiodun & Abiodun, 2017). The health care system in Nigeria is also poorly funded (Echebiri, 2015) and Nigeria has one of the world's worst health records (Salami et al., 2016).

Retaining nurses within the system therefore becomes a big problem for nurse managers. Astute managerial skills are needed by managers in such environments (J. White, 2012). Many research studies have shown that there is a direct link between nurse managers' leadership styles and nurses' satisfaction with their work (Cummings et al., 2010), their intention to stay or leave (Laschinger, Finegan, & Wilk, 2011), nurse turnover (O'Brien-Pallas et al., 2010), nursing staff morale (Dawson et al., 2014), nurses' psychological wellbeing (Al-Hussami, Hamad, Darawad, & Maharmeh, 2017), nursing staff commitment (Vesterinen, Suhonen, Isola, & Paasivaara, 2012), and goal achievement among nurses (Casida & Parker, 2011). Olu-Abiodun and Abiodun (2017, p. 22) say that "*effective nursing leadership engenders staff retention, job satisfaction, work unit climate and client satisfaction with nursing services*". Some research studies have found nursing leadership to be effective motivator in staff performance and patient care and outcomes. "...*effective nursing leadership is essential to the creation of practice environments that support nurses' ability to perform*" (Germain & Cummings, 2010). As Kenechukwu (2014) opines, that no one else influences what goes on in the wards more than the nurse managers in terms of staff welfare and patients care, and by implication, the whole hospital system.

**Aim.** This study was conducted in order to identify and explore the leadership styles and the leadership outcomes of the middle management nurses in a large tertiary hospital in Ibadan, the capital of Oyo state of Nigeria. And the objectives were:

- (i) To explore and describe the perception of staff nurses (SNs) about their nurse managers' (NMs) leadership styles
- (ii) To investigate the leadership outcomes of nurse managers (NMs) as perceived by their staff nurses
- (iii) To investigate what are the best predictors of the leadership outcomes among the perceived leadership styles.

## **Literature review**

In the last few decades, a number of research studies have been carried out in various organizational settings such as the military (Breevaart et al., 2014; Taylor, Psocka, & Legree, 2015), the public services (Chiarini & Vagnoni, 2016, 2017; Hintea, 2015), the not-for-profit organizations, the Police (Sarver & Miller, 2014), hospitals, schools (Ewen et al., 2013) and churches in different parts of the world; all of them have overwhelmingly found that transformational leadership is very effective (Hutchinson & Jackson, 2013; Northouse, 2018; Sullivan, Garland, & Sullivan, 2013). Some of these studies have been able to explain the mediating and/or moderating roles of some other factors on transformational leadership, such as subordinates' affect (Kodama, Fukahori, Sato, & Nishida, 2016); trust in the leader (Gibson & Petrosko, 2014; Jung, Yammarino, & Lee, 2009); person-job fit (Enwereuzor, Ugwu, & Eze, 2018); to mention just a few. Jung, Yammarino, and Lee (2009) suggested that future research should note the importance of explicitly including levels of analysis issues in theory/hypothesis development, measurement, data analysis, and inference drawing. For these reasons the individual sub-constructs of the transformational leadership style and contingent reward have been explored in this study to explicate their effect on leadership outcomes.

Job satisfaction, commitment, operation and development of work, cooperation and organizational climate have been found to be affected by the leadership styles of the nurse manager (Vesterinen et al., 2012). Schreuder et al.

(2011) also found that sickness absenteeism was negatively correlated with transformational leadership. It is thus suggested that nurse managers' leadership can have significant impact on nurses' satisfaction and retention (Cummings et al., 2010).

Nurse managers' leadership has been identified as being pivotal to nurses' job satisfaction; nurses desire to stay or leave; nurses' engagement and empowerment and general well-being (Cummings et al., 2010; Laschinger et al., 2011; Byrne & Martin, 2014). Even though much research has been done in the field of leadership, much less is known about nurse managers' leadership in Africa, and especially in Nigeria. Yet, it is reported by the World Health Organisation (WHO, 2015) that there is a shortage of nurses and midwives in sub-Saharan Africa. Therefore, this study was conducted to explore the leadership styles of NMs in this Nigerian hospital and the leadership outcomes arising from those leadership styles.

The Bass & Avolio full range leadership model (FRLM) which comprises of the 3 leadership constructs was adopted for this research. That is, the Transformational, Transactional and Laissez faire styles of leadership, which are briefly described below:

**Idealized Attribute.** This is like charisma (Northouse, 2018) which the leader possesses that makes him or her to be highly esteemed by the subordinates and which makes them to want to do more than they thought possible.

**Idealized Behaviour.** This is also part of the charismatic characteristics of a leader (similar to Idealized Attribute-whereas this is attributed to the leader by the followers), behaviour is what the leader actually does. Both of them are sometimes combined as Idealized Influence.

**Inspirational Motivation.** Very similar to the above characteristics, it is often viewed as a part of the charismatic behaviour of a leader. A leader must be able to inspire confidence in the followers, be a believer in his/her vision and have confidence that the vision is achievable and will be achieved.

**Intellectual Stimulation.** Such leaders encourage their followers to be creative and innovative by making followers to challenge their own beliefs and values as well as that of the leader (Northouse, 2018). Such leaders are unfazed by criticisms, but they encourage and welcome criticisms from their followers for the improvement of their organization.

**Individualized Consideration.** This is a leadership behaviour in which the leader shows concern for the individual members of his/her team by listening attentively to their concerns, coaching and mentoring them (Sullivan et al., 2013). Members are treated evenly and fairly by the leader. The leader provides a supportive climate and helps the followers to become self-actualized (Northouse, 2018).

**Contingent Reward.** Contingent reward, according to Avolio and Bass (2004) conceptualizations, belong to the transactional leadership style. Transactional leadership style is said to differ from transformational leadership style in that it does not individualize the needs of the followers, nor does it focus on their individual development (Northouse, 2018). However, Bass and Riggio (2006) argue that transformational, transactional and laissez-faire leadership styles, are all part of a continuum, and that most leaders display any or all of them to a certain degree. It is thus suggested that a breakdown of the transformational/transactional leadership style (especially the contingent reward) into its various components for study is warranted, and so, it has been done in this study.

### **Method**

Avolio and Bass (2004) MLQ-5X questionnaire was used for this study. 350 questionnaires were handed out to nurse managers in the wards and units of the hospital. A convenient sampling method was used. 240 questionnaires were returned, out of which 5 were discarded because they were not properly filled. That led to a 67.14% return rate. The data were analysed using Multiple Regression with SPSS 25.

The 36 variables of the MLQ-5X were compressed into the 9 psychological constructs, as proposed by Avolio & Bass (2004). Four items of each of the 9 subscales were combined together, to form the independent variables.

The 9 items of the leadership outcomes were compressed into three composite variables as: (1) The Leader's perceived influence as being effective in leading the group (LE) variable, it has 4 items; (2) The Leader's perceived influence as being satisfactory to the group being led (LS) variable, it has 2 items and lastly; (3) The Leader's perceived influence to encourage the staff to put in extra effort at work (LEE) variable, it has 3 items. During the analysis stage, the three leadership outcome subscales were also combined as one total leadership outcome.

### **Results**

When all the 3 leadership subscales were combined as one total leadership outcome, the regression analysis showed that four leadership constructs were the predictors of the leadership outcome, that is Idealized Attribute ( $\beta = .173$ ,  $p = .011$ ), Intellectual Stimulation ( $\beta = .171$ ,  $p = .016$ ), Individualized Consideration ( $\beta = .240$ ,  $p = .001$ ), and contingent reward ( $\beta = .194$ ,  $p = .006$ ). The coefficients and the  $p$  values of the remaining 5 leadership constructs are as shown in the table below (table 1)

Table 1

Model	Coefficients <sup>a</sup>										Collinearity Statistics	
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Tolerance	VIF
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part		
(Constant)	4.370	1.344		3.251	.001	1.720	7.020					
TOTAL IDEALIZED ATTRIBUTE	.394	.154	.173	2.553	.011	.090	.698	.677	.175	.107	.381	2.6
TOTAL IDEALIZED BEHAVIOUR	.020	.164	.008	.119	.905	-.304	.344	.625	.008	.005	.362	2.7
TOTAL INSPIRATIONAL MOTIVATION	.323	.186	.141	1.736	.084	-.044	.689	.682	.120	.073	.268	3.7
TOTAL INTELLECTUAL STIMULATION	.428	.176	.171	2.434	.016	.081	.775	.660	.167	.102	.354	2.8
TOTAL INDIVIDUAL CONSIDERATION	.547	.159	.240	3.433	.001	.233	.861	.690	.232	.144	.358	2.7
TOTAL CONTINGENT REWARD	.475	.170	.194	2.794	.006	.140	.810	.696	.191	.117	.363	2.7
TOTAL MANAGEMENT BY EXCEPTION ACTIVE	.010	.126	.005	.083	.934	-.238	.259	.314	.006	.003	.539	1.8
TOTAL MANAGEMENT BY EXCEPTION PASSIVE	-.177	.141	-.103	-1.254	.211	-.456	.101	-.020	-.087	-.053	.260	3.8
TOTAL LAISSEZ FAIRE	-.025	.137	-.015	-.183	.855	-.296	.245	.007	-.013	-.008	.260	3.8

Dependent Variable: TOTLDROUTC

Subsequent analyses were then carried out by breaking the leadership outcomes into 3 separate dependent variables before running the regression analysis using the nine sub-scales of the MLQ-5X as the independent variables. The multiple regression analysis was rerun in order to find out what would be the impact of the leadership constructs on the various components of the leadership outcomes. For leadership extra effort (LEE), only 3 leadership constructs were significant predictors, that is, Intellectual Stimulation ( $\beta = .298$ ,  $p = .000$ ), Individualized Consideration ( $\beta = .302$ ,  $p = .000$ ), and Contingent Reward ( $\beta = .177$ ,  $p = .019$ ). For leadership satisfaction, LS, only 2 leadership constructs were significant predictors of this outcome, and they were, Intellectual Stimulation ( $\beta = .226$ ,  $p = .006$ ) and Individualized Consideration ( $\beta = .324$ ,  $p = .000$ ). The other leadership constructs were not significant. And, for leadership effectiveness, LE, only one leadership construct was found to be significant, and that was Inspirational Motivation ( $\beta = .289$ ,  $p = .000$ ).

The analysis was re-run with transformational and transactional leadership as composite variables against the leadership outcomes broken down into three components, LEE, LS and LE. The results showed that transformational leadership was a very strong predictor of leadership satisfaction (LS) ( $\beta = .892$ ,  $p = .000$ ); leadership extra effort (LEE) ( $\beta = .811$ ,  $p = .000$ ); and leadership effectiveness (LE) ( $\beta = .659$ ,  $p = .000$ ). Whereas transactional leadership was a weak and negative predictor of leadership satisfaction (LS) ( $\beta = -.274$ ,  $p = .000$ ); for extra effort (LEE), ( $\beta = -.101$ , and not significant); and, for leadership satisfaction (LS) ( $\beta = -.064$ , and not significant).

### Discussion

The on-going results have addressed the first two objectives of exploring and describing leadership styles of the NMs and their leadership outcomes as perceived by their staff nurses (SNs). That is, it is perceived that their leaders are practicing transformational leadership styles, complemented with contingent reward, as shown by the regression model. It was also observed that they were not practicing Management by Exception (Active or Passive) nor laissez faire type of leadership.

It can be observed that the best predictors of the leadership outcome are three subscales of the transformational leadership (TFL) styles as well as the contingent reward leadership style. These are evident, as explained above,

1  
2  
3 from the regression analysis. When leadership outcomes were compressed into a composite variable, 3 subscales  
4 of TFL, that is Idealized Attribute ( $\beta = .173$ ;  $p < .05$ ); Intellectual Stimulation ( $\beta = .171$ ;  $p < .05$ ); Individualized  
5 Consideration ( $\beta = .240$ ;  $p < .01$ ); and contingent reward ( $\beta = .194$ ;  $p < .01$ ) were found to be the best predictors  
6 of leadership outcome.

7  
8 Although, the result is mixed when the leadership outcomes are broken into the 3 different components, that is,  
9 LEE, LS and LE, separately, as mentioned above. However, there was at least one subscale of the TFL included  
10 in the predictors of the constituent leadership outcomes, as well as contingent reward.

11  
12 The present study explicated the positive relationships among transformational leadership (TFL) variables and the  
13 augmentation effect of contingent reward on leadership outcomes. The findings from this study are concordant  
14 with previous studies. Many previous studies have shown that transformational leadership is currently being  
15 practiced in many nursing establishments (Casida & Parker, 2011; Kenechukwu, 2014; Merrill, 2015; Northouse,  
16 2018). Salanova, Lorente, Chambel, and Martínez (2011) found that transformational leadership, mediated by  
17 self-efficacy leads to staff extra role performance. Manning (2016) found that work engagement attribute of  
18 dedication was influenced by transformational leadership, in particular, she found Idealized Influence,  
19 Inspirational Motivation, Individualized Consideration and Intellectual Stimulation resulted in positive and highly  
20 significant contribution to work engagement.

21  
22 Byrne and Martin (2014) also found a positive relationship between transformational leadership and professional  
23 satisfaction. Lin et al., (2015) found that transformational leadership had a direct influence on supervisor support,  
24 and that greater supervisor support is related to greater job satisfaction, which leads to organizational commitment  
25 and which concomitantly leads to general health and well-being of the staff.

26  
27 Although, Contingent Reward is often conceptualized as part of the transactional leadership style (TSL) (Casida  
28 & Parker, 2011), which would include MBEA and MBEP, however, some scholars have argued that it should  
29 rather be allowed to stand on its own (Hinkin & Schriesheim, 2008; Kanste, Miettunen, & Kyngäs, 2007). Others,  
30 though, have argued that most effective leaders practice TFL and complement their leadership style with  
31 contingent reward (Bass & Riggio, 2006). Findings from this study would argue for the complementarity of  
32 contingent reward on TFL. As it can be seen from the findings mentioned above, contingent reward subscale along  
33 with 3 other TFL subscales were the very strong predictors of leadership outcome in this study.

34  
35 Overall, transformational leadership style along with contingent reward were found as strong predictors of  
36 leadership outcome. When broken into leadership outcome subscales, intellectual stimulation and Individualized  
37 consideration were found to be strong predictors of Leader's extra effort and Leader's satisfaction and they were  
38 highly statistically significant ( $p < .001$ ). However, for Leader's Effectiveness (LE), only Inspirational motivation  
39 was a strong predictor and it was statistically significant ( $p < .01$ ). For contingent reward, it was a weak predictor  
40 only for LEE ( $p < .05$ ). The result from the present study is in consonance with that by Casida & Parker (2011).  
41 In their study they found Idealized attribute and Individualized consideration to be strong predictors of leader's  
42 extra effort, leader's satisfaction and leader's effectiveness. In this study though, Individualized consideration and  
43 Intellectual stimulation were the strong predictors of leader's extra effort and leader's satisfaction. But only  
44 Inspirational motivation was a predictor for leader's effectiveness.

45  
46 The differences in the findings may be explained by the following reasons, among others. (a) the national cultures  
47 (b) the organizational contexts of the two studies (c) the NMs samples studied (d) the demographic features of the  
48 American NMs. The perception of the nurses could be subtly affected by the culture. Many of the American  
49 nurses, as Casida & Parker (2011) noted, were exposed to transformational practices as part of the Magnet  
50 hospitals' culture which could imply autonomy of the SNs. Whereas, in Nigeria, it could be that the SNs look up  
51 to their NMs for Intellectual stimulation. Thus, many of them might be looking for opportunities to improve  
52 themselves academically and professionally through intellectual stimulation from their managers. As mentioned  
53 above, the organizational context of the American sample which was Magnet hospital-based may make a whole  
54 lot of difference to the perceptions of both cohorts. Whilst Idealized attribute may be more important to the  
55 American sample it may not resonate very much with the Nigerian nurses. Given the scandals that have taken  
56 place in hospitals and businesses in the western world, for example, The Mid Staffordshire NHS Foundation Trust,  
57 (UK) the nurses in the west might care more about the integrity and high morals of their leaders.

58  
59 Another reason why there may be differences in perceptions between the Nigerian sample and the American  
60 sample is the selection of sample of NMs in the American study. The NMs in the American study were purposely  
selected to conform to the research objective. The demographic features of the American NMs in their study could  
be another major reason why there was a difference in perceptions from the SNs in both samples. The American

sample comprised of experienced and highly educated NMs, 80% of them had baccalaureate or master's degree, leaders who regularly attended (84%) continuing leadership trainings.

It is however gratifying to note that when the analysis was conducted using the leadership outcome as a composite variable, the results are very similar. Three subscales of the TFL, Idealized attribute, Intellectual stimulation and Individualized consideration, and contingent reward were found to be predictors of the composite leadership outcome variable. This is in line with empirical results from nursing (Manning, 2016; Merrill, 2015) that TFL is the preferred leadership style in many organizations and that many effective leaders complement their TFL with contingent reward (Hutchinson & Jackson, 2013).

### ***Implication for the nurse managers***

Managers who regularly practice TFL would be able to encourage their SNs to put in their best for the greater good of the organization. In this present study, three subscales of the TFL, that is, Idealized Attribute, Intellectual Stimulation and Individualized Consideration were found to be strong predictors of leadership outcomes. Leaders who are able to treat their staff with care and concern for the individual, able to mentor, advise, coach and develop their staff are likely to also see improved staff satisfaction and extra effort in staff performance. This is especially necessary in sub-Saharan African countries, including Nigeria, where there is acute shortage of healthcare personnel (Salami et al., 2016).

### ***Recommendations***

It is therefore strongly recommended that middle management nurses in UCH should continue to strive and improve on their transformational leadership skills as well as their contingent reward styles of leadership. Vesterinen et al., (2012) said that nurse managers who can observe their own behaviour and its effects on employees can adjust to a better leadership style. In particular, individualized consideration skills such as coaching, mentoring, advising, developing and showing concern for the individual needs of their staff would encourage SNs to put in extra effort and be more satisfied with their leaders.

### ***Limitations***

This study has many limitations. One, the respondents were not randomly sampled, so the results cannot be generalized outside of UCH, Nigeria. It is also a one-time survey. **The small sample size is another limitation. The opinions of those who were not sampled cannot be ascertained. The patients who are the primary customers of the hospital have not been sampled for their own opinions.**

### ***Areas for further studies***

Some further research will be needed that could undertake a longitudinal study over a period of time to see if results from this study are corroborated. Other research could focus on random sampling in order to facilitate generalization. **The patients have not been sampled in this study, so future study could incorporate the views of the patients as they are the main customers of the nurses and their managers. The primary and secondary sectors of the Nigerian health system, as well as the private sector health system nurses and managers can be compared with the tertiary system which is the focus of this study (as conditions are generally better in the tertiary sector than the rest).**

### ***Conclusion***

This study supports and adds to our knowledge about nursing leadership styles in sub-Sahara Africa and Nigeria in particular. It is gratifying to note that these NMs were practicing transformational style of leadership, as only transformational leaders would be able to reverse the negative trend of mass migration. It is quite clear that NMs in this study were practicing transformational style of leadership which is complemented with Contingent Reward. They were not practicing Management by Exception either passive or active, neither were they practicing the laissez faire style of leadership.

NMs who can give individual consideration to their staff, able to coach and mentor them are more likely to see their SNs being well motivated and remain loyal to their organization. Likewise, leaders who demonstrate idealized attribute by being honest and trustworthy would likely see that their SNs are very dedicated and willing to carry out their instructions. Most SNs in this study had a degree (68%), it is therefore logical for them to expect intellectual stimulation from their NMs. So, NMs who can provide intellectual stimulation for the SNs are more likely to be highly esteemed and respected, which might enhance the SNs' organization citizenship behaviours.

This research found that some subscales of the transformational and transactional leadership styles in particular the contingent reward were the strong predictors of leadership outcomes such as extra effort, satisfaction and effectiveness. MBE-A, MBE-P and Laissez Faire leadership styles were not favoured by the cohort of the sample.

It was therefore recommended that NMs should endeavour to practice transformational leadership styles and should use praise generously and other intrinsic form of contingent reward to encourage and motivate their SNs to put in extra effort for the benefit of their organizations.

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